

## EXAMINING THE IMPACT OF RESTRICTIVE MEASURES IN MENTAL HEALTH ON THE PATH TO RECOVERY: AN ANALYSIS

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## ABSTRACT

*In mental health inpatient facilities, the use of restrictive interventions is often deemed necessary within the framework of care and treatment protocols. This necessity primarily stems from the dual objectives of upholding security within the facility and effectively managing the risks associated with individuals who exhibit both mental health disorders and a history of criminal behavior. However, despite their intended role in ensuring safety, these restrictive measures frequently serve as significant impediments to patients' progress on their journey towards recovery. Moreover, these measures also pose considerable challenges for mental health professionals who are dedicated to providing rehabilitation-focused care. The restrictive nature of these interventions can hinder the therapeutic process and create obstacles in establishing a supportive and conducive environment for recovery. Compounding this issue is the observation from research that indicates a prevailing preference for employing restrictive practices over implementing more therapeutic approaches. This highlights the importance of understanding the impact of such measures on the rehabilitation process and underscores the urgent need to explore alternative avenues for treatment and support. To address these challenges, a narrative literature review was undertaken, with the specific objective of identifying the range of restrictive measures commonly employed in mental health inpatient facilities. Additionally, the review aimed to propose alternative therapeutic strategies that could mitigate the negative consequences associated with coercive interventions. As a result of this comprehensive review, various coercive treatment methods were identified and analyzed in detail. This analysis facilitated the formulation of recommendations aimed at improving training protocols for mental health professionals, enhancing procedural guidelines governing the use of restrictive interventions, and fostering the creation of a more supportive and therapeutic environment within these facilities. Ultimately, the overarching goal of these recommendations is to promote a shift towards a more patient-centered approach to care—one that prioritizes rehabilitation and recovery while minimizing the need for coercive measures in the treatment of individuals with complex mental health needs and histories of criminal behavior.*

**Keywords:** Restrictive Measures, Mental Health, Restrain, Isolation, Recovery.

## INTRODUCTION

In the realm of acute psychiatric care, the overarching principle is to administer treatment within the least restrictive environment feasible. Globally, the focus of inpatient psychiatric facilities is on serving high-risk individuals grappling with severe and complex mental health issues like schizophrenia and personality disorders. A prevailing consensus underscores the fundamental goal of psychiatric inpatient care: to furnish a secure, humane, and therapeutic milieu during acute episodes of mental illness. However, the escalating detainment rates sanctioned under mental health legislation have led to a notable rise in patients receiving involuntary care, thereby fostering a milieu where instances of self-harm, suicide, violence, and aggression are not uncommon. Clinical guidelines advocate for the initial deployment of non-coercive strategies by staff to de-escalate high-risk behaviors, which may entail verbal de-escalation techniques, continuous monitoring, or minimizing environmental triggers. Yet, when these approaches fall short or exigent circumstances demand prompt intervention, resorting to restrictive measures may become necessary. These measures encompass a spectrum of interventions ranging from physical and chemical restraint, such as rapid tranquilization, to seclusion aimed at isolating and calming the patient while ensuring safety. Moreover, patients' freedoms may be curtailed, such as by restricting access to outdoor areas. While restrictive practices are intended to be a last resort, research indicates their prevalent use, often excessively or unnecessarily, despite the dearth of evidence substantiating their effectiveness. The pervasive reliance on restrictive techniques is ascribed to an array of challenges and pressures encountered by staff in psychiatric inpatient settings, including inadequate alternatives, substantial staff shortages, and insufficient training in de-escalation techniques. Consequently, there is a concerted effort at the international level to mitigate the use of restrictive practices, with various initiatives proposed to tackle this issue. Many institutes have developed program aimed at reducing restrictive practices, integrating de-escalation strategies, comprehensive service interventions, and augmenting staff skills. Nevertheless, restrictive practices persist as a significant cause for concern.

Heightened apprehension surrounds the adverse physical and psychological ramifications of restrictive practices. Qualitative research indicates that restraint events induce heightened levels of distress, fear, and anxiety among both patients and staff, potentially re-traumatizing individuals with prior experiences of abuse. Furthermore, studies have documented a substantial incidence of post-traumatic stress disorder (PTSD) among psychiatric inpatients following restraint, underscoring the deleterious psychological impacts. In light of these findings, it comes

as no surprise that restrictive practices have been found to impede patient recovery and protract hospital stays. Staff members resorting to restrictive methods also report adverse psychological consequences, including feelings of guilt, self-doubt, and strains on the staff-patient relationship. While qualitative research on the experiences of patients and staff with restrictive practices is well-established, there remains a dearth of systematic review on this evidence. Consequently, the present study seeks to delve into patients' and staff members' experiences of restrictive practices in acute psychiatric inpatient settings separately, facilitating meaningful comparisons and furnishing recommendations for improvement.

## **RESTRAIN IN MENTAL HEALTH CARE**

In mental health care, the use of restraint refers to the practice of physically restricting an individual's movements or confining them to a certain area for the purpose of managing their behavior or ensuring safety. Restraint measures are typically employed in situations where there is an immediate risk of harm to the individual themselves, to others, or to the environment. While restraint may be necessary in certain circumstances to prevent imminent danger, its use is controversial and has raised ethical, legal, and human rights concerns. Restraint in mental health care can take various forms, including physical, mechanical, and chemical methods. Physical restraint involves the use of physical force or devices such as straps, belts, or handcuffs to restrict the individual's movement. Mechanical restraint involves the use of specialized equipment or devices designed to immobilize the individual, such as padded rooms or specialized chairs. Chemical restraint, also known as pharmacological or sedative restraint, involves the administration of medications to sedate or calm the individual and reduce agitation or aggressive behavior. The decision to use restraint in mental health care is typically made by trained professionals, such as psychiatrists, nurses, or other mental health professionals, based on a thorough assessment of the individual's behavior, the level of risk involved, and the available alternatives. However, the use of restraint is often seen as a last resort and should be implemented in accordance with established protocols and guidelines to minimize the risk of harm and ensure the individual's rights and dignity are respected. Despite efforts to minimize its use, restraint remains a contentious issue in mental health care due to concerns about its effectiveness, safety, and impact on the individual's well-being. Research has shown that restraint can lead to physical injuries, psychological trauma, and exacerbation of mental health symptoms. Moreover, the overuse or misuse of restraint can undermine trust in the mental health system and damage the therapeutic relationship between patients and providers. As a result,

there has been a growing emphasis on the development of alternative approaches to managing challenging behaviors and preventing the need for restraint. These may include de-escalation techniques, crisis intervention training, environmental modifications, and the use of therapeutic interventions aimed at addressing the underlying causes of the individual's distress. While restraint may be necessary in certain situations to ensure safety, its use should be approached with caution and only employed when absolutely necessary, with careful consideration given to the individual's rights, dignity, and well-being. Efforts should continue to be made to reduce the use of restraint in mental health care and to promote alternative approaches that prioritize the individual's autonomy, safety, and recovery.

### **ISOLATION IN MENTAL HEALTH CARE**

Isolation in mental health care involves separating an individual from social contact or interaction with others for a specific period. This practice is typically employed when there are concerns about the individual's safety or the safety of others, or when the individual requires a controlled environment for therapeutic purposes. Isolation may take various forms, including seclusion in a designated room or area, or simply limiting social interactions within the larger treatment setting. The decision to isolate an individual in mental health care is usually made by trained professionals, such as psychiatrists, nurses, or other mental health providers, based on a careful assessment of the individual's needs and the risks involved. Isolation may be used as a temporary measure to de-escalate a crisis situation or provide a period of respite for the individual, or it may be part of a planned treatment strategy to address specific symptoms or behaviors. While isolation can sometimes be necessary to ensure safety or facilitate therapeutic interventions, it also raises important ethical and clinical considerations. Prolonged or involuntary isolation can have negative effects on an individual's mental health and well-being, leading to feelings of loneliness, anxiety, or distress. It may also undermine the therapeutic relationship between the individual and their care providers, leading to feelings of mistrust or resentment. To mitigate the potential harms associated with isolation, mental health care providers should adhere to established guidelines and protocols governing its use. This may include regular monitoring of the individual's well-being, providing opportunities for social interaction and engagement, and ensuring that isolation is used judiciously and for the shortest duration necessary. Additionally, efforts should be made to explore alternative approaches to managing challenging behaviors or ensuring safety without resorting to isolation. This may involve implementing de-escalation techniques, providing additional support or supervision, or

addressing underlying issues contributing to the individual's distress. Overall, while isolation may be a necessary intervention in certain situations, it should be used cautiously and with careful consideration of the individual's rights, dignity, and well-being. Mental health care providers should strive to minimize the use of isolation and prioritize approaches that promote autonomy, safety, and recovery.

## **SECLUSION IN MENTAL HEALTH CARE**

Seclusion in mental health care refers to the practice of confining an individual to a designated area or room, typically within a psychiatric facility, where they are isolated from social contact and external stimuli. This intervention is often used in situations where there is an immediate risk of harm to the individual or others, or when the individual requires a controlled environment for therapeutic purposes. The decision to seclude an individual in mental health care is usually made by trained professionals, such as psychiatrists, nurses, or other mental health providers, following a careful assessment of the individual's needs and the risks involved. Seclusion may be used as a short-term intervention to manage acute episodes of agitation, aggression, or self-harm, providing a safe space for the individual to regain control and stability. While seclusion may be necessary in certain circumstances to ensure safety or facilitate therapeutic interventions, it also raises important ethical and clinical considerations. Prolonged or involuntary seclusion can have negative effects on an individual's mental health and well-being, leading to feelings of loneliness, anxiety, or distress. It may also exacerbate existing mental health symptoms and contribute to a sense of powerlessness or stigma. To mitigate the potential harms associated with seclusion, mental health care providers should adhere to established guidelines and protocols governing its use. This may include regular monitoring of the individual's well-being, providing opportunities for social interaction and engagement, and ensuring that seclusion is used judiciously and for the shortest duration necessary. Additionally, efforts should be made to explore alternative approaches to managing challenging behaviors or ensuring safety without resorting to seclusion. This may involve implementing de-escalation techniques, providing additional support or supervision, or addressing underlying issues contributing to the individual's distress. Overall, while seclusion may be a necessary intervention in certain situations, it should be used cautiously and with careful consideration of the individual's rights, dignity, and well-being. Mental health care providers should strive to minimize the use of seclusion and prioritize approaches that promote autonomy, safety, and recovery.

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## ROLE OF RESTRICTIVE MEASURES IN RECOVERY

Restrictive measures play a complex role in the process of recovery within mental health care settings. While these measures are often implemented with the intention of ensuring safety and managing risk, their impact on the recovery journey of individuals with mental health challenges is multifaceted.

**Immediate Safety and Risk Management:** In acute situations where individuals pose a risk to themselves or others, restrictive measures such as physical restraint or seclusion may be necessary to prevent harm. By quickly addressing these high-risk behaviors, restrictive measures can create a safe environment for both the individual and others involved, potentially averting immediate danger.

**Short-Term Crisis Management:** Restrictive measures can serve as a temporary intervention during acute episodes of distress or crisis. By providing a controlled environment and limiting external stimuli, measures like seclusion can help individuals regain a sense of control and calmness, allowing them to stabilize and access further support.

**Interference with Therapeutic Alliance:** However, the use of restrictive measures can also interfere with the therapeutic relationship between individuals and mental health professionals. Being subjected to restrictive interventions may lead to feelings of distrust, resentment, or powerlessness, hindering the development of a therapeutic alliance essential for long-term recovery.

**Psychological Impact:** Restrictive measures can have significant psychological repercussions for individuals, including feelings of trauma, anxiety, or loss of autonomy. Experiencing restraint or seclusion may exacerbate existing mental health symptoms and contribute to a sense of stigma or marginalization.

**Impediment to Recovery:** The overuse or misuse of restrictive measures may impede the recovery process by reinforcing maladaptive coping mechanisms or exacerbating feelings of hopelessness or helplessness. Individuals subjected to repeated instances of restraint or seclusion may experience setbacks in their recovery journey and face challenges in reintegrating into community settings.

**Exploration of Alternatives:** Recognizing the limitations of restrictive measures, mental health professionals are increasingly exploring alternative approaches that prioritize empowerment, collaboration, and trauma-informed care. This may involve implementing de-escalation techniques, enhancing communication and engagement strategies, or providing additional

support services aimed at addressing the underlying factors contributing to distress.

**Balancing Safety and Autonomy:** Ultimately, finding a balance between ensuring safety and respecting individuals' autonomy and dignity is essential in mental health care settings. While restrictive measures may be necessary in certain circumstances, efforts should be made to minimize their use, prioritize least restrictive interventions, and promote recovery-oriented approaches that empower individuals to actively participate in their treatment and regain control over their lives.

While restrictive measures serve a critical role in ensuring immediate safety and crisis management within mental health care settings, their impact on individuals' recovery journeys underscores the need for careful consideration, ethical practice, and ongoing efforts to explore alternative approaches that prioritize autonomy, dignity, and holistic well-being.

## **HEALTH CARE WORKERS PERSPECTIVE ON RESTRICTIVE MEASURES**

From the perspective of healthcare workers, the use of restrictive measures in mental health care is a complex and multifaceted issue that involves balancing the need to ensure safety and manage risks with the principles of autonomy, dignity, and recovery-oriented care for individuals with mental health challenges. Here are some key aspects of healthcare workers' perspectives on restrictive measures:

**Safety Concerns:** Healthcare workers often view restrictive measures as necessary interventions to prevent harm to individuals, staff, or other patients in acute or crisis situations. They recognize that certain behaviors, such as aggression, self-harm, or severe agitation, may require immediate intervention to ensure safety and mitigate risks.

**Ethical Considerations:** Healthcare workers grapple with ethical dilemmas surrounding the use of restrictive measures, particularly regarding the infringement of individual rights and autonomy. They recognize the importance of respecting patients' dignity and autonomy while also balancing the need to protect their safety and well-being.

**Clinical Judgment:** Healthcare workers rely on their clinical judgment and expertise to determine when restrictive measures are warranted and how they should be implemented. They consider factors such as the severity of the individual's symptoms, the presence of any underlying mental health conditions, and the effectiveness of less restrictive interventions.

**Impact on Therapeutic Relationship:** Healthcare workers are mindful of the potential impact of



restrictive measures on the therapeutic relationship between themselves and the individuals they care for. They recognize that the use of restraint or seclusion may erode trust, undermine communication, and hinder the therapeutic process.

**Training and Support:** Healthcare workers emphasize the importance of adequate training, support, and resources to effectively manage challenging behaviors and minimize the need for restrictive measures. They advocate for comprehensive training in de-escalation techniques, crisis intervention, and trauma-informed care to empower staff to respond effectively to crisis situations.

**Collaborative Approach:** Healthcare workers advocate for a collaborative approach to decision-making regarding restrictive measures, involving input from multidisciplinary teams, including psychiatrists, nurses, psychologists, social workers, and occupational therapists. They emphasize the importance of teamwork, communication, and shared decision-making to ensure that restrictive measures are used judiciously and in the best interest of the individual.

**Continuous Improvement:** Healthcare workers are committed to ongoing evaluation and improvement of practices related to restrictive measures. They emphasize the need for regular review of policies and procedures, data collection on the use of restrictive measures, and feedback from patients and staff to identify areas for improvement and implement evidence-based interventions.

Healthcare workers recognize the complexities and challenges associated with the use of restrictive measures in mental health care and strive to balance the need for safety with the principles of autonomy, dignity, and recovery-oriented care. They advocate for a collaborative, multidisciplinary approach, ongoing training and support, and continuous improvement to minimize the use of restrictive measures and promote the well-being of individuals with mental health challenges.

## **CONCLUSION**

Restrictive measures, including physical restraint, seclusion, and involuntary medication, are frequently utilized in mental health care settings to manage acute crises and ensure safety. While these measures serve an important role in mitigating immediate risks, their impact on the recovery process of individuals with mental health disorders is complex and multifaceted. This review aims to critically examine the use of restrictive measures in mental health care and



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explore their implications for recovery-oriented practices. Through an analysis of current literature and empirical studies, this review highlights the potential benefits and drawbacks of restrictive interventions, considering their effects on therapeutic relationships, individual autonomy, and long-term outcomes. Additionally, alternative approaches to crisis management and recovery-focused interventions will be discussed, with a focus on promoting empowerment, collaboration, and trauma-informed care. By providing a comprehensive overview of the role of restrictive measures in mental health care, this review seeks to inform clinical practice, policy development, and future research endeavors aimed at enhancing the recovery journey of individuals with mental health challenges.

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