Letter to the Editor

Assessing nurses’ role in postincident review

To the Editor:

Regarding Bonner and Wellman’s article “Postincident Review of Aggression and Violence in Mental Health Settings” (July 2010, Vol. 48, No. 7, pp. 35-40), I do agree with the article and find it very informative.

I work in a 450-plus-bed state psychiatric facility, and we are in the process of looking at our patient debriefing process that is completed within 24 hours of release from seclusion/restraint. Currently, the treatment team is integral in completing the process, but discussions are underway about the possibility of nursing being the specific discipline that completes the debriefing process independently with the patient (separate from the treatment team).

On the basis of this article and expertise in this area, do you have an opinion based on best practices as to which method (independent nursing completion with the patient or treatment team completion with the patient with nursing involvement) is preferred? Our feeling is that nursing is often explicitly involved in the process from beginning to end and that it might be more beneficial for the patient if performed jointly with other members of the treatment team. After all, we agree the process of seclusion/restraint should be team focused.

My colleagues and I will find this information helpful in making our decision. Thank you for the great article. I find your publication very useful!

Sue Kirchgassner, RN
Larned, Kansas

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Response:

There is no hard and fast answer to this question. While a whole-team approach will ensure consistency and shared understanding of events, this may not always be the best approach for some individual patients (i.e., if the patient believes particular individuals within the team have not acted in the patient’s best interests or were overly harsh with the patient). In some areas, a team of practitioners (usually nurses) with additional training and supervision for postincident review and support can provide an alternative independent process. This has been well received by patients and staff in my experience. The need for further evaluation of these approaches remains, to establish the most acceptable method for patients. The key issue is that postincident review is offered in the first instance, and nursing staff are in a good position to undertake this role. Communicating the outcomes of postincident review to the treatment team is crucial to ensure that any unmet needs are considered.

Gwen Bonner, PhD, RMN, MSc, BA (Hons.), PG Dip Ed;
and Nigel Wellman, MSc, BA, RMN

POSTINCIDENT REVIEW
of Aggression and Violence in Mental Health Settings

Gwen Bonner, PhD, RMN, MSc, BA (Hons.), PG Dip Ed;
and Nigel Wellman, MSc, BA, RMN

ABSTRACT

Management of violence and aggression remains a challenge to mental health care practitioners. It has been acknowledged that for a small number of incidents involving aggression, use of restraint will continue to be a method of containing potentially dangerous situations. The impact of being involved in these procedures remains under-researched, but there is growing acknowledgment that some form of postincident review should take place after restraint use. As part of a larger study, a survey design was used to evaluate whether staff (n = 30) and inpatients (n = 30) had found postincident review helpful after incidents involving restraint. Ninety-seven percent of staff, and 94% of patient participants agreed this approach was useful. This article presents the findings of this survey and discusses the complex factors that should be considered when reviewing the aftermath of restraint for staff and equivalents in acute mental health settings.

Gwen Bonner, PhD, RMN, MSc, BA (Hons.), PG Dip Ed
Ascot, Berkshire, United Kingdom
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Journal of Psychosocial Nursing & Mental Health Services
6900 Grove Road, Thorofare, NJ 08086
E-mail (preferred): jpn@slackinc.com

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