

ANALYTIC FRAMEWORK AND REVIEW QUESTIONS: VIOLENCE AND AGGRESSION GUIDELINE

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1.1 INTRODUCTION

For mental health guidelines, review questions typically fall into one of three main areas:

1. Access/care pathways
2. Identification/assessment/diagnosis
 - a. Test accuracy
 - b. Clinical value
3. Interventions

Service user experience is a component of each of these and should inform the development of a structured review question. In addition, review questions that focus on a specific element of experience may merit consideration in their own right.

An analytic framework (to frame the questions, rather than the clinical pathway) and associated review questions should be developed for each topic area. For most review questions, we use the PICO format (see below).

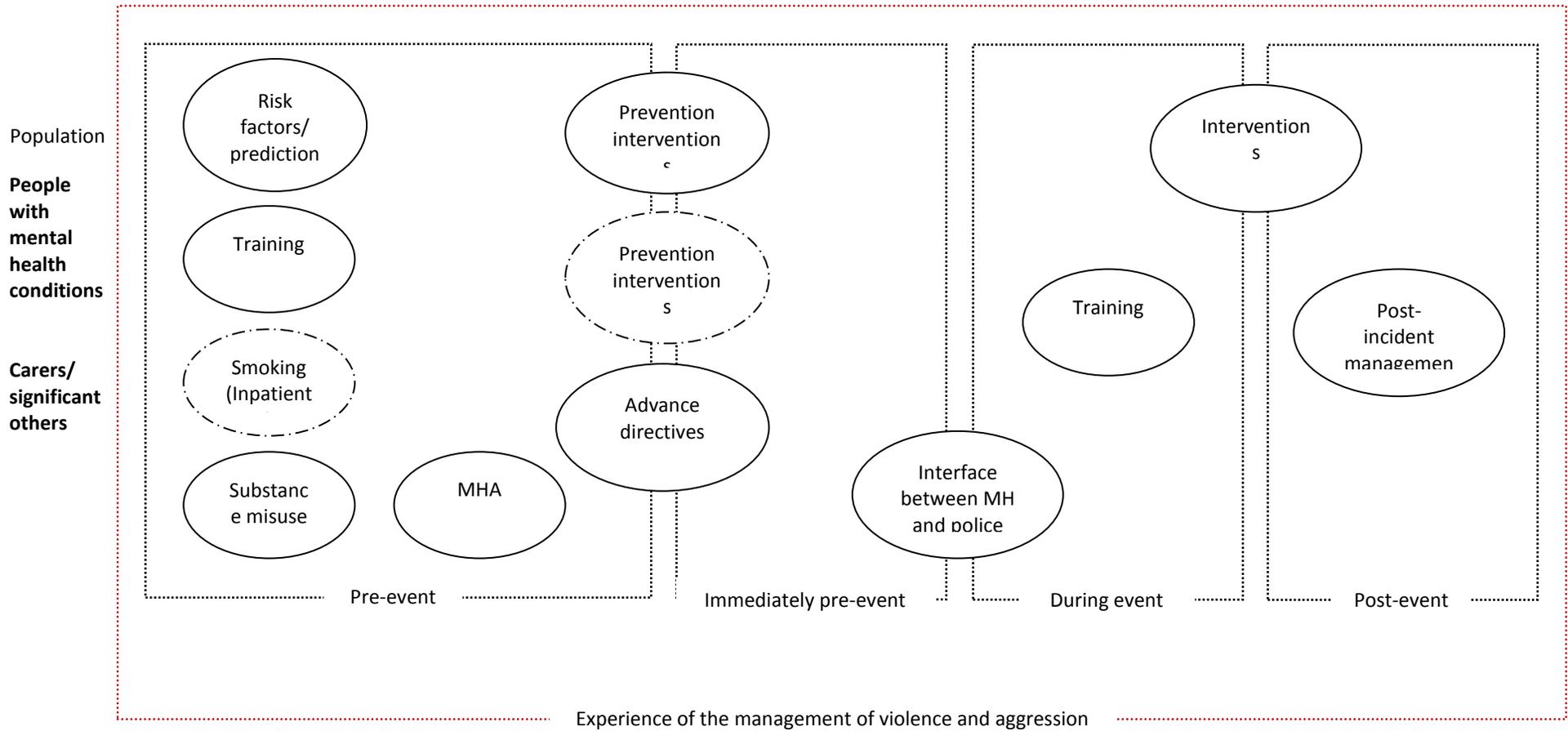
Population	Which population of service users are we interested in? How can they be best described? Are there subgroups that need to be considered?
Intervention:	What intervention, treatment or approach is of interest?
Comparison:	What is/are the main alternative(s) to compare with the intervention being considered?
Outcome:	What is really important for the service user? Which outcomes should be considered? Examples include intermediate or short-term outcomes; mortality; morbidity and quality of life; treatment complications; adverse effects; rates of relapse; late morbidity and re-admission; return to work, physical and social functioning; resource use.

For questions about the experience of care, the SPICE format can be used (see below).

Setting	Where? In what context?
Perspective	For who?
Intervention (phenomenon of interest):	Which intervention/interest should be included?
Comparison:	What?
Evaluation:	How well? What result?

Adapted from Booth, A (2003) Chapter 6: "Formulating research questions". In: A. Booth and A. Brice, Editors, Evidence based practice: A handbook for information professionals, Facet, London (2003).

1.2 ANALYTIC FRAMEWORK FOR REVIEW QUESTIONS



1.3 REVIEW QUESTIONS

1.3.1 Experience of the short-term management of violence and aggression

No.	Review question	Notes	Section of scope	Evidence synthesis ¹
	Mental health service users			
1.1	Does race/ethnicity of a service user or staff member make a difference to how they are treated when they are involved in a violent and aggressive behaviour incident in health and community care settings?	Adapted from original guideline.	4.4e	NS
1.2	Do service users perceive that the race/ethnicity of a service user or staff member makes a difference to how they are treated when they are involved in a violent and aggressive behaviour incident in health and community care settings?	Adapted from original guideline.	4.4e	NS
1.3	Does gender of a service user or staff member make a difference to how they are treated when they are involved in a violent and aggressive behaviour incident in health and community care settings?	Adapted from original guideline.	4.4e	NS
1.4	Do service users perceive that the gender of a service user or staff member makes a difference to how they are treated when they are involved in a violent and aggressive behaviour incident in health and community care settings?	Adapted from original guideline.	4.4e	NS
1.5	What are the service users' perspectives of the considerations needed for the short-term management of violent and aggressive behaviour in health and community care settings where the service user has physical disabilities?	Adapted from original guideline.	4.4e	NS
	Carers of mental health service users			
1.6	Do carers perceive that the race/ethnicity of a service user or staff member makes a difference to how they are treated when they are involved in a violent and aggressive behaviour incident in health and community care settings?	Adapted from original guideline.	4.4e	NS
1.7	Do carers perceive that the gender of a service user or staff member makes a difference to how they are treated when they are involved in a violent and aggressive behaviour incident in health and community care settings?	Adapted from original guideline.	4.4e	NS

¹ MA = meta-analysis; NS = narrative synthesis.

1.8	What are the carers of mental health service users perspectives of the considerations needed for the short-term management of violent and aggressive behaviour in health and community care settings where the service user has physical disabilities?	Adapted from original guideline.	4.4e	NS
	Staff			
1.9	Do staff perceive that the race/ethnicity of a service user or staff member makes a difference to how they are treated when they are involved in a violent and aggressive behaviour incident in health and community care settings?	Adapted from original guideline.	4.4e	NS
1.10	Do service users perceive that the gender of a service user or staff member makes a difference to how they are treated when they are involved in a violent and aggressive behaviour incident in health and community care settings?	Adapted from original guideline.	4.4e	NS
1.11	What are the staff perspectives of the considerations needed for the short-term management of violent and aggressive behaviour in health and community care settings where the service user has physical disabilities?	Adapted from original guideline.	4.4e	NS

1.3.2 Pre-event

	Risk factors and prediction			
2.1	What are the risk factors and antecedents (including staff characteristics) for violent and aggressive behaviour by mental health service users in health and community care settings?	Adapted from original guideline.	4.3.1a Identification of potentially violent and aggressive service users and the evaluation of methods and tools for prediction and risk assessment.	NS
2.1.1	Do the identified risk factors have good predictive validity for future violent and aggressive behaviour by mental health service users in health and community care settings?			
2.2	What factors do service users and staff report as increasing the risk of violent and aggressive behaviour by mental health service users in health and community care settings?	Adapted from original guideline.	4.3.1a Identification of potentially violent and aggressive service users and the evaluation of methods and tools for prediction and risk assessment.	NS
2.3	Which instruments most reliably predict violent and aggressive behaviour by mental health service users in health and community care settings in the short-term?	Adapted from original guideline.	4.3.1a Identification of potentially violent and aggressive service users and the evaluation of methods and tools for prediction and risk assessment.	?
2.3.1	Do the identified instruments have good predictive validity for future violent and aggressive behaviour by mental health service users in health and community care settings?			
2.4	What is the best the approach for anticipating violent and aggressive behaviour by mental health service users in health and community care settings?	Topic also covered in RQ3.2 To answer this question, it could be useful to examine if there are points on the pathway of care associated with violence and aggression. In addition, can the identified risk factors be used to build up a picture of when violence and aggression is more likely to occur.	4.3.1g Anticipation of violence and aggression.	?
	Prevention interventions			
2.5	Do observation techniques, used to pre-empt or prevent violent and aggressive behaviour by mental health service users in an inpatient setting, produce benefits that outweigh possible harms when compared to an alternative approach?	Adapted from original guideline. Topic also covered in RQ	4.3.1b De-escalation methods and other short-term psychosocial intervention methods.	NS
2.6	Do modifications to the environment (physical and social) of health and	Adapted from original guideline [note.	4.3.1h	NS

	community care settings, used to reduce the risks of violent and aggressive behaviour by mental health service users, produce benefits that outweigh possible harms when compared to an alternative approach?	Not in original scope, but covered by a review question]	Environmental influences and how to modify them.	
2.7	Do management strategies (including staffing levels and IT systems), used to reduce the risks of violent and aggressive behaviour by mental health service users, produce benefits that outweigh possible harms when compared to an alternative approach?			
	Training			
2.8	Do training programmes for the use of interventions designed to prevent and manage violent and aggressive behaviour by mental health service users in health and community care settings, for staff, and for staff and service users combined, produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline.	4.3.1f Training or education requirements for the above-mentioned interventions.	NS
	Advance directives			
2.9	What role should advance directives play in the prevention of violence and aggression by mental health service users in health and community care settings?	Although not in the original guideline scope, one recommendation mentioned advance directives: 1.4.1.5 Service users identified to be at risk of disturbed/violent behaviour should be given the opportunity to have their needs and wishes recorded in the form of an advance directive . This should fit within the context of their overall care and should clearly state what intervention(s) they would and would not wish to receive. This document should be subject to periodic review. **Also covered in the NICE service user experience guidance.**	4.3.1k The role of advance directives in the management of violence and aggression.	NS
	Smoking			
2.10	Is there a link between being denied the opportunity to smoke tobacco and violent/aggressive behaviour in mental health service users?	New topic.	4.3.1i The relationship between smoking and violence and aggression in inpatient settings.	NS
2.10.1	If so, how should smoking be managed in inpatient mental healthcare settings in order to reduce the risk of violence and aggression while complying with UK law?	Need to comment on draft PH guidance 'Smoking cessation—acute, maternity and mental health services' when out for consultation (5 April—5 June 2013). Further info: http://guidance.nice.org.uk/PHG/51		

		Need to look at schizophrenia update guideline that has reviewed smoking cessation interventions.		
	Substance misuse			
2.11	What is the most appropriate method of recognition and management of substance misuse in mental health service users with violent and aggressive behaviour in health and community care settings?		4.3.1m Substance misuse (repeated).	NS
	Mental Health Act			
2.12	Does being subject to the Mental Health Act alter the risk of violent and aggressive behaviour by mental health service users in health and community care settings?		4.3.1o Mental Health Act status.	NS
2.12.1	If so, is the effect of detention proportional in relation to the factors that led to its implementation?			

1.3.3 Immediately pre-event

No.	Review question	Notes	Scope	Evidence synthesis
	Advance directives			
3.1	What role should advance directives play in the management of imminent violence and aggression by mental health service users in health and community care settings?	See 1.15 above	4.3.1k The role of advance directives in the management of violence and aggression (repeated).	NS
	Prevention interventions			
3.2	Do observation techniques used to pre-empt or prevent imminent violent and aggressive behaviour by mental health service users in an inpatient setting produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline.	4.3.1b De-escalation methods and other short-term psychosocial intervention methods.	NS
3.3	Do personal and institutional alarms, CCTV and communication devices used to alert staff to imminent violent and aggressive behaviour by mental health service users in health and community care settings produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline.	Not explicitly mentioned, but could come under environmental influences	NS
3.4	What principles of practice are necessary to ensure the effectiveness of personal and institutional alarms, CCTV and communication devices in reducing violent and aggressive behaviour by mental health service users in health and community care settings when compared to an alternative management strategy?	Adapted from original guideline.	Not explicitly mentioned, but could come under environmental influences	NS
3.5	Do de-escalation methods used to prevent imminent violent and aggressive behaviour by mental health service users in health and community care settings produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline.	4.3.1b De-escalation methods and other short-term psychosocial intervention methods.	NS
3.6	Does PRN (prorenata) medication used to prevent imminent violent and aggressive behaviour by mental health service users in health and community care settings produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline (PRN was included within the review of RT). Cochrane reviews: ‘As required’ medication regimens for seriously mentally ill people in hospital	4.3.1e Pharmacological interventions.	NS

1.3.4 During event

No.	Review question	Notes	Scope	Evidence synthesis
	Non-pharmacological management strategies			
4.1	Do modifications to the environment (both physical and social) of health and community care settings used to reduce the level of violent and aggressive behaviour by service users with mental health conditions produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline [note. Not in original scope, but covered by a review question]	4.3.1h Environmental influences and how to modify them.	NS
4.2	Does the use of personal and institutional alarms, CCTV and communication devices for the short-term management of violent and aggressive behaviour by mental health service users in health and community care settings produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline.	Not explicitly mentioned, but could come under environmental influences	NS
4.3	Does seclusion used for the short-term management of violent and aggressive behaviour by mental health service users in health and community care settings produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline. Cochrane review: Seclusion and restraint for serious mental illnesses	4.3.1c Seclusion.	NS
4.4	Do de-escalation methods used for the short-term management of violent and aggressive behaviour by mental health service users in health and community care settings produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline. Cochrane review: De-escalation techniques for psychosis-induced aggression or agitation Note: time-out and extra-care area added to review protocol	4.3.1b De-escalation methods and other short-term psychosocial intervention methods (repeated).	NS
4.5	Do physical restraint techniques (including, manual and mechanical restraint) used by staff for the short-term management of violent and aggressive behaviour by mental health service users in health and community care settings produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline. [Note. Scope says mechanical restraint is a new topic, but it was covered in original scope under physical restraint] Inclusion criteria may need to be relaxed to include evidence from studies of physical restraint in people without a diagnosis of a mental health	4.3.1d Physical restraint. 4.3.1j Mechanical restraint.	NS

		disorder. Cochrane review: Seclusion and restraint for serious mental illnesses		
4.6	If physical restraint techniques (including, manual and mechanical restraint) are used by staff for the short-term management of violent and aggressive behaviour by mental health service users in health and community care settings, how should use be modified if, for example, the service user is: undergoing withdrawal <ul style="list-style-type: none"> • intoxicated • a heavy drinker • seriously medically ill • has physical disabilities or injuries or is physically frail • pregnant • obese. 	New sub-question.	4.3.1d Physical restraint. 4.3.1j Mechanical restraint.	NS
4.9	What factors should influence the decision to transfer a mental health service user with violent and aggressive behaviour to a more secure environment?	New topic.	4.3.1b De-escalation methods and other short-term psychosocial intervention methods (repeated).	NS
Pharmacological management strategies				
4.7	Do brief or fast acting pharmacological interventions used for the short-term management of violent and aggressive behaviour by mental health service users in health and community care settings produce benefits that outweigh possible harms when compared to an alternative management strategy?	Adapted from original guideline. Cochrane reviews: Haloperidol for psychosis-induced aggression or agitation (rapid tranquillisation) Benzodiazepines for psychosis-induced aggression or agitation Chlorpromazine for psychosis induced aggression or agitation Clotiapine for acute psychotic illnesses [no UK license] Droperidol for acute psychosis [drug	4.3.1e Pharmacological interventions.	MA

		<p>withdrawn by manufacturer]</p> <p>Haloperidol plus promethazine for psychosis-induced aggression</p> <p>Olanzapine IM or velotab for acutely disturbed agitated people with suspected serious mental illnesses</p> <p>Zuclopenthixol acetate for acute schizophrenia and similar serious mental illnesses</p> <p>Cochrane protocols:</p> <p>Risperidone for psychosis induced aggression or agitation</p> <p>Quetiapine for psychosis-induced aggression or agitation</p>		
4.8	<p>If brief or fast acting pharmacological interventions are used in the short-term management of violent and aggressive behaviour by mental health service users in health and community care settings, how should use be modified if, for example, the service user is:</p> <p>undergoing withdrawal</p> <ul style="list-style-type: none"> • intoxicated • a heavy drinker • seriously medically ill • has physical disabilities or injuries or is physically frail • pregnant • obese. 	New sub-question.	4.3.1m Substance misuse.	NS
Interface between health and police				
4.10	What is the best management strategy for the transfer of mental health service users to or between places of safety?	New topic.	4.3.1n The interface between mental health services and the police in the immediate management of violence and aggression.	NS
4.11	What is the best management strategy when the police are called to support mental health staff manage violent and aggressive behaviour by mental health service users in health and community care settings?	New topic.	4.3.1n The interface between mental health services and the police in the immediate management of violence and aggression.	NS

4.12	What is the best management strategy when mental health staff are required to call the police to take someone into custody because of violent and aggressive behaviour in health and community care settings?	New topic.	4.3.1n The interface between mental health services and the police in the immediate management of violence and aggression.	NS
Training				
4.13	What are the most effective and safe training programmes for the short-term management of violent and aggressive behaviour by mental health service users in health and community care settings?	Adapted from original guideline.	4.3.1f Training or education requirements for the above-mentioned interventions.	NS

1.3.5 Post-event

No.	Review question	Notes	Scope	Evidence synthesis
Post-incident management				
5.1	After violent and aggressive behaviour by mental health service users in health and community care settings, what post-incident management should occur for the service user(s) involved?	New topic.	4.3.1l Post-incident management for staff, service users and witnesses.	NS
5.2	After violent and aggressive behaviour by mental health service users in health and community care settings, what post-incident management should occur for the staff involved?	New topic.	4.3.1l Post-incident management for staff, service users and witnesses.	NS
5.3	After violent and aggressive behaviour by mental health service users in health and community care settings, what post-incident management should occur for any witnesses involved?	New topic. Include qualitative evidence about the experience of witnessing an event	4.3.1l Post-incident management for staff, service users and witnesses.	NS