



What do Children Tell Us About Their Experiences of Physical Restraint in Mental Healthcare Services

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Abstract:

Keywords: Physical Restraint, Restrictive Interventions, Child and Adolescent Mental Health Services, Aggression, Mental Health Nursing

Background: There is currently no empirical research in this area. Physical restraint is often implemented in healthcare to reduce risk; it's use can raise ethical, moral and legal issues and its implementation has been associated with traumatic psychological damage in hospitalised patients. When a child is physically restrained, it increases the likelihood of physical harm. However, potential psychological harm can be overlooked.

Method: Interpretative Phenomenological Analysis was utilised in this qualitative study to facilitate detailed examination of children's lived experiences. The study examined the experiences of 10 children (aged 10-14) using audio recorded face-to-face interviews, based around a non-prescriptive semi-structured schedule, developed through patient and public involvement.

Results: With the analysis phase underway, broader themes are emerging but remain unconfirmed. A literature review underpinning this study explored which children are likely to be physically restrained, the reasons why, and any resulting consequences. Findings suggested that a combination of patient (intrinsic) and environmental (extrinsic) factors lead to increased physical restraint of children. However, the review confirmed that little is currently known about children's first-hand experiences before, during and after physical restraint, confirming that a deeper understanding of children's perceptions of physical restraint is necessary.

Conclusions: This research aims to support best practice by providing evidence upon which policy and procedure can be based. There are several potential key audiences for dissemination of findings; Children and young people, the Public, Healthcare providers, Commissioners, External statutory organisations and



Healthcare charities. Findings will also generate training opportunities. This research contributes new knowledge by adding the under-represented children's voice to address the current gap in the literature. It further contributes through identification of a qualitative research method which enables meaningful important engagement with children in mental health services.

Biography:

Simon is a registered mental health nurse. His passion is providing care to children with complex mental health conditions. He holds a Bachelor's Degree in nursing and a Master's degree in International Public Health. Simon worked as an inpatient manager at Alder Hey Children's hospital before commencing his PhD in 2017. He has been involved in national projects with the UK Department of Health and the Chief Nursing Officer of England and is part of an international teaching collaboration between the UK and China.

Recent Publications:

- 1. Simon Nielson et al; Nursing Practice, 2018 Oct 13.
- 2. Simon Nielson et al; Public Health Nursing, 2017 Nov 22
- 3. Simon Nielson et al; Reproductive Nursing, 2020 Jan 07
- 4. Simon Nielson et al; Critical Care Nursing, 2019 Nov 02
- 5. Simon Nielson et al; Mental Health Nursing, 2019 Aug 19

5th Nursing Research and Evidence Based Practice Conference

Citation: Simon Nielson; What do children tell us about their experiences of physical restraint in mental healthcare services; Nursing Research 2020; April 17, 2020; Singapore City, Singapore.

J. Res. Nurs. Midwifery 2020 Volume and Issue: S(1)