

# Restraint Reduction

## Policy into system delivery

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# June 2013



## Mental health crisis care: physical restraint in crisis

A report on physical restraint in hospital settings  
in England

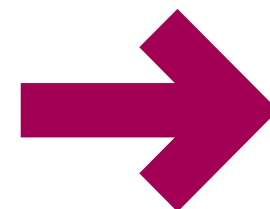
June 2013



[mind.org.uk/crisiscare](http://mind.org.uk/crisiscare)

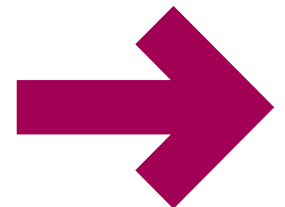
[www.england.nhs.uk](http://www.england.nhs.uk)

- 49 NHS Trusts
- 20,000 incidents of restraint
- Range 3,000 – 50 per Trust
- 19,000 restrained
- 1,000 restraint related injuries (60% response)
- Didn't include Independent sector



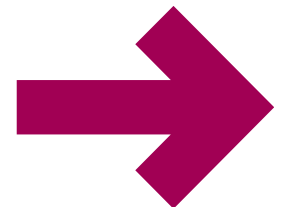
# CQC report use of Mental Health Act 2013/14 – published Feb 2015

- Large variation in restrictive practices between hospitals / services
- Rates unmonitored or undeclared
- Creeping increases in coercive practices
- Evidence of scope for reduction: not just seclusion and manual restraint, but also rapid tranquillisation, special observation, PRN



# Existing good practice

- Six Core Strategies – Huckshorn and Duxbury  
(Evidence-based, Institution-wide delivery)
- ‘No Force First’  
(Relationships, experiences, de-escalation)
- Positive Behaviour Support  
(understanding individuals, techniques to support lives)
- Star Wards and Safewards –  
(evidence-based interventions to enhance environments, reduce risk etc)



# The Way Forward

- Government level support
- Careful attention to policy and regulation
- Service user, family and advocate involvement
- Effective leadership
- Training and education
- New ways of working
- Using data to monitor the use of restrictive intervention
- Effective review procedures and debriefing

# The Way Forward



- “Positive and Proactive Care”
- Principles to be applied consistently in all areas of health and care
  - Providers
  - Practitioners
  - Commissioners
  - Workforce
  - Regulation

# Policy into System Delivery. Consistency of approach - guidance

- Mental Health Act Code of Practice
  - MHA Code of Practice chapter 'Safe and Therapeutic responses to disturbed behaviour' – Implementation April 2015.
- Mental Health Crisis Care Concordat Standards
- NHS England and LGA Core Principles Commissioning Tool (for services for people who display behaviour that challenges)
- Skills for Health/Skills for Care documentation
- NICE guidance
- National Service Model – services for people with a learning disability who have behaviours that challenge

# Consistency of approach – commissioning and regulation

- NHS Standard Contract
- Local Authority Social Care contracts
- CCG Assurance Mechanisms
- Care Quality Commission Key Lines of Enquiry – healthcare, social care, and primary care
- ‘No Voice Unheard, No right Ignored’
- (Government response to Green Paper to support people with learning disabilities)



# ...and in practice?

- This is about better practice
- This is not about whether we do it but how we do it
- Interactions with other interventions – Observation, Searching etc
- The most effective strategies are those that prevent situations arising
  - Therapeutic relationships
  - Star Wards – activities on wards
  - Safewards – Len Bowers *et al*
  - Positive Behaviour Support

# Myths and FAQs

- It only applies to Mental Health settings
- *“...all health and social care settings..commissioned or delivered by the NHS or local authorities....including care in individuals home...”*
- The acuity on wards is going up
- We can't manage without using prone restraint
- It doesn't apply to High Secure Hospitals
- We need to use restraint to protect staff
- If we report every incident we'll never get any real work done

# Policy into system delivery

*“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”*

Mind report – June 2013

**Thank you!**