

The use of restrictive practices with people with diminished capacity in care settings

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1. Background

- In 2015, the Mental Health Act Code of Practice called for mental health services to reduce using restrictive interventions such as seclusion, restraint and tranquillisation. Alongside commonly used practices such as restricting access to outdoor spaces.[1]
- They are used due to challenging behaviour caused by unmet needs, diagnostic overshadowing and communication difficulties. [2]
- As the population grows, so will the amount of people with dementia and/or delirium, and therefore more people being potentially restricted.

4. Aim

To explore the extent of restrictive practices and the values underlying their use and justification. As well as capture people's experiences of living and working in a care setting where restrictive practices are commonly used.

2. Existing research

Nurses made 90% of the decisions to apply restraints. [3]

Restrictive practices cause harmful physical and psychological effects for both staff and patients.[4]



An interdisciplinary study

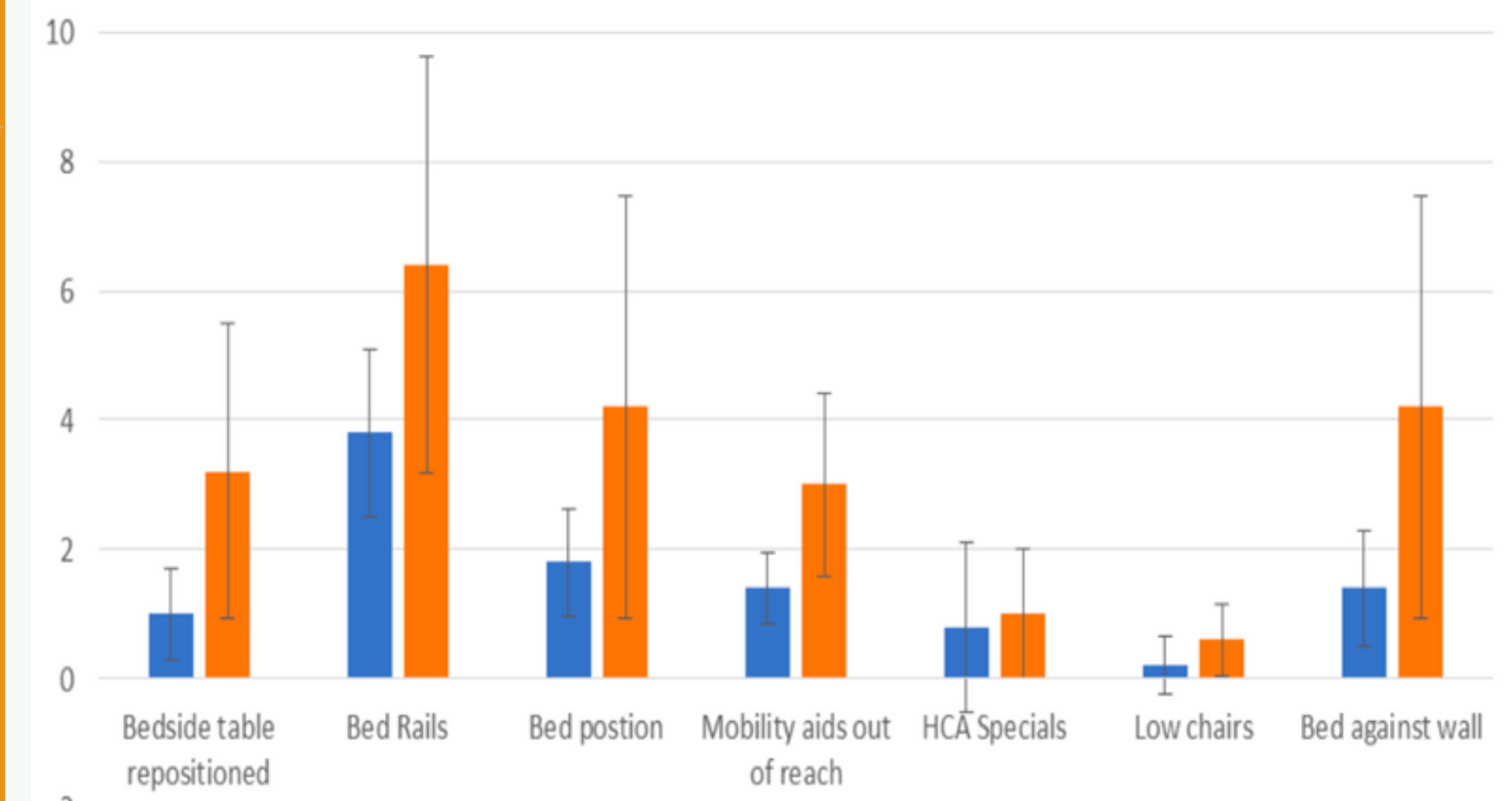


Figure 1: Average number of restraint instances per ward. [5]

3. Current research Gap

- Studies that specifically focus on individuals with dementia and/or delirium.
- The impact and extent in which restrictive practices were used throughout the COVID-19 pandemic.
- A study that uses the data from patient and staff experiences alongside observations within care settings to create a decision-making framework.

6. Interdisciplinary study design



5. Objectives

Objective 1: How widespread are restrictive practices involving people with diminished capacity (dementia or delirium) in care homes and general hospital wards?

Objective 2: What is the experience of being restricted like for someone with diminished capacity?

Objective 3: What is the emotional experience of being in a setting where restrictive practices are being used?

9. IMPACT

Objective 4: To form a framework of shared values to guide decisions about restrictive practices and when (if ever) it may be acceptable to use them?



Discipline: Law

Method: Literature review of legal documents

- Medical law documents will be reviewed and triangulated with data from the ethnographic study.
- Observations will be used to inform whether human rights laws are being followed.

7. Disciplines

Discipline: Anthropology and Sociology (Theory and Methods)

Discipline: Medicine (Geriatric medicine and Psychiatry)

8. Methods

Method: Ethnography-In-depth semi- structure interviews

Method: Ethnography- participant observation (PO)

Sample: Individuals with dementia and/or delirium

Stakeholders involved in either directly (e.g. nurses) or indirectly (care home managers) implementing restrictive practices.

Recruitment: Recruited via study sites and the snowballing method. Study sites will be in Scotland.

Theory: Theories on emotion management (sociology) and moral emotions (psychiatry) will be applied.

- For staff - A narrative approach will be used in the beginning.
- Data analysis will begin early in the data collection stage, so any issues can be identified. [6]
- Interviews will be conducted until data saturation occurs.

- PO is a method central to anthropology and will be used to step into the medical and care environment to understand how those with diminished capacity function within these settings.

- Observations will aim to identify how widespread restrictive practices are used within these settings and capture people's experiences, including their emotional responses to being restricted or implementing restrictions.

9. Impact

Data from interviews will be used to inform medical education tools (i.e workshops) outside of objective 4.

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References



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