Seeking conceptual clarity...

- Restrictive practices

- Restrictive interventions

- 'Least restrictive'

Restrictive practices

- 'Everyday practices'

- Atmosphere, culture, environment

- Physical, procedural, relational

Physical restrictions

"The fences, locks, personal alarms and so on that keep people safe" [1]

Procedural restrictions

"The policies and procedures in place to maintain safety and security" [1]

Relational restrictions

"The knowledge and understanding of patients and the environment, and the translation of information into appropriate responses and care" [1]

Restrictive interventions

- Restraint

- Seclusion

- Segregation

Restraint

- Physical

- Mechanical

- Chemical

Seclusion

"The placement of a patient alone in a locked room that has been specifically designed for this purpose" [2]

Segregation

"A situation where, in order to reduce a sustained risk of harm posed by the patient to others, a patient should not be allowed to mix freely with other patients on a long-term basis" [3,4]

Challenges...

- Language and definitions [5]

- Seclusion/segregation – a matter of time/place? [5]

- Night time confinement – all in a name? [5]

'Least restrictive'...?

- Objective/subjective [5,6]

- Cultural differences, practices and norms [5,6]

- Impacts and effects [5,6]

"Always question if you can do something else that would interfere less with a person's basic rights and freedoms" [4]

References

[1] Department of Health (2010) See think act: your guide to relational security, DoH, London

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[3] Mental Health Act 1983: Code of Practice (2015) Department of Health, London

[4] Mental Capacity Act (2005) Department of Health, London

[5] Hui A, Middleton H and Völlm B (2013) Coercive measures in forensic settings: findings from the literature, *International Journal of Forensic Mental Health,* 12 (1) 53-67

[6] Hui A (2017) *Institutional and emotion work in forensic psychiatry: detachment and desensitisation,* in: Middleton H and Jordan M [Eds.] Mental health uncertainty and inevitability: rejuvenating the relationship between social science and psychiatry, Palgrave MacMillan, London, 137-165

Thank you

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