

DHSC – Mental Health Units (Use of Force)

Consultation questions

Is the guidance clear on what is meant by each of the terms?

- Yes
- No
- Not sure

Please give your reasons.

N/A

Is the guidance clear about what settings the Act applies to?

- Yes
- No
- Not sure

Please give your reasons.

It is clear that the guidance is applicable to all mental health inpatient units or wards within the NHS. The guidance does not cover all settings within which children and young people may be subjected to inappropriate restraint or use of force. Due to high levels of demand for statutory child and adolescent mental health services, many children and young people are cared for within VCSE sector services. Children and young people within schools and special educational schools may have restraint policies for those experiencing mental health episodes.

It is important that children and young people receive consistent care and incidents of restraint are seen as a last resort within all settings and services where they are cared for. We recommend that this guidance is shared with other government departments and agencies for appropriate dissemination as a good practice resource that other organisations should also adhere to.

Is it clear what the role of the 'responsible person' is?

- Yes
- No
- Not sure

Please give your reasons.

N/A

Is it clear the level of seniority the 'responsible person' must have?

- Yes
- No
- Not sure

Please give your reasons.

N/A

Does the guidance clearly explain what a policy on use of force should include?

- Yes
- No
- Not sure

If no, what else should be included in the policy on use force section of the guidance?

We support the guidance on what should be included on the policy on use of force. We particularly welcome the recommendation that services should adopt a trauma-informed approach to care, so that the use of force and restraint do not traumatise or re-traumatise children and young people.

We agree with the suggestion that there should be a separate policy for children and young people within organisations that provide services for a range of age groups, as the approach and delivery of care should be tailored for different groups.

The policy does not provide specific detail on how patients should be cared for following an incident of restraint or force. We recommend that any child or young person who has been subjected to a restraint procedure should receive appropriate follow-up from a healthcare professional, to review both the physical and mental health impacts that the procedure may have had.

Does the guidance clearly explain what information should be given to patients on the use of force?

- Yes
- No
- Not sure

If no, what other information should be included in the information on the use of force section of the guidance?

The guidance should provide detail on how to share information in developmentally and age appropriate ways, as there should not be a blanket communication strategy for children and young people of all ages and needs.

Does the guidance clearly explain the requirements for training on the use of force?

- Yes
- No
- Not sure

If no, what else should be included in the training in the appropriate use of force section?

The guidance should include specific information on training for restraint and the use of force on children and young people. While the guidance acknowledges that different training will be required for staff members working with children and young people, there is little detail on what this training should include and how to access such training.

Does the guidance clearly explain what information should be recorded when force is used on a patient?

- Yes
- No
- Not sure

Please give your reasons.

We recommend that any child or young person who has been subjected to a restraint procedure should receive appropriate follow-up from a healthcare professional. The record should also contain detail on whether the patient received a health review following the restraint or use of force incident.

The statutory guidance sets out that the use of force can never be considered as negligible in certain circumstances.

Do you agree or disagree with this list?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Is there anything else that should be added to the list?

- Yes
- No
- Not sure

Please give your reasons.

N/A

Do you agree or disagree that the duty to keep a record should not apply if the use of force is negligible, as defined in the guidance?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Please give your reasons.

N/A

Does the guidance clearly explain what should happen following a serious injury or death in a mental health unit?

- Yes
- No
- Not sure

Please give your reasons.

N/A

The guidance clearly sets out the requirements of the Act for mental health units.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Please give your reasons.

N/A

The guidance seeks to reduce and minimise the use of force in mental health units.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Please give your reasons.

We support the aims of the guidance to reduce and minimise the use of force in mental health units, with restraint practices to be a policy of last resort. Young people have reported that the use of restraint is a traumatic experience and detrimental to emotional wellbeing (for example, the use of spit hoods). Incidences of restrictive practices are higher among BAME groups and young women.

The guidance makes it clear that force should only be used proportionately as a last resort.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Please give your reasons.

We support the aims of the guidance to reduce and minimise the use of force in mental health units, with restraint practices to be a policy of last resort. Young people have reported that the use of restraint is a traumatic experience and detrimental to emotional wellbeing (for example, the use of spit hoods). Incidences of restrictive practices are higher among BAME groups and young women.

The guidance appropriately explains the different approaches required when caring for children and young people and adults.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Please give your reasons.

We welcome efforts within the guidance to ensure that the specific needs of children and young people are recognised within policies and practices on the use of restraint and force. It is important that they are treated as a distinct patient group. We welcome that the guidance makes reference to the UNCRC, the Children’s Act, the Children and Families Act, the Care Act and the Equality Act.

Given the number of young people interacting with mental health services, it is important that services are adapted to providing youth-friendly healthcare that is developmentally appropriate and caters to their needs. In order to improve these services for young people, young people must be directly consulted about proposed changes and about their experiences of current services, as is outlined within this guidance.

However, the latest statistics from NHS Digital show that practices of restraint and the use of force happen too frequently.¹ In 2019/20, there were 616 incidences of restraint in the under 18 age group and a further 1,880 for young people aged 18-24. 201 young people under 18 years were subjected to face-down restraint, which is the most dangerous restraint procedure. Young people have also experienced other physical restraints, chemical restraints, segregation and seclusion. Of the 616 young people under 18 years who experienced being restrained, 425 of these were young women – exposing gendered inequalities in the treatment of young women in mental health units.

Children and young people who are upset or distressed are not always able to verbally communicate their needs and their feelings and frustrations may present in what is deemed by professionals as ‘poor’ or ‘bad’ behaviour.

The guidance makes clear that children and young people have specific needs and will require different considerations and treatment when applying the use of restraint. The guidance could benefit from including practical detail or good practice examples on what different approaches for children and young people look like in practice.

¹ NHS Digital. 2021. Mental Health Bulletin 2019/20: Annual report. Available online at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-bulletin/2019-20-annual-report>

The guidance references Gillick competence as a tool for understanding an individual's maturity and capacity. While we agree with this approach, it is important that there is clarity surrounding how Gillick competence is assessed and applied within different healthcare settings.

The guidance clearly outlines the need to consider those with protected characteristics under the Equality Act 2010 when fulfilling the requirements of the Act.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Please give your reasons.

The guidance clearly outlines how policies and procedures relating to the use of restraint and force should consider the needs of specific groups with protected characteristics. We recommend that the guidance also includes inclusion health groups, a term used by NHS England to describe all people who are socially excluded.² Considering both protected characteristics and inclusion health groups would provide a more comprehensive list of groups who may be more likely to experience use of force and subsequent harm as a result of the restraint procedure.

The guidance emphasises the importance of involving patients, their families and carers in decisions about their own care.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Please give your reasons.

In order to improve mental health services for young people, young people must be directly consulted about proposed changes and about their experiences of current services, as is outlined within this guidance.

It is important to acknowledge that involving children and young people within policy / service design and / or decisions around their care requires different approaches to engagement with

² Public Health England. 2021. Inclusion health: Applying All Our Health. Available online at: <https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health>

adults. Staff may require specific training on how to effectively, and safely, engage with children and young people.

We support the recommendations within the guidance on the use of independent advocates to support people to be involved in decisions about their care. It is important that children and young people are provided with adequate support and information on how to access and use independent advocate services, as this may be a resource that young people are not routinely aware of. Independent advocates should support and empower young people to be involved in decisions about their healthcare and have the necessary skills and safeguarding experience to support young people effectively.