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EVIDENCE SEARCH RESULTS

Question/subject of request:	My service (low secure unit) are developing a security SOP and looking for evidence-based practice in regard to: • Room searches • Locking of bedroom doors • Crockery use (versus plastic) Is this something you could conduct a quick literature review for please? We've been asked for this "ASAP" so I will also have a look. However, I feel your resources may be better than mine.
Date requested:	10/7/25
Date completed:	18/7/25
Compiled by:	Jess Pawley

CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

- Pawley, J., (2025). *Evidence summary: Low secure unit security SOP.* Taunton, UK: Somerset Foundation Trust Knowledge and Library Services.

CONTACT DETAILS

Knowledge & Library Services:	**Email:** library@somersetft.nhs.uk **Telephone:** MPH (01823) 342433 or YDH (01935) 384495 / 4697 **Website:** https://somersetft-nhs.libguides.com/home **BlueSky:** @somersetft-kls.bsky.social
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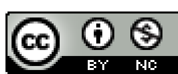
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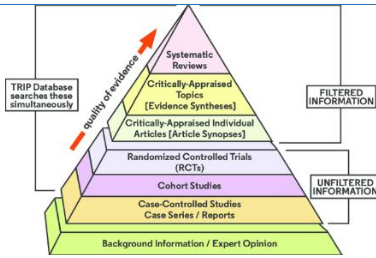

The results are presented according to the hierarchy of evidence which is used to rank the relative strength of results obtained from scientific research.

The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.

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Contents (click to jump to each section):

Summary of search results:

This summary has been written in part using AI

I have included resources relevant to both adult and children's mental health.

Summary overview – the evidence points towards clear communication between service users/patients and staff when conducting searches, and stating the levels of search and to use that which is most appropriate. Involvement of the police when hazardous or dangerous materials are found. The evidence advises against the locking of doors – **note that the evidence below covers the locking of ward doors, rather than of individual room doors.** Reasons cited for this include distrust, worsening behaviour and staff dissatisfaction. Consider also the "expectation" that restraint should be used within mental health and the changes that could be put into place to challenge this. Restricted materials, namely weapons or those items with which service users/patients could cause harm to themselves or others, are broadly covered, but there is not a specific mention of crockery. Knives are described as prohibited due to their readiness as potential weapons.

Click to jump to section:

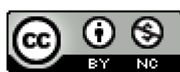
- Policies

I suspect you are aware of **Health Building Note 03-01 Supplement 1: Medium and low secure mental health facilities for adults,** published by NHS England and the Royal College of Psychiatrists' general guidance on standards for low and medium secure units.

I have also included specific examples from other NHS organisations. This is not an exhaustive list.

Specifically on prohibited items, Kent and Medway have defined their list of monitored and prohibited items – note that crockery or cutlery is not mentioned.

Tees, Esk and Wear Valley NHS FT discuss what to do in the event a patient lacks capacity or does not give consent for a search. Provides details relating to the searching of patients, visitors and contractors, and when to involve the police (should anything hazardous be found). Dedicated searching is used by forensic services when it is believed that a patient has hidden a dangerous substance or weapon in the clinical area.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Room searching as well as personal body searching is described by Cumbria Partnership NHS FT. Relating to the possession and supply of drugs, the policy states the escalation procedure to senior clinical staff and the eventual involvement of the police.

- Reports

A literature search on a similar topic was carried out by the Sax Institute in Australia in 2020, asking the following questions:
Question 1: What hospital-based models of care or practices have been shown to be most effective in reducing high acuity and acute severe behavioural disturbance in mental health inpatients?
Question 2: What have been the barriers and enablers to implementing effective models of care to reduce high acuity and behavioural disturbance in mental health inpatients
Outcomes of the review showed limited evidence as to any one particular method of "reducing high acuity and acute severe behavioural disturbance." **Two methods stand out, one of which is the Safewards model which originates here in the UK. You may well already be aware of this. The other is the Six Core Strategies or REsTRAIN Yourself.**

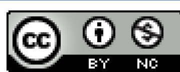
While the statement piece from the WHO talks about European member states who use seclusion and restraint in their management of mental health patients, I felt there may be some learning to take away, particularly around the importance of communication between service users/patients and staff in understanding what may lead to the use of restraint. Door locking could be described as a form of restraint when locked against the will of service user(s), or when the reasons for doing so are not clearly communicated. Throughout the piece is the need for a change of policy across most of the European member states, with a comment that the use of coercive measures and restraint is seen as "normal" when working in mental health.

- Misc

A freedom of information request sent to the former 2gether NHS FT in 2018 asked around the searching policy of the Trust, the number of inpatients in their mental health units subjected to searches in 2017 (they were unable to answer this) and the number of potential weapons removed from patients during those searches (4). The Trust included in their response a copy of their search policy and highlights include: restricted items which are not to be held in the room of any patient; levels 1-4 search levels, with level 1 being described as "standard item management" and level 4 implemented when an individual has been "witnessed or credibly reported to be in possession of a restricted item." **Section 2 of the document describes the "decision to implement a search" and askes key questions in order to justify the necessity of a search procedure.**

- Published Papers – I have tried to rank these in order of relevance, and have pulled out some key points as follows. **Abstracts provided for all, full text provided where available.**

Within these papers, would the design of a unit would have any impact on how often such security measures are used or needed? (Oostermeijer et al, 2021).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I have understood that a locked or open door policy, and the locking of individual patient rooms, are two separate things. **Most of the evidence found looks at the locking of the main ward rather than of individual rooms.** However, I have included below some papers which deal more specifically with open door policies on wards, please see Missouridou (2021), Gill (2019) and Efkemann (2021). I felt there may be some transferrable learning and similarities, particularly in how having an open door policy encourages trust amongst patients and eases pressure on staff. Relating to this is the **policy from NHS Greater Glasgow and Clyde.** "Poor evidence was found for (ward) door locking to mitigate risks such as absconding, aggression or illicit substance importation. Furthermore, locked doors had a detrimental impact on the therapeutic relationship, nurse job satisfaction and intention to leave the profession", according to this 2023 review from Searby et al.

Policies

Health Building Note 03-01 Supplement 1: Medium and low secure mental health facilities for adults – NHS England

Standards for forensic mental health services: low and medium secure care: 3rd edition – Quality network for Forensic Mental Health Services and the Royal College of Psychiatrists, 2019

- Specific examples from other Trusts

Searching of Service Users Person, Room and Personal Belongings (May 18-Feb 19) – Cumbria Partnership NHS Foundation Trust

Searching-of-Patients-their-Property-environment-and-visitors.pdf – Tees, Esk and Wear Valley NHS Foundation Trust

Mental Health Services: Policy for locking doors on open wards – Greater Glasgow and Clyde, 2019

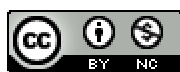
Monitored and Prohibited Items for Acute Patients - Kent and Medway NHS and Social Care Partnership Trust

Reports/Statements

Management of highly acute mental illness and acute severe behavioural disturbance- Sax Institute, Australia, 2020

Countries move away from using coercive measures in mental health care -WHO, 2025

Physical security in secure care – Quality network for forensic mental health services – Royal College of Psychiatrists, 2021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MISC

GPT- FOI request relating to Trustwide policy for searching patients – dated 2018 – 2gether NHS FT (Glouc Health and Care NHS FT)

Published Papers

Design features that reduce the use of seclusion and restraint in mental health facilities: a rapid systematic review
Oostermeijer et al, BMJ Open, 2021

Key points:

The study suggests that the physical environment in mental health facilities can help reduce the use of seclusion and restraint, though the evidence is preliminary. Achieving this reduction likely involves a multilayered design approach, incorporating good design features and specific elements to decrease these occurrences. The paper emphasizes the importance of involving consumers in a co-design process to maximize change and innovation, guided by their lived experiences. In summary, the paper concludes that a comprehensive design strategy, including consumer input, is crucial for reducing seclusion and restraint in mental health facilities.

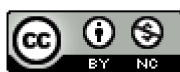
Locked external doors on inpatient mental health units: A scoping review

Authors: Searby, Adam;James, Russell;Snipe, Jim and Maude, Phil

Publication Date: Dec ,2023

Journal: International Journal of Mental Health Nursing 32(6), pp. 1544–1560

Abstract: The principles of least restrictive care and recovery-focused practice are promoted as contemporary practice in the care of individuals with mental ill health, underpinning legislation concerning mental health and illness in many jurisdictions worldwide. Inpatient mental health units with locked doors are incompatible with this style of care and throwback to a time where care for mental illness was primarily custodial. The aim of this scoping review is to determine whether evidence exists for locking mental health unit doors, whether this practice is compatible with recovery-focused care and to determine whether door locking has changed since a review conducted by Van Der Merwe et al. (Journal of Psychiatric and Mental Health Nursing, 16, 2009, 293) found that door locking was not the preferred practice in the management of acute mental health units. We used Arksey and O'Malley's (International Journal of Social Research Methodology: Theory and Practice, 8, 2005, 19) framework for scoping reviews, with our initial search locating 1377 studies, with screening narrowing final papers for inclusion to 20. Methodologies for papers included 12 using quantitative methodology, 5 qualitative and 3 that used mixed methods designs. Poor evidence was found for door locking to mitigate risks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such as absconding, aggression or illicit substance importation. Furthermore, locked doors had a detrimental impact on the therapeutic relationship, nurse job satisfaction and intention to leave the profession. This scoping review indicates that research is urgently needed to address a mental healthcare culture where door locking is an entrenched practice. Studies of alternative approaches to risk management are required to ensure inpatient mental health units are truly least-restrictive, therapeutic environments.

Nurses' Experiences of Psychiatric Care in Acute Care Units with an Open Door Policy

Abstract only, full paper can be provided if needed

Authors: Missouridou, E.;Xiarhou, P.;Fradelos, E. C.;Mangoulia, P.;Kasidi, K.;Kritsiotakis, M.;Stefanou, E.;Liapis, C.;Dimitriadis, A.;Segredou, E.;Dafogianni, C. and Evagelou, E.

Publication Date: 2021

Journal: Advances in Experimental Medicine and Biology 1337, pp. 127–135

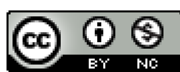
Abstract: Social distancing and the recent lock down due to COVID-19 has increased the feeling of disconnection, isolation, and suffering in vulnerable individuals and has brought forward questions regarding open acute care psychiatric units that cannot be answered by the literature. In Greece, there is no available research on how open ward environments are perceived and experienced by mental health professionals. The aim of the present study was to illuminate nurses' experiences of working in a public psychiatric hospital which traditionally operates with open doors. Eleven nursing care providers were interviewed, and thematic analysis was employed to explore their experiences of working in locked psychiatric acute care units. Participants described nursing care in units with an open door policy as "acceptance," "availability of staff," "real respect for the person," "ensuring patients' rights," "listening to the person," and "negotiation and not imposition." Trust in therapeutic relationships was perceived as greatly dependent on the trust being given to patients indirectly by the open door policy. Being trusted enhanced patients' self-determination and self-confidence leading to their empowerment. Containment of an acute mental health crisis took place through medication and meaningful discussions with patients and significant others rather than locking the door of the unit. Overall, meaningful care led to professional emancipation, but compassion fatigue narratives emphasized the need for continuous education, support and clinical supervision as necessary support for mental health nurses in a system of mental health provision often reduced to the point of crisis.

The prevalence of constant supportive observations in high, medium and low secure services

Lambert et al, British Journal of Psychiatry, 2018

Key points:

The study reveals significant challenges in balancing risk management and minimizing restrictive interventions in mental health services, as evidenced by the varied use of Constant Supportive Observations (CSO) across different settings. A small number of individuals disproportionately account for CSO hours, and adverse incident rates are higher when individuals are on CSO. There is considerable variation in the use and reasons for initiating CSO among different settings, and the study also highlights the organizational costs associated with CSO. Overall, the findings underscore the ongoing struggle to balance patient safety with the goal of reducing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restrictive practices.

[Service user experiences of risk assessment and management in a low secure service]

Gray et al, Journal of Forensic Psychiatry and Psychology, 2021

Key points:

The paper highlights the growing emphasis on collaborative approaches for risk assessment and management within forensic services, driven by the implementation of recovery principles. It identifies risk assessment and management as fundamental aspects of forensic services, underscoring their central role in these settings.

Opening the doors: Critically examining the locked wards policy for public mental health inpatient units in Queensland Australia

Abstract only, full paper can be provided if needed

Authors: Gill, Neeraj S.;Parker, Stephen;Amos, Andrew;Lakeman, Richard;Emeleus, Mary;Brophy, Lisa and Kisely, Steve

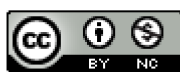
Publication Date: Sep ,2021

Journal: The Australian and New Zealand Journal of Psychiatry 55(9), pp. 844–848

Abstract: The Queensland Government issued a policy directive to lock all acute adult public mental health inpatient wards in 2013. Despite criticism from professional bodies and advocacy for an alternative, the policy has been retained to this day. A blanket directive to treat all psychiatric inpatients in a locked environment without individualised consideration of safety is inconsistent with least restrictive recovery-oriented care. It is against the principles of the United Nations Convention on the Rights of Persons with Disabilities, to which Australia is a signatory. It is also contrary to the main objects of the Mental Health Act 2016 (Qld). Queensland Health has reported a reduction in 'absences without permission' from psychiatric inpatient wards after the introduction of the locked wards policy; however, no in-depth analysis of the consequences of this policy has been conducted. It has been argued that patients returning late or not returning from approved leave is a more common event than patients 'escaping' from mental health wards, yet all may be counted as 'absent without permission' events. A review of the international literature found little evidence of reduced absconding from locked wards. Disadvantages for inpatients of locked wards include lowered self-esteem and autonomy, and a sense of exclusion, confinement and stigma. Locked wards are also associated with lower satisfaction with services and higher rates of medication refusal. On the contrary, there is significant international evidence that models of care like Safewards and having open door policies can improve the environment on inpatient units and may lead to less need for containment and restrictive practices. We recommend a review of the locked wards policy in light of human rights principles and international evidence.

Ward Atmosphere and Patient Satisfaction in Psychiatric Hospitals With Different Ward Settings and Door Policies. Results From a Mixed Methods Study

Authors: Efkemann, Simone Agnes;Bernard, Johannes;Kalagi, Janice;Otte, Ina;Ueberberg, Bianca;Assion,

This work is licensed under a CC BY NC 4.0 license

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Hans-Jörg;Zeiß, Swantje;Nyhuis, Peter W.;Vollmann, Jochen;Juckel, Georg and Gather, Jakov

Publication Date: Aug 30 ,2019
Journal: Frontiers in Psychiatry 10, pp. 576

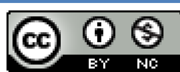
Abstract: Background: Open-door policies in psychiatry are discussed as a means to improve the treatment of involuntarily committed patients in various aspects. Current research on open-door policies focuses mainly on objective effects, such as the number of coercive interventions or serious incidents. The aim of the present study was to investigate more subjective perceptions of different psychiatric inpatient settings with different door policies by analyzing ward atmosphere and patient satisfaction. Methods: Quantitative data on the ward atmosphere using the Essen Climate Evaluation Scale (EssenCES) and on patient satisfaction (ZUF-8) were obtained from involuntarily committed patients (n = 81) in three psychiatric hospitals with different ward settings and door policies (open, facultative locked, locked). Furthermore, qualitative interviews with each of 15 patients, nurses, and psychiatrists were conducted in one psychiatric hospital with a facultative locked ward comparing treatment in an open vs. a locked setting. Results: Involuntarily committed patients rated the EssenCES' subscale "Experienced Safety" higher in an open setting compared with a facultative locked and a locked setting. The subscale "Therapeutic Hold" was rated higher in an open setting than a locked setting. Regarding the safety experienced from a mental health professionals' perspective, the qualitative interviews further revealed advantages and disadvantages of door locking in specific situations, such as short-term de-escalation vs. increased tension. Patient satisfaction did not differ between the hospitals but correlated weakly with the EssenCES' subscale "Therapeutic Hold." Conclusion: Important aspects of the ward atmosphere seem to be improved in an open vs. a locked setting, whereas patient satisfaction does not seem to be influenced by the door status in the specific population of patients under involuntary commitment. The ward atmosphere turned out to be more sensitive to differences between psychiatric inpatient settings with different door policies. It can contribute to a broader assessment by including subjective perceptions by those who are affected directly by involuntary commitments. Regarding patient satisfaction under involuntary commitment, further research is needed to clarify both the relevance of the concept and its appropriate measurement.

Working towards least restrictive environments in acute mental health wards in the context of locked door policy and practice

Authors: Fletcher, Justine;Hamilton, Bridget;Kinner, Stuart;Sutherland, Georgina;King, Kylie;Tellez, Juan Jose;Harvey, Carol and Brophy, Lisa

Publication Date: Apr ,2019
Journal: International Journal of Mental Health Nursing 28(2), pp. 538–550

Abstract: There has been a shift towards provision of mental health care in community-based settings in Australia. However, hospitals continue to care for people in acute mental health wards. An increasing proportion of the people in wards are admitted involuntarily, subject to restrictions of movement to minimize risk of harm to self and others. In response to concerns about the safety of people absconding from care, Queensland Health introduced a policy requiring all acute mental health wards in the State to be locked. In response, the Queensland Mental Health Commission funded a project to understand the impact of this policy and develop evidence-based recommendations regarding provision of least restrictive, recovery-oriented practices in acute wards. Facilitated forums were conducted with 35 purposively selected participants who identified as consumers, carers, or staff of acute mental health hospital wards, to test the acceptability, feasibility, and face validity of a set of evidence-informed recommendations for providing least restrictive, recovery-oriented practices. Participant responses were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recorded, and data were analysed through an inductive, thematic approach. A recovery-oriented approach was supported by all stakeholders. Reducing boredom and increasing availability of peer support workers were considered key to achieving this. Focusing less on risk aversion was reported as central to enabling true Recovery Orientation. This project enabled recognition of the perspectives of consumers, carers, and staff in the consideration of evidence-informed recommendations that could be implemented to provide least restrictive care in the context of locked doors.

Requirements for the implementation of open door policies in acute psychiatry from a mental health professionals' and patients' view: a qualitative interview study

Authors: Kalagi, J.;Otte, I.;Vollmann, J.;Juckel, G. and Gather, J.

Publication Date: Sep 19 ,2018

Journal: BMC Psychiatry 18(1), pp. 304–9

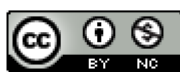
Abstract: BACKGROUND: Treating legally committed patients on open, instead of locked wards is controversially discussed and the affected stakeholders (patients, mental health professionals) have ambiguous views on the benefits and disadvantages. The study aims to assess the opinions and values of relevant stakeholders with regard to the requirements for implementing open wards in psychiatric hospitals. METHODS: Semi-structured interviews were conducted with 15 psychiatrists, 15 psychiatric nurses and 15 patients, and were analyzed using qualitative content analysis. RESULTS: The interviewees identified conceptual, personnel and spatial requirements necessary for an open door policy. Observation and door watch concepts are judged to be essential for open wards, and patients appreciate the therapeutic value they hold. However, nurses find the door watch problematic. All groups suggest seclusion or small locked divisions as a possible way of handling agitated patients. All stakeholders agree that such concepts can only succeed if sufficient, qualified staff is available. They also agree that freedom of movement is a key element in the management of acutely ill patients, which can be achieved with an open door policy. Finally, the interviewees suggested removing the door from direct view to prevent absconding. CONCLUSIONS: For psychiatric institutions seeking to implement (partially) open wards, the present results may have high practical relevance. The stakeholders' suggestions also illustrate that fundamental clinical changes depend on resource investments which - at least at a certain point - might not be feasible for individual psychiatric institutions but presumably require initiatives on the level of mental health care providers or policy makers.

Methods and Strategies for Reducing Seclusion and Restraint in Child and Adolescent Psychiatric Inpatient Care

Perers et al, The Psychiatric Quarterly, 2021

Key points:

The review emphasizes the importance and feasibility of reducing the use of coercive measures like seclusion and restraint in child and adolescent psychiatric inpatient units. It highlights several effective interventions, including Trauma-Informed Care (TIC), Six Core Strategies, Child and Family Centered Care (CFCC), Collaborative & Proactive Solutions (CPS), and Modified Positive Behavioral Interventions and Supports (M-PBIS). These approaches have shown significant reductions in coercive measures and improvements in patient and staff well-being. The review also underscores the need for strong organizational commitment,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data-driven practices, staff development, and patient and family involvement. Future research should focus on standardized parameters to better evaluate intervention efficacy.

Seclusion and Psychiatric Intensive Care Evaluation Study (SPICES): combined qualitative and quantitative approaches to the uses and outcomes of coercive practices in mental health services
Bowers et al, NIHR Journals Library, 2017

Key points:

The Seclusion and Psychiatric Intensive Care Evaluation Study (SPICES) examined the use and outcomes of seclusion and Psychiatric Intensive Care Unit (PICU) transfers in mental health services, revealing the complexity and lack of clear evidence regarding their effectiveness. The study found that while patients subjected to these interventions were more likely to be aggressive afterward and had higher care costs, this was likely due to selection bias, making it difficult to determine a causal effect. The availability of seclusion rooms and PICUs significantly influenced their use, often leading to the substitution of other methods in their absence. The study also highlighted the need for further research using stronger designs to assess the effects of coercive interventions and potential therapeutic alternatives.

I hope this is helpful. Please do let us know if you need any further information.

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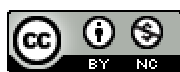

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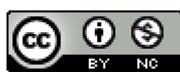
	AMED		UpToDate	x	Other CoPilot AI EBSCO Psychology and Behavioural Sciences Collection

PURPOSE OF SEARCH			
	Patient info/health & well being	x	Clinical decision making (inc. patient care)
	Executive Team support		Research/Education/Professional development
x	Quality Improvement		Primary Care & Neighbourhoods Directorate support
	KM/Management decision making		Other

USER CATEGORY OF REQUESTOR			
	Medical students		Patients/public
	Nursing/midwifery students		Physician Associates
	Doctor/Psychiatrist		Public Health (Somerset CC)
	Nurses/Midwives		Other
x	Allied Health professionals		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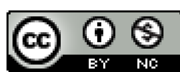
HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR?			
x	**YES - share**		**NO – do not share**

KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS	LIMITS USED
Standard operating procedure Standard operating practice policy procedure process Process guidance Procedural document Operational protocol Workflow instructions Business continuity process Guidance document Implementation guide Trust-wide procedure cutlery crockery locked door door lock* room search* safety security	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