

The Social Impact of Closed-Circuit Cameras (CCTV) Inside Mental Health Wards

Suki Desai

Research methodology:

- Ethnographic research
- 3 PICUs in England
- Interviewed 14 patients, 27 staff and 10 managers

Cameras influence social relationships inside the ward in 3 significant ways:

- How staff (in particular) use the technology
- How the cameras create a distance between staff and patients
- How the cameras impact on the patient experience inside the ward

What we know about CCTV

- CCTV cameras have their original use and deployment in the military
- The most reported initial use of the cameras was by the Nazi's in Germany to learn about weapon use
- Americans used CCTV to observe nuclear bomb testing (eventually leading to)
- Commercial use in the 1950s
- Surveillance "close observation, especially of a suspected spy or criminal"

Ethics of CCTV is based on:

- Surveillance – observation for a specific purpose
- Criminality and/or suspicion
- Stigmatizing and discriminatory

Mental health nursing values

- Mc Andrews et al (2013) claim that mental health nursing values are based on therapeutic relationships
- Inside wards patients need to feel that they are:
 - Listened to
 - Trusted by those who care for them
- Inside wards staff value their ability to:
 - Relate by talking to patients
 - Listening to patients
 - Expressing empathy

Cameras influence social relationships in 3 significant ways:

- How staff used the technology
- How the cameras create a distance between staff and patients
- How the cameras impact on patient experience

Using surveillance cameras to do nurse observations

- S8: *“So say if somebody is on 5 minute observation checks, so every 5 minutes we need to check them and err say you’ve got two or three (patients) at the same time and you’re in the office, and you can see perhaps a couple of people in the day area, you can see one person on the camera, then you’ve seen them all, you know they are safe”.*

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- What is the purpose of nurse monitoring?
 - Pastoral gaze vs Looking
 - Ellul (1964) and technique
 - Impact on ethical nursing
 - Levinas (2006)

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- S6: *“I guess people see CCTV as intrusive, I guess we, I sometimes find it less intrusive in the (de-escalation) room and seclusion room because rather than having to stare at them directly through a window, and they know you are watching and they might feel uncomfortable, you can just kinda keep an eye on them on the screen (CCTV monitor). Sometimes I do feel like it’s, I don’t know if they feel like it, but I definitely feel like it’s less intrusive for me like having to stare at them through a window, whereas I can just keep an eye on them on CCTV”.*

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- Field note 009: *“observation of patient via CCTV monitor – staff says so long as he can hear the patient he does not feel it is necessary to see him...staff spends most time reading his paper and occasionally checking CCTV monitor before recording that he has seen patient. Patient can be heard talking to himself”*.

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- S7: *“It’s mainly an absconsion thing, cos from both the gardens people (patients) can get in and out. We’ve had a patient climb up onto the roof from the garden...cos we used to have table and chairs set in there, they’re all weighted down but somehow it (patient) became like Hulk and managed to pick the chair up and managed to put it on top of the table and managed to climb up onto the roof”.*
 - S9: *“actually someone (patient) was very, was a Houdini, and actually climbed through the windows up in the ceiling...”.*

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- S22: *“So you can have a look (CCTV recording), say okay so this person’s (patient) a puncher or this person kicks when you take him in this position, or this person is particularly targeting these people or, and just kind of have a look for general patterns and things like that.”*

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- Ellul (1969: 50) suggests that when people find themselves in difficult and hostile situations, they unconsciously and spontaneously attribute, “sacred values to that which threatens him (*sic*) and to that which protects him (*sic*)”.

Cameras impacted on the ward environment by:

- Creating distrust between staff and patients
- Increasing surveillance inside the ward (Haggerty and Ericson, 2007)
- Cameras criminalise patient behaviour

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- P8: *“I give them my rock-on sign. (I: I notice you doing that now). Yeah, I like I don’t know, I just like, they’re watching me like I’m still here. I’m still remembering who I am but I’m not going to turn it around and be offensive erm, but I am still me”*

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- S16: *“I would say I wouldn’t feel safe, as daft as it sounds, I wouldn’t feel safe if, because personally uh if there was an incident and my err ability came into question, err I would feel more confident in saying well you can check back and see that I did things right. So, you can see dah, dah, dah. If there was any question of my practice shall we say erm, so yeah for that reason I’d like to think that they’ve done more good then they have bad”.*

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- S22: *“We’ve had a number of incidents where we’ve had patients, who have capacity with regards to violent behaviour erm committing assaults against staff members. We’ve then submitted the CCTV along with statements to the police and still gets dropped for lack of evidence”.*
 - S14: *“It (CCTV) does help in that respect, and again I suppose it benefits the patients because if they’re being hurt then, and they want to press charges with the police, which we do encourage that on here, if they’re, if they’re assaulted by another patient”.*

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- Hope (2009) 'target hardening'
 - Violence dealt via 'system integration' (CCTV evidence and reporting to police)
 - Not 'social integration' or talking things out

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