

CADTH Reference List

Restraints for Children and Adolescents With Mental Health Conditions in Inpatient Settings

April 2022

Authors: Diksha Kumar, Quenby Mahood

Cite As: *Restraints for Children and Adolescents With Mental Health Conditions in Inpatient Settings*. (CADTH reference list). Ottawa: CADTH; 2022 Apr.

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up to date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca

Key Message

No evidence-based guidelines were identified regarding the use of restraints for children and adolescents with mental health conditions in inpatient settings.

Research Question

What are the evidence-based guidelines regarding the use of restraints for children and adolescents with mental health conditions in inpatient settings?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, PsycInfo, the Cochrane Database of Systematic Reviews, the international HTA database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine’s MeSH (Medical Subject Headings), and keywords. The main search concepts were restraints and inpatients or mental health. CADTH-developed search filters were applied to limit retrieval to guidelines. The search was also limited to English language documents published between January 1, 2017 and March 24, 2022. Internet links were provided, where available.

Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. Open access full-text versions of evidence-based guidelines were reviewed when available.

Table 1: Selection Criteria

Criteria	Description
Population	Children and adolescents with mental health conditions in inpatient settings
Intervention	Restraints (including all types of restraints, i.e., mechanical, physical, environmental, chemical/ pharmacological)
Comparator	Not applicable
Outcomes	Recommendations regarding best practices for the use of restraints for children and adolescents with mental health conditions in inpatient settings
Study designs	Evidence-based guidelines

Results

No evidence-based guidelines were identified regarding the use of restraints for children and adolescents with mental health conditions in inpatient settings. References of potential interest that did not meet the inclusion criteria are provided in Appendix 1.

References

Guidelines and Recommendations

No literature identified.

Appendix 1: References of Potential Interest

Previous CADTH Reports

1. Wells C, Severn M. Standards of care for children and youth with psychiatric issues in inpatient settings: guidelines. (*CADTH rapid response report: summary of abstracts*). Ottawa (ON): CADTH; 2018 Feb 7: <https://www.cadth.ca/sites/default/files/pdf/htis/2018/RB1188%20Inpatient%20SOC%20Final.pdf>. Accessed 2022 Mar 25.

Guidelines and Recommendations

Alternative Setting – Emergent/Urgent Care

2. Child Health BC. Provincial least restraint guideline: part two: summary and tools. Vancouver (BC): Child Health BC; 2019: https://www.childhealthbc.ca/sites/default/files/chbc_least_restraint_part_2_practical_summary_and_tools_june_2019.pdf. Accessed 2022 Mar 29.
3. Child Health BC. Provincial least restraint guideline: part one: initial management of least restraint in emergent/urgent care settings: background and evidence. Vancouver (BC): Child Health BC; 2018: <https://childhealthbc.ca/media/225/download>. Accessed 2022 Mar 25.

Clinical Practice Guidelines – Unclear Methodology

4. Alberta Health Services. Restraint as a last resort toolkit: information for health professionals. [2022]; <https://www.albertahealthservices.ca/info/Page15702.aspx>. Accessed 2022 Mar 25.
See: Specific Care Settings, Inpatient Pediatrics.
5. Assessment and treatment of children and adolescents with eating disorders in Queensland. Queensland health guideline. Queensland (AU): Queensland Health; 2020: https://www.health.qld.gov.au/_data/assets/pdf_file/0040/956569/qh-gdl-961.pdf. Accessed 2022 Mar 25.
See: Use of restrictive interventions on children and adolescents, page 9.
6. Royal Children’s Hospital Melbourne. Acute behavioural disturbance: code response. Clinical Practice Guidelines. 2020; https://www.rch.org.au/clinicalguide/guideline_index/Emergency_Restraint_and_Sedation_Code_Grey/. Accessed 2022 Mar 25.
7. Restraint prevention & management. Halifax (NS): IWH Health Centre; 2019: http://policy.nshealth.ca/Site_Published/IWK/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=68509. Accessed 2022 Mar 25.
8. Swedish Medical Center. Restraint and seclusion management. Seattle (WA): Swedish Health Services; 2018: https://www.swedish.org/~media/Images/Swedish/CME1/OnlineCourses/Restraint/swed_006880.pdf. Accessed 2022 Mar 25.
See: Continued Use of Restraint or Seclusion, page 6.
9. Implementation guidelines: 14 NYCRR §526.4: restraint and seclusion. New York (NY): Office of Mental Health; 2017: <https://omh.ny.gov/omhweb/guidance/implementation-guidelines.pdf>. Accessed 2022 Mar 25.
See: Orders for the use of restraint or seclusion, page 13.

Additional References

10. CHOC Children’s Hospital best evidence and recommendations strategies to reduce seclusion & restraints on a pediatric mental health unit. Orange County (CA): Children’s Health Orange County; 2018: <https://www.choc.org/wp/wp-content/uploads/2021/05/07-Strategies-to-Reduce-Seclusion-Restraints-on-a-Pediatric-Mental-Health-Unit.pdf>. Accessed 2022 Mar 25.