

## Poplar Ward, Essex Partnership University Trust

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# Reducing Restrictive Practice for CAMHS inpatients: Sensory De-escalation and DBT techniques

Poplar Ward is an adolescent unit in Rochford Hospital in Essex. Staff provide assessments, treatments, educational resources and short-term rehabilitation for young people aged between 13 and 17 years with a range of different mental health problems, including psychosis, mood problems, self harm and autistic spectrum disorders. The team have undertaken work to reduce numbers of restrictive interventions using different change ideas. This case study gives some information about the impact of the work they have done as part of the UCLPartners Reducing Restrictive Practice QI Collaborative, since early 2021.

### 2021 – DBT and sensory de-escalation

The team used the Datix System to support their data collection and to facilitate learning about the impacts of different techniques by adding an additional question to Datix, in February 2021 for Poplar Ward staff to record the type of de-escalation techniques used - Verbal, PRN (as-required medication) or Sensory De-escalation.

This was combined with investment in Occupational Therapy staff to improve knowledge on Sensory Integration Training (to level 7) and offering bite size training to the team in CAMHS inpatient including:

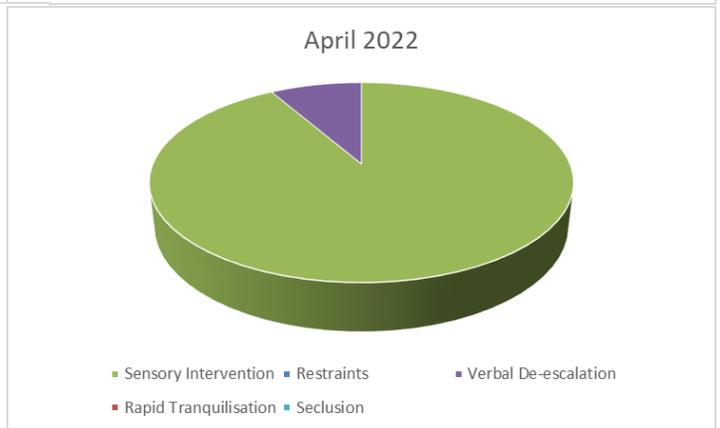
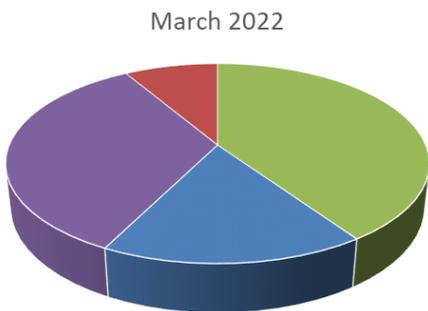
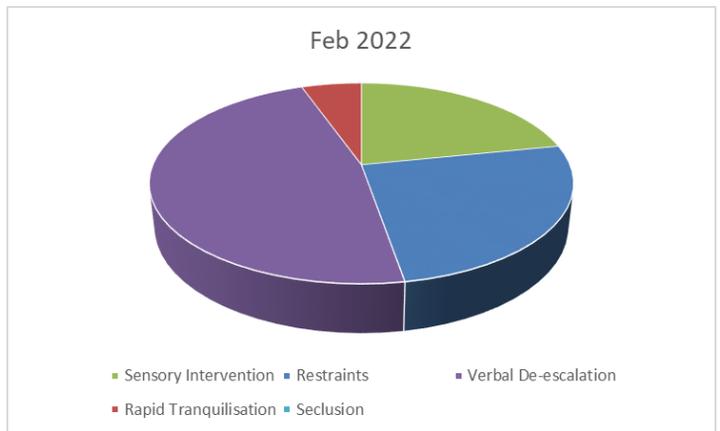
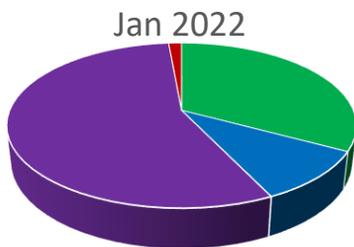
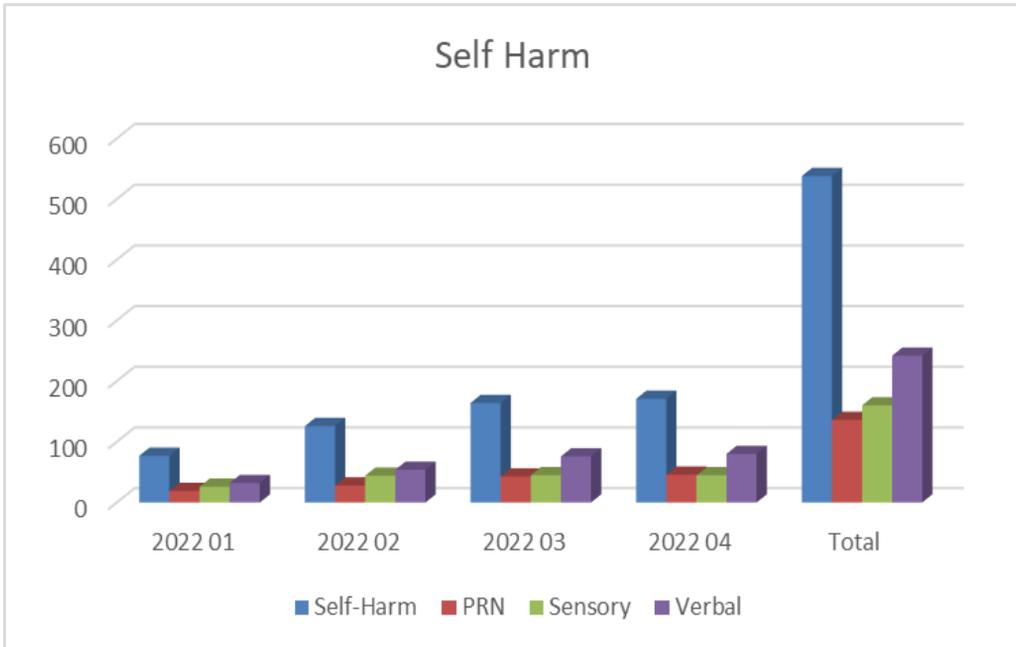
- ❖ use of equipment in the ward to support sensory intervention
- ❖ positive behaviour support plan training for all staff
- ❖ DBT training to staff to support the use of DBT prescription cards

A range of different Dialectical Behavioural Therapy techniques were used to reduce self-harm – these included personalised “self-soothe boxes” and a variety of distress tolerance skills (such as using Ice, Bean Bag Tapping, Elastic Bands, Water with red food colouring, Intense exercise or weighted blankets).

## Gathering data

Alongside using Datix, the team used **Safety Crosses** to capture what was happening on the units and complement what was being entered onto the Datix system. This included a “sensory safety cross” to record incidents where sensory intervention was successful in supporting de-escalation (that may not have progressed to an incident requiring Datix recording). This was compared with the data collected from the safety cross detailing verbal de-escalation, use of rapid tranquilisation, restraint and seclusion.

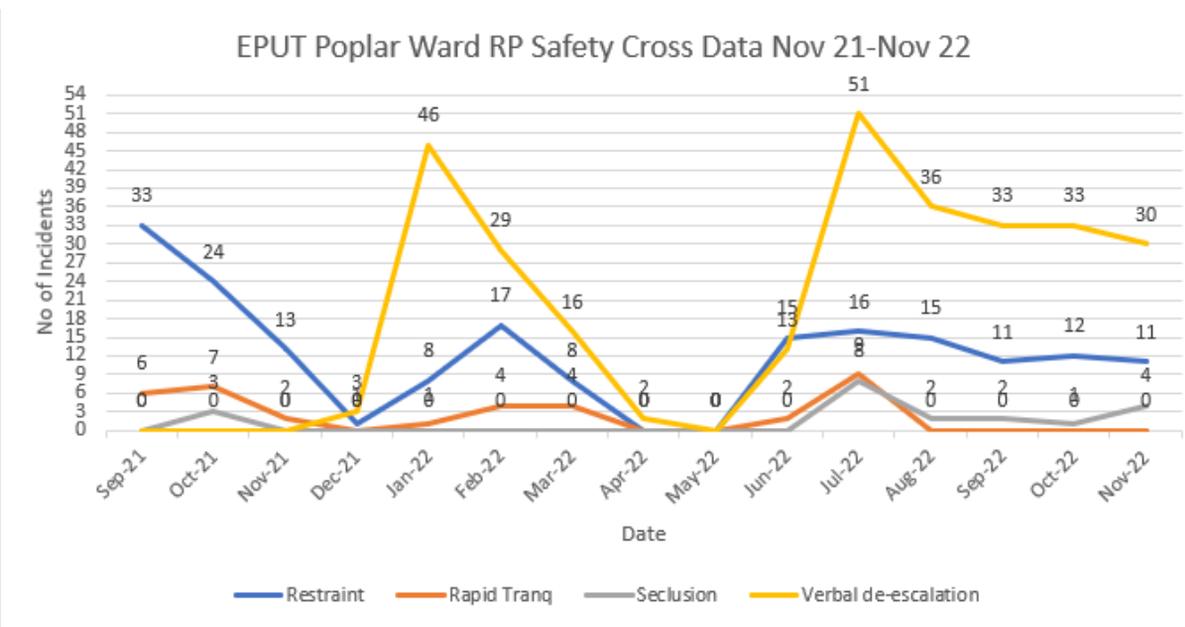
The charts on the next page shows data from January to April 2022 with details of the type of de-escalation techniques used for incidents related to self-harm, for each month. Throughout that period, verbal de-escalation was the strategy most commonly used. Sensory techniques were the second most commonly used intervention to support de-escalation, with PRN medication the least used intervention and no incidents requiring seclusion.



The team continued to strive for reduction in restrictive practices, and use evidenced based practice to support learning. This also brought short- and long-term benefits to both young people and the staff group, including:

- Transferable skills preparing for discharge for young people and their families/carers
- Reduced injury and sickness for staff teams
- Fewer re-traumatising events
- Improved understanding of trauma to support effective interventions

In the year following this, there continued to be variations in restrictive interventions of different kinds.



The staff renewed their efforts to work alongside patients to reduce the number of restraints on the ward by focusing more on verbal de-escalation strategies and use of sensory techniques.

**SENSORY  
SAFETY CROSS**

Please note this is separate to the usual safety cross which still needs completing

Month and year:



1	2	3				
4	5	6				
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
	31					

Please add a dot each time a **sensory intervention** has been used which helped to reduce distress, self-harm or aggression.

This can include sensory room, bean bag tapping, ice, rocking chair, massage mat, weighted blanket, exercise, lavender, music, gym ball.

The ward team's improvement effort, with an environment re-fresh, where the walls were repainted, and staff worked in collaboration with the young people to pick feature wall murals (lounge, dining room, sensory room), helped create a bright and welcoming atmosphere.

Staff tapped into the talent of some of the artistic young people on the ward, who have contributed to some of the artwork on the walls. They encouraged all patients to paint inspiring pictures or quotes for patients that will stay after them, as part of their recovery journey. This has helped the ward feel bright, colourful and more suitable for young people. It has helped ease anxiety for young people, who may often be experiencing their first prolonged time away from their families. Currently, some of the patients are painting a 'Where's Wally' style picture on the wall with various pictures hidden in the scene, that need to be identified.

As part of the ongoing effort to reduce restrictive practices, the team converted one of their office spaces into a sensory room, or 'Snug'. This has had a positive impact on the wellbeing of patients as well as, empowering staff in supporting young people in de-escalation, in conjunction with use of sensory integration skills, the DBT programme and use of positive behaviour support plans. In 2022, a purpose-built long-term segregation suite was built, increasing the space on the ward approximately 3 times, which has had a significant impact in the staff's ability to appropriately care for patients requiring the use of long-term seclusion and segregation in a safe environment.

Members of the UCLPartners Patient Safety Team (Ed Beveridge and Valentina Karas) had the opportunity to visit Poplar Ward in September 2022. Ed and Valentina were able to talk to staff about their experience of some of the change ideas they had used – sensory intervention in particular – and their approach to data, as well as meeting some of the young people in the unit and seeing the environment, including the sensory de-escalation facilities, for ourselves. The team’s commitment to reducing restrictive practice, but also to creating a therapeutic environment, with personalised plans rather than blanket rules, was evident.

It was clear that the learning from 2021 had continued to be implemented in terms of low levels of restrictive intervention and the use of sensory de-escalation as part of reducing the need overall.

