

Novel approaches needed: An experimental study on an alternative to mechanical restraint

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Apart from a few countries, mechanical restraint is widely in use worldwide. About 4 % - 10 % of psychiatric admissions are subjected to such measures. Mechanical restraint is regarded by patients as most humiliating and is considered to be the most intrusive measure regarding basic human rights (e.g. German Constitutional Court, 2018).

Seclusion

... is a frequently used alternative, but also with many drawbacks:

- considered not much less humiliating than mechanical restraint by patients (RCT Bergk et al. 2011, Steinert et al. 2013)
- 1:1 supervision (by window or monitor) difficult to realise
- difficulties to realise therapeutic relationship and contact
- difficulties to realise medical controls (e.g. blood pressure)
- difficulties to negotiate medication with the patient
- nurses in fear to enter and leave the room

Why do we see no novel approaches for so many years?

We need novel approaches on the background of

- Human dignity and human rights
- constant (or even rising) use of s&r
- efforts to substantially and sustainably reduce s&r having failed basically

Or should we simply wait until coercion has disappeared or will be banned completely?

Experimental Study

- Self-experience by experienced de-escalation trainers and nurses on acute psychiatric wards (n=10)
- Producing a demonstration video
- Showing the video to former in-patients who had been subjected to mechanical restraint (n=6)
- qualitative interviews according to interview guideline:
 - possible risks for patients
 - possible risks for staff
 - types of patients for whom the measure could be appropriate
 - ethical assessment: Human dignity
- qualitative content analysis

Results: Professionals

(9m, 3w, 35-57 y., 4-33 y. professional experience)

1. Possible risks for patients

- Risk of falls
- Hurting back or joints by strong movements with the bags
- Strangling (but to be prevented by 1:1 supervision)

Quotation examples:

"If the risk of falling is even higher in intoxicated people and they fall over something or they want to get up out of carelessness and then forget to do so because they are not concentrating and fall, then they have no mechanism to catch themselves. Especially if it's someone else who is at risk, you're not close enough to catch him, so there's a danger that he could hurt himself and then possibly hit his face head on."

"You have to look carefully to see to what extent you can prevent her from hurting herself with these bags, maybe she can try to strangle herself".

Results: Professionals

2. Risks for Staff

- Assault with the bag (avoidable through adequate weight or series connection, no handles).
- Back damage during transport. Reasoning about shape, water and dirt-resistance, handles

Quotation examples:

"...use it as a weapon in a way and throw it at someone or attack them with it".

"Well, if you put enough weight on the patients, I think they would already be well immobilised, so depending on whether you do one on one or two limbs, clearly the radius is then already such that you could hit, but you can always keep a safe distance if you work a bit ahead "

"Otherwise there might be some accidents at work with back problems".

Results: Professionals

3. For which type of patients?

- Dangerous behaviour towards others in psychotic states, in severely mentally impaired people, possibly in severely self-injuring people with personality disorder
- Concerns in severe intoxication and delirium

Quotation examples:

"...We started to sweat. Exactly, so I can imagine that especially with agitated psychotics, I can imagine that very well."

"but to reduce tension, those who inflict pain and wounds on themselves, you would have to weigh it up, yes, that would perhaps also be something that you could discuss with the patient".

Results: Professionals

4. Ethical Assessment

- Human Dignity better respected compared to mechanical restraint
- But: Training required, indications to be developed, new considerations and deliberations to be developed

Quotation examples:

"Sitting down, I can do everything at my own speed, turn right and left, theoretically go on the toilet, many things were possible and yet my movement was restricted, I found that very impressive, because I think a 7-point restraint like that is another level that I experience as much more drastic"

"You have an association that it's a bit like the iron ball on the foot and reminds you of the convict camp. But actually restraint is much more restrictive and humiliating. In this respect, it is a milder means in comparison. I think it's very good that people are thinking about such alternatives and would like to try it out if it were possible."

"I think it is more difficult for the employees to have more room for manoeuvre, which means more choices, also the possibility of being wrong sometimes."

Results: former patients

(4w, 2m, 33-55 y., 4-ca. 100 admissions, 1- ca. 100 restraints)

1. Risks for Patients

- Patienten saw few risks generally

Quotation example:

"Well, I have already thought about it, I see the risks more in the restraint and not in this method, I think this method is very good and I don't really see any risks there".

Results: former patients

2. Risks for Staff

- Violent assault with the bag (avoidable through appropriate weight or application of two backs in series)

Quotation example:

"...and then, so with a 30 kg bag like that, you can still hit if you're really really psyched".

Results: former patients

3. For which type of patients?

- Few specified statements

Quotation examples:

"I worked in geriatric care for a while and I think it would be a good option. Then I would say lighter bags, somehow, that they just notice that it's nothing bad".

"Yes, with some patients, i.e. psychotics, I can well imagine with them when they become aggressive."

Results: former patients

4. Ethical Assessment

- Human dignity better respected compared to mechanical restraint
- very critical comments on mechanical restraint

Quotation examples:

"That's why I find this alternative a thousand times better from my point of view, that I wouldn't have these choking attacks because I could sit and wouldn't have to lie on my back"

"I speak for all victims of abuse and I don't think there is an exception, that this fixation on the back.... It is already from the situation alone, I can protect myself much better sitting down...in any case the better alternative to fixation. For me personally, fixation was really re-traumatising again and that wouldn't be so blatant."

"Exactly, you're not tied down on a bed and then facing lethal injection or something. That's much more pleasant here. Because it's a different association."

"I think I could handle it better personally"

"It was a very, very bad situation at the time and for me, I think restraint is the last method that should be used"

"I find fixation completely inhumane. I find these bags more humane. Yes, I find seclusion even worse, because then you are really locked up in a room all alone."

"...and I find the method with the bags simply better, you have complete freedom of movement, you can sit down, you can scratch yourself and of course you can also go to the toilet."

"Compared to the normal fixation, definitely more humane"

Discussion?

Consequences?