Community care has led to loss of staff from psychiatric wards

Andrew Cole *London*

A new report indicates that the growing emphasis on caring for mental health patients in the community is having a serious effect on hospital care, leading to an exodus of staff and worsening conditions for inpatients.

The survey, by the Sainsbury Centre for Mental Health, was commissioned by the National Institute for Mental Health in England and is one of the most detailed assessments of hospital care ever carried out in England, covering more than 50 trusts and 300 wards.

Nearly a third of ward managers reported that their patients were now more severely ill and had higher levels of need. "More than ever the acute inpatient ward is a place offering critical

assistance to people during episodes of extreme psychiatric distress and impaired functioning," say the authors.

At the same time many hospital staff are leaving to join the new community teams. A quarter of wards had lost staff to the community sector in the previous year.

Meanwhile, demand on hospital wards remained intense, with a typical bed occupancy of 100%. The survey points to insufficient leadership, with nearly half of wards having no lead consultant psychiatrist and 13% having no ward manager or nurse above grade F.

Most wards rely heavily on bank and agency staff to fill the gaps left by staff shortages. The

average 16 bed ward employs four agency or bank nursing staff each day. The situation is worst in London and the South East.

Some patients have no regular access to social activities or talking therapy. Less than 20% of wards use cognitive behaviour therapy regularly, despite its proven efficacy. And on some wards men and women still have to share bathroom, toilet, and sleeping facilities.

The report, which will be used as a basis for evaluating future change, shows that staff have a rosier view of services than patients. Eighty six per cent of ward managers said that wards were safe, despite a survey last year by the mental health charity Mind showing that most psychiatric patients had suffered verbal or physical aggression.

"Maybe staff regard threats and assault as a normal part of the job," said Mind's chief executive, Richard Brook. "Or perhaps they think that only staff are

assaulted, not service users. If so, that's a perception that needs to be challenged."

Community care was now seen as "sexier" than inpatient care, said Trevor Turner, vice president of the Royal College of Psychiatrists. But wards were just as full, because community teams were generating a new clientele. "It doesn't relieve the pressure on the ward," he said.

The survey showed that acute mental health care needed urgent attention, said Angela Greatley, chief executive of the Sainsbury Centre for Mental Health. "In particular we need to tackle the urgent staffing problems many wards face and make the many good practices much more common." □

Acute Care 2004: A National Survey of Adult Psychiatric Wards in England is at www.scmh.org.uk. An accompanying briefing paper is available at the same website or at www.nimhe.org.uk

Four in five nurses on mental wards face violence

Andrew Cole *London*

A detailed audit of 265 facilities for psychiatry and learning disability in England and Wales has uncovered "startlingly high" levels of violence towards staff and among patients.

It says that alcohol and drug abuse are the main triggers for this violence, although other factors are staff shortages, failures in basic safety techniques, poor training, and boredom and inactivity on many wards.

The study, produced by the Royal College of Psychiatrists for the NHS inspection body the Healthcare Commission, shows that nurses suffer the most violence, with nearly four out of five saying they experienced violent or threatening behaviour during their time on the ward. One staff member said it had become "part of the job."

Patients and other staff encountered less violence; but even so more than a third of patients and 18% of visitors reported experiencing violent

behaviour of some sort. Nearly half of patients and a third of visitors had witnessed violent incidents.

The incidence of violence was high in both psychiatric and learning disability services. The highest levels were reported by nurses in short stay units for learning disability (86% of nurses) and the lowest in forensic units (73%).

The main trigger for violent behaviour, according to patients and visitors, was substance misuse, including alcohol, drugs, and withdrawal problems. But they also blamed attitudes of staff and staffing levels, overcrowding, medication problems, and frustration and boredom. Some pointed to a shortage of areas for smoking and irritation caused by others' smoking behaviour.

Most mental health staff agreed that drugs and alcohol caused trouble. One even said that dealing was common in the ward or hospital grounds. "There is a culture of using drugs and alcohol among the young men. It is almost accepted by staff, and little is or can be done to stop it," the staff member said.

The authors raise particular concern about mental health services for elderly people, where the incidence of violence is high but standards of care are markedly lower. Most of the problems relate

Mamade Chattun, 43 (left), was beaten to death by psychiatric patient Jason Cann (right) at Tooting's Springfield Hospital in June 2003. A new report shows that staff face "startlingly high" levels of violence

to staffing, and they paint "a picture of a particularly unsupported and vulnerable group of patients."

Professor Paul Lelliott, director of the royal college's research unit, which produced the report, said inpatient psychiatric care needed to be recognised as a separate specialty and that ward managers should be given back the authority to manage their wards. "We need to put modern matrons back in charge of psychiatric wards," he said.

He also called for national guidelines on minimum nursing levels and on managing drugs and alcohol. "I think there is a decade of work ahead for us to

get the wards in this country up to the level the best wards have achieved," he said.

The Healthcare Commission's chief executive, Anna Walker, said the "startlingly high" figures indicated that although community services were important, more attention needed to be given to inpatient services. She pledged to refine the way the commission assesses the performance of mental health units. "We've got to ensure best practice becomes standard practice." □

The National Audit of Violence (2003-2005): Final Report is available at www.healthcarecommission.org.uk