

Experiences of restrictive practices in old-age psychiatric settings in Scotland

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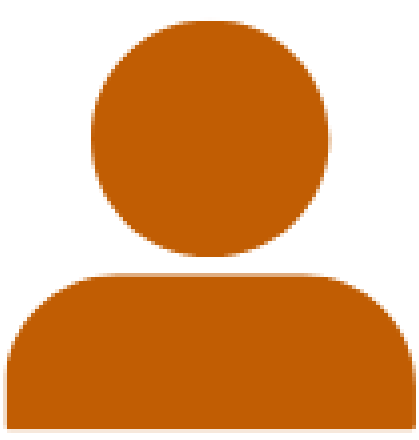


BACKGROUND

- ✓ Restrictive practices in clinical settings include physical, mechanical, chemical restraint, seclusion, and restrictive measures such as limiting walking aids or using bedrails to prevent falls.
- ✓ Restrictive practices may adversely affect staff and patients, yet limited evidence exists on their use and impact within Scotland's old-age psychiatric settings. This study aims to address this knowledge gap.

METHODS

We are conducting a focused ethnography that combines semi-structured interviews and participant observations on two old-age psychiatric wards in Scotland.



Participant Observations

Lived experiences of patients faced with restrictions and staff implementing restriction.



Observation of ward activities:

Ward rounds, Multidisciplinary Team (MDT) meetings, admissions and discharges.



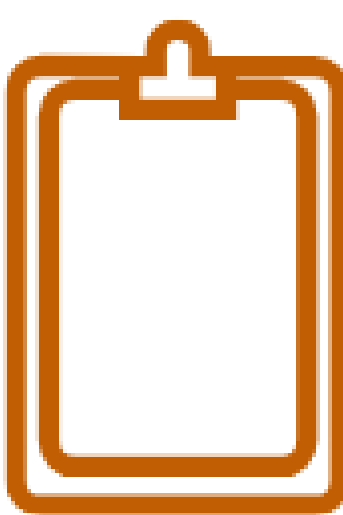
Qualitative Interviews

Focus on understanding participants' lived, everyday world from their perspective (Brinkmann and Kvale, 2009), as a clinician or a caregiver.



Qualitative literature review with thematic synthesis

Review of empirical, legal, and medical documents to identify overarching themes and patterns.



Output

- Framework of shared values for clinicians.
- Recommendations for future health policy on restrictive practices.

OBJECTIVES

Primary Objective:

- ✓ To understand the role restrictive practices play in the delivery of care for older adults with dementia or delirium and capture patient's and staff's experiences of living and working in a care setting where restrictive practices are used.

Secondary Objectives:

- ✓ To capture patient experiences of being restricted and staff's experiences implementing restrictions.
- ✓ To understand how restrictive practices shape the care environment for staff and visiting relatives.
- ✓ To identify how and what restrictive practices are used in the delivery of care for older adults with dementia and delirium in psychiatric wards.

PRELIMINARY FINDINGS

Observational Data:

Causes of stress and distress:

- **Other patients:** The behaviour or presence of other patients can lead to distress and restriction as staff have to separate patients to avoid physical altercations.
- **Exiting seeking:** Many patients exhibit exit seeking behaviour, and regularly pull door handles of rooms on the ward and the door to exit the ward. Patients show signs of distress when they cannot enter rooms or leave the ward when they want.

Alternative methods to restriction:

- **Redirection:** Staff will redirect patients' attention to de-escalate situations and reduce distress.
- **Identifying instances where patient's retain autonomy of choice:** Staff attempt to provide patient's with autonomy when possible, e.g., when they wake up, trying to provide alternative snacks or meals, and giving them a choice of which activities they want to take part in.

Interview quote: Nurses "**Best superpower**" (Male, Staff Nurse) for helping avoid restrictive practices is knowing the patient.

Restrictive practices identified:

1. Locked doors: The majority of the doors on the ward are locked and only accessible by key cards held by staff.

2. Locked bedrooms: Patient's bedrooms are locked when they are not in them. If a patient or visitor wishes to enter the patient's bedroom, they must ask staff to unlock the room.

3. Vision panels: Staff are able to open the panels using a key so that they can observe patients without entering the room.

4. Continuous intervention: Continuous interventions are used if a patient requires support to manage their distress and to facilitate safe interactions with other people on the ward.

5. Medication: Patients are given medication covertly if they refuse to take their medication. Medication is also used to elicit changes in patients' behaviour if they are showing signs of stress or distress.

NEXT STEPS

- ✓ We will continue participant observations on ward one and begin observations on a second ward.
- ✓ Data from interviews with caregivers will be collected to understand their experience witnessing restrictive practices and the behaviour that led to their family member needing to be in a restrictive environment.

References

- ✓ Brinkmann, S. and Kvale, S. (2009). Interviews: Learning the craft of qualitative research interviewing. Los Angeles: Sage Publications.

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