

Managing hatred directed at our
staff

NON NEGOTIABLE

GREY AREA

NEGOTIABLE

Disclosing information about each other to patients

Giving your personal mobile no to a patients family?

Connecting with a patient on Facebook?

Telling a patient about your children?

Allowing patients to reheat food?

Accepting racially motivated comments?

Extending visiting hours for a family?

Extending the TV 'switch off' time?

Trading between patients?

Giving a patient non prescribed medication?

Doing your own shopping escorting a patient on leave?

Telling a patient where you live?

Telling a patient you're upset about something at home?

Telling a patient that you have children?

Allowing access to restricted items out of hours?

Extending ward 'lights out' time?

Allowing courtyard/ outdoor access out of hours?

Connecting with the family of a patient on Facebook?

Sharing information about a patient on Twitter?

Giving a patient your personal phone number?

Showing affection to a patient?

Accepting a gift from a patient?

Accepting physical violence from a patient?

Allowing patients to store food in their rooms?

Bringing cakes, sweets etc. in for patients?

Disclosing information to patients about other patients?

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Examples

‘Martin’ works in a adult woman's eating disorder service. A patient approaches him with a toy monkey and says “this is what your son will look like when he’s born”.

Martin is devastated. He raises this with his manager – who moves Michael to work on a different ward. Two months (!) later Martin returns to his ward where the manager reports nothing can be done because the patient is mentally unwell.

Martin is looking for another job.

'Maria' works with men with personality disorders. A patient refuses to accept Maria escorting him on leave because he doesn't want to be seen with her because she is black.

The service place another escort with the patient and tell Maria that the patient is ill so he doesn't know any better.

Thoughts

- We often don't have good data relating to incidents of hatred or intolerance. Anecdote is difficult to take seriously.
- Our employee assistance programs (if we have them) often don't have the skills to meaningfully support staff because of a lack of corporate clarity on the issue.
- Many 'zero-tolerance' policies (if they exist) don't have teeth.
- When an incident of racism/hatred is reported, people move directly to a discussion about formulation.
- Often staff are moved away from an area, function which worsens feelings of being unfairly punished.

Thoughts

- Services often don't apply a 'public interest' test or risk assess the impact of racism/hatred being part of a patient's set of attitudes when they settle in the community.
- Relationships with police are very variable.
- People from non-minority groups are often afraid of discussing this issue for fear of getting it wrong.
- Some younger staff are under the impression that it's ok for older people to be racist because 40 years ago racism was ok.

Questions

- Do we sometimes have a problem with hatred towards our staff that we're finding it hard to deal with satisfactorily?
- Is it harder for us because of 'capacity'? Do we need a better clinical narrative about this?
- Can we need to help staff and services deal with this better?
- If so, what would be useful?