

# Physical Restraint

## Child and Youth Information sheet

### What is physical restraint?

Your mental health team wants to keep you safe. physical restraint is sometimes the only way is to hold a person's body still. Usually this means holding a part of your body, like arms or legs. It may mean holding a person so they stay lying down. The mental health team only uses physical restraint to stop people getting hurt.

### What it is not physical restraint

Not all holding or touching to help someone is physical restraint. Times when mental health staff might hold or touch a person could be to help:

- to dress, shower, or other everyday actions
- show a confused person where to go
- by holding hands to help on steps
- by touching on the shoulder to show where to go.

### When might physical restraint be used?

Physical restraint is used to stop people getting hurt and can only be used when there is no other way to:

- save the child/young person or others from harm
- give treatment and care to the child/young person
- stop the child/young person from leaving when they are detained as an inpatient.
- stop the child/young person from causing serious damage to property.

### How do you know when physical restraint can be used?

Your team will try their best to help you and other people stay safe. People who are upset, angry or afraid sometimes don't know they are hurting themselves or others. The ways we will try to help may be things like giving you extra time, space, quiet, favourite things or people. But sometimes,

nothing helps. When it's possible, your team will talk with your family or carers about using physical restraint.

### Whose job is it to approve physical restraint?

The people who can approve using holding for physical restraint are:

- An authorised doctor, or
- A health practitioner in charge of an inpatient service
- A health practitioner in an authorised mental health service e.g. a community mental health team.

### Are there risks using physical restraint?

All staff who use holding in this way are regularly trained. The training shows the safest ways to restrain or hold a child/young person. We always think about the person's health or life experiences that might make restraint more risky. Restraint or holding is done for the smallest time possible.

One risk is that being held down or not allowed to move may cause harm to the body or mind (e.g. trauma) of the person and others.

### How do we make sure it's used properly?

We write down on a form any time we need to use physical restraint. The form is part of the child/young person's electronic clinical record. Staff need to record:

- When and how it was used
- Length of time
- What happened at the end
- Why there was no other choice

This form tells the Public Guardian and the Chief Psychiatrist about the use of physical restraint. This is required under the *Mental Health Act 2016*. Under the *Public Guardian Act 2014*, the

*Community Visitor* can ask for information about use of physical restraint .

## How do we help the child or young person to be safe?

We want to help people feel as safe and comfortable as possible. A member of the team will talk with you and your family as soon as possible if physical restraint is used. We want to hear of any

worries or ways of managing feelings. The team will keep checking on the child/young person's health.

The Independent Patient Rights Adviser (IPRA) can be contacted to talk with the young person or parent/guardian about any concerns.

You can ask your team to contact a Community Visitor, who can meet with you to talk about any worries you have while in hospital.

## For more information, contact your service at:

### Useful Links:

#### **Mental Health Act 2016**

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act>

#### **Public Guardian and Community Visitors**

<http://www.publicguardian.qld.gov.au/child-advocate/child-community-visiting>