About Mind
We’re Mind, the mental health charity for England and Wales. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Summary
When someone is having a mental health crisis they may become frustrated, frightened and extremely distressed. No matter what happens they need to be treated with care and compassion.

Healthcare staff and police do a challenging job and sometimes need to make difficult decisions very quickly. Often they use force to control someone’s behaviour, which can include physically restraining someone against their will, injecting them with medication and using seclusion to confine and isolate someone on the ward. For the person in crisis, this can be humiliating, traumatising and even life-threatening.

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

There are ways to prevent the need for force, for example providing well-staffed, therapeutic ward environments and using techniques to gently calm people down if they become agitated or upset.

We’ve been campaigning on this issue since 2011, which has led to national guidance on the use of physical restraint and commitments to reduce its use. But while there are lots of examples of good practice, in some areas people with mental health problems are still subject to restraint and other types of force on a daily basis. Some groups, like Black men, more likely to experience certain kinds of force.

That’s why we welcome the introduction of the Mental Health Units (Use of Force) Bill. If this new law is passed, we hope it will reduce the use of force in mental health hospitals. It will mean:

- Better training for staff to manage difficult situations
- Better data, improving transparency and highlighting problem areas.
- Police will need to wear body cameras when called to mental health settings, which can be used in evidence.

¹ https://www.mind.org.uk/media/197120/physical_restraint_final_web_version.pdf
Bringing this into law will increase transparency and accountability, build on the good guidance already in place and make for safer environments for people experiencing a mental health crisis.

Use of force definitions

The use of force (or restraint) is not just about physically restraining people. It includes the use of medication to subdue patients, and the use of seclusion to confine and isolate someone on the ward.

**Physical restraint** – Any direct physical contact where the intention is to prevent, restrict, or subdue movement of the body (or part of the body) of another person.2

**Mechanical restraint** - The use of a device to prevent, restrict or subdue movement of a person’s body, or part of the body, for the primary purpose of behavioural control.3 (Eg. handcuffs)

**Chemical restraint** - The use of medication which is prescribed, and administered for the purpose of controlling or subduing disturbed/violent behaviour.4

**Seclusion** - The supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving.5

The use of force in mental health settings

Over 9,000 people were restrained in mental health settings between February 2016 and April 2017 in England.6 Restraint is used far too often in some parts of the country and the practice varies significantly. Some organisations are working to end reliance on force and make wards calmer, safer places to be, yet others still use the dangerous and life threatening technique of face down physical restraint.

Healthcare staff do a challenging job and have to intervene where a person is a risk to themselves or others. People expect staff to act where there is risk of harm – to be proactive in preventing difficult situations arising and to use their skills to de-escalate situations that do arise.

However, restraint should only be used as a last resort, when prevention and de-escalation have not worked. It should be done in a way that avoids pain and reduces fear and distress, with continuing efforts to de-escalate.

The culture and environment of wards can create the situations where restraint is used. If people are not listened to or given the opportunity to have a say in their care, have nothing to do or no-one to talk to, tensions can rise and people may become frustrated and distressed. Over-crowding, blanket or arbitrary rules and restrictions, and not being able to go out, all add to the pressure. Reducing the use of restraint starts with getting the quality of care right.

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2 Positive and proactive care and Mental Health Act Code of Practice  
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5 Mental Health Act Code of Practice  
6 NHS Digital [http://content.digital.nhs.uk/suppinfofiles](http://content.digital.nhs.uk/suppinfofiles)
The campaign to reduce restraint

Being restrained can be frightening and hugely disempowering for anyone, let alone someone in a highly distressed state. Mind has campaigned to improve mental health crisis care for many years, and part of this campaign has been around reducing the use of force in healthcare settings.

Since we launched our campaign in 2011, we’ve seen good progress on guidance and policy on the use of restraint. In April 2014 the Coalition Government published guidance around restraint, which promotes therapeutic environments and aims to reduce the need for restrictive interventions of all kinds. It says that prone restraint (face down on your front) should not be used deliberately.

In 2015 official guidance was published on restraint as the Mental Health Act 1983 Code of Practice was revised and NICE updated its guidance on violence and aggression – again they both emphasise prevention and strongly advise against prone restraint.

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**Suzanne’s story**

Suzanne has a recent diagnosis of bipolar disorder, following a misdiagnosis of BPD from age 18. Suzanne has experienced restraint in a hospital setting twice. Both times were when she was 18. The first time she experienced restraint she had been in and out of hospital a lot in Eastbourne, Sussex. At the time she had been initially diagnosed with borderline personality disorder, which she now knows was a misdiagnosis and this misdiagnosis contributed to her reaching crisis. She also feels there was a stigma attached to her diagnosis of BPD which contributed to how the staff in hospital treated her.

She hated hospital and one time she tried to escape. She wanted to leave and was kicking her way out of the doors. She was then restrained by two members of staff as she was trying to leave. She understands why they had to stop her leaving the hospital but she was then restrained all the way back to the ward. Suzanne is physically very small and the staff were a lot bigger than her, they were on either side, dragging her back to her room and using a lot more force than they needed to. Suzanne had never shown signs of violence before. She was dragged up a flight of stairs and back to her room. At this point, one of the staff restraining her said “can you try and kill yourself next time when I’m not on shift”. This was in 2014 and she had been in hospital for a few weeks.

The next time Suzanne was 18 and was on an adult ward. She had been detained at the time. This time her experience of use of force was even worse. She had asked not to see a certain consultant on the ward as they had made her mental health worse and she had no trust in them and she felt really concerned about seeing them.

She was downstairs taking part in a pottery group and a group of nurses came down to get her. She was then dragged up by four nurses, back into the ward, then the door was locked and she had a nurse restrain her into the chair and held there. She was then made to see that consultant.

After five years of being mistreated for BPD, Suzanne has now been diagnosed with bipolar disorder. The correct diagnosis has meant she has access to the right treatment and the right medication and this has changed her life. She is now managing her mental health well.
Earlier in 2017, the College of Policing published a new Memorandum of Understanding (MoU) for police and healthcare professionals to help ensure people restrained in mental health settings get the care they need ‘rather than control’. This is the first national position which clearly sets out how and when police should be involved in physical restraint in a mental health setting.

The Mental Health Units (Use of Force) Bill is a way to formalise the guidance and good practice that currently exists. This is a positive step for the campaign to reduce restraint, and ensure everyone experiencing a mental health problem gets support and respect.

The Mental Health Units (Use of Force) Bill calls for:

1. **Better data, improving transparency and highlighting problem areas.**
   - The current data on use of restraint is extremely patchy, and much of what we know is from Freedom of Information requests. Many areas are recording different types of force too, which makes comparisons difficult to make. This part of the Bill would mean that every instance of restraint would be recorded under clear definitions, and the data would be comparable.

2. **Better training for staff to manage difficult situations**
   - All frontline staff would receive appropriate training in managing difficult situations and challenging behaviour, and about the Equality Act. This would help improve the culture and environment of mental health hospitals, and hopefully improve experiences for people with mental health problems.

3. **Police will need to wear body cameras when called to mental health settings, which can be used in evidence.**
   - This part of the Bill would require police to wear body video cameras when called to mental health settings for an incident (this would provide evidence if things go wrong or allegations are made and assist in learning from the incident).

4. **Local commitments to reduce restraint**
   - The Bill would require all local mental health providers to commit to an overall reduction in the use of force. This would help drive a change in culture, and would support local efforts to reduce the use of force.

**What MPs can do**

- Attend Second Reading of the Mental Health Units (Use of Force) Bill on Friday 3rd November.
- Speak in support of the Bill and highlight the reasons why we need to see a continued focus on reducing restraint in healthcare.
- Contact Mind for more information on our campaign to reduce restraint, and improve support for people experiencing a mental health crisis.

For more information on this briefing, to organise a meeting with Mind and to visit your local Mind please contact:

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