

De-implementing low value practices in mental health care: A rapid ethnographic study of observations

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Background: Observations are a central component of inpatient mental health care, intended to ensure patient safety and well-being. However, the evidence supporting their efficacy is limited, and unintended consequences such as sleep disruption and increased aggression have been reported. Despite their widespread use, there is limited research exploring the lived experience of patients subjected to observations.

Objectives: (1) Explore the perceptions and experiences of observations from the perspectives of both service users and staff.
(2) Investigate how observations are routinely conducted on inpatient wards.
(3) Understand the contextual and cultural factors within wards that influence the use and experience of observations.
(4) Examine attitudes towards the de-implementation of observations.

Methods: Rapid ethnographic methods were employed across three acute female mental health wards in two NHS Trusts. Fieldwork included general non-participant observations of ward routines and environments, alongside focused observations examining how enhanced observations were carried out in practice. Semi-structured interviews were conducted with staff and service users to gather detailed accounts of their experiences. Fieldnotes and interview transcripts were analysed using constant comparative methods to generate themes and explore variation across sites and participant groups. The study methods were developed with advice from the Help from Experts by Experience Research group (HEER - LYPFT).

Results: A total of 120 hours of observation and 22 interviews were conducted. Contextual summaries were developed for each site, capturing organisational structures, observation policies, and decision-making processes. These summaries informed a multi-case analysis to identify cross-cutting themes. Findings indicate that enhanced observations were often driven by fear, with staff navigating a tension between risk management and therapeutic engagement. Cultural norms influenced how observations were implemented, leading to notable variation in rationale, policy, and practice. Service users frequently perceived these practices as intrusive and detrimental to their recovery.

Conclusion: Enhanced observations are a potential target for de-implementation. Reducing the use of unnecessary or potentially harmful care practices could help free up the vital resources needed to provide safe and high-quality mental health care.

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Observations are a routine component of inpatient mental health care, designed to monitor patients closely to ensure their safety and wellbeing. Despite their widespread use, the evidence supporting their effectiveness is limited. Furthermore, unintended consequences have been documented, including disrupted sleep, heightened distress, and strained therapeutic relationships. These issues raise questions about the overall value and impact of observation practices. Crucially, there remains a significant gap in understanding how observations are experienced by those directly affected and why the use of this practice is sustained.

1. Explore experiences and perceptions of observations from staff and service users.
2. Investigate how observations are routinely conducted on inpatient wards.
3. Understand contextual and cultural factors.

This study was developed with guidance from the Help from Experts by Experience Research (HEER) group.

Rapid Ethnography

2 NHS Trusts - 3 acute female mental health wards



1. Fear-Driven Practice

Staff often use enhanced observations to avoid blame, driven by fear of litigation and professional consequences. This leads to risk-averse practices that prioritise surveillance over recovery.

2. Risk Management vs Recovery

Observations focus on immediate safety, often at the expense of long-term recovery. Service users are excluded from decision-making, and the lack of therapeutic engagement can damage trust.

4. Culturally Embedded Work

Observations are entrenched in ward culture. Staff find comfort in familiar routines, making change difficult. Fear, stigma, and limited support reinforce dependence on observations.

3. Inconsistent Policy and Practice

Policies are interpreted differently across wards, leading to inconsistent observation practices. Staff often rely on personal judgment, which can be helpful or confusing depending on context.

This study highlights that enhanced observations on acute female mental health wards are often experienced as intrusive, controlling, and ineffective in supporting recovery or preventing harm. As such, they may be appropriate for de-implementation. Staff and service users identified alternative strategies to reduce their inappropriate use, indicating a need to re-evaluate current practices and promote more therapeutic, person-centred approaches to safety.