

Article

An integrative review exploring the physical and psychological harm inherent in using restraint in mental health inpatient settings

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Table 1

Search terms

Setting And	Perspective AND	Intervention And	Evaluation
Hospital	Vulnerable adults	Behaviour control	Violence
OR	OR	OR	OR
Psychiatric hospitals	Adults at risk	Coercion	Abuse
OR	OR	OR	OR
Institutional setting	In-patient	Containment	Abuse of patients
OR	OR	OR	OR
Institution	Psychiatric patients	Control	Patient abuse
OR	OR	OR	OR
Institutional care	Mental health patients	Manual restraint	Abusive practice
OR	OR	OR	OR
Psychiatric unit	Consumer	Physical restraint	Sexual abuse
OR	OR	OR	OR
Nursing care	Client	Restraint	Trauma
OR	OR	OR	OR
Psychiatric nursing	Service user	Restraint physical	Risk
OR		OR	OR
Psychiatric ward		Restrictive intervention	Risk of injury
OR			OR
Psychiatric service			Adverse effect
OR			OR
Psychiatric unit			Adverse health care
OR			event
Psychiatric care			OR
Psychiatric setting			Adverse impact
OR			OR
Mental health ward			Elder abuse
OR			OR
mental health setting			Harm
OR			OR
mental health unit			Injury risk
			OR
			Physical abuse

			OR Safeguarding OR Safety behaviour OR Post-traumatic stress disorder
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Table 2

Summary of articles

Authors, Year, Country	Study Type and analysis	Aim	Sample and setting	Main themes from physical restraint	Quality Grading
Bonner , Lowe, Rawcliffe and Wellman (2002) UK	Qualitative semi-structured interviews. Thematic analysis	To establish feasibility of using semi-structured interviews with patients following restraint. To gather information on factors which patients and staff felt helpful or unhelpful in their experience of restraint following restraint and to report on lived experiences of people involved	12 staff and six patients in an inpatient mental health ward in South of England	Trauma/re-traumatisation Feeling ignored Inhumane conditions Distress Fear	C
Brophy, Roper, Hamilton, Tellez and McSherry (2016) Australia	Qualitative. Focus Groups Inductive analysis (NVivo software)	To examine the lived experiences of service users and carers around the use of seclusion and restraint	30 mental health service users and 26 carers in four cities and one regional centre	Trauma/re-traumatisation Inhumane conditions Fear Control Power	C

Haw, Stubbs, Bickle and Stewart (2011) UK	Mixed methods. Qualitative Thematic analysis Quantitative Statistical analysis	To report on forensic rehabilitation of inpatients' experiences and preferences for physical restraint, seclusion and sedation	57 patients in a forensic psychiatric setting	Feeling ignored Distress Dehumanisation Power Calm	B
Knowles, Hearne and Smith (2015) UK	Qualitative Interviews Thematic analysis	To examine the impact on the staff-patient therapeutic alliance	8 patients on a medium secure unit	Power Dehumanisation Trauma/re-traumatisation	C
Lee, Gray, Gournay, Wright, Parr and Sayer (2003) UK	Mixed Methods Qualitative Thematic analysis Quantitative SPSS- Statistical analysis	Seek views of psychiatric nurses in their experience in use of restraint	338 psychiatric nurse in regional, secure and psychiatric intensive care units in England and Wales	Dehumanisation Power	C
Sequeira and Halstead (2002) UK	Qualitative (Grounded Theory). Semi-structured interviews	To examine the experiences of physical restraint procedures from a service user perspective	14 in-patients in a secure mental health setting	Power Distress Fear Control Calm	A
Sequeira and Halstead (2004) UK	Qualitative (Grounded Theory). Semi-structured interviews	To examine the experience of physical restraint by nursing staff in a secure mental health setting	17 nurses in a secure mental health setting	Trauma/re-traumatisation Distress Power	A
Steinert, Bergbauer,, Schmid, and Gebhardt, (2007) Germany	Quantitative SPSS- Statistical analysis	To look at how seclusion and restraint might cause Post traumatic Stress Disorder and and re-victimisation	117 mental health in-patients	Trauma/re-traumatisation	A

Wilson, Rouse, Rae and Rae (2017) UK	Qualitative Thematic analysis	To improve understanding of restraint for both staff and patients, who have direct experience or have witnessed restraint	13 patients and 22 staff in adult mental health in-patient environments.	Fear Power Dehumanisation Distress	A
Wynn (2004) Norway	Qualitative Grounded Theory Interpretive analysis	To allow patient to share experiences of physical restraint	12 mental health in-patients	Trauma/re-traumatisation Distress Fear Control Power Calm	B