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

Second Reading, House of Commons
3rd November 2017, 9.30am

Summary

Agenda, the alliance for women and girls at risk, and Rethink Mental Illness support the Mental Health Units (Use of Force) Bill. We believe the Bill would make a significant difference in tackling the unjust, traumatic, and dangerous use of physical restraint in mental health settings, particularly against vulnerable and disadvantaged groups including BME people, women and girls, and children and young people. The experiences of these groups, along with all people who have previously been detained under the Mental Health Act, their families, friends, and carers, also relate to issues wider than those in the Mental Health Units (Use of Force) Bill, and should be at the heart of the forthcoming Independent Review of the Mental Act, which should seek to enshrine people who are detained at the heart of their care and treatment.

With regard to this Bill, we hope that the requirement of mental health service providers to give information on the use of restraint, including records of the gender, age and ethnicity of the patient will improve our understanding of the excessive use of restraint, particularly against women, girls, and BME people.

Agenda's research on the use of restraint in mental health settings[i], the first to specifically analyse gender in this context, found the use of restraint against women and girls in mental health units is widespread. This is despite the fact that more than half of women who have mental health problems have experienced abuse. Not only is being restrained potentially dangerous, it is also frightening and humiliating and risks re-traumatising women and girls.

Restraint: the policy context

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".[ii] 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.[iii]

NICE (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). There are concerns that these inspections have been insufficient in reducing restraint.

The use of restraint on women and girls

Despite current guidance that restraint should be used as a last resort, and face-down restraint should be phased out, Agenda research found around 6,393 women and 7,508 men were physically restrained, and 6.3 per cent of women (1,937 and 6.9 percent of men (2,451) were restrained face-down in the financial year 2014-2015. 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.

On average girls were more likely to be restrained than boys - nearly 1 in 5 girls (17 per cent) 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 were likely to face this repeatedly – with some trusts reporting an average of more than a dozen face-down restraints per female patient.

Our research found significant variation in the use of restraint across trusts, with women and girls much more likely than men to be restrained in some trusts. In one mental health trust, more than half of female patients were physically restrained; in another, nearly three quarters of girls were restrained, with nearly a third restrained face-down.

Several trusts appeared not to have used face-down restraint at all against girls *or* boys. This shows that reducing and even eliminating face-down restraint completely is achievable. This is supported by a recent study by Duxbury et al (2016) of health trusts in the North West of England, where the use 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 their experiences of violence and abuse, with more than half of women with mental health issues having experienced abuse.[iv] 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 physical restraint.

Using physical restraint on a survivor of sexual or physical violence risks re-traumatising the patient. The use of face-down restraint can be particularly re-traumatising to women who may have been abused in this way. 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. We know that healthcare staff do a challenging job and sometimes need to make difficult decisions very quickly, but physical 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[v], 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, which prompted this Bill, is just one example of the ways that 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 a much-needed 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 forthcoming Independent Review of the Mental Health Act must go further, placing people who are detained under the Act at the heart of their own care and treatment, and it must ensure that allowing and assisting them to make meaningful choices is at the core of any new mental health legislation.

What can you do?

Agenda and Rethink Mental Illness are calling on MPs to support the Mental Health Units (Use of Force) Bill. We would be grateful if you would attend the second reading of the bill, on Friday 3rd November at 9.30am, and raise the particular issues facing women and girls in mental health facilities, including their experiences of violence and abuse.

We would also be grateful if you raised the need to address the underlying issues behind excessive use of force, particularly reforming the Mental Health Act to ensure that people who are detained are able to make meaningful choices about their care and treatment, so they are treated with dignity and respect.

About Agenda and Rethink Mental Illness

Agenda is an alliance of more than 80 organisations who have come together to campaign for change for women and girls at risk. Our members include mental health, homelessness, substance misuse and domestic violence charities who help women who face multiple and complex needs to rebuild their lives. 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. www.weareagenda.org

Rethink Mental Illness is a charity that believes a better life is possible for people affected by severe mental illness. Since 1972 we have brought people together to support each other. We run services and support groups that change people's lives and challenge attitudes about mental illness. We support almost 60,000 people every year across England to get through crises, live independently and realise they are not alone. We give information and advice to 500,000 more and change policy for millions. www.rethink.org

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[i] Agenda briefing on the use of restraint against women and girls, March 2017. Available here: http://weareagenda.org/wp-content/uploads/2017/03/Restraint-FOI-research-briefing-FINAL1.pdf

[ii] 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

[iii] 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

[iv] 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

[v] NHS Digital (2017) *Mental Health Act Statistics, Annual Figures: 2016-17, Experimental statistics.* Available here: https://digital.nhs.uk/catalogue/PUB30105