



Physical restraint in mental health crisis care

A briefing for MPs

June 2013

mind.org.uk/crisiscare



About Mind

We're Mind, the mental health charity for England and Wales.

We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

It was horrific... I had some bad experiences of being restrained face down with my face pushed into a pillow. I can't begin to describe how scary it was, not being able to signal, communicate, breathe or speak. Anything you do to try to communicate, they put more pressure on you. The more you try to signal, the worse it is.

Summary

- We sent Freedom of Information (FOI) requests to all 54 mental health trusts in England asking how they use physical restraint in their trust.
- Our research found huge levels of variation across the country in the use of physical restraint. In a single year, one trust reported 38 incidents while another reported over 5,000 incidents. Face down restraint was used over 3,000 times, but some trusts have put an end to the practice.
- Physical restraint can be humiliating, dangerous and even life-threatening. Last year there were over 1,000 incidents of physical injury following restraint.
- When people's lives come crashing down in a crisis, they need help not harm. We're calling for national standards on the use of restraint, accredited training and an end to face down restraint.
- Join us. Find out how restraint is being used in your area at mind.org.uk/crisiscare and urge the Minister to take action.

Physical restraint in a mental health crisis

In a mental health crisis, the mind is at melting point and people can't carry on anymore. There may be an immediate risk of self harm or suicide, extreme anxiety, panic attacks or psychotic episodes. People may become frustrated, frightened and extremely distressed. Healthcare staff sometimes use physical restraint to control behaviour, but it is an extreme response. It can be humiliating, cause severe distress and at worst it can lead to injury and even death.

We sent Freedom of Information (FOI) requests to all 54 mental health trusts in England asking how they use physical restraint in their trust, the impact of physical restraint and the procedures and training in place which govern the use of physical restraint.

Our research found huge levels of variation across the country in the use of physical restraint, and the psychological and physical injuries caused as a direct result of being physically restrained.

**It was like a rugby scrum...
They got on top of me and held
me face down to the floor... with
my arms behind my back. There
was someone on every limb...
it stayed with me.**

Key findings

Variation in levels of physical restraint

There are huge levels of variation across the country in the use of physical restraint. 47 trusts responded to our question on the number of incidents of restraint. There were 42,224 incidents in total in 2011/12, but while one trust reported 38 incidents, another reported over 5,000. This level of variation is appalling. The data makes clear that it is possible to deliver a mental health service with minimal use of physical restraint, yet some trusts are reporting hundreds or thousands of incidents a year.

Use of face down restraint

Face down physical restraint is a life-threatening form of physical restraint because of the severe impact it can have on breathing. It is a disproportionate and dangerous response to someone's behaviour when they are in a mental health crisis.

50 per cent of the mental health trusts answered our questions on the use of face down restraint, reporting at least 3,439 incidents during 2011-2012. Shockingly, over half of the face down physical restraints occurred in just two trusts. These extremely high figures suggest that face down restraint is occurring at least nine times a day on average – and this is just within the 50 per cent of trusts who sent us data. But our findings also show that four trusts have eliminated face down restraint, demonstrating that it has no place in modern mental health care.

Injuries caused by physical restraint

75 per cent of trusts answered questions about the amount of physical injury caused by restraint. The numbers of recorded incidents per trust varied from zero to 421. In total, 1,170 incidents were recorded.

We also heard from people who described the physical injuries they had received as a direct result of being physically restrained. This included 'Chinese burn' (gripping and twisting of one's skin in opposite directions so as to cause a burning sensation) or having their fingers bent backwards. These forms of physical injuries have no place in mental healthcare and cannot be justified as safe or respectful.

Psychological harm

In our call for evidence, we heard about staff belittling people when they were being physically restrained and continuing with their conversations and ignoring the person being physically restrained. Many respondents to our inquiry told us again and again how humiliating, distressing and disempowering physical restraint can be. This can only have a negative impact on recovery; some people told us of long-term psychological impact from an episode of physical restraint.

However, just 25 percent of trusts answered our question on psychological harm caused as a result of being physically restrained, reporting 96 incidents between them. Many of the trusts were unable to provide this information because it is not routinely recorded. Others suggested that psychological trauma was open to different interpretation and not easily identifiable. Some trusts, however, clearly do record psychological harm, demonstrating that whilst difficult, it is not impossible.

Complaints

Given the many negative experiences of physical restraint we heard about through our crisis care inquiry and call for evidence, it might be expected that numbers of complaints would be relatively high. However the responses we received indicated very few recorded complaints were lodged about physical restraint in the year 2011–2012 – just 112 across the 37 trusts that responded. Sadly these low numbers are unsurprising and fit with other research we have conducted that highlights how people with mental health problems face numerous barriers to making complaints.

**What's the point of complaining?
They don't believe you and you
know you'll see them [staff] again
the next day. It's not worth it.**

What can MPs do?

We believe that the use of control and physical restraint needs urgent reappraisal and that the use of face down physical restraint should be ended. We are calling for established national standards on the use of physical restraint and accredited training for healthcare staff in England. The practice of face down holds should be ended urgently as it is a dangerous and life-threatening response to managing someone's behaviour when they are in a mental health crisis.

We're calling on MPs to:

- Read our FOI data at mind.org.uk/crisiscare and find out how restraint is being used in your area
- Speak to your local mental health trust and find out more about what they're doing and what they might need to improve.
- Contact the Minister and urge him to bring forward national standards on the use of restraint, introduce accredited training for healthcare staff and end face down restraint.

Mind's crisis care campaign – the story so far

Research about physical restraint forms part of our wider campaign for better mental health crisis care. In 2010/11 we commissioned an independent inquiry to look into crisis care. The commission heard from nearly 400 people with mental health problems, carers and professionals, and found that whilst some excellent care exists, too often people are turned away and struggle to get help. Calls to helplines go unanswered, and people are batted away or told they are “not ill enough”. In some places, inpatient wards are not safe and far from therapeutic.

In 2012 we sent a Freedom of Information request to mental health trusts in England and health boards in Wales. The data painted a picture of a service that is overstretched, under-resourced and understaffed. There are huge variations in access to crisis care, staffing levels and the options available to people, with four in ten trusts failing to meet established benchmarks for staffing levels.

If you would like to speak to us about this briefing contact:

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