



*SECLUSION – What works and a Patient's perspective.*

*Aum P Bennett and S/N D Wheeldon*  
*Severn unit (ICU) Reaside clinic.*

Exploring people's attitudes towards use of seclusion and how it can be effectively used to manage risk.



## *People's attitudes towards seclusion.*

---



In 2008 unit psychologist Dr Richard Bennett carried out a survey of both staff and patient's attitudes towards dealing with disturbed/hostile behaviour. The study produced some interesting results. Bennett, (2008)



## *The Survey*

---



Patients and staff were asked how they would prefer to deal with disturbed/hostile behaviour. They were given a range of choices and asked to grade their choices as to how the incident should be dealt with.



## *The Options*

---

- Speaking to a member of staff on a one to one basis.
- Being offered/taking oral medication.
- Prolonged restraint by staff without medication.
- Prolonged restraint by staff in order to give medication by injection.
- A period of seclusion in the seclusion room.





# *The Results*

---

---

## Patients

1. Counselling
2. PRN Medication
3. Restraint without medication
4. Seclusion
5. Restraint with medication

## Staff

1. Counselling
2. PRN Medication
3. Seclusion
4. Restraint without medication
5. Restraint with medication





## *What Works - What are the advantages of using seclusion?*

---

---

- Marked decrease in administration of rapid tranquilisation.
- Significant decrease in incidents of restraint.
- Reduction in duration of restraints.
- Maintains patient dignity.
- Gives reassurance to patients/staff that aggressive behaviour will be managed.





## *What Works - What are the advantages of using seclusion?*

---



- Environment helps to manage risk.
- Allows safe observation/assessment. Which can include initial assessment following admission.
- Enables dialogue to take place in a safe manner.
- Helps to provide boundaries.





## *How can seclusion be effectively used?*

---



→ Seclusion to be used to manage a specific risk.



→ All parties are aware of what this risk is.



→ Clear understanding of how both parties can be confident this risk has significantly reduced.





## *How can seclusion be effectively used?*

---



→ Guidelines on how reduction in risk can be achieved. This includes responsibilities of both parties and strong emphasis on patient's taking responsibility for their actions.



→ Clear guidelines on how both parties can avoid seclusion being recommenced.





## *How is this achieved?*

---

- Seclusion room fit for purpose.
- Fill in seclusion documentation correctly.
- Follow review process.
- Offer support and guidance to review teams.





## *How is this achieved?*

---

- Document interactions.
- Care plan everything!
- Reflect and learn from experiences.





## *References*

---

**Bennett R, (2008) MANAGEMENT OF  
DISTURBED BEHAVIOUR IN A MEDIUM SECURE  
INTENSIVE CARE UNIT: VIEWS OF STAFF ON  
OPTIONS FOR INTERVENTION.**

