

Restraint and confinement still an everyday practice in mental health settings

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Providers of mental-health services still rely on intervention techniques such as physical restraint and confinement to control some psychiatric hospital patients, a practice which can cause harm to both patients and care facilities, according to a new study from the University of Waterloo.

The study, which appears in a special [mental health issue](#) of *Healthcare Management Forum*, found that almost one in four [psychiatric patients](#) in Ontario hospitals are restrained using control interventions, such as chairs that prevent rising, wrist restraints, seclusion rooms or acute control medications.

"The latest findings show that the use of restraints and medications as control interventions is still an everyday practice in inpatient [mental health](#) units," said Professor John Hirdes, of the Faculty of Applied Health Sciences at Waterloo and senior author on the paper. He is also head of interRAI Canada, an international research network that develops mental health assessment tools.

The research reveals that Ontario health-care providers administer acute control medication to almost 20 per cent of psychiatric patients in order to manage dangerous situations.

"Control interventions are not ideal because they counter a patient-centered approach to care and can damage therapeutic relationships while further stigmatizing patients," said Tina Mah, lead author and vice

president of planning, performance management and research at Grand River Hospital. "There are also organizational implications of control interventions use including increased costs of care, reputational harm and exposure to potential litigation."

The study suggests that earlier detection of illness or deterioration would help avoid patient crisis and minimize the use of physical restraint, sedation or seclusion. In addition, health-care providers should not use control interventions when a psychiatric emergency is not present.

"Health-care leaders need to pursue more patient-centred approaches to the provision of mental health services. The Mental Health and Addictions Quality Initiative is a positive example of collaboration by hospitals to improve the quality of mental-health services, including in the area of control intervention use" said Mah.

The special issue of *Healthcare Management Forum* also reports that delays in transferring mental health patients out of hospitals and into other care settings costs the government an average of \$7,650 per patient. Francophone Ontarians are one third as likely to have daily contact with psychiatrists compared to English-speaking patients after controlling for a variety of other explanatory factors.

"While reducing expenditures is a priority in the current health-care climate, leaders need to be aware of the importance of making [mental-health services](#) equally accessible for all Canadians and protecting our most vulnerable citizens," said Professor Hirdes.

In 2005, the government mandated that all Ontario hospitals complete the interRAI's mental health assessment for all adult [patients](#) in psychiatric hospitals or units. The assessment tool helps mental-health professionals obtain a comprehensive overview of factors related to mental health in order to support the development of better care plans to

respond to the person's strengths, preferences and needs.

Provided by University of Waterloo

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