

**Use of Force:
Patient, Family and Carer Information**



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**Introduction**

Humber Teaching NHS Foundation Trust recognise the potentially traumatising impact the use of force can have on people. The Trust is committed to minimising the use of force through the promotion of positive cultures, relationships and approaches which understand the trauma history and triggers of individuals which will prevent escalation and any need to use force.

Trauma, personal and/or caused by the system, whether historical or current is a real issue for us to tackle as part of improving safe and positive care and reducing restrictive practices. We will work to deliver care that is trauma aware and sensitive to the impact of actual, potential, and vicarious trauma on the lives of everyone who encounters services, including those who work within it.

We will work to ensure that our processes and pathways do not re-enact peoples’ experiences of trauma, but promote safety and recovery. We will build and maintain cultures and atmospheres where both services users and staff feel supported, validated, and included.

We will prioritise creating safe spaces where teams are able to reflect on their own emotional responses to the work and process the experiences that can leave people feeling overwhelmed, stressed or distressed. In this way we can build and maintain teams that are compassionate, can work together consistently and take therapeutic risks and are able to put service users at the centre of their care planning.

Creating consistent psychological safety requires leaders who are themselves fully supported. Leaders have the biggest influence in creating and maintaining a psychologically safe culture within a staff group; they are in the best position to role model respectful compassionate relationships, valuing differences of opinions, challenging with thoughtful responses and making difficult decisions in compassionate ways. They can ensure that the expectations around team values and ethos can be held to account, and they can ensure that the team processes that need to be in place are given priority. If a service has compassionate leaders, the team feels connected and engaged with each other and with service users/patients.

The ward is a safe space. Our staff are trained to support you if you are experiencing a difficult or traumatic incident, offering you a duty of care by supporting your human rights. This guide aims to explore what can happen if you are involved, or witness, force by others. This includes informing your family, carers, or other important people in your life.

Ward staff will only use force as a last resort. If you have any concerns, please speak to a member of the team.

Information about additional services to contact are included at the end of this document.

**Use of Force – Physical Intervention**

Physical Interventions are only ever used as a last resort.

They are only ever used to protect you, or those in contact with you, from harm. The staff on your ward have undertaken training that has been certified by the Restraint Reduction Network (RRN) and BILD.

 **Staff Training**

Our staff training includes:

* Introduction to the RRN
* Human right-based frameworks
* Restrictive practices (see below)
* Three levels of strategies (starting with the least restrictive option and escalating to other strategies if that is not effective)
* Risk factors-safety in motion
* Trauma informed care**\***
* Law
* Post Incident Reviews
* Reporting

If you wish, you can view our training pack. Please ask a member of staff to support this request.

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**Restrictive Practices**

**What is a restrictive practice?**

Restrictive practice is defined as “making someone do something they don’t want to do or stopping someone from doing something they want to do”.

Source: [Skills for Care](https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Behaviours-which-challenge/A-positive-and-proactive-workforce.pdf).

**Examples of restrictive practice**

Examples include physical restraint, use of seclusion, a blanket rule such as a locked door to the ward, removing a patient’s possessions, delivering medication via injection without patient’s consent, controlling the amount of food a patient has access to, access to mobile phones, internet or other electronic devices, or the time someone can have off the ward.

**Why are restrictive practices used?**

Within a healthcare setting, the basis for all restrictive practices should be to prevent harm to the self or others. Restrictive practices must only be used when no other options are available.

**Working together to reduce restrictive practices**

Seeing use of a restrictive practice or being involved in a restrictive practice can be upsetting and frightening.

It is our role ensure any restrictive practice is used only if necessary and for the least time possible. Our goal is to work together with you to understand how you can be supported and ensure this is clearly documented in your Care Plan.

**Medication - Rapid Tranquilisation**

Staff who are trained in physical interventions are also trained in basic and immediate life support. Any medication you are asked to take will be discussed with you, why we are asking you to take it, and any possible side effects it might have on you. If medication is taken, you will be monitored by a member of staff.

There will be times when you will be offered urgent or emergency medication to support you if you are distressed or having feelings of trauma. Unless you specify your preferred way of taking medication, we will always offer it to you orally first. In some cases, this might not be what you want or it’s not safe for us to do, so we will consider using an injection to give the medication.

Using an injection to administer emergency or urgent medication will always be the last resort. Please talk to a member of staff about any concerns you have about this subject.

**Physical Restraint**

Physical restraint is 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.

There are four positions staff are taught:

* **Standing** – a person either side of you will hold your arms and talk you through the moment you are finding difficult
* **Seated** – two people will support you to sit in a safe place, one person either side of you, also sitting
* **Supine** – usually four people will hold you on the ground, you will be facing up, someone will be there to support you at all times
* **Prone**\* - usually four people will safely hold you in a position on the floor, you will be laying on your front and someone will be there to talk to you at all times

\*Prone restraint is only ever used as a last resort if physical restraint is necessary and will be avoided wherever possible.

At times, there will be more members staff around to support you and to observe that you are safe. If physical restraint is used, it will be for the minimum amount of time possible, and your wellbeing will be monitored afterwards.

The use of force is only ever used proportionately and as a last resort. It can never be used to cause pain, suffering, humiliation, or as a punishment.

If you want more information, please ask a member of staff.

**Safety Pods**

Safety pods are used in all of our mental health and learning disability units. They are large bean bags that can be used when you are in distress that is harming you or people around you.

The pod allows staff to support you without the need to be on the floor. It helps you to be in a position that makes breathing easier.

Some patients use the pod on their own to calm down when getting very sad or angry. This can be written into your Care Plan if you find it helpful.

**Physical Wellbeing**

It is important to us to monitor your physical wellbeing during and after a physical intervention. This means that:

* Staff who are trained in physical interventions are also trained in basic and immediate life support
* Staff will monitor your physical health during and after a restraint
* It is important that you feel comfortable to ask any questions or tell staff about how you are feeling at any time

**Seclusion**

Seclusion is defined as ‘The supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others’.

Source: The Mental Health Act Code of Practice, 26.103.

The decision to use seclusion will only be taken in your best interest, if your actions are causing a risk to others and there are no other options to keep you safe.

If interested, please ask a member of staff to show you the seclusion room (if it’s part of your ward) and to talk to you about the policies that regulate its use.

**Handcuffs**

Handcuffs are only used in Forensic Services, if required by the Ministry of Justice or from a Risk Assessment.

These would only ever be used outside of a unit, for example to attend Court or medical appointments.

Your health and wellbeing will be monitored whilst the handcuffs are in use. All uses of handcuffs are individually risk assessed, recorded in your notes and using our incident reporting system.

**Reporting**

We record any use of force by staff that is more than ‘negligible’ on an Adverse Incident form which is held in your medical record and on our incident reporting system.

The Mental Health Units (Use of Force Act) 2018 does not require reporting for acts of the use of force that are negligible, for example the use of touch to support walking, guiding by one member of staff for redirection, or support for daily living activities.

The Use of Force Act requires reporting and recording of force that is not negligible. This would include the following circumstances if:

* any form of chemical or mechanical restraint is used
* the patient verbally or physically resists the contact of a member of staff
* a patient complains about the use of force either during or following the use of force
* someone else complains about the use of force
* the use of force causes an injury to the patient or a member of staff
* more than one member of staff carried out the use of force

**Supporting Your Wellness and Recovery**

**LSE (Low Stimulus Environment)**

This includes quiet rooms, chill out rooms/bags and sensory support.

We all have different things that support us in difficult times. If you have wellness tools that help you, let us know and we will support you to continue with these.

If you are not sure what helps you in difficult times, we can work with you to develop a plan that works.

**Mindfulness techniques**

Mindfulness is something you might already use in your daily life. It’s a way of focusing on the moment through breathing and relaxation. Lots of people feel relief when using these techniques.

We can support you to develop your own way of using mindfulness.

**Post incident support and debrief**

If you are involved in any incident, you can expect that a staff member will speak to you, at a time that works for you. If this doesn’t happen, you can ask someone you trust to talk about what happened.

If you feel you need some extra support following an incident, you can ask for this from any staff member on your ward.

**Use of Force Policy**

The Mental Health Units (Use of Force) Act 2018 is embedded into our Use of Force Policy within the Trust.

The policy is reviewed every year. Restrictive practices are reviewed daily and there are local and Trust restrictive practice groups that monitor the level of restrictions that people may be subject to whilst on the ward.

If you would like a copy of this policy, or an opportunity to talk about it with a member of staff, please ask.

**Things you will have on the ward**

Some of the things you will have available to you when on the ward include:

* Nurses who will be your point of contact
* An Care Plan written specifically for you and your needs, which you can help us to develop when in our care
* Access to other professionals who can support you, including Occupational Therapists, Activity Workers and Social Workers
* Contact and involvement of family members and carers, if you want support to make decisions associated with your care
* Information about physical interventions, how they are used, assessed and reported on, available to you
* Conversations about any prior experiences you have with physical interventions and the preferred holds in any last resort scenario we may face in the future

**Your Feedback**

It is important to us that your voice is heard.

If you want to share your views, compliments or complaints about your time spent with us on the ward, you can speak to:

* Any member of ward staff
* Our complaints and feedback team (see details below)
* An external agency who can act as an advocate for you

**Our Complaints and Feedback team**

Telephone: 01482 303930

Email: hnf-tr.complaints@nhs.net

Letter: Complaints and Feedback Team, Trust Headquarters, Willerby Hill, Beverley Road, Willerby, HU10 6ED

**Your Rights to Advocacy**

When you are detained under the Mental Health Act (or ‘sectioned’), you have the right to help from an advocate, **unless** you are under one of these short-term sections: section 4, 5, 135, and 136.

You also have the right to an advocate if you are:

* subject to Guardianship or a Community Treatment Order
* a conditionally discharged restricted patient
* being considered for S57 or S58A treatment, or Electro-Convulsive Therapy

If you meet any of these criteria, you are entitled to an advocate, even if you are on leave of absence from the hospital.

**How can advocate can help?**

An advocate can support you to have your say in decisions about your health, care and wellbeing.

Advocates are independent professionals. They don’t work for the council, the NHS, or care providers. You don’t need to pay for an advocate.

You can get help from an advocate at any time you want to during your treatment.

The type of advocate you can get is called an ‘Independent Mental Health Advocate’. This is sometimes shortened to ‘IMHA’.

**What does an advocate do?**

An advocate can help you to:

* Understand your rights
* Understand your treatment and the reasons for it
* Say what care or treatment you want – and what you don’t want
* Talk to your care team about your needs
* Have your say at meetings about your care and treatment
* Speak to staff about any worries or problems you have
* Request leave if you are entitled to it

Advocates help to make sure that hospital staff listen to you. This does not mean that staff are required to always do everything you want them to, but an advocate can be someone who is on your side.

Advocates visit mental health wards on a regular basis and, by law, hospital staff must make sure you have access to an advocate should you express an interest to have one.

If you don’t agree that you should be in hospital, it’s important to speak to an advocate as soon as you arrive.

Advocates can also help you to:

* get a solicitor, who may be able to help you appeal your section
* prepare for Mental Health Tribunals and Hospital Managers’ Meetings
* complain if you are unhappy with your care or treatment

**How to get an advocate**

To get an advocate, please talk to a member of hospital staff. Some examples of local services include:

* Hull: Cloverleaf Advocacy Service
* East Riding: VoiceAbility Advocacy Service