

Emerging Issues and Challenges for Improving Patient Safety in Mental Health: A Qualitative Analysis of Key Informants' Perspectives

Tracey A. Brickell, D.Psych., Carla McLean, M.A., & Kristen E. Howard, B.A.

British Columbia Mental Health and Addition Services

Introduction

Patient safety in mental health is an emerging area that has only recently received attention. Much of the literature to date, and consequently our understanding of patient safety, has come from primary health care settings (e.g., acute care and emergency). Although many of the patient safety risk factors that exist in medical settings apply also to mental health settings, there are unique patient safety issues in mental health that are different to those in primary care, such as issues around seclusion and restraint use, self-harming behaviour and suicide, absconding, and reduced capacity for self-advocacy. It is only recently that patient safety in mental health was considered as a field in its own right and as such, there is a lack of readily available information to guide patient safety systems, practices, policies, and care delivery in mental health. The present research builds on existing knowledge by soliciting the expertise and experience of Canadian and international leaders in the area of patient safety and/or mental health via telephone interview. The interviews sought information on current initiatives and research; strategies for improving patient safety; emerging issues; gaps in current knowledge and practice; and barriers to improving patient safety. This research is part of a larger project which includes a review of the white and grey literature and an invitational roundtable event conducted to produce a background paper on patient safety.

Method

Qualitative, telephone interviews were conducted with 19 key informants in patient safety and/or mental health. The key informants were selected by the Pan-Canadian Mental Health and Patient Safety Advisory Committee, Ontario Hospital Association, and Canadian Patient Safety Institute. Fifteen participants were from Canada (BC, Alberta, Ontario, Quebec, and Nova Scotia) and four were international (UK, USA, and Australia). They had experience/expertise in either mental health (36.8%) or patient safety (21.1%) or both (42.1%), and held a variety of professional positions including management, administrative, academic, clinical, advisory, consulting, patient safety institute affiliation, patient advocacy, forensic mental health judge, and risk assessment.

Analysis

The analysis involved a two-step process. The first step involved coding each interview on issues that were easily categorized and that could provide some basic quantitative

data, such as how often a particular adverse event was mentioned. This process assists in organizing the interview data in a more easily manageable and accessible format. During the second step, larger themes emerging from the data were identified. These themes were not restricted to responses to individual interview questions and often spanned a variety of questions. Themes were identified, in part, through the initial coding and categorization process as well as by reading and re-reading the interview transcripts.

Results

Defining Patient Safety in Mental Health and Setting Priorities

Our interviews suggest there is considerable variability in how patient safety in mental health is conceptualized. There is a recognized need to arrive at a clear definition and that priority issues need to be identified to guide future action in patient safety in mental health.

"First we have to really identify what are the priority issues, you know, what are they and I think we have to identify that clearly. I think different places think different things when you say patient safety and I think it can be--people can narrowly interpret that or it can have quite a broad definition. So, I think we need to identify what are the issues that impact patient safety. And then I think we need to devote some organized, I guess, and efforts to conduct research and to establish best practices. Because I don't think that has actually been done. It seems to me like it's been fairly fragmented and there isn't a lot known about what is actually going on."

Questions to consider when arriving at a definition of patient safety in mental health:

1. Should a patient safety mandate include addressing service shortages, quality of care issues, and stigma, or, would taking on these issues dilute a patient safety mandate to the extent that it is no longer focused or productive?
2. Alternatively, would a decision not to actively pursue improvements in patient care and actions to reduce the stigma associated with mental illness undermine the effectiveness of any patient safety initiatives?

Key informants identified the following adverse events as key safety concerns:

- Suicide and self harm.
- Medication safety.
- Aggression and violence.
- Sexual safety.
- Slips and falls.
- Patient elopement and absconding.
- Seclusion and restraint use.
- Substance use.
- Cigarette smoking (fires).

The importance of some adverse events was emphasized based on the frequency with which they occur (e.g. slips and falls and medication errors) whereas the importance of others was emphasized because of the severity of the consequences of the event (e.g. suicides and sexual safety concerns). Medication safety concerns, suicide, violence and aggression, and slips and falls were the most commonly referenced adverse events in this research.

The 'Newness' of the Patient Safety Issue and Corresponding Lack of Awareness

Patient safety is an up-and-coming or new area and as such there is a corresponding lack of awareness of the issues. This has resulted in a dearth of good information, research, and standards of practice or policies to prevent patient safety events. Information that is available is not widely distributed.

"...there's quite a lot of really good stuff going on and, you know, the big problem is, it doesn't get disseminated. And it always, it never ceases to amaze me how you've got really good practice in one area and then not in another area, you know? ... Why people don't take good practice and implement it?"

Best Practices:

- Few key informants were able to point to examples of best practices in the field of patient safety in mental health. Best practices that were identified were often not specific to mental health settings or did not address specific adverse events or safety concerns.

Knowledge Transfer from Other Health Care Settings:

- Patient safety in mental health is part of a larger movement to improve patient safety. The key informants interviewed for this research recognize the value of being part of a larger movement.
- Given the lack of information on patient safety in mental health, the experiences, research, and practices of other health care settings can provide an invaluable source of information.
- Findings and practices from other health care settings are relevant to mental health because some issues and concerns are universal. Some adverse events, such as

slips and falls and medication errors, are not unique to mental health settings.

- Drawing on the experiences of other health care settings does not preclude recognizing unique safety concerns or needs of mental health patients. Patient safety initiatives for other settings can be modified and adapted to the needs of mental health or general principals and concepts can be adopted.

Conceptualizing Patient Safety in the Community

Key informants note that there was little information on patient safety in mental health in the community and emphasized the need to conceptualize the issue. This is a pressing need because many patients are treated in community-based mental health services or released into the community after being treated in an in-patient setting.

"I mean to some extent what we need to know is how we can keep patients safe in the community ...that's one of the biggest issues, is the concern about discharging patients back into the community where there are not adequate supports...and a lack of monitoring, so people leave an institution and go into the community and there's, there aren't really enough supports there. So that, that's one of the biggest areas, to me, that needs looked after, is since we're not institutionalizing patients anymore, how do you keep the community safe and how do you keep the patients safe".

Improving Quality of Care and Service Availability

Patient safety is not independent from other areas of mental health care and is impacted by issues around service availability and quality of care. It is difficult to establish safe environments for patients when resources are scarce, services are overburdened or not available, or quality of care is undermined by the stigma associated with mental illness.

"I don't think that our mental health services are adequate. I do know that when I look at the stats for the work labour force in mental health... it's totally inadequate. We do not have enough people to take on the responsibility that is out there. And when we look at the stats of the numbers of people who suffer from even anxiety or, you know, other mental health conditions, it's totally inadequate. And I think, therefore, that the safety aspects...they're not going to be adequately addressed as a result. So more errors will probably likely occur and more problems will occur".

"People don't get better waiting to get help and I think the other issues are, are the services adequate, and I would say probably not. You know, we have the wait times are too lengthy, and we don't have the resources to put into it, and then unfortunately, some people instead of getting help and getting back on their feet or maybe requiring some support, they spend years deteriorating and needing huge amounts of support or worse, all too often they end their life".

Strategies for Improving Patient Safety in Mental Health

- Improved education and awareness for the public, police, mental health care workers, and health care professionals in general.
- Improved staff training.
- Greater acknowledgement and awareness of physical health concerns.
- More information sharing and research.
- Greater communication and cooperation between organizations and across jurisdictions.
- More practical tools and actionable solutions.
- Improved facility design.
- Improved documentation practices.
- More systematic patient monitoring and community follow-up.
- More effective discharge planning and improved hand-off strategies.
- Better reporting procedures or mandatory incident reporting.
- Improved service availability and quality of care.
- Improved staff attitudes and changes to institutional cultures.
- Breaking down professional silos.
- Improved independent patient advocacy.

Improving Patient Safety is a Multi-level Undertaking

Improvements to patient safety need to be made at an individual level and an organizational level and must be supported by provincial and national developments. International initiatives can also further a patient safety agenda.

“Well I think it’s just that it’s getting it beyond people seeing it as a flavour of the month and I think with more awareness and seeing that the national attention and international attention on patient safety and health care is helping to do that. But we need more ways to be able to keep spreading that message”.

“It’s kind of like the content along with the teamwork and the communication techniques all rolled into one that has to be taught and has to be embraced and has to be practiced in order for the cultures to open up and be accepting of the learning style that needs to be present in order for the work to proceed. That all has to happen, that whole mindset has to be created first”.

Individual and organizational level improvements:

- Establishing a ‘culture of patient safety’ - commitment from staff and administrators, open reporting, and open communication.
- Staff attitudes have an important role to play in this because it is unlikely that policies will be translated into practice if staff does not actively support the principals behind the policies.

- Comprehensive incident review processes, which include reporting and feedback mechanisms, are also important. Incident review processes need to be open and accountable.
- A focus on a systems analysis looking at the root causes rather than individual causes of the incident.
- Specific adverse events also raise unique concerns and it is necessary to have initiatives in place to address those concerns.
- Greater respect for patients and more patient-centred care.

Provincial, national, and international level support or improvements:

- Standardization of practice and the need for collaboration and cooperation between organizations.
- Increased awareness, greater information sharing, and additional research.
- Dialogue on the issue to resolve definitional issues and set priorities.
- The creation of toolkits, standards of practice, and programs that can be implemented in any mental health facility or care setting.
- The establishment of commissions, committees, and task forces.

Barriers to Improving Patient Safety in Mental Health

- Insufficient resources (funding and workforce).
- Staff attitudes and institutional culture.
- Ignorance and a lack of awareness of patient safety issues and mental illness in general.
- Patient safety considered a low priority
- Silos in the health care system limit knowledge exchange and inter-professional collaboration.
- The stigma associated with mental illness and corresponding marginalization of mental health patients.

Conclusion

Patient safety in mental health is an emerging concern and there is a lack of awareness of the issues as well as a shortage of research and information on the topic. More work is required to establish a clear definition, set priorities, and develop strategies for responding to patient safety concerns. Despite the ‘newness’ of the issue, preliminary steps have been taken to improve the safety of patients by individual organizations as well as by provincial, national, and international agencies. The key informants interviewed recognize that there are many barriers to improving patient safety and that a link exists between patient safety and service availability, quality of care, and mental health stigma. There is also recognition that other health sectors can provide important information on how to address safety concerns.

Correspondence should be directed to: TRACEY A. BRICKELL, D. Psych., Quality Management & Performance Improvement, Riverview Hospital, Administration Building, 2601 Lougheed Hwy, Coquitlam, BC Canada, V3C 4J2.
[email: tbrickell@bcmhs.bc.ca]