

A stitch in time: why prevention should be at the heart of safeguarding in psychosis

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BACKGROUND

Patients with long term severe mental illness (SMI) have high vulnerabilities to abuse, neglect and exploitation. Robust systems to protect vulnerable patients is essential to rehabilitation. While statutory safeguarding processes are part of all health and care systems, prevention is often not given enough attention. We present our analysis of safeguarding in rehabilitation.

METHODS

Data was obtained from safeguarding trackers and case notes from an inpatient rehabilitation unit. All identified safeguarding alerts were analysed. Fidelity to the safeguarding process and framework were measured. Time to resolution of the concern was calculated. Risk factors for vulnerability for people with current safeguarding was assessed retrospectively.

RESULTS

Inpatient population – 24

Age Range – 28 to 70 years old.

Male:Female 2:1

Psychosis – 22 of 24 inpatients

- ❑ 17 (71%) patients had safeguarding alerts and 12 (half of all patients) had active alerts.
- ❑ 65% patient were at risk of abuse from others and 20% was related to financial exploitation.
- ❑ Time taken to completing safeguarding investigations varied from 12 to 259 days
- ❑ Nearly a third of concerns were raised prior to the patient being admitted onto the unit but hadn't been resolved.
- ❑ Prior indicators of vulnerability were evident for most patients. These include symptoms, drug use, capacity and living circumstances.

Safeguarding concern reason	Number of alerts
Abuse/Assault	13
Exploitation	4
Neglect	1

Safeguarding alerts	Number of patients
Active alerts	12
Concluded	5
No alerts	7

DISCUSSION AND CONCLUSIONS

- ❑ Our data show high vulnerability to abuse, neglect and exploitation in inpatients with long term SMI.
- ❑ Safeguarding processes are often protracted and needs to be promptly and effectively addressed.
- ❑ Protection plans need to be coproduced with patient safety and best interests at its heart.
- ❑ Good communication and accurate documentation are vital.
- ❑ Identification of vulnerability and risk factors early can enable prevention.
- ❑ Safeguarding training must include specific risk factors for patients with long term SMI.

PRACTICAL RECOMMENDATIONS

Screen all patients for vulnerability and risks factors

Include vulnerability and protective factors in assessments

Reflect patient need and choice in protections plans

Improve communication to action steps for patient safety

Discuss safeguarding concerns within daily handovers

Review safeguarding concerns at every MDT ward round

Designate a safeguarding lead and involve the whole team

Use a tracker to prevent delays in addressing concerns