RCSI FACULTY OF NURSING & MIDWIFERY

Evidence review to inform the review of the code of practice on the use of physical restraint and the rules governing seclusion and mechanical means of bodily restraint in inpatient Mental Health Services

Executive Summary

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For

The Mental Health Commission of Ireland

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Independent Expert Review

With acknowledgement and thanks to Professor Denis Ryan (President, Irish College of Humanities and Applied Sciences, Ireland) who provided an expert independent review of this work in the form of critical feedback and input into the final document and an independent validation of process and findings.

2 Introduction

Restrictive practices in the context of Mental Health Service delivery have become controversial in the last decade. This is due to international developments around human rights, the advancement of consumer centred care and evidence demonstrating that restrictive practices can cause deleterious physical and psychological consequences (Chieze, Hurst et al. 2019) for those subjected to them. Furthermore, there have been numerous reports and incidents supporting the need to reduce or eliminate these practices internationally. In response, many governments and health services globally have acknowledged the issues associated with restrictive practices and have instigated national policies and guidance to reduce or eliminate them in Mental Health Services.

It is clear that practices which were once considered standard in the management of challenging behaviours and in the best interests of the patient, have entered a new paradigm of risk and safety management as opposed to therapeutic intervention. This presents a challenge to regulators, service providers, professionals and service users alike. There are instances where restrictive practices are considered necessary for the safe management of high-risk patients and where apparent reductions in the level of restriction over time can indicate progress in the rehabilitative sense (Kennedy et al, 2020). There are also instances where it is considered necessary to maintain safety in the day-to-day environment of inpatient mental health care which involve different forms of restrictive practices (Wilson et al, 2017).

To date within the Irish context the Mental Health Commission (MHC), in its role as regulator of Irish Mental Health Services, has provided regulatory and practice guidance on the use of seclusion and mechanical means of bodily restraint (MHC 2009) and physical restraint (2009). Following extensive consultation with experts and stakeholders, a strategy for the reduction of seclusion and restraint in Irish Mental Health Services was published in 2014 (MHC, 2014). However, despite this, seclusion and restraint remain a feature of Irish Mental Health Care and there has been little difference in reporting trends over time. In fact, the MHC reports on activity on the use of seclusion and restraint in approved centres show that physical restraint has increased in the intervening period.

To this end and in the context of the review of the Mental Health Act (MHA) (2001), the MHC is reviewing the evidence and international practices associated with restrictive practices in order to progress a contemporary evidence- based approach to the issue in Ireland, that is commensurate with evidentiary, international and national legislative imperatives.

3 Focus of the main review:

The main review focuses on:

- Current evidence around reduction in restrictive practices.
- Current evidence around restrictive practices including seclusion, physical restraint, mechanical restraint, chemical restraint (other terms referring to chemical restraint include pharmacological restraint, forced medication, rapid tranquillisation).
- Current models of service delivery in comparable jurisdictions to include model of service, key legislation, policies, standards and guidelines, and governance issues.
- This review will summarise key points arising from best practice and evidence for the consideration of the MHC. However, specific recommendations for change will not be made as the remit for decisions around the utilisation of the collated evidence appropriately rests with the MHC.

3.1 Structure of this report

This is a summary document of the main report which outlined the Irish context within which Mental Health Services are delivered and the legislation and standards which impact on restrictive practices. A review of relevant legislation, standards and governance processes around mental health and restrictive practices from six comparable jurisdictions was undertaken. A literature review, critical review of the current Rules Governing Seclusion and Mechanical Means of Bodily Restraint and the Code of Practice on the Use of Physical Restraint in Approved Centres was undertaken against the evidence and international comparators. Finally, an overview of issues associated with wider restrictive practices (other than those regulated in Ireland) in order to inform the Irish deliberations on this issue was provided.

This document will provide a summary of the main findings and issues associated with each area.

3. Methods to gather data

3.1 Literature review

The protocol was agreed with the MHC Oversight Group at the outset of the process. A PICO framework within the PRISMA reporting model was used for the search. The P.I.C.O. framework provides a structured approach to identify the key question or objective, identify complex search strategies and yield more precise search results. This together with PRISMA reporting process (Moher et al 2009) provided a robust approach to the review. Furthermore, to ensure a robust review, the services of a librarian was secured to undertake a complete database search. The screening process was undertaken by the primary author.

Objective:

The objective of the literature review agreed with the Oversight Group was as follows:

To review empirical evidence that inform action around seclusion, restraint, mechanical restraint, and chemical restraint in inpatient Mental Health Services from 1 Jan 2017 to 30 June 2021.

Process:

A systematic search of relevant databases was undertaken with the support of a librarian. A robust screening process was employed and the final number of papers for inclusion was 102. These were then categorised into relevant sections for analysis as in Table 1.

Category	**Number of Studies**
Seclusion and Restraint Reduction: Literature Reviews	9
Seclusion and Restraint Reduction Studies	11
Adult Inpatient	59
Forensic Inpatient	7
CAMHS Inpatient	8
Mental Health Care Older People Inpatient	1
Other	3
Chemical Restraint	4
Total Reviewed	**102**

Table 1 Categories for literature review and corresponding numbers of studies.

Data collection and analysis

Papers in each category were subjected to a quality review by the lead reviewer using relevant tools from the Joanna Biggs Institute. The type of study, location, context, question, and key findings were recorded for every paper reviewed. These were then synthesised into themes by category area. Where there was ambiguity, questions around quality or other concerns papers were further reviewed by a member of the expert committee. A decision was then made following discussion between the lead reviewer and the expert committee member around inclusion.

3.2 International Comparators Regulation and Guidance

International comparators were identified by the Oversight Group. Experts in regulation and practice around restrictive interventions were interviewed in relation to the practice and regulation of restrictive practices in their jurisdictions. The experts identified key regulatory and guidance documents for their jurisdiction which were used to inform the critical review of Irish restrictive practices regulation and guidance.

4. Findings

4.1 International Comparators

Comparator jurisdictions were limited to allow for review in the given timeframe and were identified for the purpose of this review by the MHC oversight group. These jurisdictions were England, Scotland, Wales, Northern Ireland, South Australia and New Zealand. The process for review involved local jurisdictional experts and a desktop review of documents recommended as essential to the remit of this review.

All jurisdictions adopt a Human Rights approach and have a focus on reduction of restrictive practices to varying degrees. Furthermore, each jurisdiction has published important national guidance around restrictive practice either in final draft or complete for implementation in 2021. These documents have provided a wealth of evidence and best practice-based information to support changes in the Irish context.

Considerations for the Irish context are identified by jurisdiction. They can be broadly summarised as follows:

- Consider values-based approach to legislation and guidance. Minimum but not limited to Human Rights.
- Consider providing guidance and evidence around antecedents of different challenging behaviours resulting in restrictive practices.
- Consider adding chemical restraint for regulation in the Irish context. Consider adding other restrictive practices such as increased observations and search.
- Consider some of the good practice approaches to debriefing to strengthen the Irish approach.
- Consider progressing the issue of advanced statements in the mental health context.
- Consider service user led approaches to monitoring of data and processes.

4.2 Literature review

A review of the evidence associated with restrictive practices was presented by inpatient population as follows:

- Reduction systematic reviews
- Reduction studies
- CAMHS
- Acute Inpatient
- Forensic
- Mental health care for older people inpatient (MHCOP)
- Other
- MHCOP

A total of 102 papers were included in this review. Each section was subjected to thematic analysis. Based on the findings in each section, considerations for Ireland were identified from the evidence at the end of each section in no particular order.

The evidence associated with seclusion and restraint reduction supports the need for a multi-intervention or 'bundled' approach at all organisational levels. This is likely to be more effective when implemented through a Quality Improvement Project (QIP) process which allows for local specific issues relating to restrictive practices and change management processes to be addressed.

Evidence associated with the identified mental health specialist categories was broadly similar and overall can be categorised into antecedents of restrictive practices, restrictive practices and the consequences of restrictive practices. Broadly speaking there is little change in the findings over time, however there is more of a focus on patient related precipitating factors. This may be due to the availability and exploitation of large databases of electronic records relating to restrictive practices.

The majority of the evidence originates from the adult inpatient category. It is noted that evidence from Mental Healthcare of Older People (MHCOP) is severely limited within the time parameters and that there is a dearth of evidence associated with young people and childrens (CAMHS) experiences of restrictive practices.

Considerations for Ireland from the literature can be broadly summarised as follows:

- Consider a 3-tier approach to seclusion and restraint reduction (national, organisational and local).
- Consider the use of QIP related approach to reduction of restrictive practices.
- Consider approaches to support an evidence-based approach to proportionality and least restrictive means of managing aggression.
- Consider supervisory requirements for restrictive practices to be Registered Nurses.
- Consider engagement models as a means of avoiding and/or minimising restrictive practices.
- Consider prioritising finding for research into MHCOP and CAMHS around experiences of restrictive practices.
- Consider progressing advanced directives in relation to restrictive practices in mental health and further developing de-briefing processes in line with findings.
- Consider providing an evidence-based suite for interventions to support staff to avoid restrictive practices.

4.3 Restrictive Practices Review

Critical documents identified by the jurisdictional experts were reviewed and a comparative analysis against the Irish rules was undertaken. The review is timely in the sense that all jurisdictions have adopted a Human Rights Approach to varying degrees. There is an absence of such an approach in the Irish context.

Overall, the Irish guidance, codes and rules are reflective of good evidence in the area. However, the Rules and Code are limited in areas relating to underpinning Human Rights principles. Furthermore, there is an absence of independent review in the Irish context which is fairly extensively adopted in the International Jurisdictions. Monitoring measures need to be strengthened in the light of findings and there needs to be a constant focus on reduction or minimising the restrictive practices, expanding the focus from an organisational approach.

4.4 Other Restrictive Practices

Categorisation of restrictive practices varies by Jurisdiction. However, seclusion, restraint, mechanical restraint (where used) and chemical restraint are consistently regulated. There is a clear move towards identifying wider restrictive practices common in mental healthcare. These include locked doors, observation, search etc. Of note, Scotland is moving towards a zero-observation policy with the intention of refocusing supportive interventions in practice. Processes to encourage critical reflection on the use of these practices in the context of Human Rights are being developed in some Jurisdictions. It was possible to synthesise the best elements of jurisdictional approaches into a framework to support the development and review of restrictive practices. This includes specific actions and strictures in areas including underpinning principles, initiation, monitoring, post restrictive practice and governance. This may support the MHC in deliberations around specific issues to be considered in providing guidance or regulation for restrictive practices.

5. Limitations

Every effort has been made to undertake this review according to best practice and academic rigor within the time and resources available. However, there are some limitations to this review:

- Literature search parameters: Due to the size of the final cohort of papers for review and the time available for the review the timeline parameters had to be halved for the patient related cohorts of the study.
- Jurisdiction comparators: Due to the time available to undertake the review the jurisdictional comparators had to be prioritised to six.
- One primary reviewer: This review was undertaken by one primary reviewer. The limitations of this were mitigated by the use of quality assessment tools, monitoring by an Oversight Group and an independent academic review.

6. Next Steps

It is hoped that this review will provide valuable evidence, best practice and international insights to support the MHC in its deliberations on restrictive practices. This report will be submitted to the Oversight Group to be considered alongside consultative processes and contextualised to the Irish setting for actionable strategies for the review of restrictive practices in Ireland.

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References

Chieze, M., et al. (2019). "Effects of Seclusion and Restraint in Adult Psychiatry: A Systematic Review." Frontiers in psychiatry 10: 491.
Kennedy, H. G., et al. (2020). "A tool to evaluate proportionality and necessity in the use of restrictive practices in forensic mental health settings: the DRILL tool (Dundrum restriction, intrusion and liberty ladders)." BMC psychiatry 20(1).
Mental Health Act (2001) Available online at: https://www.irishstatutebook.ie/eli/2001/act/25/enacted/en/html (Accessed 30 December 2021).
Mental Health Commission (2009) *Code of practice for the use of physical restraint in Approved Centres.* Available online at: https://www.mhcirl.ie/sites/default/files/2021-01/Code%20of%20Practice%20on%20the%20Use%20of%20Physical%20Restraint.pdf (Accessed 30 December 2021).
Mental Health Commission (2014) *Seclusion and Restraint Reduction Strategy*. MHC: Dublin.
Mohar, D., Liberati, A., Tetzlaff, J. and Altman, D. (2009) "The PRISMA Group. Preferred reporting items for systematic reviews and meta-analysis: The PRISMA statement". PLoS Med. 21;6(7) e1000097. doi: 10.1371/journal.pmed.1000097. Epub 2009 Jul 21. PMID: 19621072; PMCID: PMC2707599.