



Laois/Offaly Mental Health Services
Dept of Psychiatry, Portlaoise, Co. Laois

Policy Title: Reduction of Restrictive Practices Policy

Document reference number	Draft	Document developed by	DOPP Oversight and Review Committee for the Reduction of Physical Restraint, Seclusion and Enduring Mechanical Restraint
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Revision date	14/9/2024	Responsibility for review and audit	DOPP Oversight and Review Committee for the Reduction of Physical Restraint, Seclusion and Enduring Mechanical Restraint

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1.0 Policy Statement:

“Following on from a review in 2009, this document represents the second substantial review and update of the Rules.

There have been significant and progressive developments in mental health care in the intervening years.

International developments around human rights, the advancement of person-centred care, and evidence demonstrating that restrictive practices can have harmful physical and psychological consequences, have changed how these practices are viewed.

This policy document is informed by these developments and, in particular, emphasises the need for services to adopt a rights-based approach to mental health care. In particular this policy is informed by two key documents:

- 1. The RCSI Research conducted by Dr. Christine Larkin (2022) also informed the MHC issued 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.*
- 2. The WHO QualityRights initiative: building partnerships among psychiatrists, people with lived experience and other key stakeholders to improve the quality of mental healthcare.*

These Rules are being issued following an extensive stakeholder engagement process and consideration of national and international evidence and best practice.

The Mental Health Commission consulted with people who have experienced restrictive practices, as well as staff and clinicians in mental health services. (Copies of the Consultation Report and Evidence Review are available on the Mental Health Commission's website.)

The Mental Health Commission considers that these Rules will encourage continual efforts to avoid, reduce and, where possible, eliminate restrictive practices.

Each service provider will be required to demonstrate how they are achieving this.

The Rules emphasise the importance of strong governance and oversight mechanisms as key to successful reduction and elimination strategies.

Although the Rules aim to direct and inform practice, they do not purport to be all-encompassing and providers of mental health services have a duty to ensure that they regularly review and update policy and practice in this area.

The date of commencement of these Rules is 1 January 2023, following which, the Inspector of Mental Health Services will begin assessing compliance with the revised Rules.

The Mental Health Commission shall review these Rules as required in terms of any relevant case law and/or amending legislation, but no later than five years from the date of commencement of these Rules.

The preamble provides an explanation and context to the Rules Governing the Use of Seclusion. It is not part of the Rules.”

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This policy has been developed in line with the Revised Rules Governing the Use of Seclusion and Mechanical Restraint (as they apply to use of cot sides in the Maryborough Centre) (September 2022) and Code of Practice on the Use of Physical Restraint (September 2022), enacted January 1st 2023. Mechanical Means of Bodily Restraint are not used in the DOPP Approved Centre and there is limited use of cot sides in the Maryborough Centre.

2.0 Purpose

Following the initial review the service has revised the local Policies on Seclusion and Enduring Mechanical & Physical Restraint in line with these revisions and devised Seclusion and Enduring Mechanical & Physical Restraint documentation and Registers in line with the revisions. We will also modify our Seclusion Care Plan (SCP) in line with the revisions. We will develop a proforma for debriefing post Seclusion and Enduring Mechanical & Physical Restraint and for the Multidisciplinary (MDT) review to ensure that all the required components are captured. We will devise a flow diagram for behavioural analysis and Positive Behavioural Support Plans.

3.0 Scope

All members of the Multi-Disciplinary Team

4.0 Glossary of Terms and Definitions

- **SCP:** Seclusion Care Plan
- **MDT:** Multi-Disciplinary Team
- **RP:** Registered Proprietor
- **CD:** Clinical Director
- **Area DON:** Area Director of Nursing
- **ADON:** Assistant Director of Nursing
- **CNM 3:** Clinical Nurse Manager 3
- **QQS:** Quality and Patient Safety
- **ORC:** Oversight and Review Committee

5.0 Roles and Responsibilities

5.1 It is the responsibility of all staff to adhere to this Policy.

5.2 It is the responsibility of the ORC to ensure that this policy is reviewed

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triennially or at any time if there is a change of practice.

5.3 It is the responsibility of individual line managers to ensure that all staff in their Department are aware of this policy and that work practices are in line with the policy.

5.4 All staff must demonstrate that they have read and have understand the processes of this policy by signing the signature log attached to the front of the Policies and Procedures Manual.

6.0 Procedure

A Multidisciplinary Oversight Committee has been established to analyse in detail every episode of seclusion and physical restraint. The committee is meeting monthly to fulfil the functions as outlined in the revisions:

- i. Determine if there was compliance with the rules governing the use of seclusion and physical restraint for each episode of seclusion and enduring mechanical & physical restraint reviewed;
- ii. Determine if there was compliance with the approved centre's own policies and procedures relating to seclusion and physical restraint;
- 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 RP (or their nominee) that each use of seclusion and enduring mechanical & physical restraint was in accordance with the Mental Health Commission's Rules;

The Committee is also overseeing the formulation of this Reduction Policy.

Given that "The Rules emphasise the importance of strong governance and oversight mechanisms as key to successful reduction and elimination strategies", we have strong governance and oversight of Restrictive Practices in the current governance structure in addition to this Oversight Committee;

1. We will explore having weekly reports on use of restrictive practices (including searches, restraint and seclusion) to the CD, Area DON and RP to ensure regular feedback and oversight and early capture of any changes in trends.

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2. The Nursing Management Team, ADON and CNM 3 are located in the approved centre to ensure strong governance within the centre. All episodes of seclusion are reviewed with ward staff by the ADON on duty on a daily basis.

3. Audits of each episode of Restrictive Practices are included in the QPS report and are presented monthly to the Laois/Offaly Senior Management Team and the DOPP Approved Centre Governance Group. They are also now presented monthly to the DOPP Oversight Committee and there is a full review of each episode in detail as per the revised Rules and Code of Practice is conducted.

4. We will provide comfort boxes for use by service users who may be triggered or experiencing trauma in an attempt to de-escalate and prevent aggressive incidents occurring.

5. Each episode of seclusion and restraint, the patient debriefing and the follow on MDT meetings is audited and presented at the DOPP Oversight Committee and feedback is sent to the clinical team where indicated.

A key aspect of the reduction strategy will be the learning emerging from the positive behavioural support plans which includes analysis of underlying precipitants or causes leading to episodes and alternative strategies that can be deployed to avoid future episodes. There will also be a focus on more generalised strategies that emerge from trend analysis of episodes by the DOPP Oversight Committee and insights and evidence based strategies emerging from the Restrictive Practice Group. Learning will be disseminated through the educational channels described above and effects monitored by the continuous audit cycle.

7.0 Training

All staff involved in Seclusion and Physical Restraint will participate in the following training:

- Mental Health Act 2001- HSELand
- Changes to the Rules and Code of Practice on Restrictive Practices - HSELand
- Changes to Rules on Seclusion - HSELand
- Changes to Code of Practice on Physical Restraint - HSELand
- Changes to the Rules on Mechanical Restraint - HSELand

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- Therapeutic Management of Violence and Aggression (TMVA)
- Management of Actual or Potential Aggression (MAPA)
- Training on Revision to the Rules and Codes of Practice relating to Seclusion, Physical Restrain and Mechanical Restraint, covering Human Rights, Legal Principles, Trauma Informed Care, Alternatives to restrictive practices, early indicators and triggers, Cultural Competence – provided in person by External Trainer Ms. Amelia Cox)

8.0 Method used to review operation of Standard Operating Procedures

DOPP Oversight and Review Committee for the reduction of physical restraint/seclusion/enduring mechanical restraint

9.0 Frequency of Review

Review at each meeting

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