De-escalation station

Which nursing de-escalation techniques are most therapeutic to aggressive mental health patients under an inpatient treatment order?

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Practice Issue:

The use of de-escalation techniques in mental health nursing proves to be an ethical challenge faced by nursing staff abiding by legal guidelines to ensure their evidence based practice, is ethically and culturally appropriate.

Research:

While evidence suggests that sedation, seclusion and restraint are highly used, it can be detrimental to the overall health of the patient and to their improvement of their mental health illness, and anger management. (Bigwood, & Crowe, 2008). It was first thought that the elimination of seclusion and restraint is the most beneficial practice of trauma informed care, but due to challenging admissions, and readmissions, this is seen to be a 'utopian' thought for mental health care workers, and there are other tangible practices which nurses have the ability to utilise for better health outcomes for mental health inpatients

This demonstrates the importance of nurses determining the intention of the individual, and to act in a way which is therapeutic to de-escalate the patient, knowing what works best for the patient in order to keep the ward safe for themselves and others, alongside their toolbox of effective and therapeutic de-escalation techniques. (Elder, Evans, & Nizette, 2013).

Initiation of the de-escalation toolbox:

Patients use aggression in an effort to dominate, behaving in a way to demonstrate their anger, whereas violence has the intention to cause harm (Procter, Hamer, McGarry, Wilson, & Froggatt, 2014). This demonstrates the importance of nurses determining the intention of the individual, and to act in a way which is therapeutic to de-escalate the patient, knowing what works best for the patient in order to keep the ward safe for themselves and others, alongside their toolbox of effective and therapeutic de-escalation techniques, in conjunction with a care plan initiated in collaboration with a patient to maintain autonomy.alongside the treaty of Waitangi's 3 ps (Crisp, Taylor, Douglas, & Rebeiro, 2013).

Working in partnership shows the therapeutic relationship that a patient can possess with a nurse as their advocate, this allows patients, the autonomy to take charge of their own mental illness, as one cannot help another if they will not help themselves. This leads to the initiation of a preventative toolbox for the resolution and de-escalation of conflict, and personalised treatment plans for the patient's foreseeable future, including restraint episodes (Jacob, Sahu, Frankel, Homel, Berman, & McAfee, 2016).

Recommendations:

1. Early Communication:

The role of empathy, active listening, reflective listening, open ended questions, summarising, paraphrasing, and body language, enhance mental health care workers' ability to work alongside their patients, and to de-escalate aggression effectively.

2. Sensory Modulation:

Sensory modulation is a process whereby, patients are able to use their neurologic function in a way where it does not single out their illness, and can use other processes of thinking, and strategies to think, and to organise sensory input, messages and information (Adams-Leask, Varona, Dua, Baldock, Gerace, & Muir-Cochrane, 2018). Patients gain the ability to handle situations and feels thought they can resolve situations in different ways rather than using conflict. Sensory Modulation results in reduced behavioural and emotional escalation, and also promotes self-management strategies (Adams-Leask, et al., 2018).

3. Recognition of the Minimal Triangle:

The minimal triangle includes verbal aggression, de-escalation, and PRN medication, the outcome of these events sequences concludes with no further events. "Verbal aggression is a critical indicator of conflict events, and requires more detailed and sustained research on optimal management and retention state" (Bowers, James, Quirk, Wright, Williams, & Stewart, 2013. p520).

References:

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Procter, N., Hamer, H., McGarry, D., Wilson, R., & Froggatt, T. (2014). *Mental health a person- centred approach*. Melbourne, Australia: Cambridge University Press.

Pecot Category (Whitehead, 2013)	Information relating to question	Explanation
Population	Aggressive mental health patients who are under an inpatient treatment order, requiring de-escalation.	Patients who were aggressive were commonly de-escalated by the use of physical, chemical and environmental restraint which was a last resort, getting in early to assess and de-escalated might allow for more therapeutic health outcomes for patients.
Exposure (intervention)	Using seclusion rooms as a last resort, and having confident nurses perform early de-escalation of aggressive behaviors, including patients, in their own de-escalation. The initiation of a 'toolbox' which is specific to the patients' needs	I want to find out what the patients find the most therapeutic or beneficial to their wellness, and health outcomes. What can nurses do for the patients.
Comparison/ Control	De-escalating patients using early communication and building therapeutic relationships. Initiating a patients' toolbox, with skills such as sensory modulation, and their own coping techniques. Knowing what specific physical changes a patient encounter upon mental state elevation, such as fist clenching, heighten tone and pitch of their voice. In order to reduce the use of seclusion, as it does more harm than good to a patients recovery.	I am interested in finding out the most therapeutic de-escalation techniques for patients, while they are 'under the mental health act', in an inpatient treatment facility in order to de-escalate, situations and to recognize what substitutes as elevation to a patients mental state. MSA provides insight and we should use this tool early - EWS
Outcome	Patients and nurses able to build therapeutic relationships. Patient feels safe for patient under an MHA treatment order. Feel as they are in a place they can get well again, and the de-escalation techniques built alongside them, to result in better health outcomes, and a happier work place for nursing staff, having learnt the the lived experience of patients in seclusion.	Building a therapeutic relationship, allows for clear and early communication which is ideal for early intervention and de-escalation. Patients feel as though their rights are taken away from them under the act, so is this threatening? = unequal for patients/nurses, leading to aggression as patients assert themselves.
Time	5 days – initially.	The confidence which needs to be built for nurses could take years especially with the high turnover of staff in the ward. In this locked ward patients arrived during their most acute illness period so the nurse need to work quickly to work professional relationship. Section 11, provides 5 days of inpatient treatment/ assessment, so would be the first stepping stone towards companionship.

Clinical issue summary - Poster Rationale:

A poster would correctly summarise the therapeutic techniques to be used during an de-escalation phase of a patients treatment. The 3 recommendations are easy to see and utilise, while when the time is taken to read the poster, the tool box technique which I have advised the use of, would be beneficial for nurses to use evidence based practice.

Providing a poster requires simple analysis with an attracting style. I chose the colour scheme due to the green ribbon representing the mental health awareness colour in New Zealand and representing the following principles and/or values; "encourage, awareness, respect, acceptance, understanding. encouraGe" (University of Toronto Mississauga, n.d.).

The poster would be of best use in acute care settings in acute, and/ or aggressive situations which can impede on patients and/or others' safety. This poster shows both health care workers, and patients the most beneficial techniques to be used during de-escalation, giving patients the autonomy to be able to read and take the primary steps regarding their own mental rehabilitation to ensure their health care plan during escalation is appropriate within the minimal triangle of verbal aggression, de-escalation, and PRN medication, so that the necessary evils of restraint, sedation and seclusion are not a result.

I hope the poster has the ability to be viewed so that patients can read and gain motivation to work alongside their health care workers to initiate wellness, rather than illness, during an escalatory phase of mental health illness.

References:

(University of Toronto Mississauga. (n.d.). Green ribbon campaign. Retrieved from https://www.utm.utoronto.ca/health/health-promotion/mental-health/green-ribbon-campaign).