Policy for clinical observation of patients with mental health problems
Observation of patients within mental health areas

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1. INTRODUCTION

1.1 NHS Lothian is committed to providing a safe and supportive environment to all patients wherever their care is provided. Intensive clinical observation is recognised as one aspect of the spectrum of care that some patients may occasionally require. It is implemented in order to reduce risk and increase safety for the patient and others.

1.2 The practice of observation within a health care setting must above all be seen as a process of therapeutic engagement. As such, observation should be recognised as one aspect of the spectrum of care given to people during periods of increased distress. The task for those caring for such individuals is to carry out the practice of observation in a safe and therapeutic manner. The aim of this policy is to provide a consistent approach to the formal risk assessment of patients and the subsequent implementation of intensive observation when required.

1.3 This policy is based on and should be used in conjunction with the CRAG Good Practice Statement, ‘Engaging People – Observation of People with Mental Health Problems’ (NHS Scotland 2002) and ‘A capability framework for working in acute mental health care’ (NES 2008). This policy should be used in conjunction with:
   - Lone worker policy
   - Ligature policy
   - Alarm system policy
   - Interpreting and Translation in NHS Lothian
   - Minority Ethnic Health Inclusion Team

2. SCOPE OF POLICY

This policy covers all clinical staff that cares for patients with mental health illnesses, within mental health areas. This will include staff in specialist mental health facilities including the Royal Edinburgh Hospital. The general principles can be applied to all clinical areas and clinical staff within NHS Lothian.

3. GENERAL PRINCIPLES OF CARE AND OBSERVATION

All patients must:

- Be safe and protected from physical or psychological harm.
- Have privacy and dignity respected as a right and to be treated as individuals.
- Receive care in the least restrictive environment appropriate to their needs.
• Be involved where appropriate in discussions regarding their care and the implementation of an observation care plan.
• Have a multidisciplinary approach to their care.
• Have their relatives/carers to receive an appropriate explanation of the circumstances and the observations implemented. All information should be given in conjunction with NHS Lothian Confidentiality policy.

3.1 Spending time with individuals allows for a closer assessment and review of their mental state and behaviour. However, there are times when this interaction requires being more prescriptive. An increased level of observation is intended to provide safety for an individual during periods of distress. During this time there may be an increased risk of harm to self or others. By making the observation as therapeutic as possible individuals may in hindsight see it as a positive experience.

3.2 Observation should be viewed as an aspect of care delivered in partnership between the multi professional team, the individual patient and their carers. The reason for and process of observation must be clear to and discussed openly by all parties.

3.3 Observation is a skilled task built on the rapport between staff and the person being observed. Observations are based on Recovery Focused care (The role of mental health professionals is to help each individual realise their own goals and ambitions (Mental Health Care)) as such all those undertaking this duty should be specifically trained to do so. With practice, staff will develop the necessary skills and will begin to understand the importance of applying the brief psychological and practical interventions, which will benefit the patient.

4. LEVELS OF OBSERVATION: GENERAL

4.1 A member of staff should have knowledge of the patients’ whereabouts at all times, within Mental Health areas this is the responsibility of the Floor Nurse and within other clinical areas usually the nurse in charge or designated deputy. This is the “norm” for most patients and the minimum level of observation.

5. LEVELS OF OBSERVATION: CONSTANT

5.1 An allocated member of staff should be constantly aware of the patient’s specific whereabouts and general physical/psychological condition. This may be carried out on 2 levels – within sight and sound or within sound. This is an intermediate level of observation and is generally appropriate for patients who might:
• abscond
• physically aggressive
• deliberately self harm
6. LEVELS OF OBSERVATION: SPECIAL

6.1 A designated member of staff should be in sight and within an arm’s length of the patient at all times and in all circumstances. Reasons for this level of observation may include the risks detailed above as well as patients who might have:

- impulsive suicidal behaviours
- Acute clinical condition

REFERENCES:

Engaging people: Observation of people with Acute Mental Health Problems: http://www.crag.scot.nhs.uk/topics/mhealth/opmh.pdf

Mental Health Care http://www.mentalhealthcare.org.uk/recovery Last Accessed 27th June 2012