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A practical guide to the use of seclusion in mental health settings

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Objectives

- To understand what seclusion is and how it is viewed compared to other restrictive interventions.
- To develop your knowledge of what the cautions of seclusion are and when it is considered appropriate to use.
- To recognise the standard requirement for seclusion environments/ facilities.

Background

- **Definition**
  - (the Code of Practice to the MHA 1983 in England)
  - "the supervised confinement of a (person) alone in a room, which may be locked, for the protection of others from significant harm.
  - Its sole aim is to contain severely disturbed behaviour, which is likely to cause harm to others".

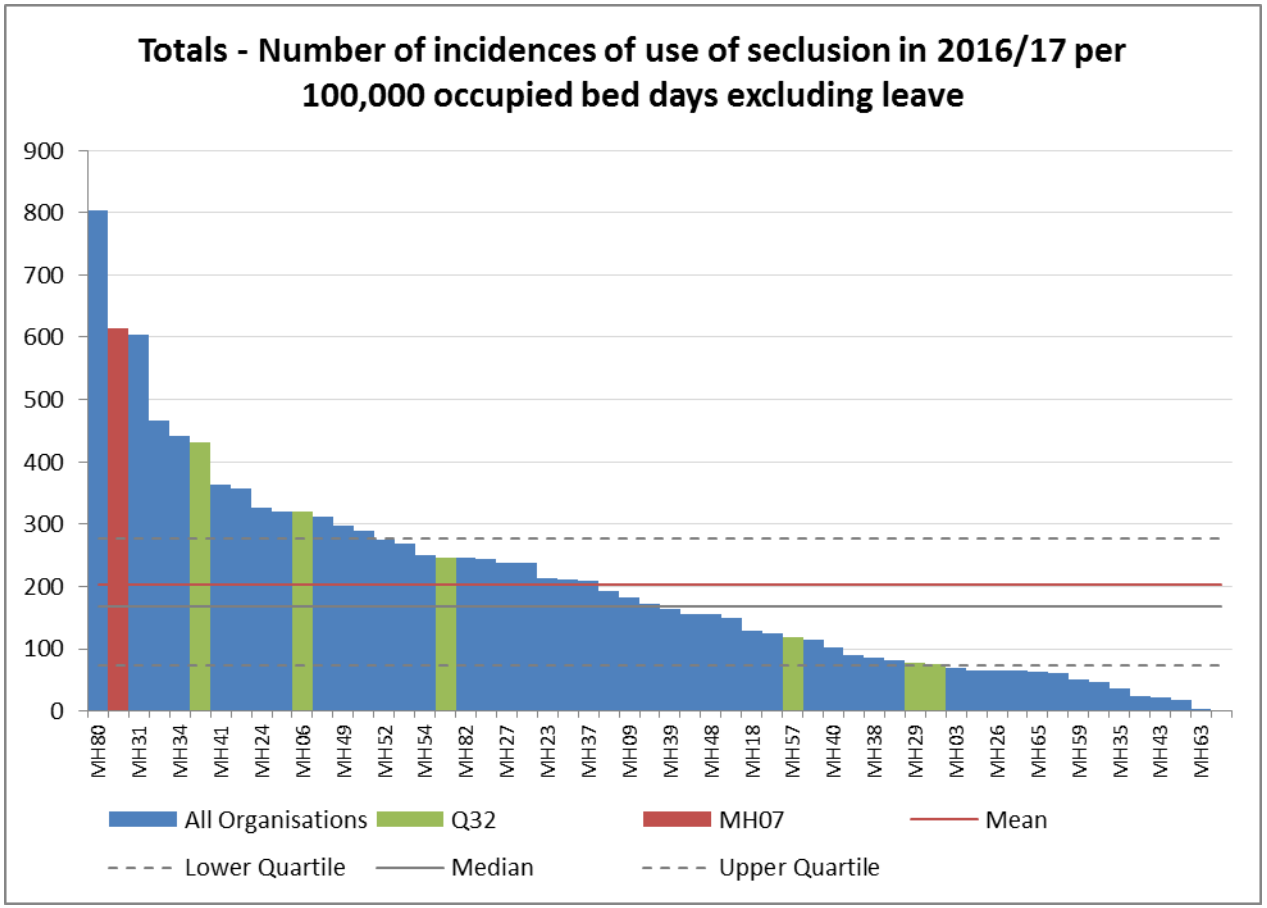
Restrictive interventions

- RIs include
  - Mechanical
  - Physical restraint
  - Chemical
  - Seclusion
- Controversies around
  - Legal
  - Ethical
  - Practical
  - Risks

Seclusion

Use of seclusion 2016/17 (1 outlier removed)

- The national mean average shown is 203 incidences per 100,000 bed days (excluding leave).
- SHSC reports 3rd highest in the country, with a figure of 614 incidences per 100,000 occupied bed days.
- Over the 3 year period incident numbers have reduced slightly (5%) to 299 for 2016-17.
- Compared against bed days Sheffield incident rates for seclusion are 35% higher over the 3 year period.
- Rates in Sheffield have been between 2 to 3 times higher than the NHS average over the 3 yrs.



	2014-15	2015-16	2016-17
No of seclusion incidents	315	296	299
Sheffield per 100,000 bed days	453	507	614
UK per 100,000 bed days	156	219	203

Update Apr-Dec17 221 same as 2016-17

NHS Benchmarking Network

Data: 12 mths worth.

Cautions with seclusion?

- The use of seclusion can have a detrimental psychological, emotional and physical effects on patients (Bonner et al 2002; Holmes et al 2004).
- RIs have been implicated in being: 'a major contribution to delaying recovery, and have been linked with causing serious trauma, both physical and psychological' (Department of Health, 2014).
  - However, a study found that the presence of seclusion did not appear to affect the rate of recovery as measured by HoNOS (Griffiths et al 2018).
- A US study (Frueh et al 2005) found traumatic and harmful experiences within psychiatric settings, with seclusion being used at 59 % and restraint 34 % of inpatinets.
- Seclusion should only be used for detained patients (CoP).

Does seclusion work?

- Systematic reviews have found no randomised control trials to assess its effectiveness and safety (Nelstrop et al 2006; Sailas & Fenton 2000; Van Der Merwe, Bowers, et al 2009).
  - an RCT involving restraint or seclusion may be unethical.
- Sailas and Fenton (2000) suggested that RIs are of no therapeutic benefit.

Does seclusion have therapeutic benefits?

- There are particular situations, where all other options have been considered, seclusion may be *the option* that presents the lowest risk and is likely to be of most benefit to the individual concerned, i.e. 'least restrictive' option (CoP).
- Seclusion room can provide a unique low stimulus environment.
- Some patients prefer it to other RIs.
- Rate of improvement (using HoNOS) was higher in the secluded group with borderline PD (Griffiths et al 2018).

Factors associated with seclusion

- Generally inconsistent findings among different studies.
- **Demographic:** younger age, being male, longer hospital stay and involuntary admission.
- **Diagnosis:** schizophrenia, bipolar, personality disorders, organic and substance use related disorders.
- **Clinical settings:** The Royal College of Psychiatrists (2007) reported that seclusion is more frequent in forensic units (53%) compared to acute and rehabilitation wards (33 and 25%, respectively).

Seclusion rooms

- Privacy and dignity.
- Physical comfort.
- Access to food and drink.
- Communication with staff.

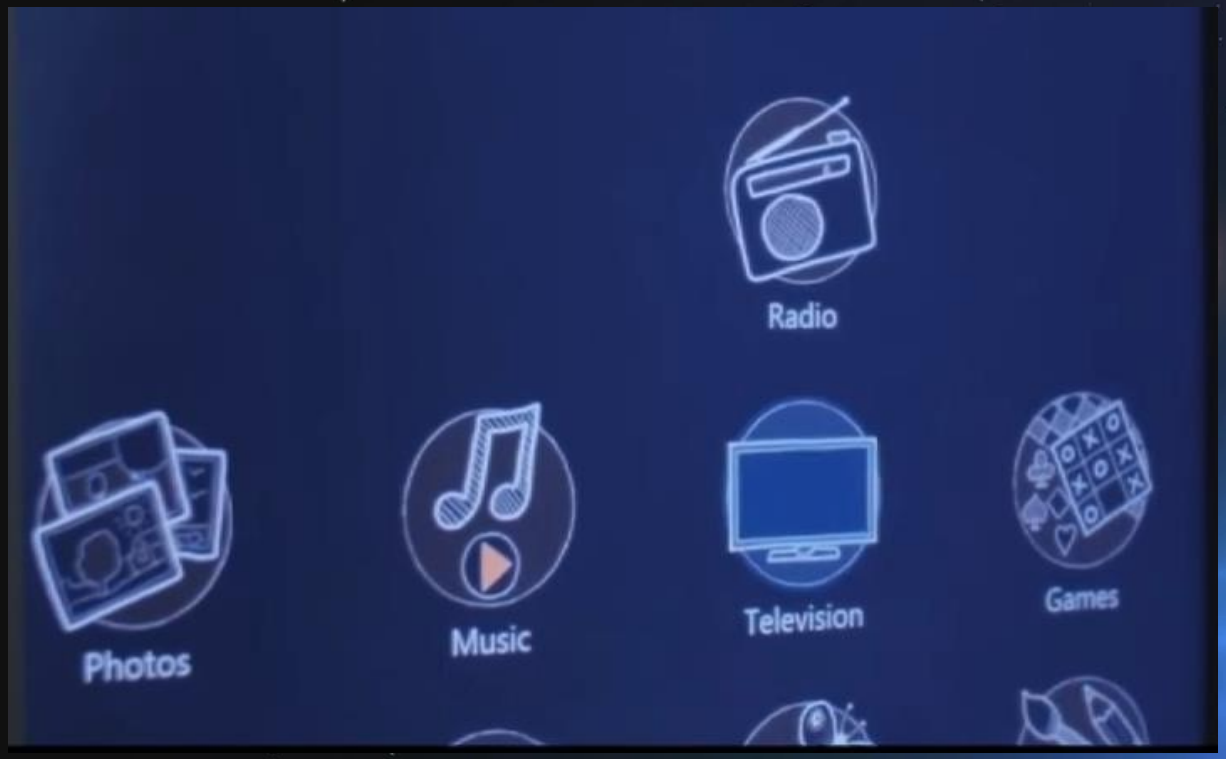
Seclusion rooms (MHA CoP)

- specifically designed and designated for the purpose of seclusion.
- allow for communication with the patient (e.g. via an intercom).
- include limited furnishings (a bed, pillow, mattress and safe blanket or covering).
- have no safety hazards.
- have robust, reinforced window(s) that provide natural light
- have externally controlled lighting.

Seclusion rooms (MHA CoP)

- have robust door(s) which open outwards.
- have externally controlled heating and/or air conditioning, which enable those observing the patient to monitor the room temperature.
- have no blind spots, and alternate viewing panels or CCTV should be available when required.
- have a clock that is always visible to the patient from the room.
- have access to toilet and washing facilities.

New Seclusion Design – Media wall



- https://www.youtube.com/watch?v=bUrnTNJ9uME


CardioWall
CardioWall

Conclusions

- Seclusion is of questionable therapeutic benefit and should not be used unless the risks cannot be managed by any less restrictive approach.
- Seclusion must only be used in the context of a comprehensive policy on the management and prevention of aggressive behaviour.
- Proactive behavioural support plans can mitigate against the need for such restrictive measures.
- It is necessary to acknowledge the use of seclusion and ensure that it is properly monitored with the aim of reducing the known risks associated with its use.

Thank You