



# Keeping Control

Practitioner perspectives on service users experiences of targeted violence and hostility in mental health and adult safeguarding



**Dr Trish Hafford-Letchfield,**  
**Professor of Social Care**  
**@ArchwayDiva**

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**Keeping Control Project Team:** Dr. Sarah Carr (PI), Dr. Alison Faulkner, Dorothy Gould, Christine Khisa. Dr Rachel Cohen, Claudia Megele

# Points of interest - overview

- People with lived experience of mental distress are at a higher risk of exposure to hate crimes
- There is a lack of knowledge and understanding about what people need, how they cope and what helps in these situations.
- Professionals and practitioners from different disciplines face very complex challenges in responding and helping people
- Services in the community and hospital are not working together effectively to support people including the criminal justice and adult safeguarding frameworks.
- There is an urgent need to listen to and engage with service users own voices in these environments and to work with them to find solutions that help them feel safe and in control, particularly utilising relationship-based practice and peer support

# Study structure: facilitating a user-led conversation, amplifying the user voice

16 month study with four structured, interconnected work streams using different data collection methods:

Literature scoping review →

**User-controlled service user interviews (N=23)**



Practitioner-led stakeholder and practitioner focus groups discussing interview findings (N=46)



Wider social media facilitated discussion on key themes via two @MHChat sessions

- <https://www.inkwellarts.org.uk/portfolio-item/middlesex-university-london-hate-crime-animation/>

# Practitioner and stakeholder focus group sample (N=46)

- Social Workers = 21 (incl. 5 Mental Health Social Workers)
- Police = 4
- Mental Health Nurses = 3
- Youth Justice Workers = 1
- Safeguarding Leads = 3
- Voluntary Sector = 5 (Community Development Workers/Advocacy/Engagement/Employment)
- Housing = 2 (Health Liaison/Neighbourhood)
- Civil Service = 1
- User Led Organisation Representatives = 2
- Fire Services = 1
- Health Managers = 3 (Forensic/Patient Experience)

# Topic guide informed

1. How participants respond to the service users experiences and definitions of mental health related abuse, violence and neglect?
2. How participants see these incidents in the context of person-centred adult safeguarding in mental health?
3. What could improve person-centred approaches and how can adult safeguarding reach into mental health services including inpatient settings?

# Responding to service users experiences

- Shock
- Sadness
- Defensive reactions
- Expressions of helplessness
- Practitioners own examples
- 'mate crime' in the face of reduced services/scamming
- Poor supervision of in-patients well known – no oversight of continuing violence when admitted from community
- Hierarchy of abuse within which hate crime marginalised

# ***Responding to victimisation, abuse, hate crime including safeguarding***

- Buck passing
- Perceived barriers and boundary issues
- Lack of clarity around threshold criteria
- Debate about terminology and victim blaming contributing to grey areas
- Professionals lack of confidence in being able to advocate, intervene and assert accountability



# Status and power relationships between and within mental health services

- Lack of coordination and collaboration impaired by poor infrastructure, problem-solving and hierarchies of roles
- Austerity impacting on increased use of temporary staff, need for reliable stable workforce equipped to meet these particular needs
- Power dynamics between professional groups  
(e.g MC assessments police-psychiatrists; increasing specialism in SW (adults and childrens))

Good practice examples of dedicated liaison; prevention in fire service; peer advocacy and grass roots peer support

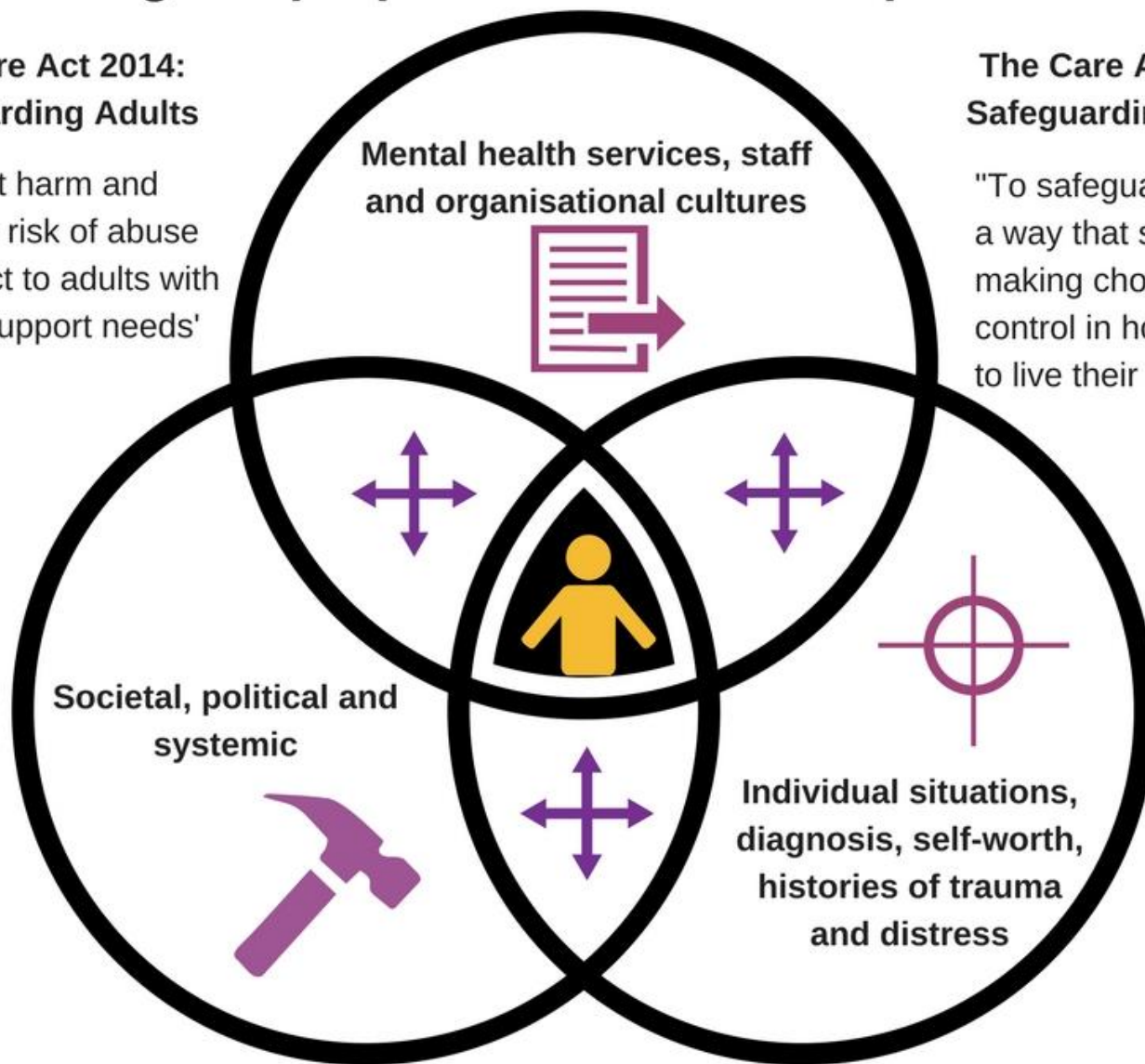
# Risk and vulnerability factors for targeted violence, abuse and neglect against people with mental health problems

## The Care Act 2014: Safeguarding Adults

'To prevent harm and reduce the risk of abuse and neglect to adults with care and support needs'

## The Care Act 2014: Safeguarding Adults

"To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives'



# Recommendations through wider discussion

**Middlesex University London**

**professionals NEED training**  
CHANGE ATTITUDES

**mutual story telling**  
we must move away from US & THEM

**#keepingcontrol**

**THE ESTABLISHMENT IS FAILING US**  
A PUBLIC SERVICE IS FOR THE PUBLIC

**GET RESEARCH IN TO PRACTICE**

**WE NEED TO LOOK AFTER OUR OWN COMPASSION**  
SUPERVISION IS SO IMPORTANT or desensitisation can creep in...

**ONE VOICE IS NOT ENOUGH**  
TRUST THE PROFESSIONALS  
MOVING FORWARD together  
WILSON'S SKILLS  
PEOPLE WANT TO FEEL SAFE AND MAINTAIN RELATIONSHIPS  
SUPPORT THEM IN MAKING CHOICES  
IMPROVE THE QUALITY OF LIFE WELLBEING AND SAFETY  
TESTING PREVENTION PILOTING  
WHERE ARE WE GOING?  
FEELING LOST IN THE PROCESS?  
LISTEN TO PEOPLE  
ASK THE RIGHT QUESTIONS

**IT'S ABOUT THE way we do things**  
THE MOST IMPORTANT THINGS ARE CONVERSATIONS  
LISTEN TO SOMEONE ELSE  
IT'S ABOUT CULTURE CHANGES  
... WITH people, not TO people

**HOW DO WE MAKE IT EASIER TO REPORT HATE CRIME & CONTROL**  
SOMETIMES WE ARE UNABLE TO PROTECT OURSELVES  
Financial troubles affect your mental health  
THE PROCESS OF APPLYING FOR Disability Benefit is making people's life difficult  
THE RELATIONSHIPS ARE MORE IMPORTANT THAN THE PROCESS  
ASSISTANCE  
A LOT OF PEOPLE ARE LIVING EVERYDAY WITH MENTAL HEALTH  
I THOUGHT ONLY SOCIAL WORKERS DO SAFE CHAIRING!  
A CARER ROLE IS SO IMPORTANT

**LOSS OF TRUST**  
vulnerability AND Powerlessness IS A THEME  
MANY HAD NOT HEARD OF SAFEGUARDING  
FRONTLINE STAFF NEED TO BE PM - AWARE & TRAINED  
PEOPLE ARE OFTEN UNSURE WHY THEY ARE A TARGET OF ABUSE  
Does it begin at diagnosis?

**PEOPLE DON'T JUST WANT TO BE LISTENED TO. People Want to be believed**  
TARGETED HOSTILITY  
THE MENTALLY UNWELL PERSON OFTEN GETS THE BLAME  
SHARE STORIES SAFELY  
Interpreting services give people a VOICE

**THE USE OF PEERS IS THE FUTURE**  
TARGETS should be DISBANDED  
learn the language of safeguarding  
"What I can control is my tone, my listening, and my language."

**SAFETY IN MENTAL HEALTH SERVICE SETTINGS IS A MAJOR CONCERN**  
LET'S HAVE A POSITIVE IMPACT  
INVEST RESOURCES  
RESEARCHING more

**LANGUAGE**  
THERE ARE DIFFERENT PEOPLE IN THE ORGANISATION  
THERE ARE MINORITIES INTERACTING SERVICES ARE NEEDED  
DIFFERENT BACKGROUNDS  
IT'S A FAMILY ISSUE  
WE ALL NEED TO UNDERSTAND

**@visual minutes**  
www.MORETHANMINUTES.co.uk

# Thank you

Trish Hafford-Letchfield: [p.hafford-leitchfield@mdx.ac.uk](mailto:p.hafford-leitchfield@mdx.ac.uk)

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