

About Agenda

Agenda is an alliance of more than 70 organisations who have come together to campaign for change for women and girls at risk. We believe society is failing to adequately protect and support women and girls who face the most extensive violence, abuse, trauma and inequality. We are calling for systems and services to be redesigned with women and girls at their heart so that they can access the support they need to rebuild their lives and reach their full potential.

Our members include mental health, homelessness, substance misuse and domestic violence charities who help women who face multiple and complex needs to turn their lives around.

Our campaign, Women in Mind, calls for women's needs, and in particular their experience of abuse and violence, to be prioritised and taken seriously in mental health policy, strategy and delivery.

Summary

This report is based on Freedom of Information requests sent to all 58 mental health trusts¹ in England on the use of physical and face-down restraint against women and girls. The findings are summarised below:

Adult Mental Health Services:

- Around 1 in 5 women (6,393 female patients) admitted to mental health facilities were physically restrained, despite guidance it should be used as a last resort.
- Nearly 2,000 women (6.3 per cent) were restrained face-down. However, there were more than 4,000 incidents of face-down restraint against women, which is more than that for men, suggesting individual women patients were more likely to be repeatedly restrained in this way.
- This varied hugely by area, with women much more likely than men to be restrained by some trusts. In one, more than half of female patients were physically restrained after admission.

Child & Adolescent Mental Health Services (CAMHS)²:

- Nearly 1 in 5 girls (17 per cent) admitted to CAMHS facilities were physically restrained. They were more likely to be restrained than boys (13 per cent).
- 8.1 per cent (180) of girls were restrained face-down (compared to 5.7 per cent - or 72 - boys).
- Girls were restrained face-down more than 2,300 times and were likely to face this repeatedly – with some trusts reporting an average of more than a dozen face-down restraints per female patient.
- There was huge regional variations in the use of restraint against girls. In one trust nearly three quarters of girls were restrained, with nearly a third restrained face-down; in others face-down restraint was not used at all.

Women and girls' mental health is closely linked to their experiences of violence and abuse - more than half of women with mental health issues have experienced abuse. The links are particularly pronounced for more serious mental health conditions. So, not only is physical restraint, particularly face-down, frightening and humiliating, it can also be re-traumatising for those with a history of abuse.

¹ FOI requests were sent to all 58 mental health trusts asking about their use of general physical restraint and face-down restraint during the financial years 2014/15.

² CAMHS services are usually for under-18s but in some areas 16-18 year olds who are not in full-time education are not accepted (Source: YoundMinds²)

Women and mental health

Women and men have different mental health needs and experience mental health issues in different ways. Women are more likely to face certain conditions like eating disorders, self-harm and anxiety and depression. Sexual exploitation, abuse and violence are huge drivers of trauma and poor mental health in women. More than half of women who have mental health problems have experienced abuse.

Agenda's Hidden Hurt report³ found that one in 20 women in England – that is 1.2 million women - has experienced extensive violence and abuse throughout their lives. More than three quarters of these women will have experienced life-threatening trauma. At least half meet the diagnostic criteria for a common mental health disorder, more than a third had made a suicide attempt, while a fifth had self-harmed.

It is in this context that many women find themselves admitted to mental health wards. But previous research by Agenda found that mental health trusts are failing to take into account women's specific needs. For example, only one trust had a women's mental health strategy, while fewer than half had a policy on 'routine enquiry', where staff ask service users whether they have experienced violence and abuse.

Where mental health problems are linked to or rooted in trauma, an awareness and understanding of that trauma and women's responses to it is essential for practitioners to deliver effective therapies. Using physical restraint on a survivor of sexual violence, for example, risks re-traumatising the patient. Having that restraint carried out by male nurses, as can be the case, can be particularly traumatic for women. Awareness of women's needs is therefore vital to promoting women's recovery.

Restraint and women: the context

i. Policy

Restrictive practices, or restraint, are "deliberate acts on the part of other person(s) that restrict a patient's movement, liberty and/or freedom to act independently"⁴. Physical restraint is defined as:

"...Any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person."⁵

Face-down restraint is defined as:

"...Prone restraint: (a type of physical restraint) holding a person chest down, whether the patient placed themselves in this position or not, is resistive or not and whether the person is face down or has their face to the side."⁶

The Mental Health Act Code of Practice says restrictive practices should be used only when there is a possibility of real harm to the patient or others, should not be used to punish or inflict pain or suffering and should be used with "minimum interference to ... autonomy, privacy and dignity".⁷ In the case of children and young people, it says staff should always ensure that restraint is only used after taking into account the individual's age, their size, physical vulnerability and emotional and psychological maturity.⁸ NICE

³ Scott, S. & McManus, S. 2016. *Hidden Hurt: Violence, abuse and disadvantage in the lives of women*. DMSS research for Agenda. Available here: <http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

⁴ Department of Health. 2015. Mental Health Act 1983: Code of Practice; p290. Available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF

⁵ Care Quality Commission. 2016. Brief guide: Restraint (Physical and Mechanical). Available here: http://www.cqc.org.uk/sites/default/files/20170126_briefguide-Restraint_physical_mechanical.pdf

⁶ Care Quality Commission. 2016. Brief guide: Restraint (Physical and Mechanical). As above.

⁷ Department of Health. 2015. Mental Health Act 1983: Code of Practice; p293. Available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF

⁸ NICE. 2015. NICE Guideline 10 - Violence and Aggression: Short-term management in mental health, health and community settings. Available here: <https://www.nice.org.uk/guidance/ng10/chapter/1-Recommendations#managing-violence-and-aggression-in-children-and-young-people-2>

(National Institute for Clinical Excellence) guidelines say staff should be trained to avoid or minimise restrictive practices on children and young people wherever possible.

In 2014, the Department of Health launched the Positive and Pro-active Care guidance aimed at phasing out face-down restraint and using physical restraint only as a last resort. As part of this, services' use of restraint are now inspected by the Care Quality Commission (CQC). Meanwhile, the Department of Health and the Department for Education are working to produce new guidance on minimising the use of restraint on children and young people in a range of settings, including mental health.

ii. Evidence

In 2013, the mental health charity Mind⁹ found that at least 3,439 patients in England were restrained face-down in 2011-12, based on Freedom of Information (FOI) request data. While data on gender and race/ethnicity was requested, few trusts provided that information.

In 2016, the former Health Minister Norman Lamb MP submitted a FOI request for data from 2015-16. It showed that face-down restraint was still being used, although again the data was not broken down by gender.

A recent study by Duxbury et al (2016) trialled the use of the 'Restrain Yourself' approach in seven trusts in the North West of England. The goal was to reduce the use of physical restraint by using six core strategies, including setting team goals on the reduction of restraint, improving communication styles and changing the ward environment. At the end of the 26-month trial, four of the seven trusts had reduced restraint by the target 40 per cent. Overall, restraint rates across the seven trusts were 21 per cent lower than on comparator wards. Patients and staff also reported feeling more positive. This illustrates that despite the challenges faced by staff on busy mental health wards, the use of restraint can be reduced.

Methodology

In September 2016, we sent Freedom of Information (FOI) requests to all 58 mental health trusts in England, asking about the use of physical restraint and face-down restraint on those admitted to their facilities in the financial year 2014-15. This included adult services and Child and Adolescent Mental Health Services (CAMHS).

We received responses from 51 trusts with varying degrees of detail. 43 of the trusts providing adult services provided all of the information asked for, broken down by gender, although some were only able to give admission figures rather than patient numbers. This means this figure could include patients that had been admitted more than once over the course of the year. This is likely to mean our figures are actually more conservative than the reality. Not all trusts have CAMHS services but we received responses from 29 of those that did. 22 trusts which provided CAMHS supplied all of the data asked for. Overall, it is possible that there may be some variation between trusts in how definitions of restraint are interpreted and recorded, but this is unlikely to have had a major impact on the overall figures.

We have calculated the percentages of physical and face-down restraint by comparing the numbers of patients who had been restrained to the patient admission numbers. To get the likely number of times an individual was restrained, we compared the number of patients who were restrained with the number of incidents of restraint. All of these figures are broken down by gender. Those trusts that did not provide that information were not included in the admission numbers to ensure the percentages were not misleading.

We did not ask for a breakdown by race or ethnicity. A previous request to mental health trusts on issues relating to women's mental health found that data on race and ethnicity was not recorded consistently and was therefore difficult to analyse and present accurately.

⁹ Mind, 2013. *Mental health crisis care: Physical restraint in crisis*. See here: https://www.mind.org.uk/media/197120/physical_restraint_final_web_version.pdf

Findings

i. All services

Overall, 85,705 women, men, girls and boys were admitted to mental health facilities in the 51 trusts that responded to our FOI request during the financial year 2014-15. Around 20 per cent of adults and more than 15 per cent of children and adolescents admitted to mental health facilities were physically restrained. Just under 7 per cent of adults and children and adolescents were restrained face-down.

ii. Adult services

In total 38,472 women and 44,204 men were admitted to mental health facilities in the financial year 2014/2015.

Physical restraint

Current guidance advises that physical restraint should only be used as a last resort. Yet, around 6,393 women and 7,508 men were physically restrained. Women and men were physically restrained at broadly the same rate – around 20 per cent or one in five of those admitted for each gender – with marginally more men restrained than women.

However, there are huge amounts of regional variation in the use of restraint with some areas more likely to restrain women than men. Some trusts physically restrained around half of women. But trusts like Cambridgeshire & Peterborough physically restrained fewer than five per cent of both male and female patients.

Face-down restraint

Despite the guidance calling for a phasing out of face-down restraint, 6.3 per cent of women were restrained face-down (1,937) as compared with 6.9 per cent of men (2,451). Some trusts used face-down restraint little or not at all, whilst in other areas it was widespread. Central and North West London had the highest use of face-down restraint against women, with 17.3 per cent restrained face-down.

There were 4,078 incidents of face-down restraint being used on women compared with 3,938 incidents on men. That means women made up more than half of the incidents (51 per cent) of face-down restraint use – even though they made up only 46 per cent of the patient population in those trusts. This suggests women were more likely to be restrained repeatedly. Given women's mental health is closely linked to their experiences of abuse and trauma, the repeated use of face-down restraint on some women is very worrying, with many potentially being re-traumatised in the process.

iii. CAMHS (Child and Adolescent Mental Health Services)

2,659 girls and 1,501 boys were admitted to CAMHS services across England.

Physical restraint

Girls admitted to CAMHS were much more likely to be physically restrained than boys. Around 17 per cent of girls (397 in total) were physically restrained compared with nearly 13 per cent of boys (169 in total). Three trusts physically restrained more than 70 per cent of their female CAMHS patients, including Southern, which physically restrained 72.7 per cent of girls; restraining 61.4 per cent face-down. This is despite girls often being both physically and emotionally vulnerable. It also suggests an ignorance or disregard of the Mental Health Act Code of Practice and NICE guidelines that restraint should be minimised against children and young people.

Face-down restraint

Girls were also much more likely to be restrained face-down than boys. Overall, 8.1 per cent of girls (180 girls in total) were restrained face-down compared with 5.7 per cent of boys (72 in total). In some trusts more than a third of all girls admitted were subjected to face-down restraint. Like women, girls' mental health is often linked to experiences of violence and abuse and to be held face-down could be extremely re-traumatising.

There were 2,269 incidents of face-down restraint being used on girls compared with 285 on boys. While girls made up 63.5 per cent of admissions, they were subject to 88.8 per cent of incidents of face-down restraint. The highest number of incidents against girls was in Northumberland, Tyne & Wear, where there were 733 incidents of face-down restraint being used against girls, averaging more than 13 face-down restraints per female patient – nearly 10 times the rate of boys in the same trust.

One explanation of the high rates of face-down restraint against girls could be due to girls being more likely to self-harm and it being used as a method to control this. However, for a girl to be held down, sometimes by adult male nurses, when they are at their most vulnerable, is not only humiliating, but has the potential to damage their mental well-being in the short and long-term. If they have a history of abuse, there is a real risk of them being re-traumatised. The fact that face-down restraint is being used so often on the same patients also suggests that it is an approach that does not work. There are other more effective ways to help girls manage their self-harming. Physical force is likely to be counter-productive and should only ever be a last resort.

Several trusts said they had not used face-down restraint at all against girls or boys, including North Staffordshire, which also had low rates of other forms of physical restraint. This shows that, allowing for some margin of error in data recording, reducing or eliminating face-down restraint completely is achievable.

Experiences of restraint

First-hand accounts of those who have experienced restraint highlight the effect it can have on female patients.

One, Pamela¹⁰, had experienced face-down restraint a number of times after being admitted to mental health facilities. She had a history of childhood abuse and she now has flashbacks of her experiences of being restrained.

“You are lying down, face on the floor, you can't hear, you can't see and it is really, really scary. If you resist, sometimes they put pressure on specific joints on your body which is just horrific.

“I think often care plans are not understanding enough if there is a history of abuse and how using prone restraint could affect the person.”

In their report Mind¹¹ had a number of examples:

“I've suffered physical abuse when I was younger and being held down where someone forces their weight on you is triggering for me, it's the last thing that's going to make me conform; I don't want them touching me.”¹²

¹⁰ Not her real name

¹¹ Mind, 2013. *Mental health crisis care: Physical restraint in crisis*.

¹² Mind, 2013: 18

"It hurt a lot of the time...Being 20 and quite petite resulted in me quite often being left with bruises after being restrained."¹³

In a news report on restraint¹⁴, Jane, says:

"These were large male nurses and the weight on my back was crushing my chest. And I couldn't turn my head to the side either. And then one of them turned my head to the side and pinned it to the side. Your initial reaction is to struggle, not to kick anyone or to lash out but to try and move. Someone's pinning you down, you can't breathe. I felt like I'd been assaulted. I felt very, very, very frightened."

Conclusions

It is alarming and unacceptable that so many women and girls are regularly physically restrained, and restrained face-down in particular. This research shows that physical restraint is far from a last resort, while the use of face-down restraint is widespread and is used repeatedly on female patients. The frequency with which physical and face-down restraint is used on girls in Child and Adolescent Mental Health Services suggests physical force against some of these most vulnerable patients is routine in some trusts.

The pervasive use of face-down restraint is particularly concerning because of the potential it has to re-traumatise the many women and girls in mental health settings who have experienced abuse and violence. More than half of women who have mental health problems have experienced abuse – and the links are particularly pronounced for those with more severe illnesses. Restraint is often carried out by male nurses, which compounds the fear and trauma of those women and girls who have histories of abuse and violence at the hands of men. Female patients' dignity is also at stake. Being physically held down and clothes pulled out of place, often in front of others, can be an extremely humiliating, as well as frightening, experience. As such, the use of restraint is unlikely to improve mental well-being in the short or long-term – and is likely to do the opposite. This is not to mention the well-documented physical dangers of face-down restraint, which can be life-threatening.

Women and girls are admitted to mental health units to get help. Hospitals should be caring, therapeutic environments, not places where physical force has become routine. The fact that some trusts appear to have almost eliminated physical restraint and to have stopped using face-down restraint altogether shows that change is possible, and alternative de-escalation techniques can and do work. We believe all trusts need to end the use of face-down restraint and other forms of physical restraint should be employed only as a last resort. Instead, women and girls' particular needs and experiences, including their history of trauma, must be taken into account in mental health services and support given to tackle the underlying issues they face.

Agenda is calling for:

1. The use of face-down restraint to be ended and other forms of physical restraint used only as a last resort.
2. Women and girls' particular needs and experiences, including their history of trauma, to be taken into account in mental health services and support given to tackle the underlying issues they face. This should include frontline NHS workers receiving training to understand that women's mental health, trauma and abuse are often closely linked.

¹³ Ibid

¹⁴ Holt, Alison & May, Callum. 2016. Face-down restraint continuing in mental health wards. *BBC News*. See here: <http://www.bbc.co.uk/news/health-37417132>

3. Women's needs to be explicitly considered in mental health policy and strategy including through the development of a national women's mental health strategy.
4. Every mental health trust to have a clinical lead for women's mental health and a women's mental health strategy. Every area should have dedicated, holistic women-only services to provide a safe, therapeutic space to address women's mental health needs and allow them to open up about their experiences.
5. 'Routine enquiry', where trained staff ask patients about women's experience of violence and abuse, should be standard practice across mental health services and be accompanied by proper support and pathways into care.