# A QUALITATIVE STUDY INTO PROFESSIONALS' EXPERIENCES WITH MECHANICAL RESTRAINTS WITHIN THE MENTAL HEALTH NETWORK IN MADRID, SPAIN: LESSONS FROM STAFF IN TRAINING

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## BACKGROUND

- Mechanical restraint (**MR**) is a coercive measure (**CM**) which has been **used for behavioural control since the origins of Psychiatry** (1–4).
- As MR, we understand any procedure that, by means of a mechanical device, limits a person's freedom of movement, by fixing one or more parts of his or her body (5).
- Despite the fact this procedure is allowed and widely used in Spain, **it is not actually regulated by Spanish law** (6).

## WHY ARE MECHANICAL RESTRAINTS SO CONTROVERSIAL?

Recently, the criticism directed towards the use of mechanical restraints has again become important in relation to several factors (7,8), and this controversy is also observed in our country (9,10):

- The **elevated frequency** of these practices (11,12).
- Their **ubiquity** (5,13–17).
- The **variability of the normative frameworks** that regulate them (18,19).
- The **controversies in regard to compliance with human rights** and the Convention on the Rights of Persons with Disabilities (3,18–24).
- The **ethical conflicts** in everyday clinical practice (24–27).
- The **lack of** evidence on its **therapeutic effects** (28,29).
- Their **harmful consequences** on users and staff (26,30–35).
- The **risk of misuse and abuse** (23).
- The rise in and increasing pressure from different organizations, when known **alternatives exist** (36).

## OUR RESEARCH: WHY?

- There is a **lack of quality studies** on the use of coercive measures (20).
- **Non-clinical factors have a much more important role** (19,37–43): professionals' experiences, philosophy of the units, values and habits of professionals, and other influences of the context (characteristics of the wards or the hospital, educational factors, organizational factors etc.).

## OUR RESEARCH: TOWARDS TO…

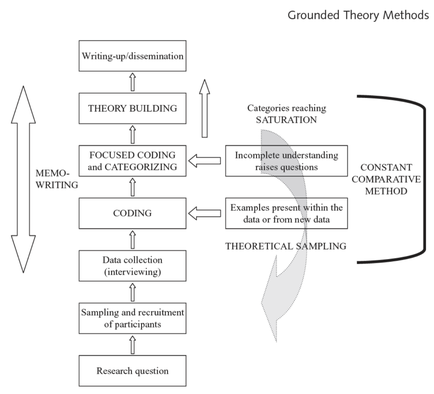
AIMS: To understand the experiences, emotions, attitudes, actions etc. of mental health professionals in training with regards to the use of MR in Madrid's public mental health network, and to investigate what aspects of the experiences influence the process of deciding to use them.

RESEARCH QUESTIONS:

1. How do health professionals in training describe their experience in relation to the decision to use or carry out MR?
2. What aspects of this experience influence professionals when deciding to use MR, and in what way?

## OUR RESEARCH: HOW?

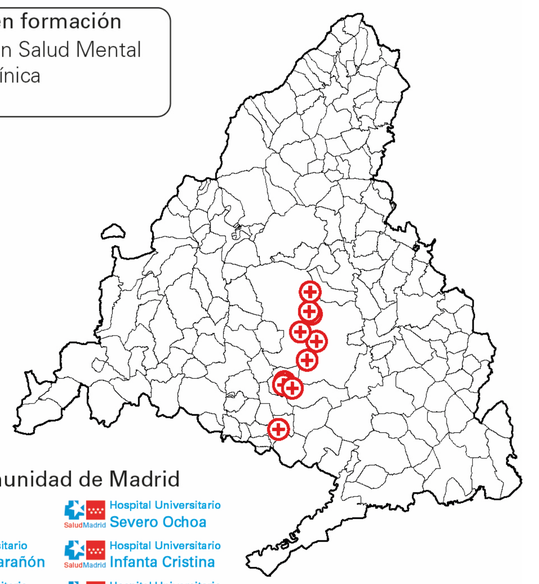
METHODS: A qualitative phenomenological research methodology was used, involving the development of three different focus groups. The interviews were recorded in audio and video, and the data collected was later transcribed for discussion and thematic analysis.




**Género**
12 ♀
7 ♂

**Especialidad en formación**
*6 en Enfermería en Salud Mental
*6 en Psicología Clínica
*7 en Psiquiatría

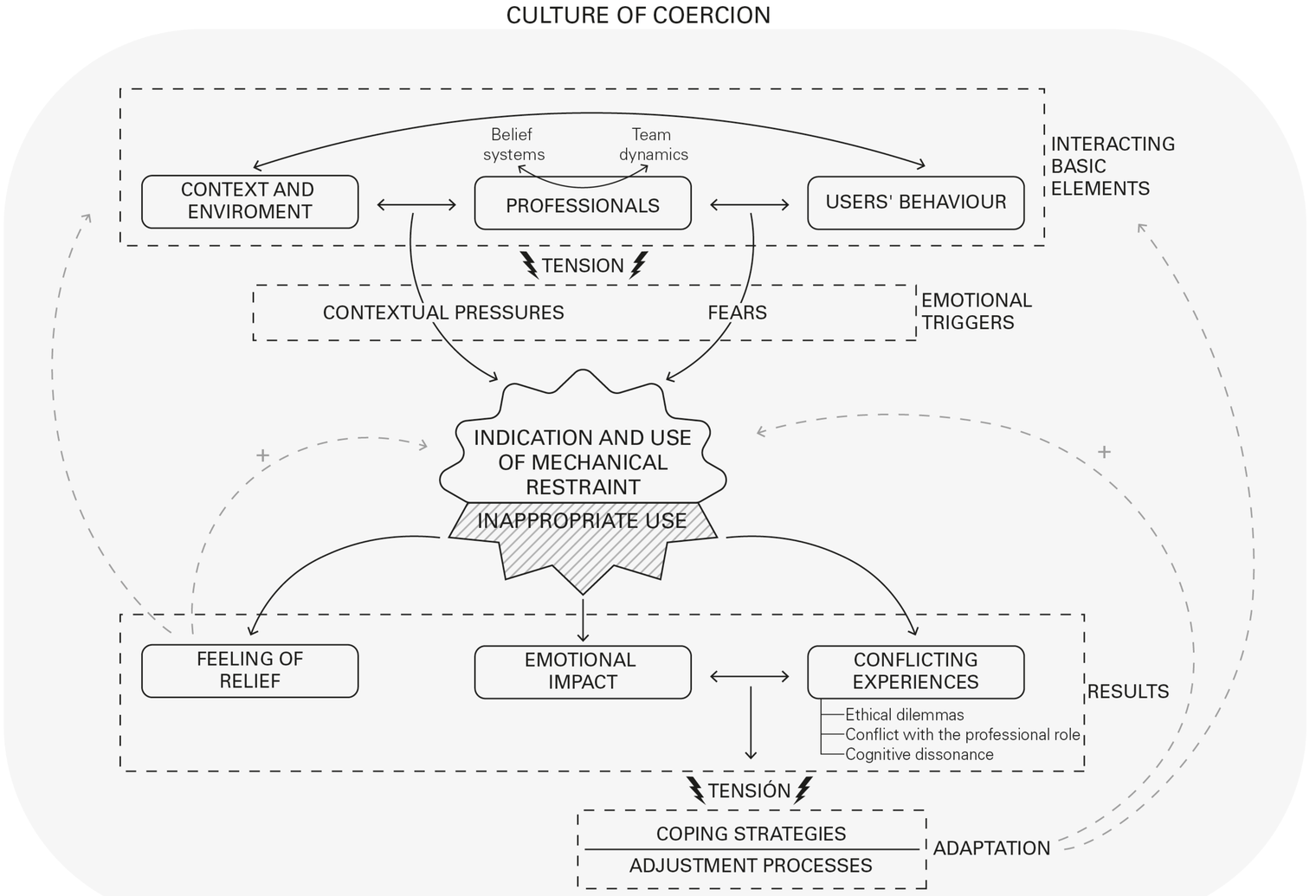
**Tiempo de experiencia**
*Enfermería
2 EIR de primer año
4 EIR de segundo año
*Psicología Clínica
4 PIR de segundo año
1 PIR de tercer año
1 PIR de cuarto año
*Psiquiatría
1 MIR de primer año
2 MIR de segundo año
4 MIR de tercer año



9 áreas hospitalarias de la Comunidad de Madrid

- Hospital Dr. R. Lafora
- Hospital Clínico San Carlos
- Hospital Universitario Severo Ochoa
- Hospital Universitario Ramón y Cajal
- Hospital Universitario Gregorio Marañón
- Hospital Universitario Infanta Cristina
- Hospital Universitario La Paz
- Hospital Universitario 12 de Octubre
- Hospital Universitario de Getafe

## RESULTS




- From interpretation of the data, the following **theoretical model** emerges in an attempt to describe the factors that influence the decision, indication and use of MR restraints in our context.

- Professional experiences are embedded in a **cultural framework** defined by the predominance of the **biomedical and risk management models**, and where **coercion is integrated** as a tool to guarantee treatment and safety. It is within this framework, that we have called **culture of coercion**, that the rest of the elements of the experience are given meaning and interpreted.

- The indication and implementation of MR are derived from the **interaction** of a number of **basic elements**: <u>context and environment</u>, <u>users</u>, and <u>professionals</u>.

- In the **interplay** of these three elements, experiences of **conflict** and **tension** are activated, which awakens in professionals what we have called **emotional triggers**. When these feelings become intolerable, **MR are applied**, in order to give back to the professional some <u>sense of control, certainty and security over the situation.</u>

- **Consequences:** (1) A *feeling of relief* from the contextual pressure and the emotions of fear **VS** (2) *emotional impact* and *conflicting experiences.*

- To deal with this distress, staff in training undergo a **process of readjustment**, developing a series of **coping mechanisms** which allow them to continue with their day-to-day work. Maintained over time, **MR** are progressively **integrated** as "**a part of the job**", and experiences of discomfort are suppressed or set aside.

## CONCLUSIONS

- Our results are similar to those observed in the literature. The **decision-making processes** regarding the use of MR are situated in a **complex web of factors and experiences**, including elements of the sociocultural context and normative framework, relational dynamics and work environments, experiential, psychological and ethical processes, and others that stem from the interactions among these factors. **Work culture based on coercion and the discourse of risk management especially stand out**.

- Although they **recognize the harmful impact stemming from their use**, the professionals undergo an **adaptation process** through which they internalize and act upon these principles, justifying the need for MR at the same time that they face conflicts with their professional role and ethical dilemmas.

**References**: The list of references has been removed due to its length. A complete copy is available on request from the author of the paper.

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