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Physical restraint use : an integrative review about the potential psychological and physical harm for mental health in-patients

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Type	Conference or Workshop Item
URL	This version is available at: http://usir.salford.ac.uk/id/eprint/44558/
Published Date	2017

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Title

Physical restraint use: an integrative review about the potential psychological and physical harm for mental health in-patients.

Aim

The aim of the Integrative review was to explore the physical and psychological harm of physical restraint upon mental health in-patients'

Objective

To appraise and summarise the available literature regarding physical restraint practice, highlighting any physical or psychological harm caused to mental health in-patients, as a result of its use.

Methods

An integrative review was used to identify experimental and non-experimental research on physical restraint practice relating to the psychological and physical harm caused to mental health in-patients

The databases searched were CINAHL, EMBASE, Psych Info, MEDLINE and Cochrane. Terms were defined and an inclusion/exclusion criteria applied, based on the research aim. Professional networking, Author Searching, Hand and Journal searching were also employed. Studies published from 2000 to April 2016 were included in this review.

In total, eight articles were included in the final analysis; one quantitative, two mixed methods and five qualitative. Papers that met the inclusion criteria were then appraised using the Critical Appraisal Skills Program (CASP) tools. Papers were then evaluated using Walsh and Downe's, 2006 Quality Summary Score; this gives ratings from A to D against any flaws in the papers. D rated papers are considered of poor quality and therefore a decision was made to remove any papers which were assessed as D rating at this stage. No papers were rated as D, meaning that all papers at this stage were included in this review. Three reviewers' quality assessed and appraised the papers, using constant comparison to allow for themes, patterns and variations to emerge.

Results

In total eight main themes emerged, which were significant to this review and focused on physical or psychological harm for mental health in-patients who have experienced physical restraint. These were: - Trauma/re-traumatisation; Distress; Fear; Feeling ignored; Control; Power, Calm; and In-humane conditions. The findings were discussed as part of the review. Although individual themes emerged, several were found to be inter-related and the subtle nature of this inter-play was also explored within the review.

Conclusion

Overall the emerging themes from this review suggest that physical restraint can and does lead to physical and/or psychological harm for mental health in-patients. The harm is experienced before, during and following restraint, and in the latter for some significant time. Being restrained can intensify tension and fear about future interventions, and additionally the staff-patient relationship becomes compromised. Coercive practices such as this, are highly controversial and raise questions about the cultures of organisations, as well as the attitudes of staff.

Educational goals

By the end of the workshop individuals will:-

- Have gained an understanding of physical restraint from a mental health in-patient perspective
- Be able to consider different interventions in restraint reduction