



*Safe Use-of-force in Mental Health
Units: Protecting Patient Rights*

Introduction

Birmingham and Solihull Mental Health Trust (BSMHFT) wants to provide safe care and treatment. We want to work with you to achieve your recovery. The clinical team working with you are trained and skilled in helping you with your mental health and physical wellbeing. Please speak to any member of your clinical team if you want to know more about this .

We recognise that, occasionally, when patients are distressed they may act in an aggressive or violent way. It is important that the clinical team acts to reduce risk to the patient, other patients on the ward, members of the public and staff. This may involve the use of force to restrain or stop these aggressive acts.

This booklet has been produced to inform regarding the Use of Force Act and it contains information about procedures that could be used when a patient's behaviour is disturbed and the use of force (the act of restraint) is needed, in a lawful manner. We would like to share this information with you so we can work together to avoid the *use of force* in hospital as much as possible. The *use of force* is only ever allowed to be used proportionately and as a last resort. It can never be used to cause pain, suffering, humiliation or as a punishment/ retribution.

"It is absolutely a good idea that information is provided to explain in which circumstances some kind of force is used against service users, so that they can be aware of it and avoid being in such situations": Ex-service user

The use of force must comply with the following legislation:

- 1. The Human Rights Act 1998 (freedom from torture, inhuman and degrading treatment)*
- 2. The Mental Health Units (Use of Force) Act 2018.*
- 3. The Mental Health Act 1983 (amended 2017)*

The Use of Force Act and statutory guidance issued by the Department of Health and Social Care (2021) clearly set out the measures required to prevent the inappropriate use of force and ensure accountability and transparency regarding the use of force in mental health units.

If you require a full copy of the Use of Force policy, details are provided at the end of this booklet.

Upon admission and your care plan

Upon your admission, our trained clinical staff will talk to you about your thoughts, feelings, likes and dislikes and how you would like to be supported if a difficult situation occurs, so we can all be prepared in advance. With your permission, your clinical team will liaise with your family/carer or advocacy services to involve them in your care and treatment support your recovery and set out strategies relating to the use of force. This may include making a written decision in advance of an incident to help clinical staff be aware of how they can work with you if you become upset or if you are in crisis. These preventative strategies will all be included in your care plan to always support you whilst you are in hospital. Your care plan will be regularly reviewed on weekly or fortnightly basis depending upon your clinical team meeting schedule.

When Use of Force measures may be used

Our trained clinical staff will continue to work with and always support you. In case of crisis, when all other measures fail and you continue to remain under stress and pose a risk to yourself or others, staff may need to use techniques known as use of force to manage the crisis. Central to your treatment is *effective communication* between you, your family/carer and clinical team including clinical ward staff. Staff will continue to work with you according to your care plan to help avoid any situation which may require the use of force.

Mental health Units - Types of use force

The Use of Force Act describes four categories of force that may be considered if restraint is regarded as necessary in a mental health unit. Well trained clinical staff will be involved in

these procedures, and they are adapted according to the requirements of an individual, depending on age, gender, and any other needs.

Types of restraints	
1. Physical restraint	<p>“Physical restraint” means the use of physical contact which is intended to prevent, restrict, or subdue movement of any part of your body. Staff prevent a part of your body from moving by holding you, so you cannot hurt yourself or other people. Staff will continue talking to you to help you remain calm and safe.</p> <p>There are different types of physical restraint:</p> <ul style="list-style-type: none"> • Seated: When two staff members support you as you sit in a safe place with one staff member either side of you. • Standing: A staff member either side of you would hold your arms and talk you through the moment you are finding difficult. • Supine: Usually four staff members would hold you on the ground, you would be facing up. Again, someone would support you throughout. • Prone: Very rarely used method. Usually, four staff members would hold you safely in a position on the floor, and someone would talk to you throughout. <p><i>Sometimes a safety pod (a large bag) can be used for you to sit on to help you to be more comfortable and safer.</i></p>
2. Mechanical restraint	<p>It is very rare that these items are used unless your behaviour is likely to seriously hurt you or others.</p> <p>“Mechanical restraint” means the use of a device which:</p> <ol style="list-style-type: none"> (a) Is intended to prevent, restrict, or subdue movement of any part of your body and (b) Is for the primary purpose of behavioural control. <p>This is when staff use something to stop you using part of your body, for example handcuffs, soft cuffs, or the Emergency Response Belt (ERB) which is used to move people to a safer place. Staff should only do this when nothing else can stop you hurting yourself or other people.</p>
3. Chemical restraint	<p>“Chemical restraint” means the use of medication which is intended to prevent, restrict, or subdue movement of any part of your body. If appropriate, staff would offer you medicine in a tablet form. If you are very distressed, staff might feel an injection of the same medication is the best option (for example, if you are too distressed to take a tablet when offered). Staff should only do this in an emergency or when the doctor or nurse thinks no other option would be effective. All medication used must be reviewed regularly and administered in the minimum dose as a restraint.</p>
4. Isolation (Seclusion or Segregation)	<p>“Isolation” means any seclusion or segregation that is imposed on you. When all other measures fail and you continue to be a risk to yourself, others, or your environment, you would be taken, voluntarily or with assistance, to a purpose-built locked room. Staff would support and care</p>

	<p>for you in this locked room until it is safe to bring you out of isolation. The duration of seclusion/ segregation depends upon on-going risk assessment. Staff can only continue this lawfully if there is ongoing serious risk to others.</p>
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Post incident support, debrief and review of any use of force

If you are involved in any incident, you would be encouraged to be involved in a review. With your consent, family/carers or independent Advocacy services would also be involved to help prevent using force in the future.

Your rights following any use of force

If you feel force was used unfairly, you can speak to :

- Your clinical team or any team member you feel comfortable with
- An advocate, staff can provide you with contact information
- Someone from the Patient Advice and Liaison Service (PALS)
- You also have the right to make a complaint and details of how to do this are provided at the end of this booklet

Recording information about the use of force

Birmingham and Solihull Mental Health Trust (BSMHFT) wants to be open and transparent about the use of force and the reasons why it occurs. Each time force is used, it will be recorded in detail. Your hospital has the necessary systems in place to record any use of force and staff have the training, knowledge, and skills to do so correctly. Clinical staff have legal and ethical duties to document details of the whole incident in which force is used. This information is annually reviewed to allow BSMHFT to understand the effect of use of force on different groups. This information will be used to make a plan to reduce any disproportionate use of force in BSMHFT. It is mandatory for NHS Trusts to submit data on the use of force to the national dataset: NHS Digital Mental Health Services Data Set.

Summary

- The clinical staff are here to support you and any use of restraint is a last resort and must be necessary, proportionate, and justifiable. We will do everything we

can to avoid use of force as we know it is traumatic for you, staff members involved and anyone witnessing it.

- If force is used, we will do everything we can to learn from the incident and to make any repeat incident less likely. You and those close to you can expect to be part of this process.
- *Use of force* must always be fair, protect you or others from harm, and never be used as a punishment.
- You have rights to complain against the use of force, and your hospital has an obligation to act against its staff, if the use of force is used illegally or unethically.
- Your hospital has a policy relating to the use of force, which you can access online or via your clinical team.

Glossary

Mental Disorder is “any disorder or disability of the mind”.

- Mental Health Unit is described as a health service hospital or independent hospital in England that provides treatment to inpatients for a mental disorder.
- The types of inpatient service which would be considered within the definition of a mental health unit (this is not an exhaustive list) include:
 - ❖ Acute mental health wards for adults of working age and psychiatric intensive care units
 - ❖ Long stay or rehabilitation mental health wards for working age adults
 - ❖ Forensic inpatient or secure wards (low, medium, and high)
 - ❖ Child and adolescent mental health wards
 - ❖ Wards for older people with mental health problems
 - ❖ Wards for people with a learning disability or autism
 - ❖ Specialist mental health eating disorder services
 - ❖ Acute hospital wards where patients are “detained under the Mental Health Act 1983 for assessment and treatment of their mental disorder”

The following services are outside of the definition of a mental health unit (this is not an exhaustive list) and therefore not covered by the requirements of the Act:

- Accident and emergency departments of emergency departments
- Section 135 and 136 suites

The Care Act 2014 defines organisational abuse (or “institutional abuse”) as neglect and poor care practice within a specific care setting; this could be in a hospital. If you believe there has been organisational abuse and mistreatment brought about by regular poor practice relating to the use of force in a mental health unit you can make an adult safeguarding referral direct to Birmingham City Council. Referrals can be made in four ways:

- **Email: CSAdultSocialCare@birmingham.gov.uk.**
- **Telephone: 0121 303 1234.**
- **Text Relay: dial 18001 followed by the full national phone number.**
- **Report Adult abuse on line at www.birmingham.gov.uk**

For any comment, compliment or complaint contact Patient Advice and Liaison Service (PALS) Customer Relations. Tel: 0800 953 0045.

Email: bsmhft.customerrelations@nhs.net

Help with making a complaint: For a free, confidential and independent service. **POhWER**
Tel: 0300 456 2370. Email: pohwer@pohwer.net

Other agencies that can assist you: Care Quality Commission (CQC). For details, please talk to your clinical team or phone 03000 616161.

Please be assured that making a complaint will have no detrimental effect on the care provided to you, or your family member.

If you have any queries regarding this booklet then please call Customer Relations on 0800 953 0045. We can help you access information in other languages or formats. Please ask a member of staff for a copy or contact our Customer Relations Team on 0800 953 0045 or email bsmhft.customerrelations@nhs.net (available Monday to Friday, 8am to 6pm, excluding bank holidays).

This booklet will be reviewed annually and next review will be in December 2022

References

<https://www.gov.uk/government/consultations/mental-health-units-use-of-force-act-2018-statutory-guidance/mental-health-units-use-of-force-act-2018-statutory-guidance-for-nhs-organisations-in-england-and-police-forces-in-england-and-wales-draft-for-co>

<https://www.legislation.gov.uk/ukpga/1983/20/contents>

<https://www.coe.int/en/web/human-rights-convention>

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