This study was conducted to test the REsTRAIN YOURSELF intervention program's efficacy in reducing restraint use in mental health facilities. Fourteen adult mental health wards were included in this nonrandomized control trial. There were seven intervention wards (total n = 144 beds, mean = 20.1 beds per ward) and seven control wards (total n = 147 beds, mean = 21.0 beds per ward) which were primarily mixed gender but included single sex wards also. physical restraint figures were collected using prospective, routine hospital records before intervention and 6 months after the intervention. Restraint rates on the seven wards receiving the REsTRAIN YOURSELF intervention were compared with those on the seven control wards over three study phases (baseline, implementation and adoption).

REsTRAIN YOURSELF'. The core strategies were operationalized through a number of specific interventions targeted for a UK context as follows:
(1) setting team goals for the reduction of restraint;
(2) reflecting upon the use of restraint and personal communication styles (through reporting and analysing every restraint incident over a period of time);
(3) using approaches to help patients and staff ascertain needs and challenges with regards to aggression on the ward;
(4) employing partnership working strategies to reduce restraint such as 'advance directives' (my safety plan), and positive verbal and non-verbal communication;
(5) exploring environmental challenges to make appropriate changes (both physical and procedural)
(6) debriefing following incidents or near misses of restraint.

Description of innovations implemented as part of REsTRAIN YOURSELF (See tootlkit for more information).

Innovation	Description
My Safety Plan	A self management tool for patients that helps to identify triggers, Early Warning Signs and calming strategies to better manage and avoid violent incidents.
Mood board in community meetings	At the start of any ward based community meeting a discussion on the mood of the ward using weather symbols (stormy,cloudy,sunny) to depict the mood in the past 24/36 hrs.
Protected time	Staff are given permission to eat either their own food or hospital food with the patients at mealtimes.
Therapeutic activities	A range of activities are developed that engage patients throughout the day, evenings and weekends.
Least restrictive care planning	Within formulation meetings the team collate data from My Safety Plans, restraint/violent incidents and develop a plan aimed at reducing violent incidents.
15 Step Challenge	A process of identifying possible improvements that could be made on a ward by assessing the feel of the following areas: welcome, safe, caring and involving and well-organised and calm.
Clinical supervision	Supervision incorporates issue of trauma on both patients and staff and seeks solutions to reduce it.
De-escalation training	Training that focused on techniques to prevent and reduce violence.
Sensory/Comfort/low stimulus rooms	These are spaces and tools that enable patients who are distressed to seek a safe space to help calm them.
Safety crosses	These are a visual aid shaped in a cross with 31 boxes covering a month. Staff put a cross in the box of the date the restraint or violent incident happened. This is in the office for all staff to see and reflect upon at regular meetings.
Visible Nurse	One Qualified Nurse each shift spends a minimum of 30% of their time out in patient areas.

The study reported an average reduction of restraint by 22% on the implementation wards over a six-month period. Some wards recorded significantly greater figures than this. However, whether this can be solely attributed to REsTRAIN YOURSELF is yet to be established. The findings did demonstrate that reductions in the use of restraint and changes to the psychosocial ward environment are potentially achievable with the support of multidimensional organisational models.

It is important to keep in mind that the non-randomised nature of the design inevitably limits the degree to which this effect can be attributed to the REsTRAIN YOURSELF program alone. In particular, restraint rates were higher on the implementation wards than the comparator wards

at baseline. This may suggest some underlying differences between the wards in each group, which limit the direct conclusions that can be drawn about any causal effect of the intervention. Also, the non-significant increase in restraints during the implementation phase is also noteworthy. This indicates either challenges in adjusting to the new approach or a reduced threshold amongst staff for the reporting of incidents due to the highlighting of the issue through participation in the study. Improved reporting systems as part of the intervention strategy may also have increased sensitization to recording events during the early phases.

I thought this was an important study to research because it highlights the growing concern regarding restraining patients in mental health facilities. The “REsTRAIN YOURSELF” program is only one of the many strategies employed to reduce the use of coercive measures for psychiatric patients. Hopefully more programs such as this one will continue to be studied, implemented, and refined to produce the best possible results for patient and staff safety.