

"Why are we still doing this?": reducing the use of restraint for the treatment of anorexia nervosa in acute paediatric settings

Authors:

Brockenshire N^{1,2}, O'Neill J^{1,2}, Hawley M², Newall, F¹.

¹ University of Melbourne, ² The Royal Children's Hospital

Background:

Anorexia nervosa (AN) is a serious psychological illness with significant physiological consequences. In young people (YP), there are substantial impacts on growth and puberty, bone health, and psychosocial development. For those who become medically unstable they may be admitted to an acute care service to ensure adequate nutritional intake is achieved. Data from The Royal Children's Hospital (RCH) between 2020-2023, shows 11% of YP with AN required restraint for nasogastric tube (NGT) insertion and/or feeding. Currently, no guidelines are available to assist clinical staff in least restrictive interventions and restraint decision-making for this population.

Methods:

Our research, designed in partnership with lived-experience collaborators, aimed to explore the nuanced, personal experiences of young adults who were restrained for feeding in adolescence within an acute paediatric setting, parent/carers of YP restrained in the same context, and both clinical and non-clinical staff providing care.

This study employed semi-structured interviews with the three identified cohorts. Interviews were recorded, transcribed and analysed using inductive thematic analysis. Data from participants then directly informed the development of a draft guideline addressing restraint for YP with AN at RCH.

Results:

We interviewed 5 young adults, 6 parent/carers, 4 security staff and 22 clinicians from Victoria, New South Wales, Queensland, and Western Australia. Key findings included: (1) the importance of individualised and trauma-informed care; (2) the need for mental health and eating disorder education for staff; (3) the inconsistent application of mental health legislation; and (4) a need for the integration of mental health in acute medical wards.

Conclusion:

This research illustrates the value of lived-experience combined with clinical expertise and research to produce evidence-based practical guidance for staff in an ethically challenging area. This is a step forward in our responsibility in paediatric health care to ensure least restrictive interventions are prioritised in the medical as well as the mental health setting.