Non-pharmacological interventions to reduce restrictive practices in adult mental health inpatient settings: the COMPARE systematic mapping review

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Declared competing interests of authors: none

Published February 2021
DOI: 10.3310/hsdr09050

Plain English summary

The COMPARE systematic mapping review
Health Services and Delivery Research 2021; Vol. 9: No. 5
DOI: 10.3310/hsdr09050

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Service users can become upset and aggressive in adult inpatient services for the treatment of mental illness. Staff may respond by holding service users down or putting them in a room on their own. These are called ‘restrictive practices’ and can be harmful for service users and staff. Many interventions exist for reducing the use of restrictive practices but we do not know which ones work, or why. Staff training could reduce the use of restrictive practices by encouraging staff to behave differently, for example by learning better ways of talking to somebody who has become aggressive or is self-harming.

There is a list of 93 techniques for changing behaviour, which is like a dictionary. You can look up terms that best describe parts of an intervention to make it easier to describe and compare them. We wanted to see how many different interventions we could find, and describe them using this list.

We identified all of the interventions that we could find and recorded information such as whether participants were staff or service users, the number of participants involved, study setting, location and how success was measured. We looked in detail at the interventions and described the techniques using the list. We also assessed the quality of research about the interventions.

We found 150 different interventions. Common techniques involved setting goals for staff to work towards, such as reducing how often they use a restrictive practice; educating staff; changing the environment to prevent incidents; and giving staff feedback about incidents. The most successful interventions were more likely to include these common techniques.

To our knowledge, this study is the first to describe these interventions in a standard way. It will help researchers, policy-makers and clinicians to describe and understand interventions in order to reduce restrictive practices. Better understanding could lead to better safety for service users and staff.
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This report

The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 16/53/17. The contractual start date was in January 2018. The final report began editorial review in July 2019 and was accepted for publication in April 2020. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health and Social Care.

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