Safewards was developed for inpatient mental health units by Professor Len Bowers (UK). Safewards aims to improve safety for both consumers and staff, with a focus on reducing conflict (anything that could be harmful for a patient, other patients, or staff) and containment (restrictive interventions).

Safewards has a strong and growing evidence base from the UK and here in Victoria. It includes an exploratory model and ten interventions.

Staff and patient modifiers in the Safewards model identify opportunities to prevent conflict and containment, or reduce its impact. The Safewards interventions provide practical ways to use these modifiers. The interventions are preventative actions that are taken to increase safety and mutual support for staff and patients.

**Originating domains**

There are six originating domains, and they represent different aspects of inpatient units that affect conflict and containment (see below). Research tells us these domains can create potential flashpoints.

**Flashpoints**

Flashpoints are times or situations when things could go wrong. They arise out of the originating domains, and they’re like ‘triggers’ or ‘tipping points’ that signal and precede potential conflict.

Staff can prevent flashpoints by understanding and responding to domains before there is a problem.

Staff can reduce the likelihood of conflict and containment by how they respond to flashpoints. Even if conflict occurs, staff can use strategies other than restrictive interventions.

### Know Each Other
Patients & staff share some personal interests & ideas with each other, displayed in unit common areas.  
*Builds rapport, connection & sense of common humanity*

### Clear Mutual Expectations
Patients & staff work together to create mutually agreed aspirations that apply to both groups equally.  
*Counts some power imbalances, creates a stronger sense of shared community*

### Positive Words
Staff speak positively in handover about each patient. Staff use psychological explanations to describe challenging actions.  
*Increases positive appreciation & helpful information for colleagues to work with patients*

### Discharge Messages
Before discharge, patients leave messages of hope for other patients on a display in the unit.  
*Strengthens patient community\nGenerates hope*

### Mutual Help Meeting
Patients offer & receive mutual help & support through a daily, shared meeting.  
*Strengthens patient community\nOpportunity to give & receive help*

### Reassurance
Staff debrief every patient after every conflict on the unit.  
*Reduces a common flashpoint, increases patients’ sense of safety and security*

### Bad News Mitigation
Staff understand, proactively plan for & mitigate the effects of bad news received by patients.  
*Reduces impact of common flashpoints, offers extra support*

### Soft Words
Staff reduce the limits faced by patients, create flexible options & use respect if limit setting is unavoidable.  
*Builds respect, choice & dignity*

### Calm Down Methods
Staff support patients to draw on their strengths & use/learn coping skills before the use of PRN medication or containment.  
*Strengthen patient confidence & skills to cope with distress*

### Talk Down Methods
De-escalation process focuses on clarifying issues and finding solutions together. Staff maintain self-control, respect & empathy.  
*Increases respect, collaboration and mutually positive outcomes*