Document submitted to the Health Commission of the Parliament of Catalonia on 11/05/2017. Attendance of representatives of the Veus Federation to the Health Committee to explain the project "Mechanical restraint 0" and the international initiatives and experiences for the transformation of the mental health network

COLLECTION OF ARGUMENTS ON THE REDUCTION OF MECHANICAL RESTRAINT AND COMMENT FROM RECENT SCIENTIFIC LITERATURE

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The introduction of the psychiatric reform that allowed the deinstitutionalization of people with mental health problems and their reintegration into the community in the 1980s, as well as more recent professional and human rights movements such as Psychosocial Rehabilitation and Recovery, made up by service users, their relatives and professionals, have allowed a debate on the reduction of the use of mechanical restraints in clinical settings.

In many cases, the use of these measures contravenes articles 14 (liberty and security of the person), 15 (freedom from torture or cruel, inhuman or degrading treatment or punishment) and 17 (protecting the integrity of the person) of The Convention on the Rights of Persons with Disabilities, approved by the United Nations General Assembly on 13 December 2006 and signed and ratified by Spain on 30 March and 23 November 2007 respectively (BOE: 21-04- 2008). However, the reduction of the use of these interventions implies complex changes in the training of the staff and mental health hospitalization infrastructures, which requires the cooperation of all actors involved in the management and execution of these services.

We offer some arguments that imply caution on the feasibility of the elimination of mechanical restraints, accompanied by the corresponding response in the light of recent scientific literature.

ARGUMENT: Within a crisis a mechanical restraint is the best option, since it is at a moment when people can hurt themselves or others.

ANSWER: **Users** who have been **subjected to mechanical restraint** show a **worse prognosis**[1]. In addition, mechanical restraint has been shown to cause **severe injuries**[2,3], and even **death**[4].

ARGUMENT: Despite the risk to users, many restraints are made to preserve the safety of professionals.

ANSWER: Reducing these interventions **reduces** the risk of **injury and medical leaves** among nursing staff[5].

ARGUMENT: Health Budget cuts prevent the elimination of mechanical containment.

ANSWER: Mechanical restraints are **not cost-effective**, while their **reduction is**[5].

ARGUMENT: Alternative interventions are very complex and are not transferable to our cultural environment or involve a greater workload.

ANSWER: There are many **simple and effective** alternatives[6], prevention among others. In cases where containment is inevitable, **user perceptions** of alternatives to mechanical restraint such as **physical restraint**, are **better** since users perceive concern and greater proximity on the part of professionals[7].

ARGUMENT: Organizational changes are so complex that it would be impossible to implement them in our hospitals.

ANSWER: **Organizational changes** to reduce or even eliminate mechanical containment are possible and most importantly, they are **safe for both users and professionals**[8].

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This project has received funding from the European Union's Framework Programme for Research and Innovation Horizon 2020 (2014–2020) under the Marie Sklodowska-Curie Grant Agreement No 654808.