Mental Health Nurse Academics (UK)

Promoting and advancing UK Mental Health Nursing education, research, policy and practice

Mr Nik Payne

RCN Staff Lead

Royal College of Nursing

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Dear Nik

Re: Consultation on draft guidance on the minimisation of and alternatives to restrictive practices in health and adult social care, and special schools

Mental Health Nurse Academics UK brings together representatives from all UK Higher Education Institutions engaged in mental health nursing research and education. On behalf of this group I am writing in response to the RCN consultation on use of restrictive practices in health and adult social care and special schools.

Mental Health Nurse Academics UK welcomes the attention being given to this important area and supports the focus on establishing broad principles and shared values to guide future education, research, policy and practice. We agree that restrictive practices should be used only as a last resort when there is explicit, demonstrable evidence that all other interventions have failed. Restrictive practices should not be used to punish, humiliate or inflict pain under any circumstances. These phrases have no place in the lexicon of contemporary mental health nursing. The key principles should also state the need for people to be treated using the best available evidence, alongside dignity, compassion and understanding. Mental health nurses are experts in developing high quality therapeutic relationships and we see this as fundamental to establishing shared understandings of

individual needs. The emphasis must be placed squarely on prevention and creating a culture of care and compassion in service delivery.

We see the use of good quality robust evidence as being the cornerstone of improving mental health nursing practice and note recent evidence from the Safewards trial as an example of this. We are not as yet convinced that the wholesale transfer of the Positive Behavioural Support ideas into mental health settings has a sufficient evidence base. We recognise too that insufficient evidence exists on minimum staffing levels for settings dealing with conflict behaviours. Further research is also needed to evaluate initiatives aimed at anticipating and preventing challenging and aggressive behaviours. Our recommendation is that representations be made to funders (e.g. NIHR) so that further high quality evidence that involves people with experience of using services is commissioned to support developing practice.

The proposed values are on the whole commendable and a move in the right direction but we acknowledge that as yet they are untested. It is our view that 'involvement and participation' of service users and their carers should be the primary principle and hence elevated within the guidance. This principle is underpinned by an understanding of values based and person centred care which to be meaningful must be supported by appropriate educational opportunities for mental health nurses. Mental Health Nurse Academics UK supports the involvement of service users and carers as key partners in all aspects of education, research and evaluation and we would like to see this commitment clearly signalled in the guidance.

Registered mental health nurses provide high quality face to face care and it is therefore essential that these principles are underpinned, robustly, by a clear statement and guidance on the use of registered staff and minimum standards of care. It is our view that these principles will only work in conjunction with changes to standards for more robust regulation of the professionals and non-professionals providing the bulk of care. It would be appropriate to develop a Code of Practice for the use, reporting and reviewing of restrictive practices, to develop policy based on the guidance and to use a standard policy implementation framework to embed this into all health and social care settings.

We are on the whole against blanket bans on particular procedures for restrictive practices. We do not however support or condone the use of punitive practices that inflict pain or humiliate or punish individuals. We recognise practices that have been shown to be unsafe such as prone or face-down

restraint are a continued cause for concern. It is our view that selective, closely monitored use of prone restraint based upon an understanding of the evidence along with enhanced understanding of the warning signs that things are going wrong would be preferable to a blanket ban on this procedure. In short we see this procedure as being sometimes necessary but for use in exceptional circumstances and with the appropriate safeguards in place.

Reporting, recording and reviewing of restrictive practices needs to be a robust and transparent process. There should be a requirement for maintaining records of events and these should be reviewed by both internal and external (e.g. CQC) processes. There should be an emphasis on prevention and forward planning for example use of Advanced Statements and when these are not followed there needs to be clear evidence and commentary as to why. Where restrictive practice becomes necessary there should always be a debrief involving the wider multidisciplinary team and the service user and carer, preferably facilitated by a professional colleague external to the team involved. A system of 'critical friends' may be appropriate here with the emphasis on learning and improving practice for future events. The individual service user and where relevant family and carer involved should always be seen as part of the review process and their voice heard so that learning informs future planning for the person and the team.

MHNAUK supports the introduction of standardised educational programmes for instance in a similar form as the Improved Access to Psychological Therapies programme to Improve Access to Least Restrictive Practices. These should be programmes properly certified and standardised to ensure that the workforce is trained in evidence-based interventions that are shown to prevent conflict behaviours and to manage these as safely as possible when they do occur. We believe service users should be involved in these educational programmes. It would be relevant to consider mapping the use of such training in pre-registration curricula for nurses. Education and training opportunities must be extended to include support staff who should be required to have undergone a certificated training programme prior to working with 'vulnerable' groups.

In summary it is our considered view that guidance should clearly spell out a principle-based approach with intention of informing educational and research initiatives with the focus on improving care delivery. These principles may be summarised as follows;

1. Promote involvement
2. Plan for prevention

3. Do no harm
4. Show compassion
5. Preserve the relationship
6. Keep people safe
7. Use robust evidence
8. Report, record and review restrictive practices

Yours Sincerely

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