Mental health crisis care: physical restraint in crisis

A briefing for frontline staff working in mental health care

June 2013

mind.org.uk/crisiscare

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for better mental health

"At our recent congress, Royal College of Nursing members overwhelmingly supported a call for the regulation of national guidelines on physical intervention to improve the safety of both patients and staff.

"Health care staff must have evidence-based guidance and training to confidently know when and how to use restraint, and staffing levels should always be sufficient to ensure patients receive the right standards of care."

Dr Peter Carter, Chief Executive & General Secretary of the Royal College of Nursing

Physical restraint in crisis

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.[1]

When someone is having a mental health crisis, they may become frustrated, frightened and extremely distressed. Even when they seem aggressive and threatening, or refuse treatment, they still desperately need help and compassion.

As healthcare professionals, we understand that you have to deal with challenging situations and make quick decisions to ensure the safety of patients and staff. This may mean you sometimes use physical restraint to control someone's behaviour. However, physical restraint should only be used as the last resort[2], when there's no other way of stopping someone from doing themselves or others immediate harm. Physical restraint can be humiliating, dangerous and even life-threatening. Talking to and reassuring people can help to minimise their distress.

Face down physical restraint in particular is dangerous and life-threatening because of the impact it has on breathing. It is a disproportionate and dangerous response to someone's behaviour when they are in a mental health crisis. Face down physical restraint has no place in healthcare settings.

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 physical restraint, accredited training for healthcare staff and an end to face down restraint.

Our research

"Restraint is used too quickly and services need to understand why someone is behaving in that way. To come at someone who's already in a bad way makes it so much worse and causes even more distress."

On duty psychiatrist

Following a year long independent inquiry in 2010/2011[3], Mind 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. We also conducted a survey of frontline staff who are involved in the practice of physical restraint in mental health care settings. Over 375 frontline staff responded to the survey.

What we found

Our FOI findings show a staggering variation in the use of physical restraint in mental health trusts in England. Physical restraint is used far too often in some parts of the country while other areas have minimised this practice significantly.

- In a single year, one trust reported 38 incidents while another reported over 3,000 incidents
- Last year there were almost 1,000 incidents of physical injury following restraint
- Face down restraint is dangerous and life-threatening. It can feel like you're being suffocated and can cause someone even more distress. Last year alone it was used over 3,000 times. Yet some trusts have put an end to face down restraint altogether[4].

Results from our frontline staff survey found that:

- 84 per cent of staff feel safe in their jobs most or all of the time and 91 per cent feel their patients are safe most or all of the time
- However, 9 per cent of staff said that in the most recent incident where they had to physically restrain someone, they didn't feel they knew what they were doing
- 42 per cent of staff said that sometimes, with hindsight, they feel physical restraint has been used inappropriately, while 29 per cent had witnessed someone being injured as a result of restraint[5].

The role of healthcare staff

Some psychiatric nurses are gems. They go the extra mile and try and look out for you.[1]

We found through our research that some trusts use alternatives to conventional physical restraint which follow respect-based principles, focus on de-escalation and communication, and have been developed jointly with people with mental health problems. These alternatives show it is entirely possible for staff to manage challenging behaviour effectively without the need for over-reliance on physical restraint, providing staff are given the necessary training, support and guidance.

Trusts also need to make sure the culture and environment of wards do not act as triggers for challenging behaviour, by ensuring people have access to outdoor space and therapeutic activities, their needs are listened to, they are treated with dignity, and their culture and ethnicity are respected.

As a frontline healthcare professional, your ability to be warm and compassionate can change someone's life when they are in crisis. We heard time and again that communication is crucial. In our research many people told us there was little or no communication to try and understand the reasons for their behaviour, find out how to remedy or de-escalate a situation, or during the physical restraint incident itself.

We also heard positive examples where the impact of physical restraint was minimised because one staff member spoke to and reassured them throughout, and where joint care planning was used to identify and agree possible triggers for and responses to challenging behaviour.

Recommendations for staff

- Urgently end the use of face down physical restraint.
- Commit to working without coercion and ensure that physical restraint is only ever used as a last resort and only when all other methods of de-escalation have been tried.
- Where you do have to intervene, use alternatives like face-to-face safe-holding, talk to and reassure people throughout and give people an opportunity to record their experiences afterwards.
- Listen to and understand people's needs and cultural background to help you prevent and respond to difficult situations. Your ability to be warm and compassionate can reduce distress and uncover the reasons for their behaviour to prevent the need to intervene physically.
- Use your communication skills to effectively understand people and build relationships where both staff and the person understand what care is needed.
- Involve people in planning their care and respect their choices. Jointly agree how to respond to challenging behaviour through joint crisis plans which set out the triggering situations for the person and how they would like to be treated in a crisis.

How you can support the campaign

You told us you need better guidance and training so you can manage people who are in distress and keep yourself safe.

We're calling on the Government and providers to take national and local action so you get the guidance and training you need.

- Check out the FOI data mind.org.uk/crisiscare for your trust to find out how physical restraint is being used where you work. Ask whether your training follows respect-based principles and is endorsed by people with mental health problems.
- Join us. Support our campaign calling for national standards on the use of restraint, accredited training and an end to face down restraint.
- Play your part by following the recommendations for staff to ensure everyone is treated with dignity and respect in a mental health crisis.

Excellent crisis care exists. It can save lives. And that's why we need it available for everyone.

Endnotes

1. Mind conducts regular focus groups, surveys and interviews with people with mental health problems on a range of issues and unattributed quotes used are from people who have either experienced or witnessed physical restraint

2. National Institute for Health and Clinical Excellence (2011), Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. NICE Clinical Guideline 136

3. Mind (2011), *Listening to experience: An independent inquiry into acute and crisis mental healthcare*

4. All data received and analysed through Freedom of Information Requests as of 10 May 2013

5. Frontline staff survey conducted between 10 May 2013 and 10 June 2013

For more information on our campaign and how we can work together for excellent crisis care, contact:

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