

Evidence Review

Ethnicity and Learning Disability - Restrictive Practice in Mental Health

Key messages

- There is a substantial body of evidence to show that inpatients from BAME backgrounds are more likely to experience restrictive practice in inpatient psychiatric settings.
- A review of the evidence conducted in 2018 on ethnicity and the MHA, found that within the literature there exists some debate as to potential causes and solutions to reducing the risk for this patient group, but such literature is limited. The findings of the 2018 evidence review (available below) are echoed in the subsequent evidence included in this review, including the latest figures from NHS Digital.
- There is limited comparative data available for patients with learning disabilities, particularly in adults. Comparative data is limited for this patient group between countries owing to differences in treatment and health provision as well as recording measures. Additionally there is a lack of data around people with LD that also includes ethnicity information.
- While some of the data concerning inpatients with LD is focussed on children and adolescents, some comparisons may be drawn to inpatient adults with similar profiles.
- Some evidence suggests that learning disabilities and physical disabilities that chiefly affect communication ability are linked with higher rates of restrictive practice/seclusion.
- Themes arising from the literature suggest that factors such as: lack of specialised treatment, understanding, communication difficulties and environmental factors in mental health inpatient settings are factors in higher levels of perceived aggression or non-compliance in patients with LD, particularly autism, and may be linked to increased risk of restrictive practice.

October 2021



You asked

Can somebody do a literature search for me please? Key terms. Mental Health Learning Disability Physical Restraint Restrictive Practices Race BAME Disproportionate use Discrimination.

The Evidence

***Previous Evidence Review: 2018 Ethnicity and MHA detainment**

This evidence review produced by the service in 2018 looked at the relationship between ethnicity and detainment under the mental health act, as well as patients' experiences of MH services. The review highlighted both that a higher proportion of people from BAME groups are likely to be detained under the Mental Health Act and that BAME people are more likely to experience physical restraint while under MH care services. The review includes NHS data, CQC reports and other research examining both this trend and discussing potential causes including cultural, socioeconomic and discrimination, although many of the studies concerning the reasons for this disparity have attracted controversy.



2018 Ethnicity and
MHA Detainment.doc

1. **Mental Health Bulletin 2019-20 Annual report [Internet]. NHS Digital.**
Available from: <https://digital.nhs.uk/data-and->



[information/publications/statistical/mental-health-bulletin/2019-20-annual-report](#) accessed 25/10/2021

The statistical data (xml files) used for the NHS Digital Annual Mental Health Bulletin shows the rates of usage, ethnicity of patients and rates of restraint/seclusion. Table 1.3 shows that more white people were in contact with NHS funded secondary mental health, learning disabilities and autism services than other ethnicities.

Table 7. 2 People from Black, Mixed or Other Ethnic Groups ethnicity backgrounds were proportionally more likely to be subjected to restrictive restraint and more likely to be restrained more often.

Table 7.5 shows the type of restraint or restrictive practice by region and STP, with Midlands and North East ranking highest (most frequent).

The data does not include more detailed information regarding the needs of the patients/type of care.

2. NHS Digital. Learning Disability Mental Health Datasets

[https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics#past-publications](#) accessed 25/10/2021

NHS Digital publish monthly datasets around patients with LD including information of: the number of patients subject to restrictive interventions and the type of intervention (see those entitled MHDS) however the databases do not appear to record either ethnicity or a direct comparison to the number of inpatients overall



3. House of Commons Health and Social Care Committee. The treatment of autistic people and people with learning disabilities. House of Commons; 2021.

This paper includes the fifth report and formal minutes relating to the report from the House of Commons committee. Alongside reference to wider policy decisions and concerns of care, the document brings together data from the CQC report 'Out of sight- who cares' (2020), NHS digital data and oral evidence from people in the field. Among the data included an acknowledgement that rates of restraint and seclusion were particularly high in those with ASD which "which demonstrated a "poor understanding" of autism and how autistic people show that they are distressed". The evidence highlighted the need for improved understanding, environmental effects, and the need for care to better meet the needs of people with autism, including facilities that have specialist expertise.



download.pdf

4. CQC. Out of Sight- Who Cares? A review of restraint, seclusion and segregation for autistic people, and people with a learning disability and/or mental health condition. Report. 2020

The evidence from this report highlights the increased risk of people with learning disabilities in experiencing restraint and seclusion, with a particular highlight on the needs of people with autism.



CQC Out of Sight
Who Cares Report.p



5. Morris DJ, Webb EL, Foster-Davies L, Wallang PM, Gibbs D, McAllister PD, Shaddel F. Ethnic disparity in mental health legislation at the point of inpatient entry: pilot review in detained adolescents with developmental disorders. The Journal of Forensic Practice. 2021 Aug 4.

This study looked at data around the differences in MHA detainment status in a sample of 39 white British and ethnic minority adolescents detained to a specialist inpatient developmental disorder service. The authors found, comparable to adult statistics, that ethnic minority young people were more likely to be detained under the “forensic” parts of the MHA than white counterparts, although the study did not find any significant differences in restrictive practice, demographic or behavioural variables between the groups. The authors discuss the higher risk of people with DD from ethnic minorities receiving ‘double discrimination’ and the need for more data, audits and research to be done to examine specifically those with LD/developmental disorder(s) and ethnic minority status. The authors also suggest “the increased risk for forensic sections may in part stem from a lack of access to and use of robust independent advocacy services”.



Ethnic disparity in
MH legislation at th



6. Donnelly LJ, Cervantes PE, Okparaekwe E, Stein CR, Filton B, Kuriakose S, Havens J, Horwitz SM. Staff perceptions and implementation Fidelity of an autism Spectrum disorder care pathway on a child/adolescent general psychiatric inpatient service. Journal of autism and developmental disorders. 2021 Jan;51(1):158.

While the focus of the study is around staff perception and interventions to improve care pathways for inpatient with ASD in psychiatric child/adolescent inpatients, it also discusses the literature to-date which highlights the communication/sensory and care needs which can lead to inpatients with ASD being at higher risk of restraint/seclusion in general inpatient psychiatric settings.



nihms-1681643.pdf



7. Vidal C, Reynolds EK, Pragowski N, Grados M. Risk factors for seclusion in children and adolescents inpatient psychiatry: The role of demographic characteristics, clinical severity, life experiences and diagnoses. *Child Psychiatry & Human Development*. 2020 Aug;51(4):648-55.

While this paper is concerned with children and adolescent inpatients, it examines both clinical factors, diagnoses as well as demographic characteristics in relation to experiences of seclusion, although the demographic data recorded only identified patients as 'white' or 'black'.

Table 3 DSM-IV clinical diagnoses in relation to seclusion events in 1986 admissions to a children and adolescent inpatient unit

	Sample		Test OR (CI)	V-Cramer	Wald test
	No seclusion (N= 1733) N (%)	Seclusion (N= 253) N (%)			
Disruptive behavior disorders [ODD, CD, DBD]	443 (75.0)	148 (25.0)	4.104 (3.126–5.390)***	0.240***	103.244***
Neurodevelopmental disorders [ID, BIF, learning disorder, communication disorder, PDD, ADHD, Tourette's]	805 (80.7)	193 (19.3)	3.708 (2.734–5.029)***	0.199***	71.066***
Depressive Disorder	916 (92.5)	74 (7.5)	0.369 (0.277–0.491)***	0.157***	46.480***
Bipolar disorder and related disorders (<i>Includes Mood disorder</i>)	461 (80.0)	115 (20.0)	2.299 (1.756–3.010)***	0.139***	36.686***
Trauma and stress disorders [acute stress disorder, PTSD, adjustment disorder]	387 (91.1)	38 (8.9)	0.615 (0.428–0.884)**	0.059**	6.904**
Eating disorders	96 (96.0)	4 (4.0)	0.274 (0.100–0.751)*	0.060**	6.326*
Substance Abuse disorders	269 (91.8)	24 (8.2)	0.570 (0.367–0.886)*	0.057*	6.250*
Psychotic disorders	94 (95.9)	4 (4.1)	0.280 (0.102–0.769)*	0.059**	6.105*
Obsessive compulsive disorder	112 (91.8)	10 (8.2)	0.596 (0.308–1.153)	0.035	2.362
Anxiety disorders [panic, agoraphobia, GAD, SAD]	706 (88.0)	96 (12.0)	0.889 (0.678–1.167)	0.019	0.715
Somatiform disorder	7 (100)	0 (0.0)	0.000	0.023	0.000

*p ≤ 0.05

**p ≤ 0.01

***p < 0.001

The data showed links between ethnicity and proportional experience of seclusion with black males at higher risk of seclusion along with those with disruptive behaviour disorders, bipolar disorder or substance abuse disorder- however the table also showed high comparative rates of seclusion with those with neurodevelopmental disorders.



Risk Factors for
Seclusion.pdf



8. Fitton L, Jones DR. Restraint of adults with intellectual disabilities: A critical review of the prevalence and characteristics associated with its use. Journal of Intellectual Disabilities. 2020 Jun;24(2):268-83.

This paper summarises and critically the available literature concerning “the prevalence of restraint use with people with intellectual disabilities”. Much of the reporting measures were heterogenous which affects direct comparisons however the authors found that overall “restraint was prevalent across all the services sampled – with the highest rate at 78%” but evidence comparisons were hampered across countries by differences in legislation and definition on restraint.



Restraint of adults
with intellectual dis:

9. O’Donoghue EM, Pogge DL, Harvey PD. The Impact of Intellectual Disability and Autism Spectrum Disorder on Restraint and Seclusion in Pre-Adolescent Psychiatric Inpatients. Journal of Mental Health Research in Intellectual Disabilities. 2020 Apr 2;13(2):86-109.

While again this study focussed on children and adolescents in the US, it nonetheless highlighted that patients who met DSM-5 criteria for ID were proportionally at higher risk of experiencing restraint or seclusion as inpatients. The authors discuss possible reasons, including lack of processing ability in responding to requests being interpreted as ‘aggressive’ or dangerous as well as environmental factors contributing to more negative experiences in those with ID.



The Impact of
Intellectual Disabilit



10.Webber LS, Richardson B, White KL, Fitzpatrick P, McVilly K, Forster S. Factors associated with the use of mechanical restraint in disability services. Journal of Intellectual & Developmental Disability. 2019 Jan 2;44(1):116-20.

This Australian study looked at trends and data concerning the use of mechanical restraint in disability services in the state of Victoria. The data showed that certain physical disability characteristics were more likely to experience mechanical restraint, although interestingly the data here suggested in this setting those without a psychiatric disorder were more likely to be physically restrained than those without.

Table 1. Odds ratio of different factors associated with the reported use of mechanical restraint.

Factor	Odds ratio*
Hearing impairment	7.88
Physical impairment	5.43
Communication	4.92
Shared supported accommodation	4.05
Neurological impairment	3.80
Vision impairment	3.36
Autism spectrum disorder	2.67
Respite	1.40
Psychiatric	0.72
Children	1.31
Males	1.03

*Given the large number of cases involved in the analysis (n = 28,063), results are interpreted in terms of effect size rather than using statistical significance.

Those with hearing impairment in particular were more likely to be restrained and the authors noted that “the extent to which behaviours related to impairments in communication could either be interpreted as challenging behaviour (e.g., non-compliance), and contribute to communication breakdown leading to challenging behaviour (including self-injurious behaviours), and consequently the use of mechanical restraint, warrants further investigation”.



Factors associated with the use of mecl



11.*Mersey Care Author* Malda Castillo J, Smith I, Morris L, Perez-Algorta G. Violent incidents in a secure service for individuals with learning disabilities: incident types, circumstances and staff responses. Journal of applied research in intellectual disabilities. 2018 Nov;31(6):1164-73.

This retrospective study used data around violent incidents in an LD inpatient psychiatric setting to examine prevalence and trends. The research found that physical assaults were the most commonly recorded incidents and certain spaces (lounge, corridor and dining room) were the most common locations. The research suggested women may be “at increased risk of being restrained” but did not identify any differences in restraint rates/frequency in ethnicity, however the authors do note that the vast majority of patients in the sample identified as single, white, British and heterosexual.



Castillo_et_al_prepr
int_1_.pdf

12.Lepping P, Masood B, Flammer E, Noorthoorn EO. Comparison of restraint data from four countries. Social psychiatry and psychiatric epidemiology. 2016 Sep;51(9):1301-9.

This study examined data around restraint in inpatient forensic and LD settings in four countries: Wales, Ireland, Germany and the Netherlands. Overall the authors found that, even when taking into account issues that might skew the figures – including differences in availability of forensic services, treatment provisions etc- LD services account for a disproportionately high number of restraint events and patient data was similar across the countries, although data around type and length of restraint differed between countries. The data included in this study did not include ethnicity data.



comparison of
restraint data.pdf



13. Payne-Gill J, Whitfield C, Beck A. The relationship between ethnic background and the use of restrictive practices to manage incidents of violence or aggression in psychiatric inpatient settings. International journal of mental health nursing. 2021 Oct;30(5):1221-33.

This study looked at three years' data collected across a NHS Mental Health trust concerning the use of restrictive practice in relation to incidents of violence and aggressions. The data showed a clear difference in the rates of physical restraint with patients with black ethnic backgrounds more likely to be either secluded or restrained in prone position.



inm.12873.pdf

14. Tarsitani L, Pasquini M, Maraone A, Zerella MP, Berardelli I, Giordani R, et al. Acute psychiatric treatment and the use of physical restraint in first-generation immigrants in Italy: A prospective concurrent study. Int J Soc Psychiatry. 2013 Sep;59(6):613–8.

This Italian study compared the inpatient experiences of 100 first-generation immigrant patients to 100 Italian born patients and found a trend towards higher rates of physical restraint among immigrant patients and longer inpatient stays. The authors suggest possible reasons for this discrepancy may include cultural, language and communication difficulties between immigrant patients and staff, which “[may cause a] higher risk of violent behaviour or overestimation of violent behaviour in immigrant patients”.

Indicative search strategy

BAME, BME, Race, Racial, Ethnic*
Learning disabl*, Learning diff*, Intellectual diff*, Intellectual disab*, Autism, ASD,
Restrain*, restrictive practice, discriminat*, psych*, mental health,

Sources searched

PsycINFO, Embase, CINAHL, Medline

A structured public domain search for unpublished research.



Did this help?

We'd love to know if this information helped you.

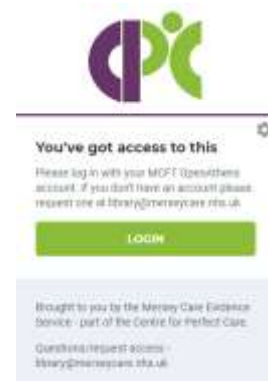
Let us know at: library@merseycare.nhs.uk

This review is a summary of the best available evidence that has been selected using expert searching in order to answer a specific query. It may not be representative of the entire body of evidence available. No responsibility can be accepted for any action taken on the basis of the information presented herein.



[BMJ Best Practice](#)

Clinical decision making tool
and app



For quick access to full-text articles- use the Chrome browser on a MCFT device or download the [Library Access extension](#)