

## Physical Restraint - the Gender Divide

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### AIM

To evaluate patterns of physical restraint across a mental health trust.

### INTRODUCTION

Physical restraint has historically been used to manage mental health crises; however there has been a recent trend for reducing this, not least because physical restraint is associated with the risk of physical harm to patients, but also psychological harm and is potentially damaging to therapeutic relationships.

A commonly cited reason is violent or aggressive behaviour; however other contributory factors may play a role.

We set out to evaluate the characteristics of restrained patients to see if patterns emerged that would explain this.

### METHOD

Retrospective review of monthly trust-wide restraint data from 1 January - 30 June 2014.

Anonymised data was collected and analyzed using Excel.

All restraints documented through the official reporting system in this period was included.

Patient characteristics and reasons for restraint were evaluated.

### RESULTS

The majority of restraints across the trust occurred in Acute Services with 24% on a single ward for Older Adults. 20.7% was recorded on the women's medium secure ward.

Within Secure Services there was a significant gender difference in the use of restraint; 94.5% in female wards and 4.5% in male wards. Significant differences in the reasons for restraint were noted. Female patients were mostly restrained for anti-social behaviour or self-harm and male patients for physical assaults.

### IMPLICATIONS

Better understanding of reasons and patterns relating to use of restraints is likely to assist in developing improved management plans to reduce the overall use of physical restraint in women's services.