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November 2018

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Factsheet:

Chemical Restraint

What is Chemical Restraint?

Chemical restraint or chemical restriction involves using medications which are used with the intention of restricting a person's movement or liberty. This could include the use of regularly prescribed medications, medications that are referred to as "PRN" (As and When Required), over the counter medications (including pain relief, anti-histamines, cough/cold medicines), illegal substances, and "Rapid Tranquillisation", (RCN, 2008, DoH, 2015)

The use of medications (Chemical's) must only be considered in line with the principles enshrined within the Human Rights Act 1998, Mental Capacity Act 2005, and the Mental Health Act 2007. Consideration should also be given to the policy and guidance around prescribing produced in relation to the STOMP-LD (Stopping the Overuse of Medication in People with a Learning Disability) agenda.

Any form of restrictive approach should be

Key Principles

The Mental Capacity Act (2005) is clear that everything done for or on behalf of a person who lacks capacity must be in that person's best interests. The five key principles services and professionals 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 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
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms

based on the principles highlighted above. Restriction of any type should only ever be considered in situations where all other practical measures have been considered or exhausted and have not worked. The person themselves or those close to the person should also be included in any decision making process. Information to support this approach may be offered within care and treatment plans for individuals (Health Action Plan, Care plans (CPA, etc), "This is Me" document (RCN & Alzheimers Society, 2010)

Chemical restriction may be considered for a variety of reasons including offering safe support to individuals related to behavioural distress; however it may be advocated in relation to treatment and support for a person to maintain their healthcare which may include access to:

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

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

- **Decide whether the use of a chemical restriction 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 clear process and agreement for monitoring and review**
- **Ensure that those who are offering medicines and those taking those medicines are fully informed of all side effects which may increase potential distress and agitation, and including rare side effects such as "Neuroleptic Malignant Syndrome".**

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.

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 has been decided and other information including medical and health issues 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 may also be 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.

References/Resources;

Human Rights Act 1998 - <https://www.legislation.gov.uk/ukpga/1998/42/contents>

Mental Capacity Act 2005 - <https://www.legislation.gov.uk/ukpga/2005/9/contents>

Mental Health Act 2007 - <https://www.legislation.gov.uk/ukpga/2007/12/contents>

Department of Health, (2015), Mental Health Act Code of Practice. London: TSO - <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

RCN, (2008), Let's Talk About Restraint, London, RCN - <https://www.rcn.org.uk/professional-development/publications/pub-003208>

RCN, Alzheimers Society, (2017), "This is Me", Alzheimers Society, London - https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/this_is_me.pdf

STOMP-LD (Stopping the Overuse of Medication for People with a Learning Disability) - <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

Challenging Behaviour Foundation – Medication Pathway (<https://medication.challengingbehaviour.org.uk/>)