

Mental Health Units (Use of Force) Act 2018

Keep Me Safe, Treat Me With Respect

North Staffordshire Combined Healthcare NHS Trust is committed to ensuring that everyone, regardless of their background, has access to the right mental health support and the Mental Health Unit (Use of Force) Act 2018 represents a significant step towards addressing these inequalities.



The focus of the Act is to;

- Respect all patients' rights
- Provide skilled, trauma informed, person centred care
- Follow the principle of least restrictive
- Promote recovery

The Mental Health Unit (Use of Force) Act 2018 also known as Seni's law, is named after Olaseni Lewis, who tragically died as a result of being forcibly restrained whilst he was a voluntary patient in a mental health unit.

We know that for people admitted to an acute mental health unit, a therapeutic environment provides the best opportunity for recovery. Our Trust is clear that the use of force should only ever be used as a last resort, when all attempts to de-escalate a situation have been employed.

Within North Staffordshire Combined Healthcare, we continue to promote the good practice which enables to demonstrate compliance with this Act. Our ongoing reducing restrictive practice focus supported by our refreshed strategy is dedicated to continually improve support for individuals with severe mental illnesses, to ensure they have greater control over their treatment and receive the dignity and respect they deserve.

If a restrictive intervention is used when you are distressed, you need to have the information about the help and support that you receive.



This guide provides facts that you, your family, or others may need to know.

If you are distressed, staff need to keep you safe. They can use restrictive interventions as long as they do not breach your human rights.

You can use this guide to talk about how the use of restrictive interventions may affect you.



What happens if you become distressed?



- Behaviour is what we say and do. It's how we communicate.
- When people are scared, anxious, upset, alone, or angry, these feelings can lead to a loss of control. We call this stress behaviour.
- We know that sometimes, distress is unavoidable.
- When people become very distressed and lose control, they can hurt themselves or others. Staff have a duty of care and may use restrictive interventions to keep everyone safe.

What are restrictive interventions?

These are the actions staff are allowed to use to limit or restrict your liberty when you are distressed.

The three types are:



Physical: when physical contact is made to limit or prevent your movement.

Chemical: when you are given prescribed medication to reduce your distress.

Environmental: when you are confined to a designated room or area to keep you away from others or to stop you leaving.

Our staff are here to support you and any use of force is an absolute last resort and must be necessary, proportionate and justifiable. We will do everything we can to avoid use of force as we know it is traumatic for you, our staff and anyone witnessing this.

What training do staff receive?



Our staff are highly skilled and experienced. They are trained to understand the causes of stress behaviour and to use a range of strategies so your stress does not increase.

Staff are trained to help you manage the things that cause your distress. They can agree the help and support that you need, to avoid restrictive interventions.

Staff will agree if any restrictive interventions are necessary to keep you safe.



When can staff use restrictive interventions?

Staff are permitted to use restrictive interventions to keep you safe as long as they do not breach your human rights.



Restrictive interventions should be:

- A last resort
- Least restrictive
- Used for the shortest time possible
- Used to maximise safety and minimise harm

Restrictive interventions should feel safe. They shouldn't cause pain or injury. They should never be used as a punishment or to enforce rules. If staff use restrictive interventions, they will always treat you with respect, dignity, and kindness

What should happen after a restrictive intervention has been used?



Afterwards, someone should stay with you to make sure you are OK.

Staff will record what happened.

Talking helps everyone to think about improving your help and support. We are keen to ensure we are always trying our best and learning from incidents so that restrictive interventions can be avoided.

What if I want to complain about the use of restrictive interventions?



A member of staff is always available to listen. Telling us what you think and feel is important to us so we can support you.

You have a right to question staff about the use of restrictive interventions.

You have the right to complain if you feel restrictive interventions have been used in a way you think was unacceptable.

If you are unsure who to speak to, you can seek additional help from an advocate. Advocates can get information you need and make sure your rights are maintained.

Patient Advice and Liaison Service (PALS) and Complaints

We are always looking at ways to improve. Our [PALS team](#) provides confidential advice and support and will help you with any concerns that you may have about any aspect of your or your loved one's care.





If you wish to make a comment, suggestion, compliment or complaint you can talk to people directly involved in your care, ask a member of staff for a feedback form, or complete a [Friends and Family test form online](#), or call us.

Tel: 01782 275031

Freephone: 0800 3899676

Email: patientexperienceteam@combined.nhs.uk

Supporting Wellness and Recovery

We all require different things to support us in difficult times. If you have wellness tools that help you, please let us know.

Your ward offers various activities that you have access to; please ask a member of staff for an activities plan.

Additional Information

[Statutory Guidance for NHS Organisations in England and Police forces in England and Wales](#)

[Mental Health Units \(Use of Force\) Act 2018](#)

[The Lived Experience-Use of Force](#)

Video by Ajibola Lewis and Marcia Rigg who provide a personal open discussion of the emotional pain of how Seni was perceived, treated and restrained.

If you would like further information, you may also contact;

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Restrictive Interventions Lead

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This guidance has been produced in association with Crisis Prevention Institute.

