Restraint Reduction Network

NHS
Sheffield Health and Social Care
NHS Foundation Trust

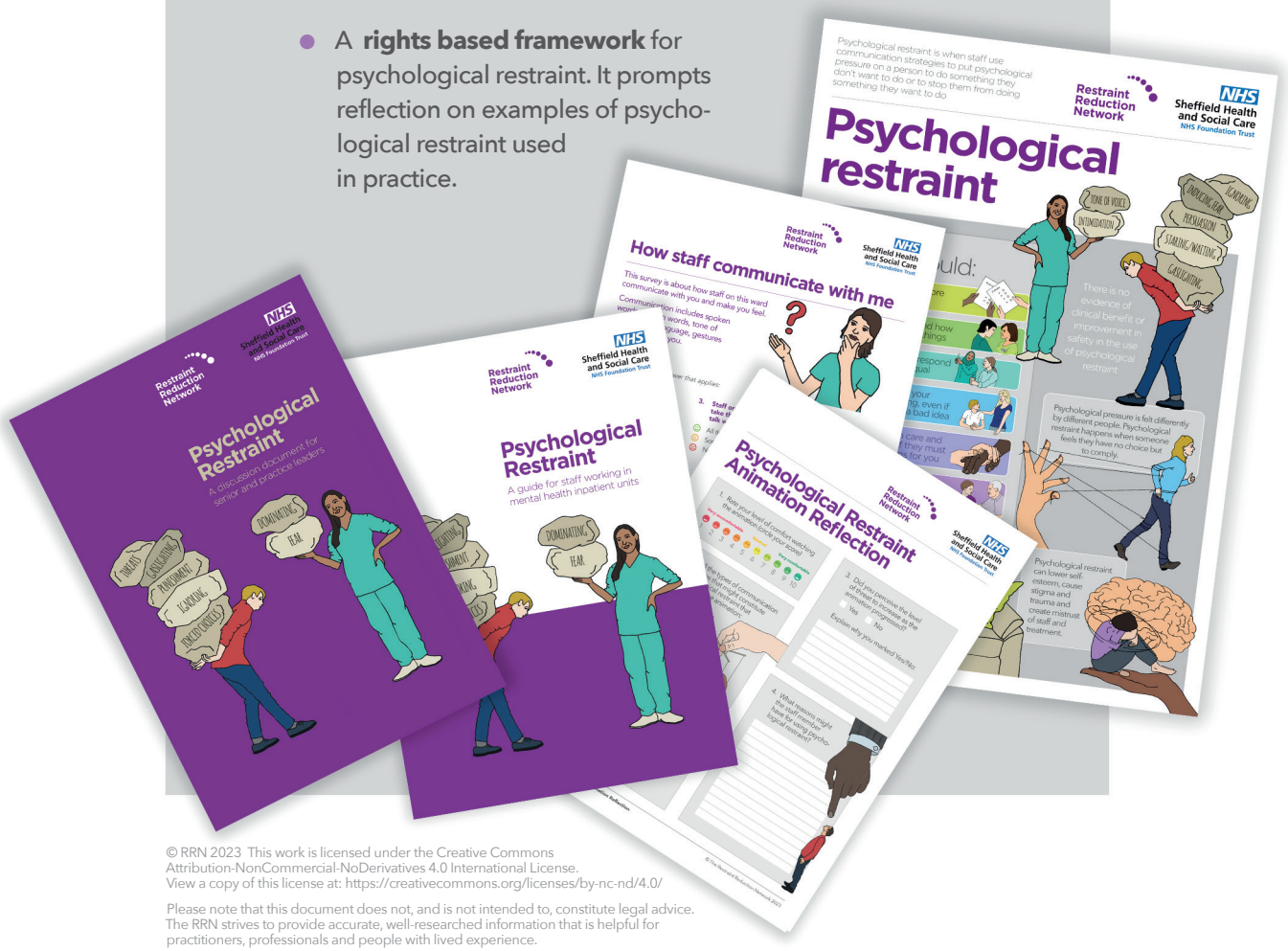
Psychological Restraint

A guide for staff working in mental health inpatient units

This is part of a set of information about **Psychological Restraint**.

There is:

- A poster which summarises how staff should care for people.
- A booklet called, **'Psychological Restraint: a discussion document for senior and practice leaders'**. It aims to promote reflection on the use of communications and interactions in mental health services.
- A summary called, **'Psychological Restraint: a guide for staff working in mental health inpatient units'**. It has some key points that you should know about the way that people in mental health inpatient units should be cared for.
- An evaluation form called, **'How staff communicate with me'**. These resources can help people to assess how staff on the ward communicate with them and how this makes them feel.
- An animation and '**Psychological Restraint Animation Reflection**' which can help educate people on the use of psychological restraint in inpatient settings.
- A **rights based framework** for psychological restraint. It prompts reflection on examples of psychological restraint used in practice.



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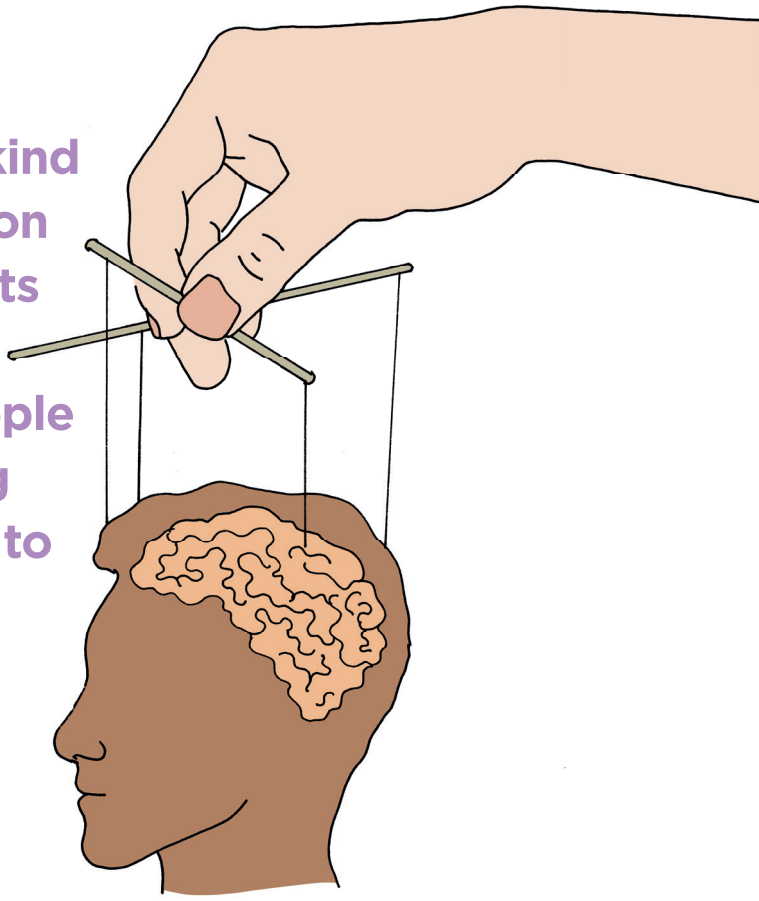
What is psychological restraint?

Psychological restraint is any kind of communication strategy that puts psychological pressure on people to do something they don't want to do or stop them from doing something they do.



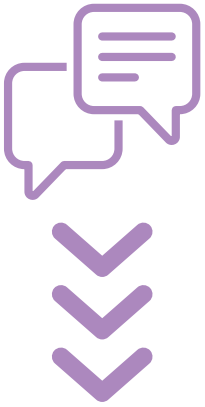
Communication strategies include verbal (written and oral communication), non-verbal (facial expressions, hand gestures, eye contact, hugs, smiles, a head nod which indicates agreement).

Psychological restraint

What does psychological restraint look like?

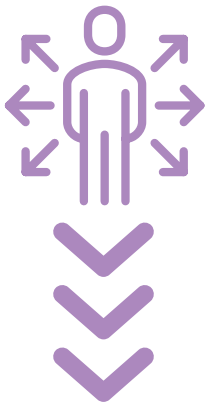
When describing experiences of psychological restraint, people in services told the Restraint Reduction Network (RRN) about the different ways that they were pressured to do something against their will. They identified the following types of pressure.

Verbal pressure



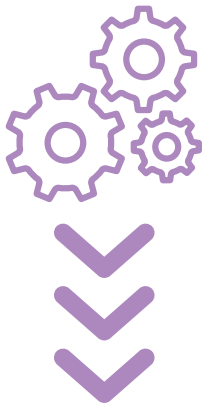
This happens when people feel forced to change their behaviours and attitudes, using spoken or written words.

Non-verbal pressure



This happens when people feel forced to change their behaviours and attitudes using their tone of voice, body language and/or other cues (e.g., facial expressions).

Systemic pressure



This happens when people feel forced to change their behaviours and attitudes by institutional or systemic pressure (e.g., having lots of staff present when telling someone they need to take their medication).

Verbal pressure examples

Strategy	Description	Lived experience example
Persuasion	Instruction, explanation, focussing on one detail, verbal reinforcement and support, including encouragement and interpretation to change a person's ideas and behaviour.	*"Staff would tell me something over and over and encourage me when I wasn't sure. I just did what they said because I knew that's what they wanted."*
If/then negotiation	Placing conditions on something a patient wants to do, giving the person an illusion of choice or autonomy.	*"They* [staff] *would say, 'if you want to do X* [e.g., smoke, go for a walk, speak to your parents] *then you need to do Y first'* [behave in a certain way, take medication, have a shower]*."*
Cultural restraint	Trying to change a person's behaviour to align with dominant cultural norms.	*"I wasn't allowed to eat unhealthy food or have takeaways."* *"They made me feel bad for smoking."* *"They wanted me to make eye contact and stop stimming, and stuff like that."* *"They made me feel praying was stupid."* *"They use their jargon to frame my behaviour and frustration as being part of my illness, when it's not."*
Actual or perceived threats	Using verbal (or non-verbal) threats to enforce compliance. Not giving alternative options removes a person's agency.	*"The nurse said to me, 'if you don't do what I'm asking you in the next five minutes, I'll stop your leave.'"*
Inducing fear	Giving detailed information about negative consequences of non-compliance, causing such fear that the person complies.	*"Staff would tell me about all the psychiatric symptoms I'd get if I didn't have the injection. It was really scary that it seemed better to have the injection. I didn't want to get worse."*
Using expert language	Using specialist language to convey expertise and influence people's decision-making.	*"They would tell me all these big words that I didn't understand. It was confusing and also made me think that I didn't know as much as them, so I thought I'd better do it* [whatever staff said]*."*

Non-verbal pressure examples

Strategy	Description	Lived experience example
Waiting and/ or using gestures or facial expressions	Waiting for long periods, looking at the person intensely until they do what they have been asked.	*"I'd tell the nurse I didn't want the medication, but they would wait and wait, staring at me and keep coming to me with it until I took it."*
Multiple staff presence	Sending a high number of staff to attend to a person, to create fear and gain compliance.	*"Loads of them [staff] would come… they all just stood there and I knew they would restrain me if I didn't do what they said."*
Omitting information	Staff deliberately not telling people important information so that they comply.	*"The nurses often wouldn't tell me things, like the side effects of the drugs or if my mum had called, to get me to take the drugs or do things."*
Blanking, ignoring and delaying	Staff not explicitly denying a request, but stopping it from happening.	*"Patient knocking at window to staff office with no response, or asking at start of day and repeatedly told will be looked into but never done."*

Systemic pressure examples

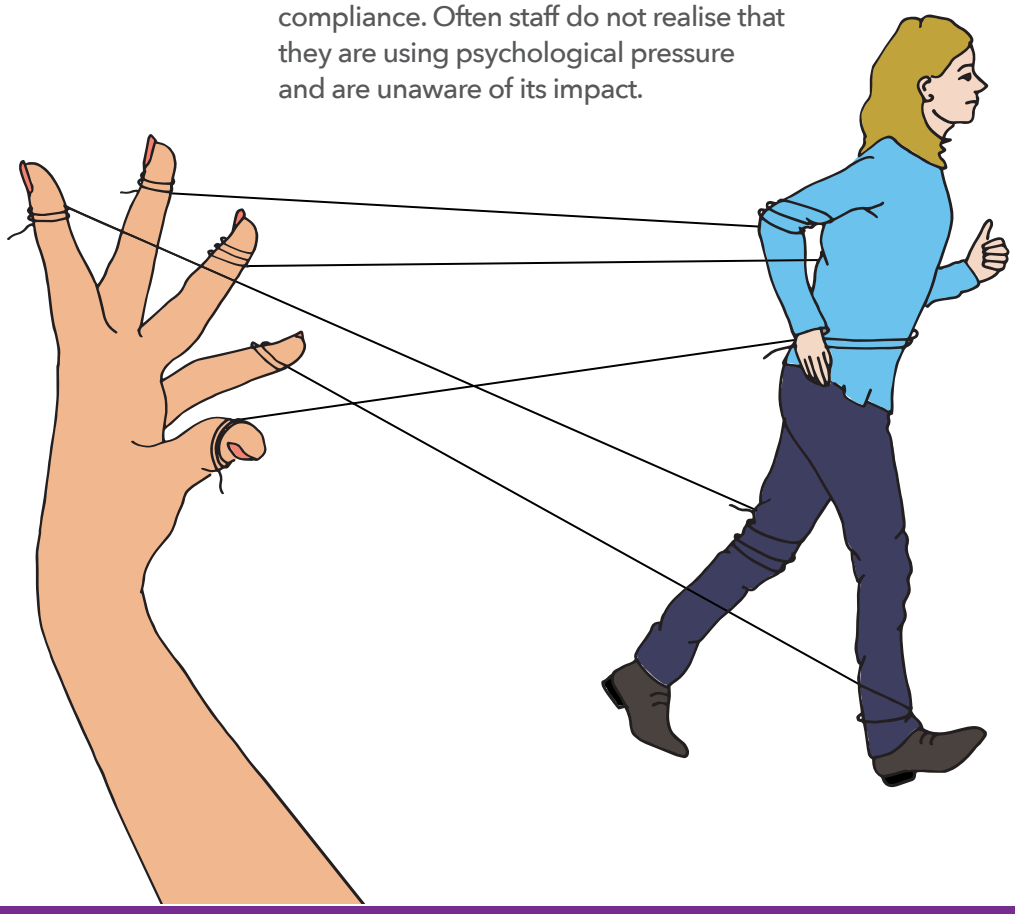
Strategy	Description	Lived experience example
Using status	Using role as a staff member to influence people's decision-making.	*"They* [staff] *use this medical language so it's hard to disagree with them, because they justify what they are doing to be in my best interest. I don't even bother to argue."* *"I am the nurse and you are the patient. Do what you are told."*
Institutional power and 'othering'	This happens when the culture of an organisation and the staff working there treat people as if they are second class citizens. This then impacts on the person's ability to be autonomous and challenge decisions about their care.	*"I had to eat off the floor with my hands when I was in seclusion. They wouldn't even give me a table or a knife and fork."*

When does communication pressure become restraint?

Communication pressures become restraint when a person feels they have no choice but to comply.

Different communication strategies put different levels of pressure on people and will be experienced differently by different people. Staff need to know and understand people's communication differences, sensory needs, concerns and preferences, personal history, reactions to medication so that they communicate in a way that is non-threatening and supportive. Many people are primed to respond to interpersonal pressure and threat (e.g., threatening faces, tone of voice) due to their trauma histories, becoming dysregulated, fearful and distressed (France et al., 2022).

People told us that repeated, low level pressures, that are exerted over a period can have the same effect as a more obvious threat in gaining compliance. Often staff do not realise that they are using psychological pressure and are unaware of its impact.



Impact on therapeutic relationships and treatment effectiveness

Evidence shows that psychological restraint can cause the following harms:

Undermines trust between the person and staff

Glenister, 1997

Results in the person having poor therapeutic and treatment outcomes

Wallsten *et al.*, 2006; Kallert *et al.*, 2013

Results in further involuntary treatment

Sashidharan *et al.*, 2019

Causes the person to mistrust their care and treatment, avoid taking care of their health and disengage from services

Swartz *et al.*, 2003

Damages the person's self-esteem, causing them emotional harm, and leaving them feeling less than a full person

O'Brien, 2003

Gives rise to trauma

Paksarian *et al.*, 2014

Leads to the person deviating from treatment

Jaeger *et al.*, 2014

There is little evidence that shows the use of psychological restraint results in clinical (therapeutic outcomes, recovery, discharge) or social benefit (reconnection, trust, ability to make decisions) (Sailas and Fenton, 2000; Wright, 2003), or improvements in patient safety (Luciano et al., 2014; McLaughlin et al., 2016; D'Lima et al., 2017).

In contrast, respecting people's views and avoiding psychological pressure has many positive benefits. Supporting people to make their own decisions helps them to develop their self-esteem, to improve decision-making, and increase autonomy. The therapeutic relationship between staff and people can be seen as fostering these benefits, which are also supported by mental health nursing standards.

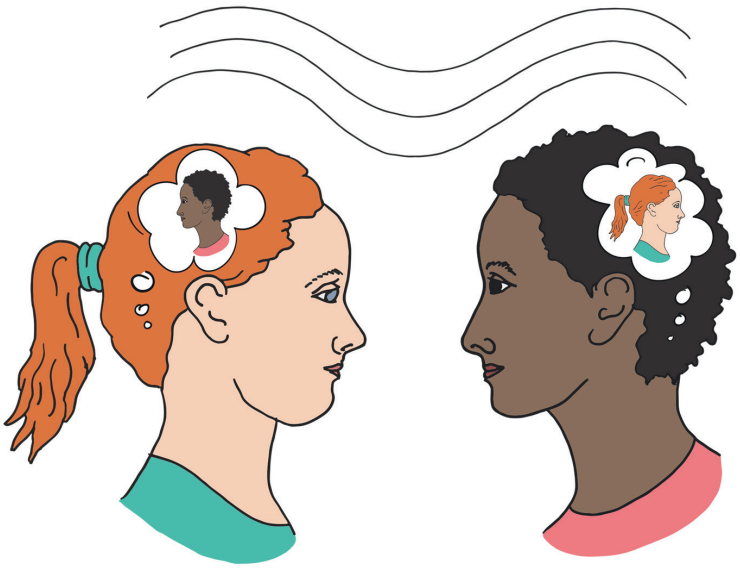
Sharing power with people

It is easy for institutions (hospitals) and staff working within them to put psychological pressure on people and shape behaviour. This is because people being cared for are inherently less powerful. For example, wards are often locked, people are subject to surveillance, detention etc. and staff are given power in law to carry out treatment. Staff also have expert knowledge and the person is likely to be unwell and in need of support. For all of these reasons it is very important that staff pay attention to power and how they use it.

The possibility of using communication strategies to pressure someone is greater, the more power is yielded over people. By creating environments for people which enable them to grow their self-worth, self-esteem, and value, the chances of psychological restraint are reduced.

Some principles to help staff support people and avoid using psychological pressure to control decision-making and behaviour could include:

- **Everyone has a right to make decisions.** Sometimes people need support to make decisions. The focus should be on the support that a person may require, not their perceived capacity.
- **Give people respect.** Take the person seriously and treat them fairly. Decision based support includes respecting the values, experiences, and goals of the person. Staff do not need to agree with people's final decisions. They need to respect the person's right to make decisions, take risks, make mistakes and change their mind.
- **Include the person in decisions and actions** that might affect them. They should feel in control.
- **Collaborate** to find the best treatment pathway, solve problems, and reach personal goals.
- Let the person take charge by **creating opportunities** for them to use their strengths, act, and lead. **Give only as much support as needed** for the person to decide. Levels and type of support needed will depend on the decision.



Take time to understand each other's point of view when you disagree.

5 top tips staff can do to share power and avoid psychological pressure

1. **Let people choose.** Give people options and explore choices. Don't jump in too fast or disregard a decision you believe unwise. If a person is struggling to make a decision, it can sometimes help to let the person pick from two or three choices that they are happy with.
2. **Offer choices,** rather than giving instructions. E.g., "These things might help. Do any of these appeal to you?"; "What might you do differently to tackle this problem?"
3. **Learn from people—and show it.** People come with a lifetime experience of themselves. They often have a lot to teach staff. Let them know you want to learn from them to provide the best support you can.
4. **Take time to understand each other's point of view** when you disagree. If you can, reach a consensus or compromise and celebrate it.
5. **When staff need to take a decision** to carry out a person's treatment or as a way of maintaining safety, explain the rationale and why you believe it is in the person's best interests. Thank the person for taking time to share their perspective. Provide post-incident support if you have used a restrictive practice and talk the person through their experience in post-incident learning.

Communicating with people to support decision-making and treatment

People in hospital have a right to make decisions that affect their lives. Sometimes, due to mental ill-health and a lack of capacity, people may need more support to make decisions. Staff can support people's decisions by communicating with them in a way that is encouraging, supportive and which gives people lots of choices and control. Knowing what the right amount of support is, is essential to helping people be active in the process.

> REMEMBER: Support needs are different for everyone and every decision.

Decision-making is a process people need to practice. People can learn from their decision-making experience and grow their self-confidence and self-worth if spoken with and supported effectively.

There are steps in the decision-making process, and different people might need different amounts of support for each step. Some people may need support for the whole process, while others may only need support for one or two of the steps.

Top tips for staff to support decision-making

1. Think about the support you (as a staff member) have needed when making big and small decisions. Who helped you? Family? Friends? What felt (un)helpful?
2. Talk to the person in hospital about how they would like to be supported.
3. Keep thinking about your role in the person's treatment and decision-making process. Is what you are doing pressuring them, least restrictive, and in the person's best interests?
4. Find out what is important to the person and why they are considering certain options/ points of view.
5. Check regularly to make sure the person feels in control of the process.
6. If the person is struggling to carry out a decision, having their voice heard or decision disrespected, you might act as their advocate or put them in contact with an advocate.

These are helpful questions to ask as they enable people to think about and imagine more options. You can then explore how these align with the person's values and treatment outcomes.

Ask:

Building effective relationships to avoid psychological restraint

Listen and build trust

Avoiding psychological pressure and restraint relies on relationships built on good communication. Listening is more important than talking.

Simple verbal skills can help you show the person that you're listening. This includes asking questions, listening to tone of voice and non-verbal cues being used, using minimal prompts like "I see" and "ah" and not interrupting the person to give them time to express their thoughts and feelings. Focus on what people say and take time to consider before responding. Being open, honest and professional helps establish trust and rapport.

Think about your body language

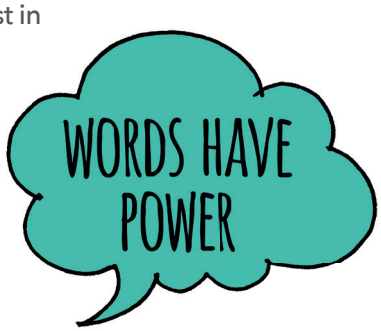
Body language can show the person that you're listening and truly care. It can also communicate hostility and can even retraumatise a person. In inpatient settings it is important to think about how you might maintain comfortable eye contact (if appropriate), sit down instead of standing (can be challenging in a bedroom and dependant on gender), sitting alongside and angled toward the person rather than directly opposite them and maintaining an open body position.

Relating to people

Ask yourself: "How do I relate to the people I care for?" Developing your communication skills, understanding of people and the distress they present with, can help you build successful relationships. For example, how you deal with distressed behaviour, conflict, and understand your part in the co-created relational process. Sometimes, when emotions are high, people respond without thinking. Work on your ability to recognise how your emotions affect you and those around you.

Vested interest in decisions?

It can be hard to support someone if you have a vested interest in their decision. For example, you might lose or gain something depending on the option a person chooses, e.g., whether to allow the person to go on leave or see their family at a particular time.



Staff interest might be to do with a best interest decision, a duty of care or to maintain safety. If you have a vested interest in a decision, you need to be aware of how it may affect the support you offer. You may need to consult with other professionals, the person's family and their advocate.

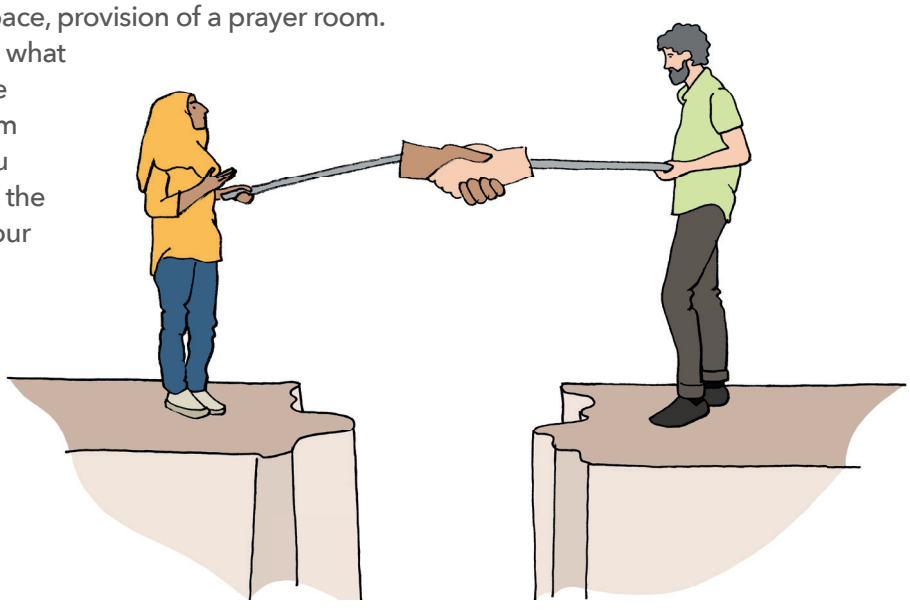
Being non-judgemental

Offering your time, experience and expertise communicates to people that you value them and want to help. Be proactive: if there's an opportunity to talk to someone or help them, take it.

As well as offering your own professional expertise, don't be afraid to ask people their perspective. When you get an answer, adopt an attitude of acceptance. This means respecting the person's feelings, personal values, and experiences as valid, even if they are different from your own or you disagree with them. Taking time to imagine yourself in the other person's place can help you be more genuine and empathic.

Recognise cultural differences

If you are working with someone from a cultural background different from your own, you may need to adjust your communication and treatment approach, e.g., eye contact or amount, personal space, provision of a prayer room. Be prepared to discuss what is culturally appropriate and/or seek advice from someone to ensure you are doing your best for the person and meeting your legal obligations.



Psychological restraint can conflict with right-respecting practice. It undermines a person's autonomy and the effectiveness of their care and support. In contrast, avoiding the use of psychological restraint can increase trust, build stronger therapeutic relationships, and improve treatment adherence.

(Sheenan and Burns, 2007)

Conclusion

Understanding what constitutes psychological pressure and restraint is the first step to creating an effective restraint reduction plan. In the meantime, individual staff can take time to build positive relationships, share power with people and increase people's ability to make their own decisions. All these help avoid the use of psychological restraint.

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