



Birmingham and Solihull **NHS**
Mental Health NHS Foundation Trust

Welcome to Ardenleigh

Use of Force Leaflet



Young People and Carers Leaflet



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Secure CAMHS Young Person Information Leaflet on The Use of Force Act 2018

Introduction

We aim to provide a calming and recovery focused environment on the wards within secure CAMHS. Our wards are a safe space where you can make positive progress to grow and develop skills to help you to be discharged from hospital safely. The teams on our wards are trained and skilled to help you with your mental health and physical wellbeing. They are also trained to be able to keep you and others safe whilst making sure that your human rights are respected. If you want further information about this, please speak to a member of the team.



This leaflet is about what is available to support young people who are distressed on the wards, including what is meant by 'use of force'. We hope by raising this topic we can avoid ever having to use force whilst you are in hospital.

Interventions that require a 'use of force' should be last resort and there are lots of other strategies and plans that can be used with staff and young people to try to minimise the use of force. Some useful information is included later in this leaflet.

The staff team will only use force as a very last resort. We want to be open and honest with you and hope that we can work together to never have to use force. Many support systems are in place at Ardenleigh to help reduce the need for the use of force, like the Positive Behaviour Support (PBS) Plan that every young person has. Your PBS will be completed with you during the first few weeks of your admission by your keyworker with input from members of the MDT.

On Admission you will be asked by your keyworker to complete a Positive Behaviour Support (PBS) Plan. Within this plan you will be asked to let us know about -



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- * what helps you remain calm and well
- * how you react to stressful things
- * how you want staff to help you during those times
- * as a last resort, how you would prefer to be cared for if the use of force is needed.

With your permission we also like to include your family and carers views or anyone you think would be helpful to speak with to get their input for your plan, as often they know what helps you when you are distressed. Following admission we will also attempt to involve parents and carers in an agreed communication plan, so that everyone is clear about how and when your parents/ carers are informed about times when there has been use of force

You can ask to discuss this plan at any point while you are in hospital with any members of your team and the nursing team.

What is Force?

Force is only ever used as a last resort. The interventions that are classified as force that are recognised under the Act are –

- * **Physical Restraint** - This is any time a staff member puts their hands on you to take control of your movement. Staff will always work with you to avoid this happening, but sometimes it might be necessary to keep you or those around you safe from harm

There are different kinds of physical restraint -

- o **Seated**, when two people will support you to sit in a safe place, one person either side of you, also sitting.
- o **Standing**, a person either side of you will hold your arms and talk you through the moment you are finding difficult.
- o **Prone**, usually four people will safely hold you in a position on the floor, you will be laying on your front and someone will talk to you at all times. There is a national drive not to use this position however we know some young people prefer this position and therefore this is important this is included in advanced statements and PBS Plans.
- o **Supine**, usually four people will hold you on the ground, you will be facing up, again, someone will try to support you at all times.



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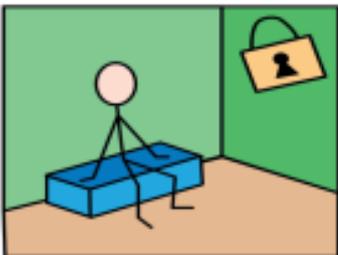
Advice - Some people can find some of these positions are not support and increase distress it is important that this is included in your PBS Plan so that staff are aware to try and avoid or minimise the length of time in this position to minimise any further distress.

- * **Rapid Tranquilisation** – This medication that can be offered to support you when you are struggling with difficult emotions. If you are able to, we will offer you medicine in tablet form. If you are very distressed, we might feel an injection (IM medication) of the same medication is the best option (e.g. if you are too distressed to take a tablet when offered). These medicines are not given often to people, and we will always try and work with you to reduce distress without medicines when possible.



Advice - Some people have a preference of the site they would like to have the injection medication administered into – staff are able to administer medication into the top part of your bottom, your thigh or your arm – not all medications can be administered into your arm. It is important that you express in your PBS Plan what your preference of site and medication in the event that staff feel you may require IM medication.

- * **Seclusion** - This is a special room which is a safe space for people who are facing extreme emotional distress that also poses a risk of harm to others around them. It is a low-stimulus room which doesn't have many things in it and which can sometimes be adapted to support the person. You will be locked in the seclusion room and staff will be outside of the room observing you at all times. You will be able to communicate with them but will not be able to leave the room until the clinical staff feel that you are safe to come out. There will be regular planned nursing, medical and team reviews throughout the day



While in seclusion you have rights, it is important that while you are in seclusion you are aware of your rights and seek support from the Advocate.



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Advice – Some people have used seclusion as part of their PBS Plans to prevent them from engaging in risk behaviours, if you feel that short episodes of seclusion might be helpful to support regulation of emotions and will keep yourself and others safe include this in your PBS plan.

* **Mechanical Restraint – this intervention is very rarely used and must be approved by Senior Staff and the MDT and then the Director and Consultant before this can be used.** This includes a range of belts and cuffs that are made of soft materials and fasten with Velcro. This belt will restrict movement in a safe way. These are always a last resort and used only when a person cannot be supported by a team of highly trained staff, safely, in any other way. This piece of equipment can only be used to carry you to seclusion or a safe space or to manage high levels of harm to yourself. The use of this equipment can be traumatic, and we will always try to use alternatives to this if we can. After any use, we will support you by talking about it and how it has affected you, working with you to develop a plan to minimise the possibility of this being used again.



Also, metal handcuffs can be applied to support with transporting you outside of the building. Again, these will only be used as a last resort and these have to be carefully care planned by the team. Handcuffs can be used to support managing your risk to self, risk to others and risk of absconding while on leave. Staff are not to apply handcuffs too tight but are to apply them tight enough so that they do not come off. You should be able to move your wrist while wearing handcuffs. If safe to do so we also sometimes cover the handcuffs with a coat or other item of clothing to maintain your dignity while on an escort.



Advice – Some people have previously had a care plan clearly detailing when the Emergency response belt should be used, as they can find this to be helpful to manage their risk. Please speak to staff to ensure that any Mechanical restraint preferences are detailed in your PBS Plan.



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* **Safety Pods – Will be coming soon to the service.** - This is a large bean bag that can be used when you are in distress, and you are at risk of causing harm to yourself or others.

The pod allows staff to support you without the need to be on the floor. It helps you to be in a position that makes breathing easier.



Advice - Some people use the pod on their own as a coping strategy when they are getting very distressed. This can be written into your PBS plan if you find it helpful as well as if you find this help if staff use the safety pod to support you.

This next Section is not use of force.

* **Restrictive practices** - These can include 'blanket' rules, this means they affect everyone and can include locked doors or access to specific items.

They are recorded in a register on the ward and are regularly reviewed. They can also be specific to you only and will always be based on risk, this might include personal items like your phone or CDs. These will be in your care plan with reasons listed.



All of these are to keep you safe and well and will be regularly checked to make sure limiting access is in your best interests.

Advice – Some people in their PBS Plan list items that need to be removed when they are distressed as they might use these inappropriately. Likewise, you can speak to a member of staff, an advocate, carer or family member if you think these decisions are wrong.

After Use of Force

When there has been an incident where any force has been used staff will always talk to you about it when you are ready, this may be soon after the event, as well as



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later on. This allows everyone to reflect on what has happened and think about ways to make future incidents less likely.

When any 'use of force' happens, it must be done in a correct and safe way, whilst also maintaining your human rights and protecting your dignity. If you ever think or feel that this hasn't happened, you need to let someone know. You can and should try and speak to any of the following people who will listen to you and take this seriously:

- * the Matron
- * an independent advocate - staff can provide you with contact information
- * someone from the Patient Advice and Liaison Service (PALS)
- * the complaints department

Details of how to contact PALS and the Complaints Department are in the Trust Patient Leaflet for Complaints, Compliments and Concerns. Nursing staff will also be able to provide you with these details.

By Law all use of force will be documented in your notes and reported on our incident reporting system. The incident reporting system collects all the data on the use of force and this is submitted to commissioners and the government regularly, where this is monitored closely.

Next of Kin

Under the Act all incident of Force are to be reported to your Next of Kin unless there is a care plan or valid reason why they are not to be informed – this could be that you have declined for your next of kin to be informed.

- * On Admission you will be involved in putting together a communication plan with the clinical team and your family – the plan will include when your Next of Kin is to be informed after an incident has taken place. Some families want to know straight away, even if this might be in the middle of the night for example. Other families want a daily call or other opt to have a weekly call to discuss every from the week.
- * During every phone call we will check in with your family member / carer and check that they are ok after hearing about the incident as this can often be distressing for them to hear too.



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- * At the earliest possible stage we will offer you to have a phone or zoom call with your Next of Kin so that you are able to speak with them about the incident.

Key Points

Ensure you have a Positive Behaviour Support Plan in place that is supportive for you and informs staff how you would like to be cared for. Ensure that there are things in your plan to try to help you when you are distressed to prevent the use of force.

Ideas to try to Prevent Use of Force

- * Talk to staff
- * Talk to a family member
- * Scream into your pillow
- * Hold Ice
- * Progressive Muscle Relaxation
- * Push Ups or Squats
- * Play a PlayStation game
- * Watch a film
- * Listen to music
- * Colouring
- * Blowing Bubbles
- * Diamond Art
- * Eating Chilli Paste / Sucking a lemon / Sour Sweets / Mints
- * Spend some time in bedroom
- * Walk around the Orchard or Astro turf

Calm Down Box

On admission you will be given a calm down box that you can personalise as you wish. We encourage that you work with your key team and the clinical team to fill this box with strategies that help you when you are distressed. Ensure you keep your box somewhere visible in your room so that this is easily accessible.

