

# PRoF Award abstract – Call 2018

Deadline for submission: Thursday March 1<sup>st</sup> 2018 (12 o'clock noon)

Please send to: [PRoF-Award@uzgent.be](mailto:PRoF-Award@uzgent.be).

## Comfort-Context Room

### 1. Research Outline

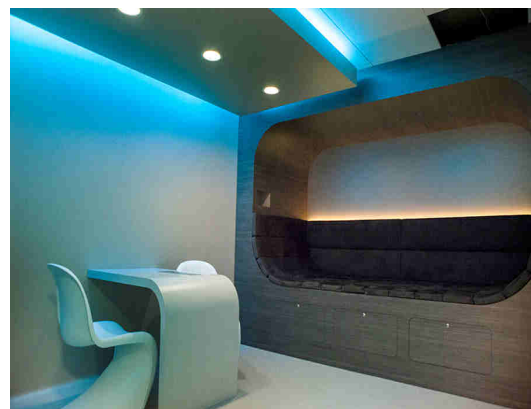
Acronym	Comfort-Context Room
Project name in English	Comfort-Context Room
Pitch (1 sentence)	Is the transformation of a psychiatric isolation room to an open and comfortable room - with the possibility to offer assistance by a permanently (i.e. also at night) available person (professional, family, ...) in an adjacent context room - an achievable and humane alternative to resolve personal situations of severe psychic distress and despair?
Executive summary (max. 10 lines)	
<p>The project fits in the global intention of the psychiatric hospital KARUS to diminish the use of isolations and other freedom restricting measures. In the department specialized in the treatment of mood- and anxiety disorders the isolation room will be eliminated and the amount of solitary isolations should be brought to zero. The former isolation room and the adjacent room will be transformed into the comfort-context room. The comfort room offers the patient a quiet room, with open view on a small garden (accessible via the context room) and with the possibility to make connection with modern media (e.g. own music files). The accommodation is modern and conform safety measures (suicide-proof). there is always somebody present In the adjacent context room: a nurse, family, friend, .... There is also a bed available for the night and connection to digital media.</p>	

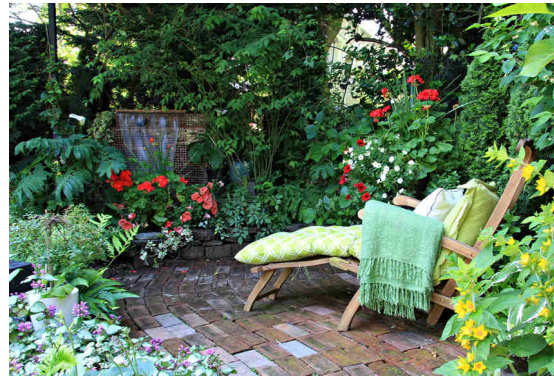
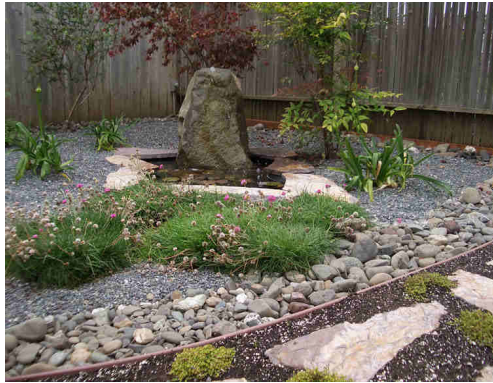
## 2. Cause and context of the research

The Belgian government currently gives a lot of attention to the diminishing of constraint and freedom restricting measures in psychiatric hospitals. The focus is on adult as well as on child psychiatry. On the other hand residential treatment is faced with more and more acute situations (e.g. psychotic crises, addiction and abstinence symptoms, suicidal tendencies, ...). The purpose is, both, to reduce the duration of the use of these measures (as short as possible, no longer than strictly needed) and the frequency of the application of the measures.

One of the approaches and possible research items is to differentiate the applied measures according to the target group. For instance in mood- and anxiety disorders isolation and other freedom restricting measures are mostly necessary to prevent self-harming behavior. People need a quiet and safe environment, withdrawn from the activity of other patients. In our opinion these situations may be handled otherwise than with isolation, without endangering the patient. People in that mental condition may need privacy, silence, space for contemplation, but also protection and 'holding'. We want to meet both of these needs in combining comfort in one room and a sustaining context in an adjacent room. Comfort rooms already exist as concept, but to our knowledge not in combination with a context room. However, the nearness of another person whom the patient trusts, is one of the most heard demands of people reflecting on the crisis situations they experienced. The possible contact with another person may counter confusion, anxiety, distress, despair, obsessive thoughts, ...

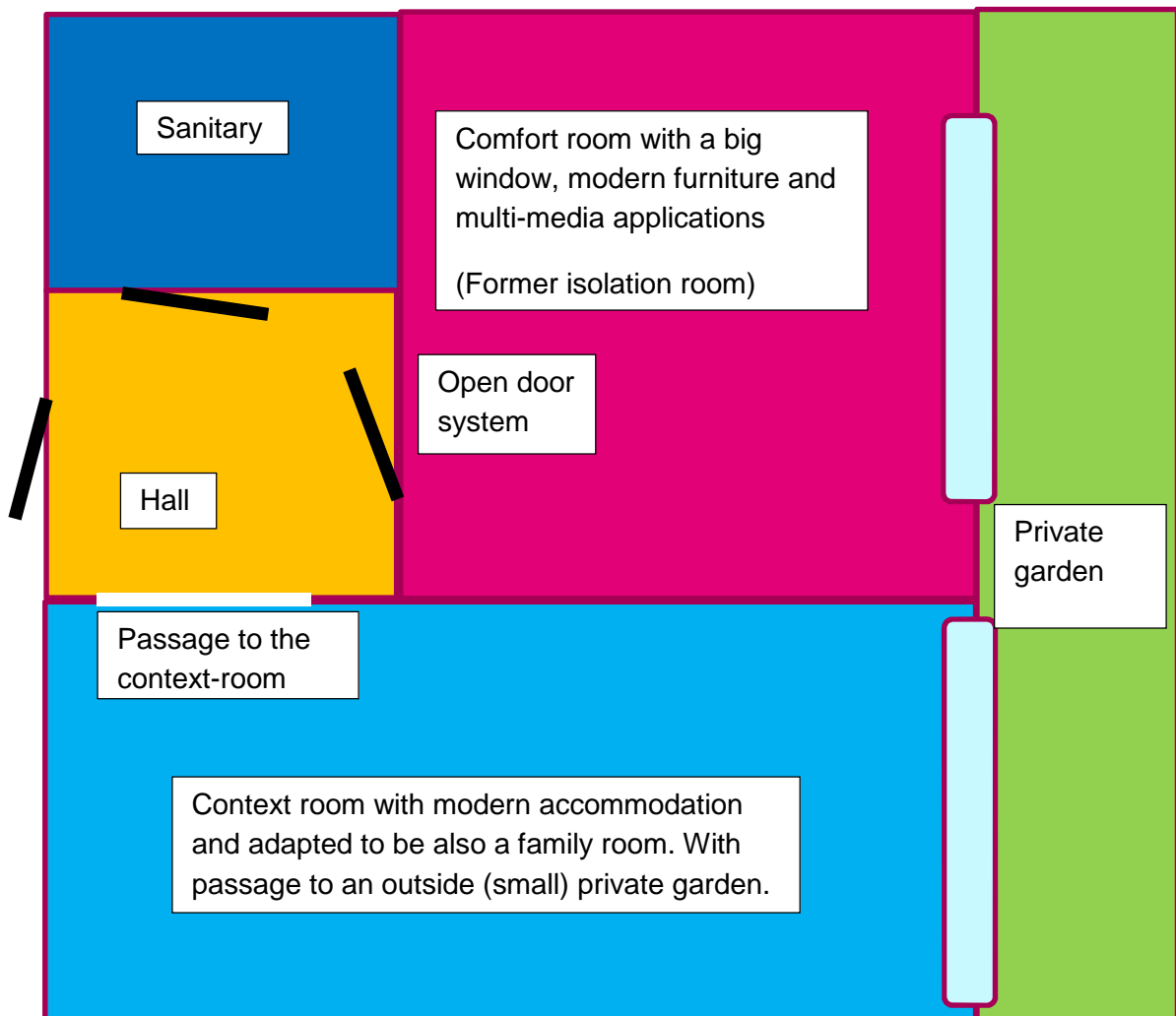
The **comfort room** should have a totally different accommodation than the former isolation room. It should in one word be 'humane': attractive but also with safety-proof furniture, facilitating the use of media that offer sustainment and distraction in mental distress (e.g. multimedia wall), privacy-enhancing and at the same time creating an openness to the outside world. To accomplish this we have some infrastructural concepts in mind (see photographs and plan below that may be an inspiration for the interior of the room and possible outside mini-garden).





The **context room** must be in direct connection with the comfort room. This creates an atmosphere of nearness (a 'holding and sustaining environment'), but is not intrusive. The person in psychic need may appeal for help, but can also choose to stay alone with someone in the proximity. With the patient there is deliberated who the person in the context room may be. For instance his/her partner, a good friend, a nurse, ... Of course this is also deliberated with the partner, family member, the team, etc. as well. In the context room there is an infrastructural accommodation to stay for the day and the night (bed, seat, chair, table, connection to the internet, ...).

Groundplan:



### 3. Innovation results achieved

The concept has been developed together with and approved by the management of the mental hospital. There is a concretization of the infrastructural adaptations and of the accommodation. The realization is planned for the beginning of 2018.

We then also immediately start with the registration and evaluation of the project. This will be accompanied with a questionnaire both for the patients and for the family (or for a person whom the patient trusts to be available in the context room). So the patient, the family (friend, ...) and the treatment team will be directly involved in the implementation and evaluation of the project.

If the model proves its worth, then it may be suggested as a **'good practice model' for the government** in reducing freedom restricting measures.

Another next step is trying out the concept in the handling of crisis situations for even more 'severe' target groups (psychosis, personality disorder).

The award may be used for the transformation of other isolation rooms. This transformation is highly expensive, but nevertheless a convinced choice of our department and our management.

### 4. Link to the PRoF values

The concept of a **comfort-context room** may be situated in different areas of the healthcare domain. It is a new concept in mental healthcare and more specific in the handling of psychic crisis situations. It is also a new architectural model in simultaneously offering security and comfort. Besides the procedure is altered: isolation is no longer a measure to handle the crisis situation in our department; the team, the patients and their family are involved in the implementation and evaluation of an innovating project.

The comfort-context room also responds to different values formulated by PRoF:

- Minimal comfort: the former isolation room is transformed into a modern and comfortable room.
- Privacy: the separation between the comfort room and the context room offers privacy. The combination of the two rooms is separated from direct contact with the rest of the department (it is situated in the corridor with the sleeping facilities). So there is less disturbance.
- Security: all accommodation is safety- and suicide-proof and the nearness of the context room offers direct security.

- Anti-loneliness: in the context room there is always someone available who can be appealed for help. The accommodation (garden, media) also contributes in countering the loneliness.
- Non stigmatising solutions: the 'classic' isolation room that is so typical and stigmatising in psychiatry is totally turned over into a new humane approach.
- Inter generational: the context room creates the possibility for partners, parents (for children), grown up children (for parents) and team members to assist (and even overnight) in times of high psychic need.
- Respect: this approach is much more respectful than the former handling of severe crisis situations.
- Flexibility: the combination and connection of a comfort room and a context room makes it possible to differentiate in the nearness and amount of sustainment and privacy. The availability of modern media gives a professional also the opportunity to continue working on PC while at the same time being in the proximity of the patient for assistance. Also the private mini-garden is a form of flexibility in coping with a situation of psychic distress, despair, anxiety.

Other evaluation criteria are also applicable:

- The project is based on the interdisciplinary collaboration of psychiatrists, psychologists and nurses.
- It may be a good practice for the government in its search for reducing isolation and freedom restricting measures.
- Other hospitals can **copy the concept** for the same target group (mood and anxiety disorders) and it can be tried out with other psychiatric target groups. It may also be copied in other organizations who search for alternatives to handle crisis situations. As said before: the item of alternatives for isolation and a human approach of people in psychic need is a 'hot topic' in mental health care organisations. It is also one of the priority goals of the department responsible for mental well-being of the government.

## 5. Applicable IPR rules

There are no known IPR rules applicable. There is literature about comfort-rooms and open area seclusion, but these are models different from a comfort-context room.

## 6. Information on the partners

Psychiatric hospital KARUS, Caritasstraat 76, 9090 Melle (Belgium).

Internal responsible for the project:

Ferdy Marysse, psychologist and therapeutic responsible of the department Anxiety and Mood Disorders.





## **Addendum: Contact information**

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