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Factsheet – chemical restraint

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Chemical restraint is the use of medication to help control symptoms associated with an underlying psychological condition. Such an approach should be based on the principles enshrined in the Mental Capacity Act 2005 and Mental Health Act 2007, in relation to the treatment and healthcare of individual people including:

- Diagnostic examinations and tests
- Medical and dental treatment provided by health professionals
- Admission to hospital for assessment or treatment
- Nursing care
- Any other necessary medical procedures or therapies
- Emergency procedures
- Significant medical treatment

The Mental Capacity Act (2005) is clear that everything that is done for or on behalf of a person who lacks capacity must be in that person's best interests. The five key principles that services and professional should be mindful of are;

- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
- The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;

- That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
- Best interests – anything done for or on behalf of people without capacity must be in their best interests; and
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms

Restraint of any type should only ever be considered in situations where all other practical measures have been considered or exhausted and have not worked. Chemical restraint is the use of medication for the purpose of alleviating or managing the symptoms or behaviours associated with an underlying psychological condition. Inappropriate use of any form of restrictive physical intervention or restraint can constitute assault or negligence. This is also true of chemical restraint where its use is not appropriate.

Article 27 of the Council of Europe Recommendation of the Committee of Ministers to Member States concerning the human rights and dignity of persons with a mental disorder states that

1. Seclusion or restraint should only be used in appropriate facilities in compliance with the principles of least restriction, to prevent harm to the person and others and in proportion to the risk
2. Such measures should be used under medical supervision and appropriately documented
3. In addition;

the person should be regularly monitored

the reason for, the duration of such measures should be recorded in the persons medical records

Further information can be found in the 16th General Report of the European Committee for the Prevention of Torture, (2006), sections 36 - 54.

If chemical restraint is used as a medical intervention as part of an individuals' care or treatment for a prolonged period, then the multi-disciplinary team of professionals providing support must

- Decide whether the use of a chemical restraint is in the person's best interest
- Ensure that this is the least restrictive options available at the time
- Record the decision making processes, making reference to the various Acts and legislation
- Ensure that there is a process for monitoring and review

It is not easy to give guidance as to when chemical restraint may or may not be appropriate as much will depend on the needs of the individual person, the reasons why this approach and other information including medical and health issues which must be considered. Chemical restraint must always be undertaken under the supervision of a responsible medical practitioner which in some cases may be the person's GP, although it is more likely that the person will be receiving treatment from a psychiatrist.

It is vital that the use of such medication for the management of the person's anxiety or behaviour is monitored and recorded on a regular basis. It is important that staff and carers have information about the medication and understand how to monitor for adverse side effects and what action should be taken in the event of any such reaction.

<http://www.cpt.coe.int/EN/annual/rep-16.htm>

Mental Capacity Act (2005), HMSO, London.

Mental Health Act (2007), HMSO, London.

http://www.england-legislation.hmso.gov.uk/acts/acts2007/ukpga_20070012_en_1

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