Rethink Mental Illness and Agenda joint briefing
Mental Health Units (Use of Force) Bill

Third Reading, House of Commons | 6th July 2018, 9.30am

Summary

We're writing to ask you to attend Third Reading of the Mental Health Units (Use of Force) Bill on Friday 6th of July.

This Bill has support from Government, the Opposition, and organisations across the mental health sector.

We appreciate the difficulty of attending Parliament on sitting Fridays, but there is a very real risk that the Bill will fall unless MPs like you attend.

Following the close passage of the Bill at Report Stage on the 15th of July, Agenda and Rethink Mental Illness have produced this briefing to encourage MPs to attend Third Reading on the 6th of July at 9.30am.

Your presence is vital to ensure the success of the Bill.

Agenda and Rethink Mental Illness believe this Bill would make significant differences in tackling the unjust, traumatic and dangerous use of force in mental health settings, particularly against vulnerable and disadvantaged groups including BME people, women and girls, and children and young people.

Thousands of women and girls are regularly and repeatedly physically restrained in mental health units every year. Not only is restraint frightening and potentially dangerous, it can also retraumatise women and girls who have experienced violence and abuse.

Thirty two women **died after experiencing restraint over a five year period**, between 2012/13 and 2016/17. Younger women made up a large number of restraint-related deaths, and more than a fifth of women who died were from Black, Asian and Minority Ethnic (BAME) backgrounds.

A recent Freedom of Information Act request by Norman Lamb MP revealed that thousands of service users were injured as a result of restraint in mental health units in 2016/17. 3,652 people were injured by the use of restraint by staff, in what are intended to be caring settings. This was the highest level of injuries ever reported.

What will the Bill do?

If passed, the Bill could lead to a significant reduction in the use of force in mental health units, including physical, mechanical, and chemical restraint, as well as isolation and seclusion. It proposes measures to:

- Improve training, including on the impact of trauma on a patient's mental health, and on de-escalation techniques, so practitioners can manage difficult situations without having to resort to the use of force.
- Improve data collection, so we can identify groups which are facing particularly high rates of restraint, including women and girls and BAME people.
- Increase accountability, including ensuring every hospital will have a policy on reducing force, and a named senior manager accountable for its implementation.
- Ensure police officers in mental health hospitals wear body cameras.

What happened at Report Stage?

The bill was scheduled to have its Report Stage and Third Reading on 15 June in the House of Commons. Although the Bill passed Report Stage, we were very disappointed that it ran out of time to pass Third Reading following very lengthy speeches from some members.

As you no doubt appreciate, unless there are 100 MPs available to back a closure motion then it is possible for one opponent to talk out a Private Member's Bill — even one with Government and Opposition support.

The use of restraint on women and girls

Thirty two women detained under the Mental Health Act died after experiencing restraint over a five year period between 2012/13 and 2016/17, according to figures obtained by Agenda. The data, originally gathered by the Care Quality Commission, suggests women were more likely to have restraint-related deaths than men. Younger women made up a large number of restraint-related deaths – 13 were aged 30 and under, compared to 4 men in that age range. More than a fifth of women who died were from BAME backgrounds.

Earlier research by Agenda found 4,078 incidents of face-down restraint used on women in 2017 compared to 3,938 incidents on men. That means women made up more than half of the incidents (51 per cent) of face-down restraint use despite women accounting for just 46 per cent of the patient population in those trusts. On average girls were more likely to be restrained than boys: nearly 1 in 5 girls (17%) admitted to CAMHS were restrained compared to 13% of boys. 8.1% of girls were restrained face-down, compared to 5.7% of boys. Girls were restrained face-down more than 2,300 times and some trusts reported an average of more than a dozen face-down restraints per female patient.

Several trusts appeared not to have used face-down restraint at all against girls *or* boys, showing that reducing and eliminating face-down restraint is achievable. A study of North West of England health trusts (Duxbury et al, 2016) showed the use of restraint reduction approaches reduced rates by a fifth overall in just over two years.

Women's mental health and trauma

Women and girls' mental health is often closely linked to experiences of violence and abuse, with more than half of women with mental health issues having experienced abuse. These links are particularly pronounced for those with more serious mental health conditions. It is in this context that many women find themselves admitted to mental health wards and subject to restraint.

Using physical restraint on a survivor of sexual or physical violence risks re-traumatising the patient. Restraint is often carried out by male nurses, which compounds the fear and trauma of those women and girls who have experienced 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 in many cases may well be actively damaging to women's mental health. 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 the use of force has become routine. We know that healthcare staff do a challenging job and sometimes need to make difficult decisions very quickly, but restraint should only be used as the last resort, and the use of face-down restraint should be ended.

Black and minority ethnic people in mental health units and restraint

Black and minority ethnic people are detained under the Mental Health Act at a rate of over four times the white population, and anecdotal evidence suggests that they are also disproportionately restrained in mental health units. The disproportionate rate of detention among BME people is rightly a cause of concern for the government. The tragic death of Olaseni Lewis, who died after being restrained by 11 police officers in a mental health unit, prompted this Bill and is just one example of how inpatient mental health treatment can rely on restraint and forced treatment to the detriment of involving people in mental health units in their care.

This Bill would make a significant difference in reducing restraint and provide impetus for providers to take meaningful steps towards eliminating the physical, mental, and social harm which the use of force causes in the lives of people receiving mental health treatment. The Independent Review of the Mental Health Act has indicated that it will go further in placing people who are detained under the Act at the heart of their own care and treatment, and both Agenda and Rethink Mental Illness will ensure that allowing and assisting people who are detained under the Act to make meaningful choices is at the core of any new mental health legislation.

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