

# Violence and aggression in people with mental health problems in health or social care settings

Information for the public

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[www.nice.org.uk](http://www.nice.org.uk)

## About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about violence and aggression that is set out in NICE guideline NG10.

This is an update and replaces the advice on violence that NICE produced in 2005.

## Does this information apply to me?

Yes, if you:

- have a mental health problem and are in a health or social care setting **or**
- are a family member or carer of someone who has a mental health problem and is in a health or social care setting.

## Violence and aggression

Violence and aggression are actions that can or do harm another person. They can be physical or verbal. Sometimes people with mental health problems become frustrated, upset or angry when they're in health or social care settings, and this can cause them to behave in a violent or aggressive way.

The NICE guideline sets out what care teams in health and social care settings should do if a service user with a mental health problem becomes upset or behaves in an aggressive or violent way. It describes methods care teams can use to prevent violence and aggression and how they can stop violence when it happens.

The guideline covers care teams working in psychiatric hospitals or units, hospital emergency departments and GP surgeries. It also covers care teams working elsewhere in the community, including people's homes.

## Working with you

If you've had a violent or aggressive episode in a health or social care setting, the care team should talk with you about it. They should discuss with you how to avoid future episodes, and how to manage them if they do happen. Throughout this information there are boxes showing questions you might like to ask, to help you talk with the care team.

Sometimes violence or aggression needs to be managed using a method called a restrictive intervention. For example, you may be physically restrained or given an injection of medication. (For more information about restrictive interventions see [stopping violence or aggression](#).) Most people find it distressing to have a restrictive intervention, so it's important to talk about these, and ways of avoiding the need for them, with the care team. The care team should also tell you about the types of medications that may be used to calm you down, and the side effects these medications might have.

You can use 'advance decisions' and 'advance statements' to set out your preferences for

your care and treatment, including which types of restrictive interventions you would prefer to have if you need them. Your family or carer can be involved in helping to make decisions, but only if you agree. **If you're under 18**, your parent or carer may be involved in helping to make decisions, depending on your age.

For more information about advance decisions and advance statements see [involving you in decisions about your care](#).

You may also like to read NICE's information for the public on [service user experience in adult mental health](#). This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about [using health and social care services](#).

**Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to the care team.**

## Involving you in decisions about your care

You should be involved in all decisions about your care. The care team should discuss with you and, if you agree, your family or carer, how likely it is that you'll have violent or aggressive episodes (known as a risk assessment) and plan your care. For more information see [assessing your risk of becoming violent or aggressive](#). If you're not able to take part in planning your care, or don't wish to, the care team should offer you chances to do so in the future.

The care team should make sure you understand and can use your legal rights, for example your right to follow religious or cultural practices during your care. They should make sure that your safety and dignity are protected at all times.

**In addition, if you're under 18** the care team should talk with your parents or carers about your care. They should involve you in making decisions whenever possible.

## Advance decisions and advance statements

Advance decisions allow you to make choices about your future treatment and care. They may include, for example, any medications you don't wish to be given. Advance decisions are legally binding, which means that the care team must follow them.

Advance statements allow you to set out your preferences, wishes, beliefs and values about your future treatment and care. They may also include information such as situations or events that make you feel violent or aggressive and ways to control feelings of violence and aggression. Advance statements are not legally binding.

You should be encouraged to make advance decisions and advance statements as soon as possible, for example when you're being admitted to an inpatient ward. If you agree, your carer should be involved whenever possible.

The care team should check whether you have made any advance decisions or advance statements as soon as possible, for example when they're admitting you to a psychiatric hospital or unit. They should also check whether someone else has been appointed to make decisions for you.

## Questions you might like to ask

- How do I make an advance decision/advance statement?
- Can I change my mind later?
- Who will see my advance decision/statement? Where will it be kept?

# Assessing your risk of becoming violent or aggressive

The care team should meet with you and, if you agree, your carer, to find out how likely it is that you will have a violent or aggressive episode (known as a risk assessment). They should take into account any times in the past when you have become violent or aggressive. They shouldn't be biased in any way, and should not let their own feelings or opinions, for example about race or culture, affect your risk assessment. They should be careful not to mistake behaviour that is a normal part of your culture or background, but not familiar to them, as aggression.

If there's a risk that you will become violent or aggressive, the care team should talk with you about when and where this happened in the past and what usually caused it (for

example feeling jealous of someone, or disappointed or angry about something). They should also talk with you about how you calmed down and what helped you to calm down (such as talking with someone or taking a medication). They may offer you psychological support to help you learn ways to calm yourself and control your anger.

Your risk assessment should be repeated regularly to keep it up to date. If the care team changes, or you are discharged from care, your risk assessment should be shared with the new care team and your carers.

**In addition, if you're under 18** the care team doing your risk assessment should check whether you've had any abuse or trauma. They should also find out whether you have another mental health problem such as antisocial behaviour or a conduct disorder, attention deficit hyperactivity disorder (often called ADHD for short), or autism. If you do, they should offer care and treatment to you and your parents or carers, in line with NICE's guidelines (see [Other NICE guidance](#) for details).

## Questions you might like to ask

### About risk assessment

- When and where will the risk assessment be done? How long will it take?
- Who will do the risk assessment?
- What kind of psychological support could I have? How will it help me?
- When will I have my next risk assessment?

### For parents or carers of children and young people

- Will you let me know if my child is violent or aggressive?
- What methods will you use to help calm my child?
- What will you do if they cannot calm down?
- Can you give me help in learning how to soothe and calm my child?

## For family members, friends or carers of adults

- What can I/we do to help and support the person?
- Is there any additional support that I/we as carer(s) might benefit from or be entitled to?

# Preventing violence and aggression

## Understanding what makes you upset or angry

The care team should get to know you so that they can tell when you're starting to become upset or angry. They should learn what your 'triggers' (things that are likely to anger or upset you) are and try to avoid setting off these triggers. They should also encourage you to get to know your own triggers and ways that you can control them. For example, if you feel angry because you've been told that you can't have something you've asked for, you could talk about what other options there are.

## Support to stay calm in a psychiatric hospital or unit

If you're in a psychiatric hospital or unit, your ward should be as pleasant and comfortable as possible. It should be easy to find your way around and doors shouldn't be locked unless necessary. There should be opportunities for privacy and you should be able to go outside if you wish.

You should be offered opportunities for physical exercise and leisure activities such as a film club, or a reading or writing group. You should also be offered psychological therapies if they're suitable for you.

The care team in the ward should watch out for any teasing, bullying or other upsetting behaviour in the ward. They should also be aware of things that might upset you, for example if you're not allowed to leave the ward or you have worries about family or money problems.

## Medication to help you stay calm

If you need medication to help you stay calm, the care team, including a psychiatrist and a specialist pharmacist, should make a medication plan for you. This plan should include any medication that you take regularly as well as medication that you take only when you need it (known as 'pro re nata' medication, or 'p.r.n.' medication for short). All the medication you take should be checked by the care team at least once a week, and more often if your risk of becoming violent or aggressive increases or you're having a restrictive intervention (for information on restrictive interventions see [stopping violence or aggression](#)).

## Searching possessions and clothing to prevent violence

Sometimes searches of people's possessions and clothing need to be done to prevent violence and keep everyone safe. Health and social care services should have a policy (a set of rules) about searching service users and their carers or visitors. The policy should include the reasons a search can be done, who can do the searching and what can be searched (for example, a person's clothing or their room). There should be a summary of the policy that you and your carers or visitors can have.

If it's decided to do a search, you should first be given the summary of the policy on searching. You should be asked if you consent (agree) to the search. If you don't give your consent, the care team should have a meeting to decide whether they should use physical force to do the search. Different types of professionals should take part in this meeting. Physical force should be used only as a last resort.

During the search, it should be explained to you what is being done and why. Your dignity and privacy should be respected during the search. The search should be carried out by two members of the care team. At least one of them should be the same sex as you.

### If you become upset or angry

If you become upset or angry, one member of the care team should take you into a separate room, a quiet area or outside. They should support you to become calm and find out what has upset you. You should be treated with respect and understanding.

The care team should understand that your personal space is important. They should try not to say or do anything that might make you more upset or angry.

## Questions you might like to ask

- Is there any help I can get with managing anger?
- How can I best let people know if I'm being bullied or getting angry at someone or something?
- What help can you give me with my smoking/drinking/drug problem?
- Can I have p.r.n. medication to help me manage my feelings?
- Why do you search people?
- What do you search?
- What happens to the things you take during a search? Do you give a receipt for them? When do you give them back?

## Stopping violence or aggression

If you do become violent or aggressive, the care team may need to take action quickly to stop you from harming yourself or someone else. They may use a method known as a restrictive intervention. NICE has made recommendations on the following restrictive interventions:

- observation (watching you carefully)
- manual restraint (holding you physically)
- mechanical restraint (using handcuffs or a restraining belt to hold you)
- rapid tranquillisation (giving you an injection of medication)
- seclusion (taking you to a room away from everyone else).



Restrictive interventions should only be used if all other attempts to stop your violence or aggression have failed and there is potential for you to harm yourself or others. The care team should take into account any preferences you have about which restrictive intervention they should use if you become violent or aggressive.

If you're in an emergency department when you become violent or aggressive, you shouldn't be excluded from the emergency department. The care team should arrange for you to have a psychiatric assessment within 1 hour.

Restrictive interventions shouldn't be used as punishments or to cause you pain, suffering or humiliation. They should last for as short a time as possible.

**In addition, if you're under 18** the care team should check constantly to make sure you're comfortable and well when you're having a restrictive intervention.

## Observation

Observation means that a member of the care team will watch you carefully for a period of time. They will stay in contact with you during that time. The care team should only use observation after they have talked to you and tried to calm you down using other methods.

How closely you are watched, and how long for, depends on how high your risk of becoming violent is.

If your risk of becoming violent or aggressive is low, you should be checked once every 30 to 60 minutes. If your risk is a bit higher you should be checked more often – once every 15 to 30 minutes.

If your risk of becoming violent or aggressive is high, you should be watched all the time by a member of the care team, who should stay close to you (within arm's length). If your risk is very high, two or three members of the care team should watch you all the time, and one member of the care team should stay close to you (within arm's length).

If your observation is handed over to other members of the care team, you should be included in their handover discussions if possible.

The care team should understand that being under observation can be upsetting and make you feel isolated from other people. They should use the least amount of

observation possible and take into account your views, your current mental state, and any medications you are taking and their effects. If you agree, they should tell your carer that you're having observation, and explain the reasons to them.

The care team should explain to you why you're under observation, how long it's likely to last and what needs to happen before it can be stopped.

## Manual restraint

Manual restraint is a way of physically holding you so that you can't hurt yourself or another person. **If you're under 18**, you should be manually restrained by a member of the care team who is the same sex as you, if possible.

You should not be lowered to the floor during manual restraint, but if this is unavoidable you should be lowered on your back with your face up. You shouldn't be held in any way that makes it hard for you to see, hear, speak or breathe, or affects your blood circulation. This means that the person holding you shouldn't press on your rib cage, neck or abdomen, or cover your eyes, ears, nose or mouth.

You should be held for as short a time as possible and not usually for more than 10 minutes. Your dignity and safety should be protected as much as possible.

If you're physically unwell, disabled, pregnant or obese, manual restraint should be done with extra care.

After manual restraint your physical and mental wellbeing should be checked for as long as needed.

## Mechanical restraint

Mechanical restraint uses equipment such as handcuffs or restraining belts to limit a person's movement. It should only be used in a high-secure psychiatric hospital to stop or prevent extreme violence or injury. Mechanical restraint may also be used when service users are being transferred from a medium-secure psychiatric hospital to a high-secure psychiatric hospital. (Medium-secure and high-secure psychiatric hospitals have high levels of security for people with severe mental health problems who are at high risk of harming themselves or other people.)

**For young people under 18** mechanical restraint should only be used in special circumstances such as during transfer from a medium-secure to a high-secure psychiatric hospital, and only if the young person is 13 or older. Mechanical restraint shouldn't be used at all in children under 13.

## Rapid tranquillisation

You may be given an injection of medication to calm you down quickly. This is called rapid tranquillisation. Rapid tranquillisation is always given by injection rather than as a tablet or pill.

NICE recommends two types of medication for rapid tranquillisation:

- lorazepam on its own **or**
- haloperidol combined with promethazine.

When deciding which type of medication to use for rapid tranquillisation, the care team should take into account your preferences, advance statements and decisions (see [involving you in decisions about your care](#)), and any physical health problems you have. They should also take into account whether you've had these medications before, how well they worked and whether they caused any bad side effects.

If you need an injection to calm you down and you're 18 or over, you should be given lorazepam on its own if:

- you've never had either type of medication and don't have a preference **or**
- you have signs or symptoms of cardiovascular disease (problems with your heart or circulation).

If the injection doesn't calm you down enough, you may be given a second injection. The second injection may be the same type of medication as the first, or it may be the other type.

**If you're under 18** you should only be given lorazepam on its own. Your physical and emotional wellbeing should be checked constantly when you have lorazepam. Using lorazepam for people aged under 18 is known as 'off-label' use. The care team should tell you or your parent or carer this, and explain what it means for you. There is more

information about 'off-label use' below.

## 'Off-label use'

In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically for. This is called 'off-label' use. There is more information about licensing medicines on [NHS Choices](#).

## Seclusion

Seclusion means that you are taken to a room and not allowed to leave until the seclusion ends. The room may be locked if you're 18 or over. You should be secluded for as short a time as possible.

You should be able to keep your clothing and any personal items with you, if you wish, unless they might be a risk to yourself or others.

The room you're secluded in should allow the care team to see you clearly. It should be at a comfortable temperature with enough fresh air, and there should be toilet and washing facilities.

**If you're under 18** the room shouldn't be locked, even if it's your own bedroom.

**A member of the care team should check whether you still need to be secluded at least once every 2 hours. They should make sure you know that they'll be doing this.**

## What should happen after a restrictive intervention

You should be offered a chance to talk about why the restrictive intervention was used with a member of the care team, an advocate (an independent person who represents your views) or a carer. You should also be invited to write down what you think about what happened in the notes made by the care team.

If you saw or heard violence or aggression from another service user that led to them having a restrictive intervention, you should be given a chance to talk about it with the care team.

## Questions you might like to ask

- Why am I being put under observation?
- What will happen during the observation?
- How long will it last?
- How close will the person observing me be?
- Who will be doing the observation?
- Can they introduce themselves to me so that I don't get worried?
- Can I choose what type of medication I have for rapid tranquillisation?
- Will the medication have any side effects? Is there anything you can give me to relieve the side effects?

## Sources of advice and support

- Mind, 0300 123 3393, [www.mind.org.uk](http://www.mind.org.uk)
- Rethink Mental Illness, 0121 522 7007, [www.rethink.org](http://www.rethink.org)

You can also go to [NHS Choices](#) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

## Other NICE guidance

- [Autism](#) (2013) NICE guideline CG170
- [Antisocial behaviour and conduct disorders in children and young people](#) (2013) NICE guideline CG158
- [Autism diagnosis in children and young people](#) (2011) NICE guideline CG128

- [Attention deficit hyperactivity disorder \(2008\) NICE guideline CG72](#)

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## Accreditation

