

Patient Safety in Mental Health: A Systematic Review of the Literature



Tracey A. Brickell¹, Tonia L. Nicholls^{1,2}, Ric M. Procyshyn^{1,2}, Rebecca J. Dempster¹, Jennifer A. A. Lavoie¹, Kimberly J. Sahlstrom¹, Todd M. Tomita^{1,2}, & Eugene Wang^{1,2}
¹British Columbia Mental Health and Addiction Services; ²University of British Columbia



INTRODUCTION

It is only recently that patient safety in mental health was considered a field in its own right. There is a lack of awareness of the issues as well as a shortage of research and readily available information to guide patient safety systems, practices, policies, and care delivery in mental health.

A comprehensive review of the white and grey literature was conducted to identify current trends and gaps in the patient safety and mental health literature.

This research is part of a larger project which includes an analysis of data from (a) key informant interviews and (b) discussions at an invitational roundtable event, conducted to produce a background paper on patient safety in mental health.

SEARCH METHOD

Using a variation of Cochrane's Highly Sensitive Search Strategy, the following patient safety and mental health parameters guided the literature search:

Inclusion Criteria

1. Concepts of violence and aggression, victimization, suicide and self-harm, seclusion and restraint, falls and accidents, absconding, adverse medication events, and adverse diagnostic events.
2. Diagnoses in the DSM-IV-TR.
3. Primary, secondary, and tertiary mental health care.
4. Hospital, private sector, and other community-based mental health services.
5. Child and youth, adult, and older adult populations.
6. Publications between 1999-2008 in English.

Exclusion Criteria

1. Patients with mental illness receiving care outside the mental health sector.
2. Privacy violations.
3. Adverse effects of specific medications.
4. Medical equipment failure not specific to mental health.
5. Infectious disease.

SEARCH METHOD (continued)

A literature search on infection prevention and control, and fire prevention and precautions, did not reveal results unique or relevant to mental health and were not included in the search strategy.

The searches were directed by the CPSI and BCMHAS librarians in collaboration with the research team. The white literature searches were completed in Medline, CINAHL, Embase, and PsycINFO electronic databases. 974 documents were retrieved for review.

The grey literature was searched using 66 Canadian and international patient safety, mental health, government health care, and library websites. Seven key search terms were entered into the main search box one at a time. If a key term returned greater than 20 hits, it was combined with 32 keywords, one at a time. The *publication* or *research* link were searched when no search box was available. 403 documents were retrieved.

Approximately 110 papers were reviewer nominated and/or identified from reference lists during the review.

RESULTS

High Quality Research

High quality patient safety research is lacking; particularly, attention to the use of longitudinal studies, randomized control trials, validated measures, measurement consistency, power analysis and effect sizes, and adequate sample sizes.

Canadian Research

The bulk of the literature comes from the United States, Australia, and the United Kingdom. While some of the findings from other jurisdictions will likely apply to Canada, it is reasonable to anticipate that some issues might be unique to the Canadian context and overlooked.

Patient Perspective

Most of the research uncovered in our search was from the perspective of the staff with a lack of research reflecting the patient's or the family/caregiver's perspective on patient safety incidents.

RESULTS (continued)

Under-researched Populations and Settings

The majority of the research was conducted on adult populations and in hospital settings. Little research was found on older adults and child/adolescents; different cultural, ethnic, and religious groups; indigenous populations; or patients from the private sector, rural settings, and other community-based mental health care.

Emotional and Psychological Experiences

Lacking from the literature was research investigating the emotional or psychological experiences following a patient safety incident, with most research focusing on physical harm and injuries.

Risk Assessment, Training, and Intervention

Research focused on establishing well-validated and consistently accepted risk assessment tools, with sound psychometric properties and clinical outcome statistics was scarce. Further, there was virtually a complete absence of high quality research focused on evaluating the efficacy of patient safety training programs and interventions.

CONCLUSION

Research on patient safety in Canadian mental health care is particularly lacking. To attract high quality researchers who can develop and implement rigorous methodologies and generate Canadian data, research funds need to be available.

Greater attention is required to under-researched populations and areas including older adults and child/adolescent populations; different cultural, ethnic, and religious groups; indigenous populations; and patients from the private sector, rural settings, and other community-based mental health care services. Research investigating the perspectives of the patient and their social network on patient safety incidents, along with the perspective of the staff, would be valuable. Research looking at the physical, as well as the emotional, and psychological outcomes associated with patient safety events is required.