

Kerry Mental Health Service
**Policy Title: Physical Restraint and
Seclusion Reduction Policy**

Is this document a:

Policy ☒ Procedure ☐ Protocol ☐ Guideline ☐

Cork Kerry Community Healthcare: Kerry Mental Health Services

Title of PPPG Development Group:	Kerry Mental Health Service		
Approved by:			
Registered Proprietor <i>NOMINEE</i> Hugh Scully	<i>Hugh Scully</i> Date <u>11/2/2023</u>		
Acting/Area Director of Nursing Declan Cronin	<i>Declan Cronin</i> Date <u>15/02/2023</u>		
Clinical Director Dr Julie Kennelly	<i>Dr Julie Kennelly</i> Date <u>15/2/2023</u>		
Executive Clinical Director Dr Maura Young	<i>Dr Maura Young</i> Date <u>15/2/2023</u>		
Reference Number:	Reduction Policy		
Version Number:	2		
Implementation Date:	01/02/2023		
Date for revision:	01/02/2024		
Electronic Location:	http://pkghis001.healthirl.net:81/KerryMH/		
Version	Date Approved	List section numbers changed	Author
2	01/02/2023		

Table of Contents/Index

1. Policy Statement	3
2. Purpose	3
3. Scope	4
4. Glossary of Terms and Definitions	4
5. Roles and Responsibilities	4
6. Procedures	6
7. Implementation	10
8. Training and Support	10
9. Monitoring	10
10. Evidence of Implementation	10

1. Policy Statement

- 1.1** Kerry Mental Health services is committed to best professional and evidence based practices in reduction and elimination of physical restraint and seclusion where possible.
- 1.2** Kerry Mental Health recognise the inherent rights of a person to personal dignity and freedom in accordance with national and international human rights instruments and legislation.
- 1.3** Physical Restraint and Seclusion (only within Sliabh Mis Approved Centre) are permitted within Kerry Mental Health Services Approved Centres in rare and exceptional circumstances when all other measures to support a person to regain self-control have failed.
- 1.4** It is the policy of Kerry Mental Health Service that mechanical restraint is not used.
- 1.5** This policy must be read and applied in conjunction with the Seclusion and Restraint Reduction Strategy (Mental Health Commission 2014); Code of Practices on the use of Physical Restraint in Approved Centres and Rules Governing the use of Seclusion (Mental Health Commission 2022).
- 1.6** A failure to implement or follow the Code of Practice on the use of Physical Restraint and Rules governing use of Seclusion (MHC 2022) in the Approved Centres could be referred to during the course of legal proceedings.

2. Purpose

2.1 The purpose of this policy is to:

- i.** clearly document how Kerry Mental Health service aims to reduce, or where possible eliminate, the use of physical restraint and seclusion within the approved centre;
- ii.** address leadership, the use of data to inform practice, specific reduction tools in use, development of the workforce, and the use of post incident reviews to inform practice;
- iii.** And clearly document how Kerry Mental Health Service will provide positive behaviour support as a means of reducing or, where possible eliminating, the use of physical restraint and seclusion within the approved centres.

3. Scope

- 3.1** This policy applies to all staff working in Kerry Mental Health Services Approved Centres; Deer Lodge and Sliabh Mis.
- 3.2** This policy applies to all persons or visitors involved in an incidence of aggression and violence in Sliabh Mis Approved Centre.

4. Glossary of Terms and Definitions:

Approved Centre: A “centre” means a hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or mental disorder. An “approved centre” is a centre that is registered pursuant to the Mental Health Act 2001-2018. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the Mental Health Act 2001-2018.

Clinical Governance: A system for improving the standard of clinical practice including clinical audit, education and training, research and development, risk management, clinical effectiveness and openness.

De-escalation: The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.

Dignity: The right of an individual to privacy, bodily integrity and autonomy, and to be treated with respect as a person in their own right.

Person: All references to ‘person’ in this document should be taken to mean a voluntary or involuntary patient or resident, as defined in the 2001 Act.

Physical Restraint: Is defined by the Mental Health Commission (2022) as “the use of physical force (by one or more persons) for the purpose of preventing the free movement of a person’s body when the person poses an immediate threat of serious harm to self or others”.

Policy: Written statement that clearly indicates the position of the organisation on a given subject.

Positive behaviour support: involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of the behaviours. These causes may be social, environmental, cognitive, or emotional. The approach is one of behaviour change as opposed to behaviour management.

Rights Based Approach: Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of policies and programmes. The principles of equality and freedom from discrimination are central.

Seclusion: Is defined by the Mental Health commission (2022) as “the placing or leaving of a person in any room, at any time, day or night, such that the person is prevented from leaving the room by any means.”

Trauma Informed Approach: Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising persons using mental health services and staff.

Unsafe Behaviour: When a person acts in such a way that they may injure themselves or others.

5. Roles and Responsibilities

- 5.1** The Registered Proprietor has overall accountability for the Kerry Mental Health Service Reduction Policy and should nominate a named senior manager responsible for the approved centres reduction in physical restraint and seclusion.
- 5.2** The Registered Proprietor has overall accountability for the use of physical restraint and seclusion within Kerry Mental Health Service.
- 5.3** The Clinical Director as the Registered Proprietor Nominee is responsible for the approved centres reduction of physical restraint and seclusion.
- 5.4** It is the responsibility of the Mental Health Act Administrator to maintain a database for each approved centre which will be used in to compile an annual report on the use of physical restraint and seclusion used within the Kerry Mental Health service. This data will be reviewed by the Restraint and Seclusion reduction working group chaired by the Registered Proprietor Nominee quarterly.

The database should contain the following information:

1. The total number of persons that the approved centre can accommodate at any one time.
2. The total number of persons that were admitted during the reporting period.
3. The total number of persons who were physically restrained and/or secluded during the reporting period.
4. The total number of episodes of physical restraint and/or seclusion.
5. The shortest episode of physical restraint and/or seclusion.
6. The longest episode of physical restraint and/or seclusion. (MHC 2022)

- 5.5** It is the responsibility of the Registered Proprietor nominee to sign and publish an annual report on the use of physical restraint and seclusion used within the service within 6 months of the end of year calendar on the appropriate website.

This report should include:

- I. aggregate data that should not identify any individuals;
- II. a statement about the effectiveness of the Kerry Mental Health Service approved centre's actions to eliminate, where possible, and reduce physical restraint and seclusion;
- III. a statement about the approved centre's compliance with the code of practice on the use of physical restraint and rules governing use of seclusion;
- IV. a statement about the compliance with the approved centre's own reduction policy;
- V. And the data as specified in 5.4.

- 5.6** The Restraint and Seclusion Reduction working group are responsible for the over sight of physical restraint and seclusion used within Kerry Mental Health Services Approved Centres; Deer Lodge and Sliabh Mis.
- 5.7** The Restraint and Seclusion Reduction working group are accountable to the Registered Proprietor Nominee.
- 5.8** It is the role and responsibility of the Restraint and Seclusion Reduction working group to meet quarterly to review each episode of physical restraint and seclusion to:

- I. determine if there was compliance with the code of practice on the use of physical restraint and rules governing use of seclusion for each episode of physical restraint and seclusion reviewed;
- II. determine if there was compliance with the approved centre's own policies and procedures relating to physical restraint and seclusion;
- III. Identify and document any areas for improvement;
- IV. identify the actions, the persons responsible, and the timeframes for completion of any actions;
- V. provide assurance to the Registered Proprietor Nominee that each use of physical restraint and seclusion was in accordance with the Mental Health Commission's Code of Practices and Rules;
- VI. Produce a report following each meeting of the review and oversight committee. This report should be made available to staff who participate, or may participate, in physical restraint and seclusion, to promote on-going learning and awareness. This report should also be available to the Mental Health Commission upon request.

5.9 It is the role and responsibility of the Restraint and Seclusion Reduction working group to oversee the implementation of this Physical Restraint and Seclusion Reduction Policy for Kerry Mental Health Services.

5.10 It is the responsibility of all Heads of Discipline to ensure this policy is read, understood and signed for staff under their remit.

5.11 It is responsibility of all staff working within Kerry Mental Health Services to adhere to this policy.

5.12 It is the responsibility of the CNM3/CNM2 to discuss at nurse management meetings and feedback to ward level for staff, providing the opportunity for staff to make comments, ideas, and recommendations and express concerns.

6. Procedures

6.1 Reduction of Physical Restraint and Seclusion

Kerry Mental Health Service aims to reduce and where possible eliminate the use of physical restraint and seclusion through the following;

- 6.1.1** This will be achieved through the Restraint and Seclusion Reduction working group chaired by the Registered Proprietor Nominee the Clinical Director which meets quarterly.
- 6.1.2** This working group has oversight of seclusion and physical restraint practices used within the Kerry Mental health Services.
- 6.1.3** Data will be reviewed and analysed of each episode of physical restraint and seclusion within Kerry Mental Health Service.
- 6.1.4** The eight interventions (as below) outlined within the Seclusion and Restraint Reduction Strategy (MHC 2014) will frame the work of the Restraint and Seclusion Reduction working group;
 1. Leadership
 2. Engagement
 3. Education

4. Debriefing
5. Data
6. Environment
7. Regulation
8. Staffing

6.2 Leadership

“Leadership refers to the support for, and the strong commitment to, seclusion and restraint reduction efforts” (MHC 2014). The Kerry Mental Health service is committed to building a seclusion and restraint minimised service and is leading this through the following:

- 6.2.1 The establishment of a Physical Restraint and Seclusion Reduction working group to oversee and review the use of physical restraint and seclusion within Kerry Mental Health services which is chaired by the Clinical Director.
- 6.2.2 The Physical Restraint and Seclusion Reduction working group monitor progress on actions specified in seclusion and physical restraint reduction plans and allocate responsibility to evaluate progression of specified goals.
- 6.2.3 Reviewing the mission, vision and philosophy of care statements within the Approved Centres to include reduction of restraint and seclusion as an explicit goal.
- 6.2.4 The inclusion of the restraint and seclusion reduction plan as a standing item on MDT and senior management team meetings.
- 6.2.5 Networking with other mental health services and Physical Restraint and Seclusion reduction committees to facilitate best practice and learning through the Cork Kerry Education and Training Needs Committee and the Cork Kerry PMCB committee group.

6.3 Engagement

- 6.3.1 It has been demonstrated that engaging service users, families and advocates can be a powerful catalyst for change when implementing seclusion and restraint reduction initiatives.
- 6.3.2 CHO4 Mental Health Management Teams membership includes an Area Engagement Lead to consult with and present the views of service users, family members and carers through engagement and partnership and to influence decision making at Area Management level.
- 6.3.3 The membership of the physical restraint and seclusion reduction working group includes a Peer Support Worker who brings lived experience of mental ill health and recovery to support others within Kerry Mental Health Service.
- 6.3.4 The physical restraint and seclusion reduction working group will engage with people who use the Kerry Mental Health Approved Centre Service to learn and improve upon the service.

6.4 Education and Training

6.4.1 The physical restraint and seclusion reduction working group through analysis of data will identify areas of development within staff education and training.

6.4.1 All staff working within Kerry Mental Health Services receive mandatory training in PMCB which includes:

- I. alternatives to physical restraint and seclusion;
- II. trauma-informed care;
- III. cultural competence;
- IV. Human rights, including the legal principles of restrictive interventions;

- V. positive behaviour support including the identification of causes or triggers of the person's behaviours including social, environmental, cognitive, emotional, or somatic;
- VI. The monitoring of the safety of the person during and after the physical restraint or seclusion.

6.4.3 Positive Behaviour Support

Positive behaviour support planning tells us the best way to work with a person who shows behaviours of concern and gives us ways to improve the quality of life for the person and does not just deal with behaviour, therefore it can add realistic goals for the person.

6.4.4 The physical restraint and seclusion reduction review group will seek support of psychology to further develop Positive Behaviour support within Kerry Mental Health Services.

6.5 Debriefing

- 6.5.1 Debriefing following any adverse event, including the use of seclusion and/or restraint, provides potent learning and support opportunities for all involved (MHC 2014).
- 6.5.2 It is the policy of Kerry Mental Health Services that each person receives a MDT debrief within 2 working days after an episode of physical restraint and/or seclusion and a MDT review within 5 working days.
- 6.5.3 Each debriefing should explore how occurrences can be avoided in the future by identifying the triggers/antecedents events which contributed to the occurrence and identifying alternative de-escalation strategies to be used in future.
- 6.5.4 The outcome of the persons debriefing should be documented in their individual care plan.
- 6.5.5 It is the responsibility of the Physical restraint and seclusion reduction group to ensure there is adherence to Kerry Mental Health Service physical restraint and seclusion policies.

TRIPARTITE OVERVIEW OF DEBRIEFING AND OCCURRENCE REVIEW			
	SERVICE USER	STAFF	ORGANISATION
PURPOSE	Process	Reflect	Learning
METHOD	Structured Debriefing	Structured review and supervision	Contextual review of occurrence
OUTPUT	Re-engagement with treatment team	Learning-informed enhanced practice	Prevention and/or remediation

Figure 1 Debriefing and Occurrence Review structure McKenna 2014

6.5 Use of Data to Inform Practice

Data serves as a source of clinical and organisational learning, supporting the reduction of physical restraint and seclusion (MHC 2014).

- 6.5.1 Data is collected by the Mental Health Act Administrator in compliance with the Mental Health Commission Codes of Practice for Physical Restraint and Rules governing use of seclusion (2022).

6.5.2 It is the responsibility of the Restraint and Seclusion Reduction working group to review this data quarterly to monitor the progress and achievement of the reduction strategy and publish a report.

6.5.3 Regular auditing to ensure compliance with all MHC Rules and Codes of Practice.

6.5.4 Data should be utilised to inform staff education and training to improve practice.

6.6 Environment

6.6.1 Enhancing the therapeutic value of the physical environment has been demonstrated to reduce the use of seclusion and restraint (MHC 2014).

6.6.2 The physical restraint and seclusion reduction working group in consultation with key stakeholders including persons who use the service will review the physical and care environments to seek areas for improvement.

6.6.1 The development of low stimulus sensory rooms within the Approved Centres to support a person who is displaying unsafe behaviour to regain self-control.

6.7 Regulation

6.7.1 Each Approved Centre in Kerry Mental Health service has a compliance committee to ensure compliance with the regulations, codes of practice and rules set out by the Mental Health Commission.

6.7.2 Each approved centre has a policy which explicitly addresses the: Use of seclusion; Use of physical restraint and Use of mechanical restraint.

6.8 Staffing

6.8.1 The skills, expertise and morale of staff are key factors in the delivery of a quality mental health service.

6.8.2 Kerry Mental Health service will review staff scheduling/rostering to:

- Explore opportunities to minimise prolonged working with acutely unwell persons;
- Ensure that adequate staff are available at critical times, such as during transitions, at change of shift, in the evening, and at times of high acuity;
- Consider the staff mix who implement interventions in terms of age, gender, training and education, experience, and ability to relate to persons.

6.9 Reduction Tools in use with Kerry Mental Health Services

6.9.1 Sliabh Mis Approved centre has the Brandon unit, a 4 bedded high observation area which is low stimulus. Since opening of the Brandon Unit there has been a significant reduction in the use of physical restraint and seclusion within Sliabh Mis approved centre.

6.9.2 All staff must attend Professional Management in Complex Behaviour (PMCB) mandatory training every 2 years. Within this training staff learn de-escalation skills.

De-escalation skills included are:

- I. **Be empathic.** Try not to judge or discount the feelings of others. Whether or not you think their feelings are justified, those feelings are real to the other person. Pay attention to them.
- II. **Clarify messages.** Listen for the person's real message. What are the feelings behind the facts? Ask reflective questions and use both silence and restatements.
- III. **Respect personal space.** Invading personal space tends to increase the individual's anxiety and may lead to acting-out behaviour. Staff should maintain a distance whereby they can see the person acting out from head to toe. Invading personal space tends to increase the individual's anxiety and may lead to acting-out behaviour.
- IV. **Be aware of your body position.** Standing eye-to-eye and toe-to-toe with a person sends a challenging message. Staff should maintain a distance whereby they can see the person from head to toe.
- V. **Ignore challenging questions.** When a person challenges your authority or a facility policy, redirect the individual's attention to the issue at hand. Answering challenging questions often results in a power struggle.
- VI. **Permit verbal venting when possible.** Allow the individual to release as much energy as possible by venting verbally. If you cannot allow this, state directives and reasonable limits during lulls in the venting process.
- VII. **Set and enforce reasonable limits.** If the person becomes belligerent, defensive, or disruptive, state limits and directives clearly and concisely. When setting limits, offer choices and consequences to the acting-out individual.
- VIII. **Keep your nonverbal cues nonthreatening.** The more an individual loses control, the less that individual listens to your actual words. More attention is paid to your nonverbal communication. Be aware of your gestures, facial expressions, movements, and tone of voice.
- IX. **Avoid overreacting.** Remain calm, rational, and professional. Your response will directly affect the person's behaviour.
- X. **Use physical techniques only as a last resort.** Use the least restrictive method of intervention possible. Physical techniques should be used only when individuals are a danger to themselves or others. Physical interventions should be used only by Competent/trained staff. Any physical intervention may be dangerous.

7 Implementation

7.1 Implementation of this policy will be through the physical restraint and seclusion reduction review group.

8 Monitoring:

8.4 This policy will be reviewed one year after its implementation.

10.0 Evidence of Implementation:

10.1 The evidence of implementation of this policy will be through minutes of the the physical restraint and seclusion reduction review group meetings and quarterly reports following each meeting.

References/Bibliography

Code of Practice Guidance for Persons working in Mental Health Services with people with intellectual Disabilities (MHC 2009)

Council of Europe (1953) European Convention for the Protection of Human Rights, Article 3

Government of Ireland (2001) Mental Health Act.

Government of Ireland (2005) Health Safety and Welfare at Work Act,

HSE Dublin North East, (2007) Guidelines on Management of violence and aggression in the workplace.

McKenna K (2014) Rethinking Debriefing: A structure for aligning service user, staff and organisational debriefing. in Paterson B van Egelen McKenna K (2014) Conference Proceedings of the 3rd European Network of Training in Management of Aggression (ENTMA) Conference. Dublin November 20th to 22nd 2014.

Mental Health Commission (2009) Revised Code of Practice on the Use of Physical Restraint in Approved Centres.

Mental Health Commission Code of Practice on Admission, Transfer and Discharge to and from Approved Centre issued September (2009).

Mental Health Commission (2014) Seclusion and Restraint Reduction Strategy.

Mental Health Commission Judgement Support Framework (2015)

Mental Health Commission Addendum to Judgement Support Framework- Code of Practice (2015)

Mental Health Commission Judgement Support Framework Version 5.1 (2020)

Mental Health Commission Judgement Support Framework Special Edition For use during COVID-19 Pandemic (2022)

Mental Health Commission Code of Practice on the Use of Physical Restraint (2022)

The Maudsley (1994) Preventing and Managing Violence, Policy and Guidelines for Practice.

United Nations (1991) UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, Principle 9.

This supplementary local policy should be read in conjunction with:

- a) Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint Issued Pursuant to Section 69(2)/02/2009 of the Mental Health Act, 2001. Rules MHC. September 2022

