Supplementary Table 1: Breakdown of restraint reduction initiatives across the 60 studies reviewed.

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| **PROACTIVE CARE** | ***Patient activities*** | PuzzlesSewingSport/ExerciseOccupational Therapy | Make a photo albumHigh teaSensory modulation/comfort roomsMulti-purpose activity room |
| ***Staff training*** | De-escalationTrauma-informedRecovery-oriented | Crisis intervention trainingAlternatives to restraint |
| ***Assessment and planning*** | Discharge planning meetingsDaily treatment plansPsychiatric advance directivesAdvance crisis management plans | Violence assessment and monitoringBehaviour plansIdentification of restraint-prone patientsMulti-disciplinary care meetings |
| ***Specific initiatives*** | Medical interventionsPatient massagePositive reinforcementAvailability of a quiet room | Early intervention/managementRestraint reduction kitStress/anger management for patients |
| ***Flexibility*** | Relaxing rules (e.g. off-unit privileges) | Less intense special observations |
| ***Environment*** | Give patients a change of sceneryRelocate wards to non-institutional environmentsRecovery-oriented environments | Play music on wardsMore natural light on wardsMore open areas on wards |
| **ORGANISATIONAL DEVELOPMENT** | ***Leadership*** | Leadership towards organisational changeStrong leadership | Form a restraint reduction task forceClearly define staff roles/hierarchy |
| ***Organisational culture*** | Hold open forums for staffChange employee selection process | Change employee orientation processProvide regular training |
| ***Organisational mission, policies, and goals*** | Organisational goal settingDefine force as treatment failureChange mission/policies to reflect commitment to recovery | Shorten interval between mandatory renewal ordersConstantly monitor patient during restraint  |
| ***Changes to staffing*** | Change ward staffIncrease nurses per shift | Introduce a dedicated inpatient psychiatristHire peer employees |
| **EMPOWERMENT** | ***Empowering staff*** | Staff stress reduction trainingReflective space for staffIncreased roles in decision-makingOpportunity to develop/implement own initiatives  | Open forums for staffExploration of staff concernsStaff contest (creative alternatives to restraint)Incentive system for staff |
| ***Empowering patients*** | Increased role in decision-makingIncreased role in treatment planningStrength-based treatment | Peer supportIncreased role in incident reviews |
| **COMMUNICATION & RELATIONSHIPS** | ***Patients and staff*** | Improved communicationClearly written patient rights/expectations Frequent patient checks/questionsCollaborative problem solvingCollaborative models of carePatients and staff going walking together | “Risk-sharing” partnershipsIncreased contact timeStaff identification boardsPositive communication from staffRecovery languagePatient comment forms |
| ***Leadership and staff*** | Better communication pathwaysMentoringCommunicate organisational goals | Regular and positive feedback to staffRegular interactions to support a working  relationship |
| ***Between staff*** | Staff “round tables” to discuss ideas for reducing restraintConsult each other prior to approaching patients in crisis | AccountabilityMultidisciplinary communicationConferences to share ideas/initiatives |
| ***Staff training*** | Empathy and listening skills | Verbal skills training |
| **REVIEWING PRACTICE** | ***Use of restraint data*** | Tracking and trending incidentsData to inform practiceEvaluate what works | Feedback data to staffInform authorities |
| ***Debriefing*** | Non-punitive SupportiveWithin 24 hours of incident | Includes patientIncludes care team |
| ***Review*** | Critical incident review Rapid response team review | Crisis response team |