Surveillance is not safety

[Summary report]

Service user, carer, and staff perspectives on Oxevision

By North East together

July 2024

About the report

This summary report outlines key findings from a research project conducted by North East together, exploring people's experiences of and perspectives on surveillance technologies in psychiatric inpatient settings. You can find the full report (including more detail on each of the themes and references to wider evidence) on the North East together website (northeasttogether.org).

The research involved a survey and focus groups with service users, carers, and staff. The survey was conducted by North East together in August 2023. The survey was analysed and this report was written by Dr Courtney Buckler, a survivor researcher.

This report focuses particularly on Oxevision - a for-profit surveillance technology being rolled out across the NHS (including those in the North East). The unit is being used in inpatient bedrooms, and includes a camera so that staff can monitor patients. We decided to do this research because people were raising concerns about surveillance technologies and we wanted to learn more about how people felt about them.

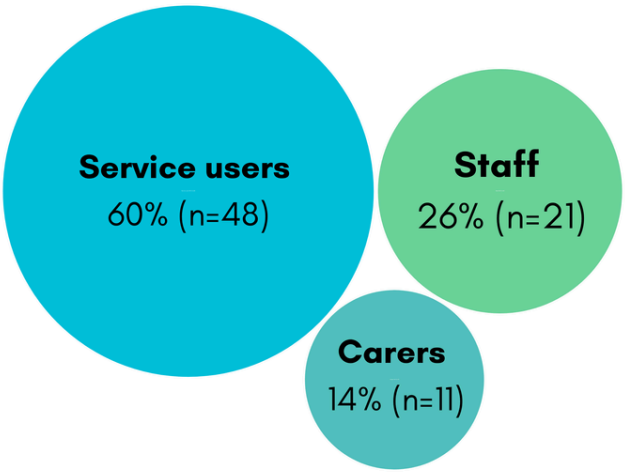
Key messages

- This report explores what service users, carers, and staff feel about surveillance technologies in psychiatric inpatient settings (including Oxevision).
- The majority of people want Oxevision to be stopped or paused, and do not feel that it will make wards safer.
- Surveillance comes with legal and ethical challenges.
- People felt that surveillance risks their privacy, is often non-consensual, frustrates relationships between patients and staff, and has the ability to (re)traumatise people in distress.
- We urge extreme caution when considering the use of surveillance technologies (including Oxevision) in inpatient settings.

Survey responses: A summary

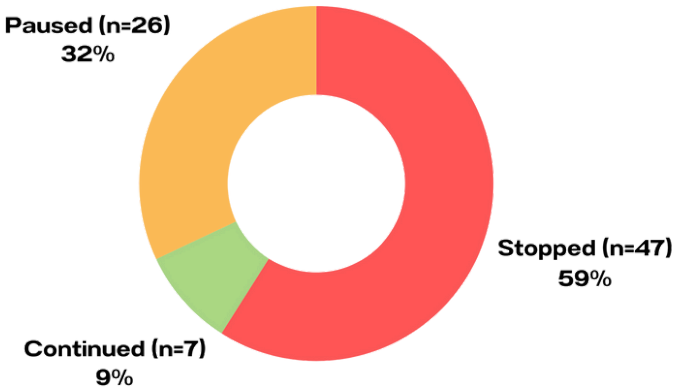
80 people filled out the survey.

- The survey was filled out by service users, carers, and staff.
- 73% (n=58) of people live in the North East of England.
- 20% (n=16) of people had direct experience of Oxevision, 74% (n=59) did not. 6% (n=5) were not sure.



The majority of people wanted Oxevision to be stopped or paused.

- 91% (n=73) of total respondents wanted Oxevision to either be paused or stopped entirely.
- Service users were most likely to want it to be stopped, but still the majority of carers and staff had concerns.
- 100% of people who had direct experience of Oxevision (n=16) wanted it to be paused or stopped entirely.



Feelings about surveillance in psychiatric inpatient settings

People's feelings can be grouped into five main categories.

1. Watched and invaded: Surveillance as an invasion of privacy

People felt that surveillance technologies leave them with no personal space in inpatient settings. This led to feelings of intrusion, distrust, and worsening distress. People also spoke about the lengths to which they would go to avoid surveillance; including sleeping in bathrooms, avoiding an inpatient stay all together, or even acts toward suicide.

2. Unsafe and afraid: Worsening distress

Many participants spoke about surveillance exacerbating pre-existing distress - particularly experiences of OCD, PTSD, or paranoid thoughts/delusions. People also spoke about surveillance as triggering memories of abuse and non-consensual filming. Surveillance could and often is re-traumatising, standing in the way of rather than facilitating good care. This goes against both what these technologies claim to achieve, as well as the new Culture of Care Standards for mental health inpatient settings, published by the NHS.

3. Deceived and exposed: Concerns about data and consent

People also raised concerns about consent. They felt unclear about whether/how they could consent to the use of Oxevision, what information they would be given. There is already evidence suggesting that consent processes around the technology are lacking (if indeed, in existence at all). Similarly, people were worried about data protection, and did not know what recorded data would be used for - for example, when and whether Oxehealth (the company that owns Oxevision) would have access to the data (a possibility they acknowledge on their website). Issues around data protection and consent - particularly the legal and human rights implications - have been explicitly acknowledged by NHS England in a recent letter to all NHS trusts.

4. Angry and ignored: surveillance damages patient/staff relationships

Lots of people were worried about the impact surveillance technologies have on patient/staff relationships, creating a culture of mistrust and suspicion. They felt that surveillance unhelpfully entrenches pre-existing power dynamics and makes patients feel less safe and less trusting. It was clear that what patients wanted was actually more time with staff (rather than less of it). Again, this undermines commitments in the new NHS Culture of Care standards, which emphasises the value of relationships in inpatient settings and explicitly recognises that surveillance technologies may inhibit this.

5. Profit over people: For-profit health "innovations"

Many participants felt uncomfortable about the use of for-profit "innovations" in NHS settings - feeling that profit was being prioritised over the needs of people with lived experience. While people recognised that these technologies responded to real problems, privatising care is not the answer; instead we need to both acknowledge and invest in longer term solutions.

What keeps people safe?

60% (n=48) felt that Oxevision would not make wards safer. Instead, people wanted longer-term solutions, including:

- More time with staff.
- Increasing staff training and wages; relying less on agency workers in inpatient settings.
- Measures to reduce restraint and involuntary admission.
- Increased peer support.
- Better co-production in service provision; not only consulting with service users but giving the power and resources for people to influence the care they are given.

Conclusion

While surveillance technologies are often framed as cost-saving and increasing patient safety, this report tells a different story. It highlights a range of concerns that people have, and shows the potential damaging impact surveillance can have on people's sense of safety and right to receive care when they need it.

As a result, we conclude that extreme caution must be expressed when deciding whether to implement these technologies.

hello@netogether.co.uk | northeasttogether.org