

stability in his care. A possible upstream causes of this incident could be inadequate provision of secure supported accommodation.

Action plan

To support my nursing in future placements, I would like to gain more knowledge of tools to aid my non-verbal communication with patients who have a learning disability. In particular, I would like to become proficient in Makaton. This will help me to have more effective exchanges with patients who have a learning disability as I will be able to adapt to their needs, and will allow me to deliver better care. I would also like to look at different assessment tools which have been developed to assess people with learning disabilities specifically for co-morbidities.

Management of aggressive and challenging behaviour in a patient with schizophrenia

Description

The second skill I feel that it is important to reflect upon my development of is the management of challenging behaviour. One of the patients in the unit, Jack, was a 43 year old gentleman suffering from a mood disorder and schizophrenia, as well as having a history of alcohol and drug misuse. During my time in the ward, his mental state deteriorated somewhat and Jack explained to staff that the 'voices' he heard were telling him to cause damage to his room and to himself. He would often shout abuse about staff from his room. Towards the end of my placement, Jack's behaviour had escalated. This was identified by staff as due to uncertainty about where his next placement would be. In particular, there was a serious incident where Jack punched through the electrical plug sockets in his room.

benefit for a patient must continue' (Griffith, 2013, pp. 513--515). It is important for nurses to easily recognise warning signs of a psychiatric emergency. One tool, developed by Saxton (2013) describes the signs which escalate from early signs such as 'poor sleep' and 'withdrawing from family' to intermediate signs which include 'becoming suspicious of family' and 'occasional unusual thoughts', and finally to late signs such as 'hearing voices' and 'not sleeping more than two hours'.

The causes of aggressive behaviour are widely debated, although awareness of possible upstream causes of challenging and aggressive behaviour allows nurses to address these issues and avoid such behaviour where possible. One possible cause is lack of communication. Guideline 131 - Management of Schizophrenia, published by the Scottish Intercollegiate Guidelines Network (2013), contains reflections from patients with schizophrenia whilst in hospital. Some reported that there had been 'no explanation as to how they got there' or what behaviours they had displayed. Some were 'never told why they were receiving particular treatments'. This poor communication can lead to challenging behaviour. Another suggested cause of aggression is sedentary behaviour. Gundy et al. conducted a systematic review of twelve studies which found higher levels of sedentary behaviour in patients with schizophrenia than their healthy peers (2015, pp. 588--596). Furthermore, evidence by Vance et al. demonstrated that 'sedentary behaviour had direct relationships to both cognition and depression' (2005, pp. 294--313). This suggests that sedentary behaviour contributes to low mood and therefore may produce potential behaviour issues.

It can be concluded that the development of these skills facilitates improvement in the quality of nursing care provided to people with a learning disability, and subsequently improves the service user's quality of life (Royal College of Nursing, 2006). It is necessary for nurses to examine and evaluate current evidence which informs their practice in both skill areas, for example in the changing recommendations for treatment of aggression using antipsychotic medications. Pollock (2011) states that it is 'beneficial' for patients with learning disabilities to be cared for by nurses who have a good knowledge of speciality learning disability services and are able to effectively inform the patient about these. Healthcare professionals must avoid disregarding patients with an intellectual disability, especially those with a mild impairment (World Health Organisation, 2000). Development of these skills ensures that