

KNOWLEDGE OF ETHICS, HUMAN RIGHTS ISSUES AND RESTRICTIVE PRACTICE

Knowledge of ethics, human rights, and restrictive practices

An ability to draw on knowledge that the Human Rights Act places a legal duty on people working in a public authority to act in compatibility with human rights and (as far as possible) apply all laws, policy and guidance in a way that respects these rights
An ability to draw on knowledge of key human rights principles (such as fairness, respect, equality, dignity, and autonomy) and apply these to all patients, regardless of background or circumstances
An ability to draw on knowledge that human rights legislation and principles should inform the procedures associated with admission, inpatient stay and discharge, and the type and quality of care available to people at each of these stages
An ability to draw on knowledge that human rights principles should always inform decision making
An ability to draw on knowledge that absolute human rights (such as the right to life, or the right not to be subjected to degrading treatment) can never lawfully be restricted
An ability to draw on knowledge that based on human rights principles, patients should:
receive care that respects their personal and cultural needs
be treated equally and with respect
have the right to choose how they want to be treated and cared for at all times (this will be impacted upon by capacity and the Mental Health Act [MHA])
An ability to draw on knowledge that because there are particular risks to 'fairness' if patients have been compulsorily detained under the MHA, patients should have:
the opportunity to be represented at a tribunal hearing
the right to legal representation
an opportunity to challenge reports and other evidence which led to their detention
access to an independent advocate
An ability to draw on knowledge that any restrictions on non-absolute human rights need to be:
lawful (based on a law which sanctions that action, for example, the MHA or Mental Capacity Act)
legitimate (i.e., based on a decision that can be justified (for example, to protect a person or others from harm))
proportionate (i.e., after due consideration there is no alternative action that can be taken)
An ability to draw on knowledge that the legal basis for any decision must be given (in an accessible form) to the patient (and, if appropriate, their family and carers)

Knowledge of restrictive practice and de-escalation

An ability to draw on knowledge of the day-to-day micro restrictions that can trigger feelings of frustration and escalate the patient's behaviours (for example, restricted times for smoking, leave, meals, drinks, and sleep)
An ability to draw on knowledge that the escalation of the patient's behaviours can usually be prevented by:
establishing therapeutic and respectful relationships with them
ensuring their basic needs are met (for example, provision of regular meals, and appropriate sleeping environment)

promptly following through on any agreed plans and if this is no longer possible explaining why
a comprehensive schedule of recovery-focused ward-based activities and groups to minimise patient boredom
ward-based initiatives that promote a safe environment such as a calm room (a quiet and private space for patients) and self-soothing boxes (a box containing strategies that calm a person down, containing items such as photos and grounding objects)

An ability to draw on knowledge that de-escalation strategies are techniques (including verbal and non-verbal communication skills) that:
aim to defuse anger and avert escalation, and should be attempted before implementing any form of restrictive practices
include strategies such as active listening, maintaining a calm voice, and adopting open body language
work best in the context of a trusting and respectful relationship between the patient and staff members

An ability to draw on knowledge that restrictive practices should not be adopted as a blanket approach to manage risk and should be a last resort
An ability to draw on knowledge of different forms of restrictive practices, such as:
seclusion
physical restraint
mechanical restraint
chemical restraint or rapid tranquillisation
An ability to draw on knowledge that when implementing restrictive practices, practitioners should:
prioritise the patient's safety and the safety of others
consider the patient's needs and perspective
be the least restrictive option
be proportionate to the circumstances which triggered the restrictions
be applied within the context of an appropriate assessment, formulation, and intervention plan
accompany any restrictive practice with an opportunity for a debrief
An ability to draw on knowledge that inappropriately used restrictive practices can:
traumatise or re-traumatise individuals
be associated with a wide range of adverse effects ranging from discomfort to death
increase levels of frustration, hopelessness, violence, and aggression in patients