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Evaluation of the implementation of the safewards model within inpatient mental health services in West Nusa Tenggara, Indonesia

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Abstract

Background: The safewards model of psychiatric care is an approach developed to improve the safety and quality of care in psychiatric wards. this approach aims to reduce incidents of violence, improve therapeutic relationships between patients and healthcare workers, and create a safer inpatient environment and support patient recovery.
Purpose: To analyze the evaluation of the implementation of the safewards inpatient model in mental hospitals.
Method: Qualitative research with explorative descriptive design. Data and information sources come from 15 informants consisting of: hospital management (A-1), head of nursing (A-2), head of education and training (A-3), head of medical services (A-4), head of nursing (A-5), head of facilities (A-6), head of finance (A-7), implementing doctors (B-8, B-9), implementing nurses (C-10, C-11, C-12, C-13, C-14, C-15). To obtain complete information, in-depth interviews and focus group discussions (FGD) were conducted with informants. Furthermore, thematic, narrative, inductive, and explanatory data analysis were carried out, then reduction and triangulation were carried out.
Results: The implementation of the safewards model with 10 intervention strategies has been proven effective in mental health services. In addition, the implementation of this intervention has been proven effective in reducing conflict, improving therapeutic communication, and accelerating the patient's recovery process. With the right strategy, this model can be increasingly integrated into the mental health service system that is oriented towards patient recovery and well-being.
Conclusion: The implementation of the safewards model is effective in mental health services. Although there are still various challenges, such as limited professional human resources and other supporting facilities and infrastructure, the high commitment of health workers and management is a key factor in ensuring the sustainability of this program.

Keywords: Inpatient; Mental Hospital; Safewards Model.

INTRODUCTION

The safewards model of psychiatric care is an approach developed to improve the safety and quality of care in psychiatric wards. This approach aims to reduce incidents of violence, improve the therapeutic relationship between patients and healthcare workers, and create a safer inpatient environment and support patient recovery. Mental health is an important part of public health. Mental health care environments face challenges such as aggressive and violent behavior, which can disrupt care and create an unsafe atmosphere. World Health Organization (WHO) emphasizes that good mental

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health is the key to human well-being and a better quality of life (Stansbury, Ried, & Velozo, 2006).

Safewards' care concept aims to create a safe and comfortable environment for patients in the psychiatric room (Borckardt, Madan, Grubaugh, Danielson, Pelic, Hardesty, & Frueh, 2011). This approach reduces the risk of conflict, violence, and stress through therapeutic communication, de-escalation interventions, and strengthening the relationship between patients and health workers. With a supportive environment, patients feel calmer and more engaged in treatment, thus suppressing the occurrence of escape. Safewards implementation helps create more effective, humane and recovery-centred care (Bowers, James, Quirk, Simpson, Stewart, & Hodsoll, 2015). The implementation of safewards requires support and commitment from the management and leaders of mental health care organisations. This includes adequate resource allocation, staff empowerment and changes in organisational culture that support the safewards approach (Ward-Stockham, Daniel, Bujalka, Jarden, Yap, Cochrane, & Gerdtz, 2024).

Some of the main reasons why the development of mental care with the safewards model is a problem-solving problem solving for people with mental disorders. The development of psychiatric care with the safewards model has many important benefits. Previous research has explained that safewards is an evidence-based intervention designed to reduce conflict and incarceration in acute mental health services. The concept of safewards care is the most appropriate way of intervention to improve the quality of care (Dickens, Tabvuma, & Frost, 2020). This model lowers the incidence of violence in the mental care environment with more effective de-escalation and communication strategies. This approach also reduces the risk of coercive actions, such as shackling or excessive use of sedatives, as well as increasing trust and cooperation in the treatment process. By prioritizing an empathetic and supportive approach, patients feel more valued and treated with dignity. Additionally, the use of coercive measures such as binding or isolation can be significantly reduced, creating a more ethical and effective care environment. Safewards has been tested in various studies in different countries and has been shown to be effective in improving the quality of mental health care.

Mutiara Sukma Psychiatric Hospital has been developing the safewards care model for the past two years. This model aims to improve the safety and quality of care for patients with mental disorders. The safewards concept requires competent professionals, doctors and nurses who have been specially trained in this approach. They have an in-depth understanding of safewards' background, objectives and components, including practical strategies for their implementation. The application of the model is carried out at the Stabilization (acute management) and Therapeutic Intervention stages, where the medical team plays a role in de-escalation of conflicts and improved therapeutic relationships with patients. This development demonstrates the hospital's commitment to providing more humane and effective evidence-based psychiatric care.

Policies and regulations governing the implementation of safewards as the standard in psychiatric care are still not available. In fact, this approach has proven to be effective in improving the safety of patients and health workers, as well as reducing conflicts in the psychiatric room. Support from governments, health institutions and stakeholders is needed to broadly adopt safewards through clear regulation, training of healthcare workers and improved support facilities. With strong regulations, safewards implementation can run optimally, create a safer care environment and support holistic and sustainable patient recovery.

Local research on the effectiveness of safewards in mental health facilities in Indonesia is still limited. In fact, an evidence-based approach is indispensable to ensure the success of its implementation. Strengthening is needed in documentation and evaluation so that this model can be further developed according to the local context. With more in-depth research, safewards can be optimally adapted, improving patient and healthcare safety, and creating a safer and more supportive care environment for the recovery of patients with mental disorders.

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RESEARCH METHOD

Qualitative research with exploratory descriptive design. Data and information sources come from 15 informants consisting of: hospital management (A-1), head of nursing (A-2), head of education and training (A-3), head of medical services (A-4), head of nursing (A-5), head of facilities (A-6), head of finance (A-7), implementing doctors (B-8, B-9), implementing nurses (C-10, C-11, C-12, C-13, C-14, C-15).

This research was conducted in 2024, at Mutiara Sukma Mental Hospital, NTB Province. To obtain complete information, in-depth interviews and focus group discussions (FGD) were conducted with informants. Furthermore, data analysis was carried out thematically, narratively, inductively, and explanatory, then reduction and triangulation were carried out.

RESEARCH RESULTS

Table Characteristics of the Informant

Informants	Code	Age	Gender
Hospital Management	A-1	56	F
Head of Nursing	A-2	46	M
Head of Education and Training	A-3	51	M
Head of Medical Services	A-4	53	M
Head of Nursing	A-5	42	M
Head of Facilities	A-6	47	M
Head of Finance	A-6	40	F
Implementing Doctors	B-8	49	M
Implementing Doctors	B-9	55	M
Implementing Nurses	C-10	38	F
Implementing Nurses	C-11	32	F
Implementing Nurses	C-12	55	M
Implementing Nurses	C-13	42	M
Implementing Nurses	C-14	31	F
Implementing Nurses	C-15	27	M

Based on the table above, it is known that the informant data uses initial numbering and alphabetic codes. The informant's age is in the age range of 27-56 years and the majority are male (M) as many as 10 people, while female (F) are only 5 people.

The safewards Model is an approach in psychiatric care that aims to create a safer environment, reduce conflict, and improve the therapeutic relationship between patients and healthcare workers. Its implementation involves a variety of evidence-based interventions to improve the quality of care for patients with mental disorders.

Results of interviews and focus group discussions (FGD) with the following informants:

> "the implementation of safewards concept care with ten interventions has been implemented since two years ago, with all its limitations, especially the lack of doctors and nurses who are directly with patients every day in the treatment room" (A-1).

> "The implementation of this safewards model must have professional doctors and nurses who have safewards competence" (A-1).

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The implementation of safewards care and its ten interventions has been running for two years, despite facing various challenges, especially the limited staff of doctors and nurses. The successful implementation of this model is highly dependent on the presence of health professionals who have competence in the safewards approach. Trained doctors and nurses can effectively implement intervention strategies to create a safe, supportive and conducive care environment for patients with mental disorders. Therefore, improving the competence of health workers through continuous training is a top priority. In addition, the optimization of available resources and management support are indispensable to ensure the sustainability of the program. With the right approach, this model can be increasingly integrated in patient recovery-based mental health service systems (A-1).

> "Before implementing this safeward model, we first sent 2 doctors and 12 nurses to conduct education and training on the application of 10 intervention concepts, namely at Soerojo Mental Hospital and Dr. Soeharto Heerdjan Mental Hospital, Jakarta, which have experience and are currently implementing the Safeward concept" (A-2, A-3).

> "We are determined to carry out the best service to people who experience mental disorders, we hope that through this safewards concept can help recover and return to their families" (A-4, A-5)

> "The implementation of safewards requires the concept of changing resources and supporting facilities and infrastructure such as physical buildings in the form of good treatment rooms to create a safe and comfortable atmosphere. Good physical facilities and competent professionals. This readiness process must be financially supported" (A-6, A-7)

Management understands the importance of professionals in the implementation of safewards, especially the role of nurses and doctors in creating a safe and supportive care environment. For this reason, improving the competence of health workers is a priority through continuous training, workshops, and periodic supervision. With adequate skills, healthcare workers can effectively implement ten intervention strategies, reduce conflict, and improve therapeutic communication with patients. In addition, management seeks to provide facilities and infrastructure support to optimize the implementation of this model. With synergy between healthcare and management, safewards can run sustainably and contribute to a holistic patient recovery (A-2, A-3, A-4, A-5, A-6, A-7).

> "All elements of the leadership of the psychiatric hospital have one vision in implementing the safewards model to improve the quality of care for patients with mental disorders. They are committed to creating a safe, supportive, and conflict-free environment through effective communication and an empathetic approach. With the support of trained medical personnel, the implementation of safewards aims to reduce coercive actions, increase patient engagement and build better therapeutic relationships. Regular evaluation and monitoring are carried out to ensure the sustainability of this model. Shared vision among hospital leaders is key to creating positive change in more humane and evidence-based mental health care" FGD (A-1, A-2, A-3, A-4, A-5, A-6, A-7).

The results of the interview on the implementation of the ten safewards strategies in Mental Hospitals aim to create a safe environment, reduce conflict and improve therapeutic relationships. These strategies include positive communication, information transparency, conflict de-escalation, post-incident support, and patient and family engagement. With an empathic approach and minimal coercive actions, safewards helps to improve the quality of care, reduce patient stress and create a more conducive and supportive inpatient atmosphere. Interviews and Focus Group discussions with the following informants:

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"Our experience of implementing communication with positive words, at first it is a bit difficult because talking to people who have mental disorders certainly has many challenges and obstacles, but we realize that these people have problems in the psyche, we try to be part of their problems, help solve their problems, through this strategy can restore their memory and create a mood that they have" (B-8, B-9)

"We always use Soft Words with a calm and non-threatening tone of voice when interacting with patients. This approach is crucial, especially in tense situations, to defuse tensions and prevent conflict escalation. With empathetic and understanding communication, we create a safer and more comfortable care environment for patients." (B-8, C-10, C-15)

"'We always calm down verbal tension (Talk Down) de-escalation techniques that are carried out by speaking calmly, respecting the patient, and providing emotional support to calm patients who are agitated or angry" (B-8,C-10).

"We apply education to patients, the method of positive farewell messages (discharge messages) patients who are going home are asked to leave positive messages or words of encouragement for other patients who are still being treated, to create an atmosphere that is more supportive of recovery" (B-8, C-11, C-15)

"We often have mutual help meetings, meeting sessions involving patients and staff to share experiences, provide support, and discuss ways to create a safer and more comfortable environment" (C-12, C13, C-14).

"We often have discussions with patients to get to know each other and create familiarity (know each other) through the exchange of non-clinical information, such as hobbies or interests, to strengthen therapeutic relationships" (B-8, B-9, C-10, C-11).

"We apply silent information to reduce the impact of bad news mitigation this intervention is to help patients manage emotions after receiving bad news, such as canceled family visits or hard-to-accept diagnoses." (B-9, C-10, C-15).

"We always convey a message to patients not to disturb each other and reassure patients (Reassurance) to provide security and support to patients after stressful or frightening incidents, such as arguments between patients or physical distancing measures" (B-8, B9, C12).

"We always provide guidance, directions to keep activities according to their hobbies/interests, this is a method of calming down. Providing a choice of activities that help patients calm down, such as art, music, light exercise, or meditation, to reduce stress and anxiety" (B-9, C-13, C-15)

"We have always tried to create positive relationships in the care environment (boundary spanning), connecting patients with the outside community through social activities or family involvement to support the transition back to community life" (B-8, C14, C15)

Implementing the ten concepts of safewards interventions is not easy, given the challenges and obstacles faced in practice. The limitation of health professionals, such as doctors and nurses who have safewards competence, is a major obstacle. Moreover, The lack of supporting facilities and infrastructure can also hinder the effectiveness of implementation. Changes in work culture and the adaptation of health workers to an empathetic-based approach require time and commitment. Therefore, continuous training, supervision, and management support are very necessary. With the right strategy, strong team collaboration and a deep understanding

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of patient needs, these challenges can be overcome so that the safewards model can be optimally applied in mental health services.

> "The implementation of the safewards concept has experienced severe challenges, but it requires time, patience, and willingness in the process of implementing it. Every healthcare professional must understand this concept deeply and apply it consistently in interactions with patients. It takes training, continuous evaluation, and a shared commitment to create a safe and supportive environment. With high dedication, these strategies can reduce conflict, increase patient engagement, and build better therapeutic relationships, thus creating more effective and humane psychiatric care." FGD (B-8, B-9, C10, C11, C12, C-13, C-14, C-15).

> "after implementing the safewards model, patient care periods are shorter because a quieter and supportive environment accelerates the recovery process. Patients experience recurrence less often so they do not return to treatment often. In addition, the relationship between health workers, patients, and families is getting better, reducing the potential for complaints from families. With effective communication, appropriate de-escalation strategies, and a more empathetic approach, patients feel more valued and comfortable during treatment. As a result, the quality of mental health services has improved, creating a more efficient and humane care system." FGD (A-1, A-2, A-3, A-4, A-5, A-6, A-7, B-8, B-9, C10, C11, C12, C-13, C-14, C-15).

Every healthcare professional must understand the concept of safewards in depth to ensure optimal implementation in mental health services. A joint commitment is needed between health workers and management to create a safe, supportive, and conducive environment for patient recovery. With the implementation of effective communication, appropriate de-escalation strategies, and an empathetic-based approach, patients feel more valued and comfortable during the treatment period. This has an impact on improving the quality of the therapeutic relationship between patients and health workers, so that the risk of conflict can be minimized. In addition, a positive care environment contributes to faster recovery, resulting in a shorter patient treatment period. With the right strategy, this model can run sustainably and be integrated in the mental health service system.

The safewards model has proven to be appropriate and effective in the treatment of mental disorders in mental hospitals. This concept helps create a safer environment, reduce conflict, and improve communication between patients and healthcare workers. With an empathic approach and de-escalation strategies, patients feel more comfortable and the recovery process becomes faster. In addition, the use of coercive measures is reduced, patient satisfaction increases, and relationships with families become more harmonious. Safewards is an innovative solution for more humane and evidence-based mental care.

DISCUSSION

The Safewards model has many advantages that make it important in the development of mental care. This approach helps to create a safer environment, improve the quality of the relationship between patients and medical personnel, and reduce conflict and violence. By applying this model, care becomes more humane, effective, and evidence-based. In addition, Safewards also supports patients' mental well-being, reduces the use of forced interventions, and increases patient and family satisfaction. The success of this model lies in better communication strategies, an empathetic approach, as well as well-trained professional support. As such, the development of safewards is an important step in improving the quality of mental health services and accelerating optimal patient recovery.

The implementation of safewards interventions that are consistent with the acute psychiatric treatment model has been shown to be effective in reducing coercive actions. The results of this study highlight the importance of support from various positive factors in the implementation process. With the right strategy in place, the care team can create

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a safer and more supportive environment for patients. This not only improves the quality of care, but also encourages collaboration between team members in the face of various obstacles, thus having a positive impact on the entire care process (Baumgardt, Jäckel, Helber-Böhlen, Stiehm, Morgenstern, Voigt, & Weinmann, 2019).

Acute psychiatric wards can manage patients with mental disorders whose actions have the potential to threaten the safety of themselves and others. To minimise the risk of dangerous conflicts, ten safewards intervention models were applied. These models are designed to create a safer and more supportive environment, and encourage positive interactions between patients and staff. With the implementation of effective interventions, it is hoped that it can reduce tension, improve communication, and create a more conducive atmosphere in patient care (Bowers et al., 2015). This study found the importance of team cohesiveness in carrying out treatment interventions, always creating an interactive atmosphere, with the aim that patients can relax and communicate well in the treatment room.

Research in Australia shows that adaptation of the safewards model contributes to a reduction in restrictive interventions in patients with high-risk mental disorders in the emergency room. This model creates a safer, more supportive and humane care environment, thereby reducing the use of coercive measures in psychiatric practice. With a communication, de-escalation and patient engagement-based approach, safewards helps to improve the quality of care and build a better therapeutic relationship between healthcare workers and patients, supporting a more effective and dignified recovery (Daniel, Yap, Knott, Ryan, Brittliff, & Gerdtz, 2025). Previous research reinforces the findings of this study, stating that, the application of the safewards model in the treatment of patients with mental disorders helps shorten the treatment period and accelerate the recovery of patients' consciousness. By creating a safe and supportive environment, this model reduces restrictive interventions, improves therapeutic communication, and strengthens the relationship between patients and healthcare professionals, thus supporting more effective recovery.

Previous research findings provide encouraging pilot evidence of the feasibility of safewards programmes in nursing homes. By understanding the processes and adaptations required to implement and evaluate safewards in residential aged care, we can inform future trials in improving aged care. The findings will also support the implementation of international aged care policies aimed at reducing restrictive practices, thereby creating a safer and more supportive environment for older persons in residential care (Dawson, Oster, Page, & George, 2024). This study found that the safewards concept is a treatment therapy based on communication, care, and attention that aims to create a safe and comfortable mood for patients with mental disorders. With this approach, patients feel more supported, reduce tension, and speed up recovery. Safewards also helps healthcare workers build better therapeutic relationships, so that coercive interventions can be minimised and the quality of psychiatric care can be significantly improved.

Previous research has found that the concept of safewards is an evidence-based intervention designed to reduce conflict and incarceration in acute mental health services. This care concept emphasizes communication, care, and attention to create a safer and more supportive environment. With this approach, safewards is effective way of intervention to improve the quality of care, accelerate patient recovery, and minimize the use of coercive measures in psychiatric practice (Dickens et al., 2020). The study found that the safewards concept seeks to create positive relationships in the care environment by improving communication, care, and engagement between healthcare professionals and patients. This approach helps reduce tension, increase a sense of security, and speed up patient recovery. By building trust and a supportive environment, safewards minimises conflict as well as the use of restrictive interventions in mental health services.

Research conducted in Spain found that the way to approach a restless or violent patient should begin with less coercive action. Early detection and objective risk assessment are essential. Staff training

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in verbal and non-verbal de-escalation techniques, as well as the use of psychotherapy and patient participation, can effectively reduce coercive actions (Fernández-Costa, Gómez-Salgado, Fagundo-Rivera, Martín-Pereira, Prieto-Callejero, & García-Iglesias, 2020). Being calm in interactions with mentally ill patients can reduce verbal tension and create a more conducive atmosphere. This approach helps reduce the escalation of conflicts, increase a sense of security, and build trust. With gentle and empathetic communication, healthcare professionals can support patients in the recovery process more effectively and with dignity.

Research in Victoria Australia, shows that consumer responses to safewards interventions have been positive, underlining many significant improvements for consumers since their implementation across different types of wards. These findings confirm that safewards provides an effective pathway to reducing restrictive interventions, while enabling a shift towards more recovery-oriented practices. With a focus on patient safety and wellbeing, safewards contributes to the creation of a supportive environment, thereby reinforcing a positive experience for consumers in mental health care. The implementation of this model is expected to continue to improve the quality of care in the future (Fletcher, Buchanan-Hagen, Brophy, Kinner, & Hamilton, 2019). This study found that care workers who know each other and create familiarity can build a more harmonious and supportive environment for patients. Good relationships between health workers improve cooperation, communication, and the effectiveness of care. With familiarity, the atmosphere becomes more comfortable, helps patients feel safer, and accelerates the recovery process in mental health services.

Previous research findings have shown that for the implementation of safewards to be successful, it is necessary to have a commitment from the leadership so that there is special attention to all elements involved as safewards managers to make training a priority for all technical staff of the wards. Leaders must make good planning so that the implementation process runs well (Fletcher, Brophy, Pirkis, & Hamilton, 2021). This study found that the commitment of leaders to pay special attention to all elements involved as safewards managers is critical to the successful implementation of this model. Making training a priority for all technical staff of the ward ensures a deep understanding of intervention strategies, effective communication, and a more humane approach. With ongoing training, the quality of care improves, conflicts are reduced, and the mental health environment becomes safer and more supportive for patients.

The development of clinical experience and expertise by senior staff has a positive impact on less experienced peers, encouraging the application of evidence-based practices. Improved understanding and implementation of safewards interventions in ward areas can improve patient cohesion, reduce conflict and strengthen mutual support among patients, as identified in the safewards model (Hamilton, Cole, Bostwick, & Ngune, 2024). The study also found that the development of clinical experience and expertise by senior staff positively impacts less experienced colleagues by providing guidance, support, and knowledge transfer. Through mentoring and ongoing training, junior staff can improve their skills in handling patients with a more professional and empathetic approach. This creates a more solid work team, improves the quality of care, and strengthens the implementation of the safewards model in mental health environments.

Previous research revealed that identifying the diverse moderators that affect the quality of safewards implementation is crucial, including factors such as ward environment, staff characteristics, and individual team dynamics as well as appropriate responses to interventions. Understanding these variables can provide valuable insights in the context of real-world intervention implementation. This data will help in designing more effective and adaptive implementation strategies, thereby increasing safewards' success in improving the quality of mental health care and reducing coercive practices. Thus, this approach can create a safer and more supportive environment for patients (James, Quirk, Patterson, Brennan, & Stewart, 2017). Changes in resources and improvements in facilities and infrastructure, including good treatment

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spaces, play an important role in creating a safe and comfortable environment for patients and health workers. Adequate facilities support the implementation of the safewards model more effectively, reduce strain and improve the quality of care. With an optimally designed treatment room, therapeutic interactions are improved, so that patient recovery can take place faster and more efficiently.

Safewards encourages the implementation of any intervention that has been shown to be effective as a model of best practice in mental health care. With a focus on conflict reduction and detention, safewards provides a clear framework for improving the quality of interactions between staff and patients. Through training and development, these interventions strengthen staff's ability to implement evidence-based approaches, creating a safer and more supportive environment for all parties involved (Kernaghan & Hurst, 2023). The findings of this study focus on reducing conflict and incarceration in mental health services. By implementing the safewards model, healthcare workers can create a safer and more supportive environment. This approach reduces tension, improves therapeutic communication, and minimizes the use of coercive interventions, so that patients receive more humane and effective treatment in the recovery process.

The safewards model in New Zealand emphasizes the importance of identifying key values, establishing a safe environment and adapting the necessary for effective communication. Research on the practicality of applying this model shows that creating an environment that supports change is crucial. In addition, effective organisational change management is key to successfully implementing safewards. With this systematic approach, organizations can increase staff and patient engagement, as well as reduce coercive interventions, thereby creating a more positive and productive care atmosphere for all parties involved (Knauf, O'Brien, & Kirkman, 2024).

The implementation of safewards requires strong leadership and effective support from management, as well as mandatory training for all staff. Active involvement of staff and patients during the implementation process is critical to the success of this model. Future research should focus on the training and education needed to support the effective implementation of safewards. Additionally, it is important to explore the impact of this model on nursing practice and patient experience, so that areas for improvement can be identified and potential long-term benefits for the entire mental health care environment (Lee, Doody, & Hennessy, 2021). The study found that strong leadership and effective support from management played an important role in the successful implementation of the safewards model. With clear direction, adequate resources, and ongoing training, healthcare workers are better equipped to create a safe, supportive and humane care environment, thereby improving the quality of services and accelerating patient recovery.

The study identifies the main challenges facing nurses in forensic mental health settings, but they are not considered insurmountable. The safewards Secure model provides guidance and advice to encourage reflection, collaboration and a humanistic approach to care. Implications for practice suggest that addressing reactions to offensive behavior and improving collaboration among staff can help create a more person-centered approach. Thus, this model can improve the quality of forensic mental health care, creating a safer and more supportive environment for patients and staff (Maguire, Harrison, Ryan, Lang, & McKenna, 2024).

Dominant human behavior refers to behavior that comes from within the individual and can be shaped and controlled. These behavioral characteristics are planned and can change over time, influenced by various factors such as experiences, perceptions, social interactions, and the environment. Each individual has the ability to adapt their behavior according to the context they are facing, so that behavior can develop and undergo transformation. Understanding these dynamics is important for improving social interaction and creating an environment that supports personal growth and better mental health (Saimi, 2021). Behavioral characteristics are influenced by experiences, perceptions, and social interactions in the community. These factors shape the emotional response as well as determine how the individual copes with challenges. In the context of mental health, a comfortable and supportive atmosphere is

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essential to create a sense of security for patients. An empathetic environment, social support, and good communication can help restore emotional balance, speed up recovery, and increase patient confidence in facing the treatment and rehabilitation process.

The explanation of previous research findings, qualitative data and feedback collected in this study will play an important role in improving technology and delivering virtual reality (VR) interventions. The information will help position VR interventions for effective integration into safewards frameworks and clinical workflows. By understanding the needs and experiences of users, technology development can be better suited to the context of mental health care, increasing the effectiveness of interventions and supporting the overall goal of creating a safer and supportive environment for patients (Pardini, Kim, de Jesus, Lopes, Leggett, Falk, & Appel, 2024). Virtual Reality (VR) interventions are developed based on information technology for effective integration into safewards frameworks and clinical workflows. This technology assists healthcare workers in interactive training, simulation of clinical situations, and improving communication skills and conflict de-escalation. With this innovative approach, VR supports the more efficient implementation of safewards, creates a safe care environment and accelerates patient recovery in mental health services.

Previous research has found that patient responsiveness is an important factor in achieving prevention program loyalty. Patient descriptions regarding the acceptance, relevance, and usefulness of specific interventions indicate a high level of objective visual observation conducted through SFC and ward search. Patient involvement is also evident from the various suggestions put forward to adapt the intervention. This shows great potential for valuable input from patients when adapting the safewards model in practice. By engaging patients, organizations can create a more effective and tailored approach, improving the overall quality of mental health care (Pelto-Piri, Kjellin, Backman, Carlsson, & Björkdahl, 2024). The study confirms previous findings that patient responsiveness is an important factor in achieving adherence to prevention programs. When patients feel heard, valued, and supported, they are more likely to actively participate in care. A responsive approach increases the effectiveness of interventions, strengthens therapeutic relationships, and helps create a safer and more conducive care environment.

The results show that the safewards model is acceptable to a wide range of services for Children and Young People (CYP). Despite the obstacles in the implementation described, wards with the capacity and willingness to implement the intervention show positive potential. These findings support the need for commissioning studies aimed at evaluating the implementation process and outcomes of safewards in CYP units. With a better understanding of the effectiveness and challenges in implementation, mental health services can improve the quality of care and patient experience among children and adolescents (Simpson, Ali, Chadwick, Foye, & Brennan, 2024). The safewards model is acceptable to a wide range of services for its safety-based, communication, and emotional support-based approach. Despite implementation constraints, such as limited resources, staff training, and adaptation to the specific needs of children and adolescents, this model is still effective in reducing conflict and improving patient well-being. With the right strategy, safewards can create a safer, more supportive and recovery-oriented care environment.

The implementation of safewards requires effective leadership, management support and mandatory training for all staff. Active involvement of staff and patients is essential for the success of its implementation. Development of training and education to ensure the effectiveness of safewards. In addition, further exploration of the impact of this model on nursing practice and patient experience is needed to improve the quality of mental health services and create a safer and supportive care environment for patients (Lee et al., 2021). Mandatory management support and training for all staff is essential to ensure effective safewards implementation, upskill healthcare workers and create a safe and supportive care environment.

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Previous studies have shown the challenges of implementing and maintaining the fidelity of safewards interventions in busy acute care wards. Although based on a qualitative study with 15 staff, the results emphasized the need to overcome staff barriers to intervention engagement. Management support, ongoing training, and the adaptation of training materials to the local context are essential. Safewards contributes to attitude change and creates a more therapeutic ward environment (Higgins, Meehan, Dart, Kilshaw, & Fawcett, 2018). Ensuring management support, providing adequate training and reviewing training materials to suit the local context are critical to the implementation of safewards. This helps healthcare workers carry out interventions effectively, improve skills, and create a safer, more supportive and therapeutic care environment for patients.

To support the successful implementation of safewards in the future, this review recommends a robust intervention design-based approach as well as effective implementation methods. Active staff participation and positive perception of the model are key factors in its sustainability. In addition, healthcare systems need to prioritise the provision of adequate resources to support the optimal implementation of safewards. Awareness and involvement of service users in the intervention also plays an important role. With an interactionist approach, the implementation of safewards can be more effective, creating a safe, supportive and therapeutic care environment for patients and healthcare workers (Knauf, O'Brien, & Kirkman, 2023). A strong implementation of safewards requires the active participation of staff as well as a positive perception of the model. Supporting health systems with adequate resources is essential to ensure the sustainability of the program. With clear priorities, safewards can be implemented effectively, creating a safer and more therapeutic care environment.

CONCLUSION

The implementation of the safewards model with 10 intervention strategies has been effective in mental health services. Although there are still challenges, such as the limitation of professional human resources and other supporting facilities and infrastructure, the high commitment of health workers and management is a key factor in ensuring the sustainability of this program. Efforts to improve competence through continuous training, facility optimization, and empathy-based approaches continue to be carried out to improve the quality of care. The safewards model contributes to creating a safer, more supportive and conducive care environment for patients with mental disorders. In addition, the implementation of this intervention has proven to be effective in reducing conflict, improving therapeutic communication, and accelerating the patient's recovery process. With the right strategy, this model can be increasingly integrated in mental health service systems that are oriented towards patient recovery and well-being.

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