

Physical Restraint

What is physical restraint?

Physical restraint is defined in the *Mental Health Act 2016* to mean the use by a person of his or her body to restrict the patient's movement. This may mean holding a part of the person's body (like arms or legs), or holding the person so that they can't get up. Physical restraint may be authorised under the *Mental Health Act 2016* to prevent harm to the person, other people or property.

Physical restraint **does not** include giving support for a person to carry out daily activities, or to redirect a disoriented person, e.g. holding a person's hand to help them step down safely; using a hand on a shoulder to move the person towards a group activity.

When might physical restraint be used?

Physical restraint must not be used unless it is used in accordance with the *Mental Health Act 2016*.

Physical restraint can only be used if there is no other reasonably practicable way:

- to protect the person or others from physical harm
- to provide treatment and care to the person
- to prevent the person from causing serious damage to property, or
- to prevent the person from leaving the service when they are detained as an inpatient.

How do you know when it is appropriate to use physical restraint?

Mental health staff will try as many ways as they can to keep people safe and help control or prevent behaviours that may ultimately require the use of physical restraint. This may include talking approaches, calming techniques, giving the person safe space, and sensory modulation.

Ask your mental health team what strategies they use, and what is included in the care plan. You might know what has worked in the past to calm down unsafe behaviours. Talk with the team about what might help to avoid the use of physical restraint.

Adult Mental Health Information sheet

Who can authorise physical restraint?

An authorised doctor, or a health practitioner in charge of an inpatient or other unit within an authorised mental health service, may authorise the use of physical restraint.

What are the risks?

Being held down or prevented from moving has risks of physical and psychological harm to the person and others. Because of the risk of harm, all staff who use physical restraint have to be trained and regularly updated on the safest ways to restrain a person.

Physical restraint is only used for the minimum time, and with the minimum force necessary in each individual circumstance.

Anything that may increase the risk of harm to the patient, or others, is considered, wherever possible, and whenever known, by the mental health team, before, during and after, the use of physical restraint (e.g. physical health issues).

How is the physical restraint checked and monitored?

Whenever physical restraint is used, it is recorded on a form in the patient's clinical record. Staff must write in the clinical record details about:

- when and how physical restraint was used;
- for how long;
- the outcome; and
- why there was no other reasonably practicable way to maintain safety or provide treatment.

Under the *Public Guardian Act 2014*, the Community Visitor (adult) can ask for information about a person, and this may include information about the use of physical restraint.

How is the person supported?

The mental health team will make sure that someone talks with the person as early as possible about the use



of physical restraint. This will include finding out what the person needs, any concerns they have, and ways to cope with feelings. They will want to make sure that the person is feeling as safe and comfortable as possible.

The Independent Patient Rights Adviser can be contacted to talk with the person or their decision maker about any concerns.

For more information, contact your service.

Useful Links:

Mental Health Act 2016

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act>

Public Guardian and Community Visitors

<http://www.publicguardian.qld.gov.au/adult-guardian/adult-community-visitors>