INTRODUCTION

The safety of health care professionals is a pertinent issue in mental health. While training in breakaway techniques and other aggression management packages remain indispensable, the safety of interview rooms should not be overlooked. The importance of necessary measures to ensure safety cannot be over-emphasised. A survey of specialist registrars in the South West of England revealed that more than half felt they had to interview in unsuitable rooms and sometimes felt vulnerable or fearful at work (Sipos et al., 2003).

Assaults on medical staff are not rare though quite a number of such incidents go unreported. A study carried out in South Wales, revealed that 17% of respondents reported one or more assaults over a year and 32% reported one or more threats. The most junior doctors were significantly more likely to have been assaulted, regardless of their gender (Davies, 2001). Wyatt and Watt (1995) reported that 32% of junior doctors had been subjected to attempted assaults and 18% had been physically assaulted in their workplaces. Chubb (1997) also reported that 37% of trainee psychiatrists had sustained a physical attack while at work. One of the lowest rates of reported physical injuries to junior doctor seems to be the study carried out by O’Sullivan and Meagher (1998). Apart from the obvious possibility of injuries, healthcare professionals feel angry and insulted after assaults from patients (Omerov et al., 2002).

The effects of poor safety of interview rooms may culminate in harm to the interviewer, to the patient, or both. This may be in the form of obvious physical harm or psychological trauma. A number of medical staff have been left severely traumatised by otherwise avoidable experiences. There is also the

*Dr Efosa Airuehia, MBBS
Senior House Officer, The Greenfields Learning Disability Unit, Monyhull Hall Road, Kings Norton Birmingham B30 3QB
Tel: +44 (0)7886375821 Email: air4osa@yahoo.com

Dr Ted Agadagba, MBBS
Senior House Officer, Diana, Princess of Wales Children’s Hospital, Steelhouse Lane, Birmingham
Email: tagagdaba@yahoo.co.uk

* For Correspondence
risk of damage to hospital property and infrastructure. The National Institute for Mental Health, in a document on Mental Health Policy (Department of Health, 2004), also stresses the need for environmental safety.

Campbell and Fung (2007) carried out a cross-sectional survey on interview rooms which demonstrated shortcomings in interview room safety. The rooms surveyed were frequently overcrowded with furniture, cluttered with loose objects and were used for multiple purposes. Access to alarms and exit from the rooms was compromised by the layout of the rooms. Davison (2005) reviewed the management of violence in general psychiatry. She suggested that when planning strategies to prevent violence, it is important to consider not only patient risk factors but also the risk factors in the environment.


A search of the literature did not reveal any work conducted on a comparative analysis of the safety of interview rooms in two distinct work settings. This audit, conducted at the Sandwell Mental Health and Social Care Trust (SMHSCT) in 2006, examines safety of the interview rooms first as a separate issue and then comparatively between the learning disability and general psychiatry work environments; they were chosen because we have working experiences of both units.

**Aim**

The aim of this audit was two-fold:

1. To audit the interview rooms in the SMHSCT
2. To compare the outcomes in the general psychiatric and learning disability units.

The learning disability directorate in Sandwell serves a population of nearly 283,000 people. It has 19 in-patient assessment and treatment beds, 1 respite bed and 5 small community homes which all provide 24 hour nursing care. Most of its assessment and treatment units are based in Heath Lane.

**Method**

The data collection tool was adopted from a similar audit conducted in North Birmingham. A total of 38 rooms were reviewed altogether. Out of these, 18% (7) of the rooms were from outpatient and ward learning disability units.

The standards for this audit were collectively obtained from the Royal College of Psychiatrists (1999), the Mental Health Policy Implementation Guide (Department of Health, 2002) and an audit by Osborn and Tang (2001).

With respect to the standards, the emphasis of this audit included:

- Location of the interview rooms
- Furniture and room dimensions/characteristics
- Presence of alarm systems
- Characteristics of the door(s)

A two-door entry and exit system into interview rooms is recommended by the Royal College of Psychiatrists.
An ideal interview room should be built such that the exit door opens outwards and does not require a key to exit, has a viewing glass panel and is less than 15 metres from a staff base. Specific aspects of the standards regarding furniture included the doctor’s chair being closer to the exit, furniture not blocking the exit, alarm system being accessible from the doctor’s chair, no more than 3 chairs per room, furniture not been light enough to be picked up, absence of loose objects in the room and the presence of a working telephone which should be fixed to the wall or desk. Other requirements included the presence of fixed or personal alarms which should be regularly tested and the presence of a light outside the room to indicate if the alarm had been activated.

Results

The results revealed that no interview room met all the required standards. A majority of the rooms audited were considered unsafe. Safety concerns mostly centred on the presence of loose objects, presence of light furniture, door opening inwards, and the absence of both alarms and a viewing glass panel on the doors. These issues were common to interview rooms in both the learning disability and general psychiatry units.

A rather alarming revelation in the learning disability unit was the absence of fixed or personal alarms in all the interview rooms. These rooms also had doors which opened inwards and lacked a viewing glass panel. All exit doors

<table>
<thead>
<tr>
<th>Standards</th>
<th>LD Units</th>
<th>GP Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15m from staff base</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>More than 3 chairs</td>
<td>70%</td>
<td>65%</td>
</tr>
<tr>
<td>Doctor’s chair closer to exit</td>
<td>57%</td>
<td>100%</td>
</tr>
<tr>
<td>Furniture light enough to be picked up</td>
<td>100%</td>
<td>83%</td>
</tr>
<tr>
<td>Furniture blocking the exit</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Presence of loose objects</td>
<td>28%</td>
<td>80%</td>
</tr>
<tr>
<td>Presence of a working telephone</td>
<td>71%</td>
<td>68%</td>
</tr>
<tr>
<td>Telephone fixed to the wall or desk</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Access to an alarm</td>
<td>0%</td>
<td>51%</td>
</tr>
<tr>
<td>Light outside room to indicate source of alarm</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Presence of a two-door entry and exit system</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Door opens outwards</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Door does not require key to exit</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Presence of a viewing glass panel</td>
<td>0%</td>
<td>24%</td>
</tr>
</tbody>
</table>

LD - learning disability; GP - general psychiatry
however did not require a key. A list of loose objects found in the rooms included books, water bottles, cups, table lamp and a plastic pen holder – all potentially hazardous. TABLE I shows a breakdown of all the results.

**Discussion**

To the best of our knowledge, this study is the first of its kind whose results compare and contrast the quality of interview rooms in the context of learning disability and general psychiatry units. We are aware that the relatively small number of interview rooms within the learning disability unit makes such a comparison with the general psychiatry rooms quite difficult. This perhaps may not give the best analogy in terms of safety of the interview rooms in both units. Considering the relatively small number of learning disability units available nationally, this would be quite difficult. A much bigger audit would need to be done to draw more conclusive findings. In spite of this, however, this audit highlights some very salient issues regarding the safety of interview rooms.

It is unlikely that our observations of the safety of interview rooms are confined to SMHSCT alone and proposed recommendations could be applied to address similar concerns regarding safety in other psychiatric units. Such recommendations include:

- Ensuring that there are alarms in all interview rooms; and where this is not feasible, personal alarms should be made available and these should be tested regularly.
- There should be a maximum of 3 chairs in the rooms and these should be heavy (or perhaps fixed to the floor) to prevent them being used as weapons.
- All loose objects should be removed from rooms and phones should be fixed to the wall or desk. The rooms should be devoid of any unnecessary clutter.
- Metal bins should be replaced with plastic ones.
- Doors should have glass panels and open outwards as this would make it easier to exit in emergencies.

There is a continued need to promote awareness of risk and trust policies on reporting all incidents and ‘near misses.’ Protocols and standards regarding interview room safety should be considered for the safety of staff. Annual Personal Health and Safety courses should be robust and inclusive of demonstration sessions to reinforce safety issues of our interview rooms. Such courses should not only be compulsory for all new members of staff but regular refreshers should also be mandatory. Certainly, consistency, frequency and regularity will eventually drive home the need to adhere to standards and provide for a more pleasant and safer working environment within the National Health Service.

**References**


Department of Health (2004). Mental Health Policy Implementation guide: Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health In-Patient Settings.


