

Letter to the Editor

Are psychiatric patients safe in psychiatric wards?

Madam, recently, a colleague related an incident of a staff member molesting a young female inpatient in a psychiatric ward. In this case the incident was reported and subsequently action was taken. This incident however raised many questions for me. What are the reasons for such events? And why such events go unreported?

While all patients are vulnerable, I believe that mentally ill patients are particularly more vulnerable and can easily be taken advantage of. Those who are hospitalized in psychiatric wards are often not in touch with reality, and therefore their stories are often suspected. This can make them an easy target for offenders.

A number of studies have documented a high incidence of in-patient violence in psychiatric hospitals in the West,¹ but there seems to be no such data in Pakistan regards this serious issue. However there are anecdotal reports stating that physical and sexual abuse with psychiatric patients is not uncommon in Pakistan. These patients are teased in the community, they are called names, beaten and humiliated, and in some public and private centers, ECT is being given without proper anaesthesia, which could be life threatening.² A cross sectional survey carried out in a psychiatric hospital in London, documented that 33% of female in-patients experienced unwanted sexual comments or molestation, although the majority did not report this.³ In another study 142 adult psychiatric patients were interviewed and the data revealed high rates of reported lifetime trauma that occurred within psychiatric setting, which included physical assault (31 percent), sexual assault (8 percent), and witnessing traumatic events (63 percent).⁴

In 2007, the National Patient Safety Agency in UK published a detailed analysis of patient safety incidents related to mental health, between October 2006 to September 2007. One of the specific areas examined was sexual safety; during this period there were 887 reported patient sexual safety incidents involving mental health service users. Of these, 44 incidents described an allegation of rape or sexual assault. Other sexual safety incidents were classified as exposure, sexual advances, touching, harassment and consensual sex.⁵

Most research related to sexual safety of psychiatric patients has focused on the characteristics of the violence

and of the perpetrators. The impact of such violence on patient's psychological and emotional health has tended to be neglected.

Personally, this raises important questions regarding the responsibility of the mental health team members. Do these incidents happen because psychiatric patients are perceived as not deserving respect? Do their mental conditions deprive them of privacy which is the basic right of all humans?

In order to prevent such incidents from taking place, following measures are suggested.

Male and female wards should be separate, and security concerns must be addressed adequately. Recruitment of staff should be done carefully and a mental health professional (psychiatrist or psychologist) should be involved in the selection process. Selected staff must have specific training, which should be repeated at regular intervals. This would give the staff appropriate skills as well as confidence in dealing with these sorts of incidents.

As a member of mental health team, I believe that these patients should not be treated as a stigma to society but should be respected and nurtured as any other patient. Offenders should not feel that they can get away without any accountability. A patient's privacy and dignity should be of utmost importance to a health team worker, and such outrageous and unethical acts should be reported immediately as well as recorded in the adverse incident form.

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References

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