Reducing seclusion and restraint

Hearing from consumers and their supporters.

THE UNIVERSITY OF MELBOURNE

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You go into [a mental health facility] seeking help and surviving the traumas in your life, but you end up having to cope with even more trauma. It's pointless.'

These are the words of a mental health consumer who experienced seclusion during a stay in a mental health facility and who took part in our research project funded by the National Mental Health Commission.

Seclusion and restraint are interventions currently permitted for use in mental health and other services to control or manage behaviour. These interventions can have serious repercussions for those subject to them.

Much has been written about what service providers can do to reduce seclusion and restraint, but little about what consumers and their supporters think about these interventions and what they would like to see changed.

As part of an interdisciplinary research project involving 12 researchers, we ran 10 focus groups with 30 consumers and 36 supporters (parents, siblings, partners and advocates) in New South Wales, Queensland, Victoria and Western Australia. We also analysed responses to an online survey on attitudes towards seclusion and restraint from 1,150 consumers, carers and mental health practitioners.

Focus group participants nominated several areas with potential barriers to reducing seclusion and restraint. These included the physical environment of in-patient settings, a perceived lack of accountability for human rights breaches, power imbalances and paternalism.

The survey results indicated strong agreement across all participants that the use of seclusion and restraint is harmful, breaches human rights and compromises the therapeutic relationship and trust. However, some benefits were also nominated, particularly by practitioners. Benefits included increasing consumer safety, increasing the safety of staff and others, and setting behavioural boundaries.

Across focus groups and survey results there was considerable consensus that seclusion and restraint could be reduced, if not eliminated.

Focus group participants suggested that state and federal governments had an important role in leading change, as well as in improving complaint systems, to better enable public accountability and ensuring that action was taken in relation to complaints.

At the service level, consumers and their supporters proposed that there be more opportunities to obtain advocacy services, to lodge complaints, and for services and staff to be accountable for their decisions and actions.

There was strong agreement that formal consumer and carer roles within mental health services, as well as peer support

and advocacy, are vital to ensuring that understanding, empathy, and recovery-oriented practice occur in in-patient settings.

In one-half of the focus groups there were suggestions that more carer or family involvement could help reduce or eliminate seclusion and restraint. This was seen as particularly important for Indigenous people.

Suggested strategies to improve the environment included: using non-fluorescent lighting; creating warmth by adding colour, pictures and quotations to walls; and providing options for sensory modulation. These suggestions could be implemented easily within existing in-patient settings.

Other suggestions included unlocking the doors to the main ward and constructing a separate therapeutic environment connected to emergency departments.

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Respectful, recovery-oriented and sensitive care in crisis situations was also recommended. One consumer pointed out that recovery 'is all about self-responsibility and self-direction, whereas seclusion and restraint is all about someone else's control, so it doesn't actually sit well with recovery at all'.

Participants suggested that staff needed to be more prepared to respond to people who are distressed. There was confidence among participants that de-escalation strategies can work.

Our research indicates that the lived experience of consumers and their supporters can make an important contribution to deepening the understanding of what is happening in mental health practice and what needs to change and why.

As one supporter said, current practice is about 'controlling and defusing the situation by just dominating, whereas if there was some sense of trying to calm the situation rather than contain it, it would be quite different'. ha

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