



Psychiatry & Behavioral Science Section - 2015

I8 Violence in the Inpatient Psychiatric Unit: A Case Study and Review of the Literature

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After attending this presentation, attendees will understand the multitude of factors predisposing inpatients for violent and aggressive behavior, including the role played by the surroundings and staff in mitigating or inciting such behavior. Emphasis will be given to the incident that is being investigated for this case study while signifying the role of the inpatient psychiatrist and support staff, once such an incident happens.

This presentation will impact the forensic science community and inpatient psychiatrists by clarifying the roles of individuals as part of a multidisciplinary team when faced with a violent incident involving grievous injury in an inpatient setting. The review of literature on this subject could prove instrumental in being able to anticipate such incidents and take necessary precautions to foster a safe environment for patients and staff.

Violent incidents are common in inpatient psychiatric units compared to lower levels of care. They constitute a major hazard for both the staff and the patients and tend to be unpredictable. The factors influencing these incidents are often deduced by their post-hoc analysis.¹ Although male and female patients carry a close relative risk of perpetrating such events, the majority of incidents with severe bodily injuries or fatalities involve a male patient being the assaulter.² This presentation will discuss a female patient who assaulted a male patient, resulting in significant bodily injury, and the sequence of events that ensued. The predetermined role of hospital personnel in handling such incidents will be discussed. A summary of the review of literature on this subject will also be presented.³

The specific goals of this case report and review of the literature are to: (1) deduce the patient-, surrounding-, and staff-related factors identified from previous studies of aggression and violence in inpatient psychiatric units, which are specifically pertinent to the case under discussion; (2) propose an approach for documenting such incidents as part of a registry to be available for analysis and determination of specific factors responsible in a hospital or an institution. This could prove instrumental in devising specific interventions necessary to create a predictable environment for psychiatrists and a safe environment for patients; and, (3) propose that this data be used in the post hoc analysis of such events in order to understand nuances of environmental and staff factors specific to the community hospital at which these incidents took place. The factors that will be focused on are the timing of the shift changes, experience of the staff, diagnosis of the patient's involved, voluntary/involuntary admission, day of the week, time of the day, and a history of similar incidents in the past based on the available records. Identifying these factors before data collection will prevent any biases and will ensure a uniform sample for analysis.²

References:

1. Cathy O. Violence and aggression in Psychiatric Units. *Psychiatric Services* 1998 : November, Vol 49-No.11
 2. Noble P, Rodger S. Violence by psychiatric in-patients. *The British Journal of Psychiatry* 1989, 155:384-390.
 3. Davis S. Violence by Psychiatric Inpatients: A Review. *Hospital and Community Psychiatry* 1991 June, Vol. 42: No.6.
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Violence, Inpatient, Safety