De-Escalation Techniques for Managing Violence of Mentally Ill

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Abstract

The present study was aimed to assess the effectiveness of de-escalation techniques for mental health care providers in managing violence of mentally ill. The objectives of the study were to assess the knowledge and skill of mental health care providers in managing violence of mentally ill, identify the relationship between knowledge and skill in managing violence of mentally ill, determine the effectiveness of de-escalation techniques for mental health care providers on knowledge and skill in managing violence of mentally ill and to identify the association of knowledge and skill in managing violence with selected demographic variables. The study was done by quantitative approach with pre-experimental one group pretest posttest design on 30 mental health care providers. Sample selected by convenience sampling technique. During pretest, data collected using demographic proforma, knowledge questionnaire and skill assessment checklist. then administered intervention de-escalation techniques and posttest conducted by re administering the same tool after teaching the de-escalation techniques. Collected data tabulated and analyzed. Result revealed that, in pretest knowledge assessment 70% of sample scored average and 30% scored as poor. In posttest knowledge score 90% sample scored good and 310% scored as average. In pretest skill assessment 53% of sample scored average and 47% scored as poor. In posttest skill score 90% of sample scored good and 30% had average score. For knowledge and skill mean difference were 7.6 and 9.47 respectively with 't' value for knowledge and skill 21.06 and 21.32 respectively and 'p' value <0.001 which is less than 0.05. Positive correlation identified between knowledge and skill with 'r' value 0.633, also there was a significant association between age and skill of mental health care providers. Hence study conclude that de-escalation techniques are effective for mental health care providers in managing violence of mentally ill.

Key Words: *Mental health care providers, De-escalation techniques*

Introduction

Any imbalance in the psychological and emotional wellbeing of an individual can make possible alterations in their mental health. Evidences suggests that 450 million people Worldwide affected by mental illness. WHO's Worldwide survey identified 10 to 20 million aggressive cases reporting yearly. Symptoms of patients with mental illness like aggression, violence, physical harm towards self and others are difficult to be managed by health care professionals[1,2].

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Symptoms of patients with mental illness like aggression, violence, physical harm towards self and others are difficult to be managed by health care professionals. The violent behaviors are the main cause of harm for the mental health care providers, which are mostly physical in nature. Reports from clinical neuroscience identified that violence against mental health professionals are increasing every year. During the course of illness patient can be aggressive , violent and can harm self or others[3].

Evidence from literature gives a report on violence towards mental health care providers in psychiatric care setting. It shows that 80% of mental health care providers have experienced violence from the patients, Mostly occurring in inpatient settings[4].

De-escalation techniques could be used as the best method for managing aggressive or violent behavior of mentally ill. The present study is important for the current situations[5].

Materials and Methods

The study was done by quantitative approach with pre-experimental one group pretest posttest design on 30 mental health care providers. Sample selected by convenience sampling technique. During pretest data collected using demographic proforma, knowledge questionnaire and skill assessment checklist to assess the knowledge and skill of mental health care providers, then administered intervention de-escalation techniques for 14 days, then after 7 days posttest done by re

administering the same tool. Collected data tabulated and analyzed.

Findings

The data was collected to assess the effectiveness of de-escalation techniques for mental health care providers in managing violence of mentally ill.The data collected were categorized and analyzed based on study objectives and hypothesis by using descriptive and inferential statistics with the application of Statistical Package for Social Sciences.

Section 1: Assessment of knowledge and skill of mental health care providers in managing violence of mentally ill

Table 1 : Distribution of knowledge and skill of mental health care providers in managing violence of mentally ill before and after providing de-escalation techniques.

N=30

Variables	Category	Pre test		Post test	
		Frequency	Percentage	Frequency	Percentage
Knowledge	Good	0	0	27	90
	Average	21	70	3	10
	Poor	9	30	0	0
Skill	Good	0	0	27	90
	Average	16	53.3	3	10
	Poor	14	46.7	0	0

Section 2: Analyze the effectiveness of de-escalation techniques for mental health care providers on knowledge and skill in managing violence of mentally ill.

Table 2 : Effectiveness of de-escalation techniques for mental health care providers on improving knowledge in managing violence of mentally ill.

N=30

Assessment	Mean± SD	Mean difference	t- value	DF	p-value
Pre test knowledge	9.30 ±2.62	7.600	21.069	29	<0.001*
Post test knowledge	16.90±2.264				

(*Significance at 0.05)

Table 3 : Effectiveness of de-escalation techniques for mental health care providers on improving skill in managing violence of mentally ill.

N=30

Assessment	Mean± SD	Mean difference	t- value	DF	p-value
Pre test skill	9.20 ±2.734	9.467	21.324	29	<0.001*
Post test skill	18.67±2.363				

(*Significance at 0.05)

Section 3:Analyze the relationship between knowledge and skill of mental health care providers in managing violence of mentally ill.

Table 4 : Relationship between knowledge and skill of mental health care providers

Variable	Pre test Knowledge	P value
Pre test Skill	Pearson r = .633	<0.001*

(*Significance at 0.001)

Section 4: Association of knowledge and skill in managing violence of mentally ill with selected demographic variables

Table 5 : Association between knowledge and selected demographic variables

Demographic variables	Chi- Square($\chi 2$)	Table value	DF	p-value
Age in years	4.669	7.82	3	.198
Gender	.408	3.84	1	.523
Education	.509	5.99	2	.775
Income	2.627	7.82	3	.445
Religion	.754	5.99	2	.686
Experience	1.097	7.82	3	.778

(significant at p<0.05)

Table 6 : Association between skill and selected demographic variables

Demographic variables	Chi- Square($\chi 2$)	Table value	DF	p-value
Age in years	7.902	7.82	3	.048*
Gender	.177	3.84	1	.732
Education	.430	5.99	2	.807
Income	.704	7.82	3	.872
Religion	.368	5.99	2	.832
Experience	2.120	7.82	3	.548

(*significant at p<0.05)

Discussion

The findings of the present study have been discussed based on objectives and the hypotheses. Result revealed that, in pretest knowledge assessment 21(70%) sample scored average and 9(30%) scored as poor. In posttest knowledge score 27(90%) sample scored good and 3(10%) scored as average. In pretest skill assessment 16(53%) sample scored average and 14 (47%) scored as poor.

A cross sectional study conducted in western Maharashtra to assess the knowledge and skill of health care professionals in violence management of patients with mental illness revealed that 70% had poor knowledge on violence management and 25 % had average knowledge and 5% had good knowledge. Study findings shows that 75% of samples were poor in skill and remaining had average skill[6].

The present study reveals that there is significant difference between pre and post test score of knowledge and skill of mental health care providers in managing violence of mentally ill

An experimental study conducted at Ernakulam to assess effectiveness of de-escalation techniques for staff nurses on managing violence of mentally ill.Study findings indicates that there is an increase in knowledge and skill of staff nurses of selected psychiatric centres. In post test 78% samples gained good knowledge and 22% had average knowledge gain. After the training programme all the 60 samples became good in violence management skill[7].

Positive correlation identified between knowledge and skill with 'r' value 0.633, also there was a significant association between age and skill of mental health care providers.There was no significant association between knowledge and selected demographic variables of mental health care providers.

A descriptive study was conducted in South Africa to assess the knowledge and skill of mental health professionals in managing aggressive patients in psychiatric care setting. 70 professionals participated in the study, knowledge and skill assessed using questionnaires. 77% had good knowledge and skill and there was a positive correlation between knowledge and skill, also the study identified significant associations between knowledge and skill with various selected demographic variables such as age, gender and years of experience[8].

Conclusion

Conflict of Interest : Nil

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Ethical Clearance – Obtained from Institutional ethics committe

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