SECLUSION – What works and a Patient’s perspective.

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