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Seclusion

Seclusion is defined as “ .. the supervised confinement of a patient alone in a locked room, from which the patient cannot leave of their own accord, at any time and for any duration and for any purpose.”

(NSW Dept of Health Policy Directive:
PD2007_054)

In NSW practices around the use of seclusion are defined by both the NSW Mental Health Act (2007) and the NSW Health Department Policy Directive – Document No. PD2007_054.

The aim of MH services is to provide patient care in the least restrictive environment possible.

Clearly the use of seclusion as a patient management strategy is highly restrictive.

This project was initiated to examine the use of seclusion both within and between MH units across a rural area health service.

It is anticipated that the ongoing examination of the use of seclusion can assist clinicians ensure they maximise the usefulness of seclusion as a patient management strategy, while minimising potential negative impacts upon patients.

This is the second phase of research examining seclusion use across NCAHS.

‘The Staff Perspective’

The initial examination of this subjective data is the focus of today's presentation

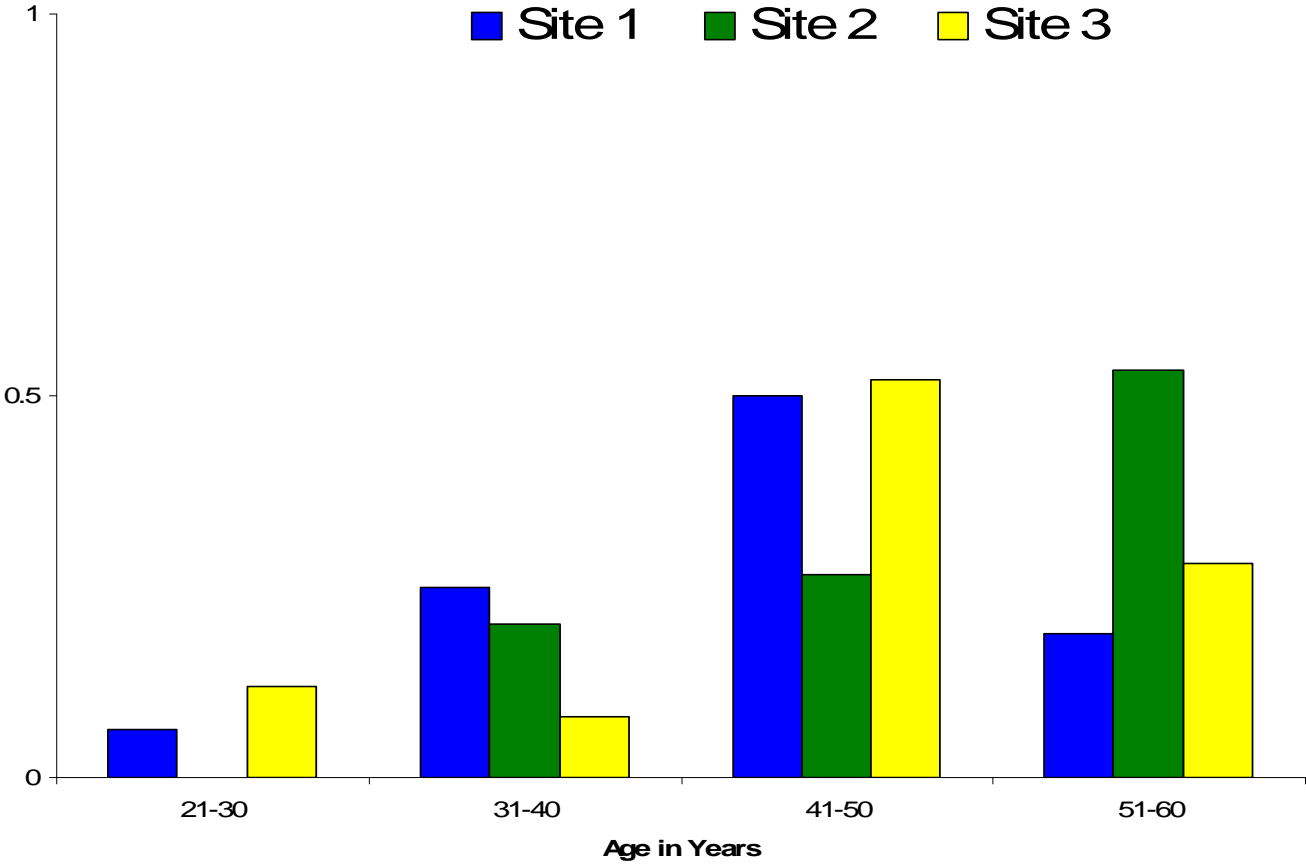
Staff Questionnaire

Heyman, 1987

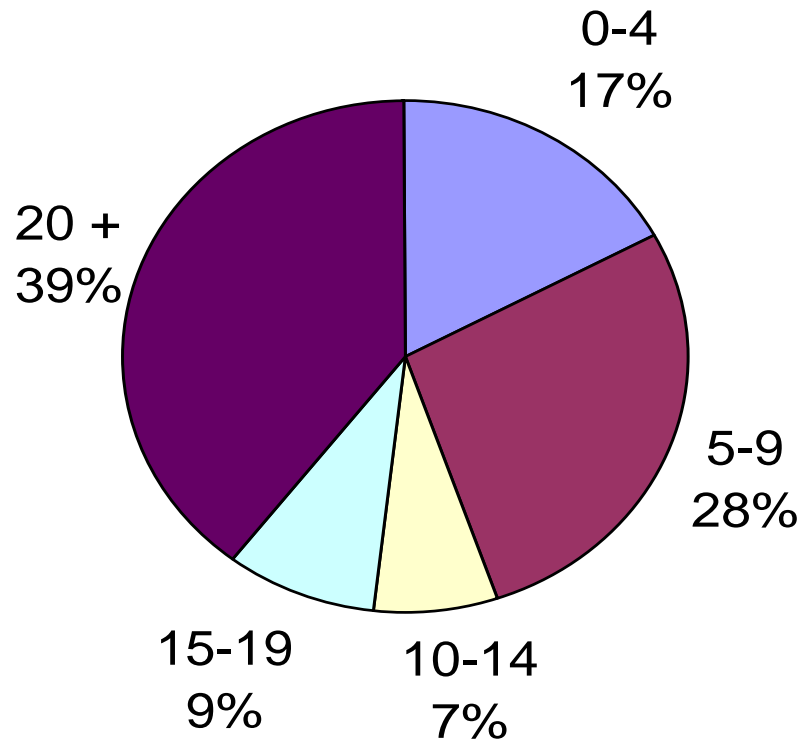
Who Responded?

- 63 MH staff across NCAHS
- Approx. equal numbers of males and females
- Most responding staff were aged over 40

Staff Age

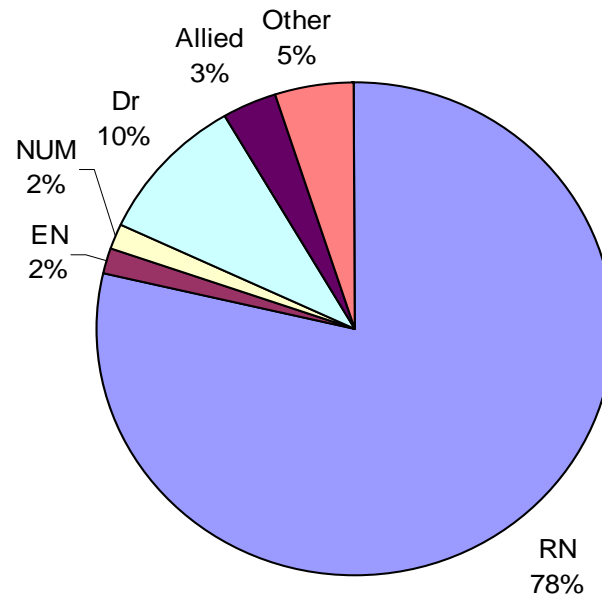


Mental Health Experience



Years of MH Experience

Respondents Work Environment



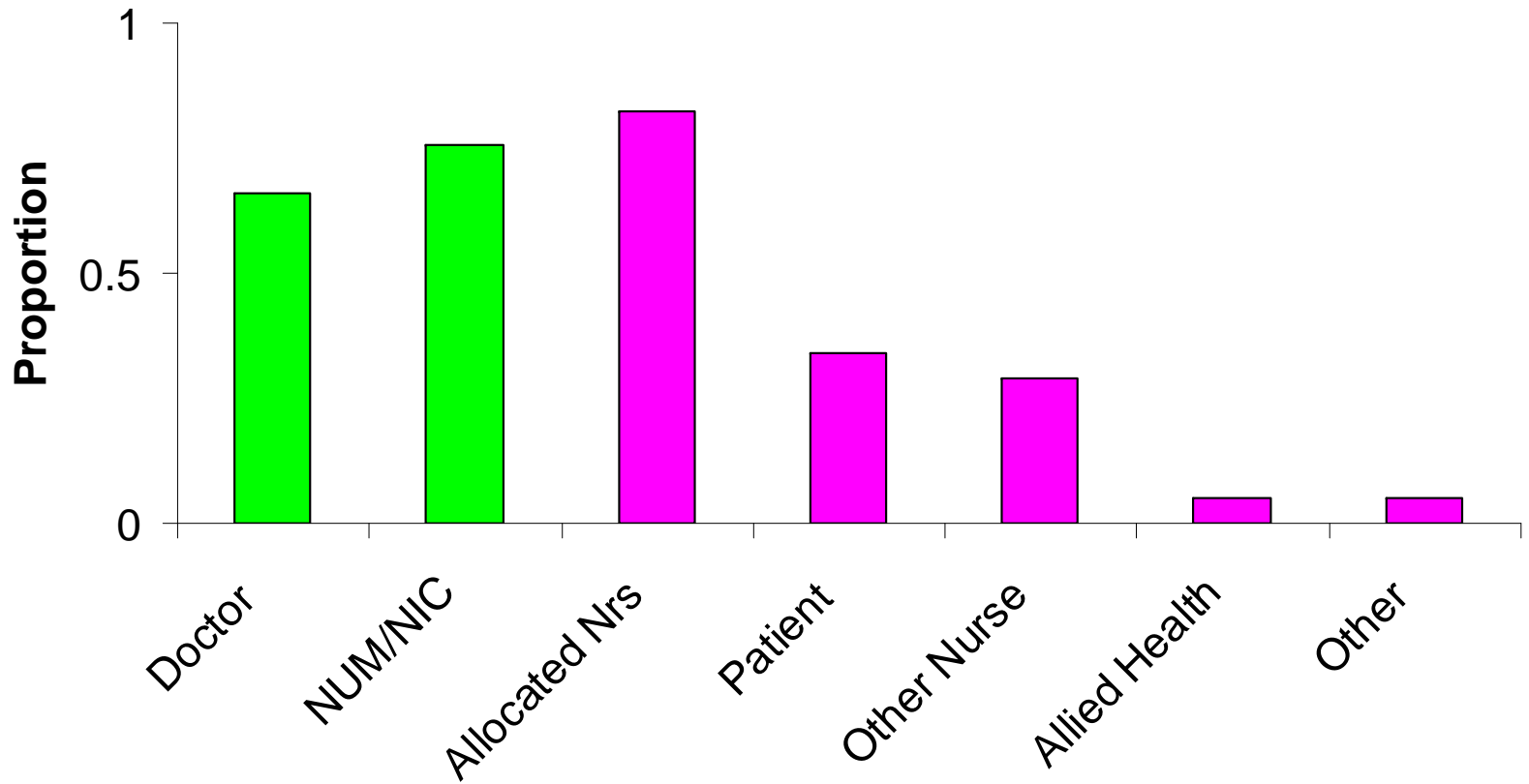
Seclusion Authorisation

“NSW Health recognises seclusion as an intervention that requires consideration at a senior clinical level. The approval by a **Medical Officer** and/or the **Nurse In Charge** of the shift, in consultation with the treating team is essential.”

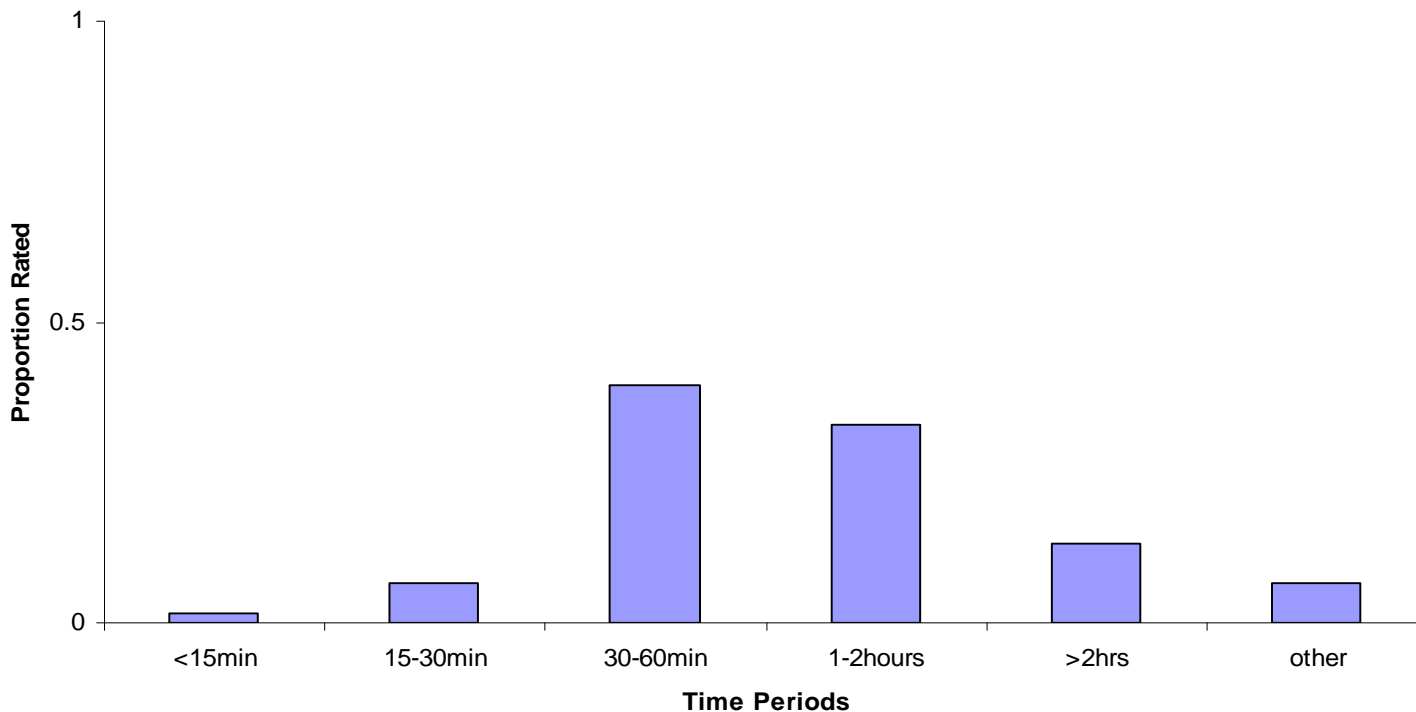
Document No. PD2007_054.

In your ward who decides when to seclude a patient?

Policy Interpretation versus Clinical Pathway

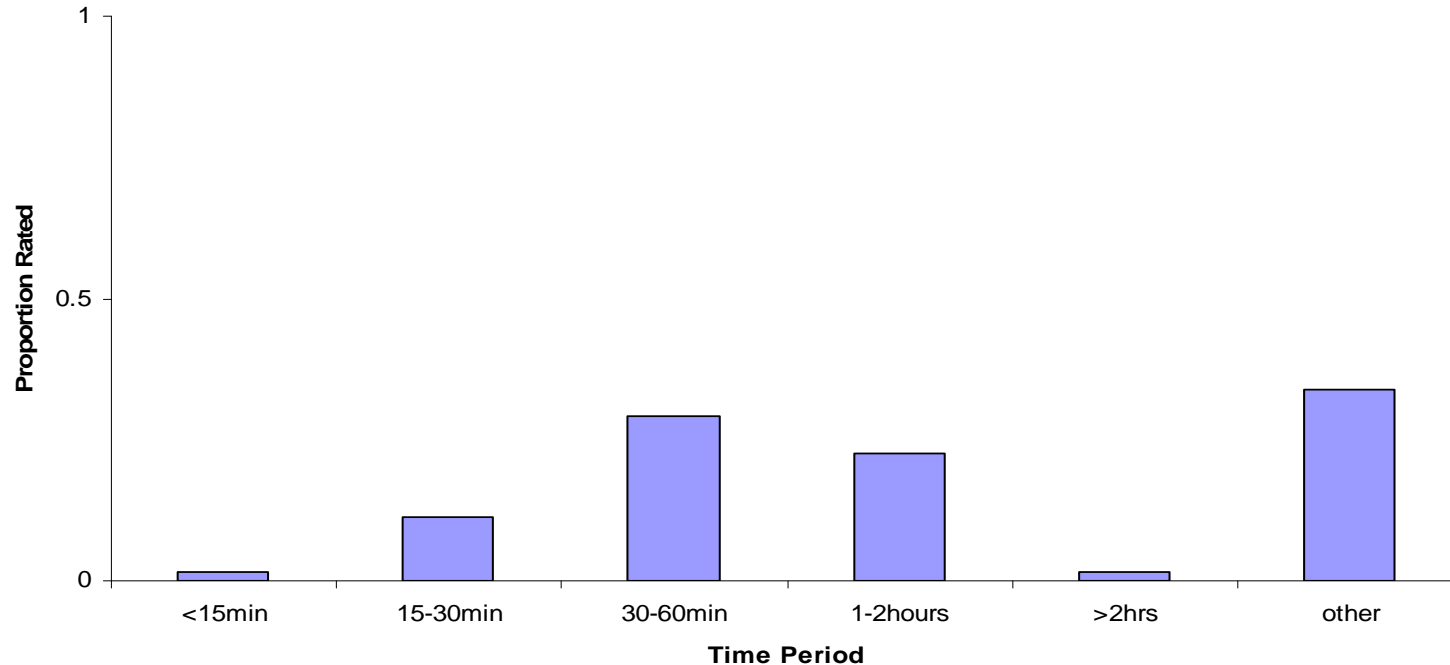


How long do patients spend in seclusion?



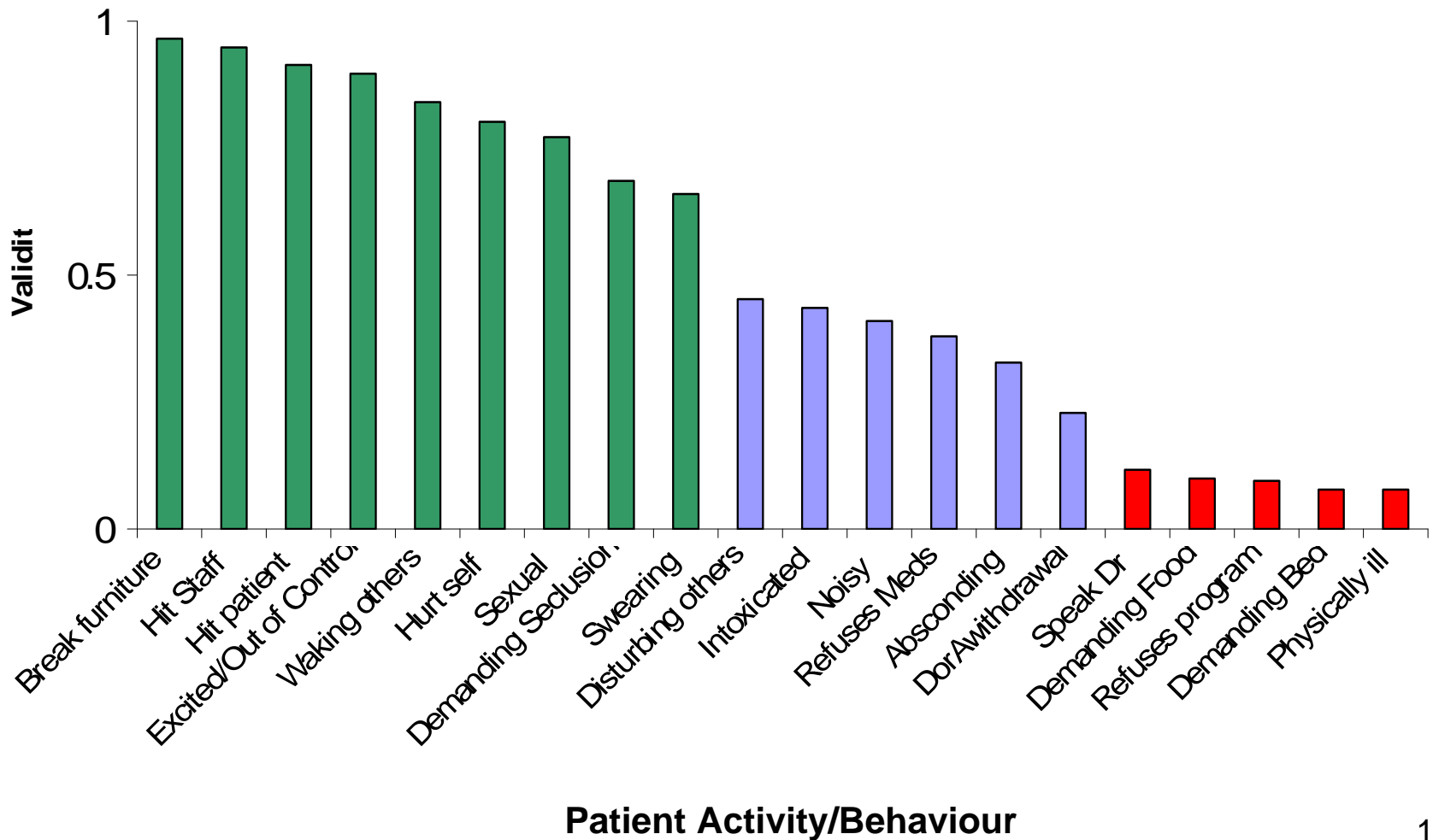
Seclusion demographic and statistic data indicated that, on average, patients are secluded longer than 2 hours. Issues of staff time perception.

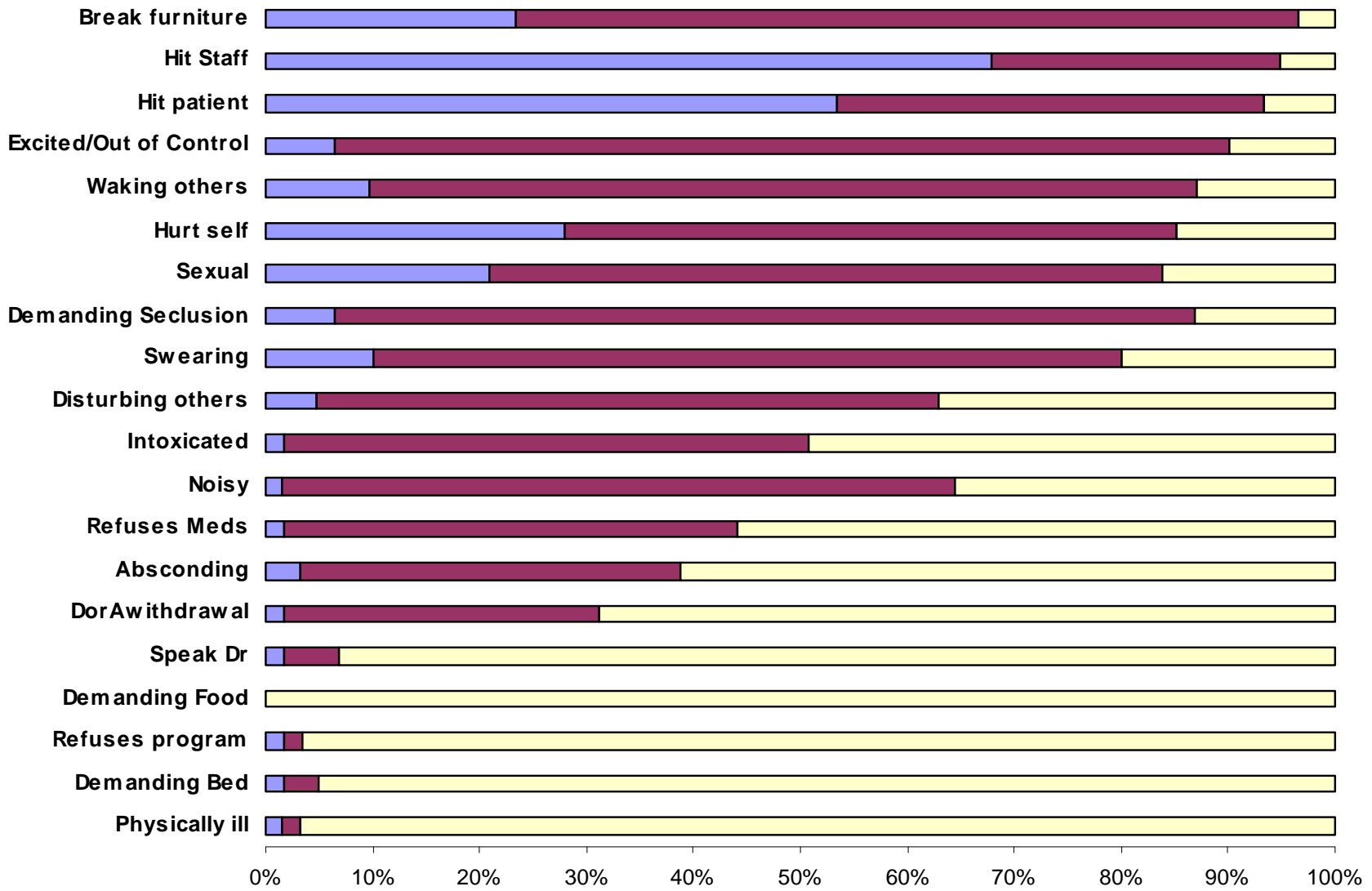
How long should seclusion be to be effective?



Other = As long as needed

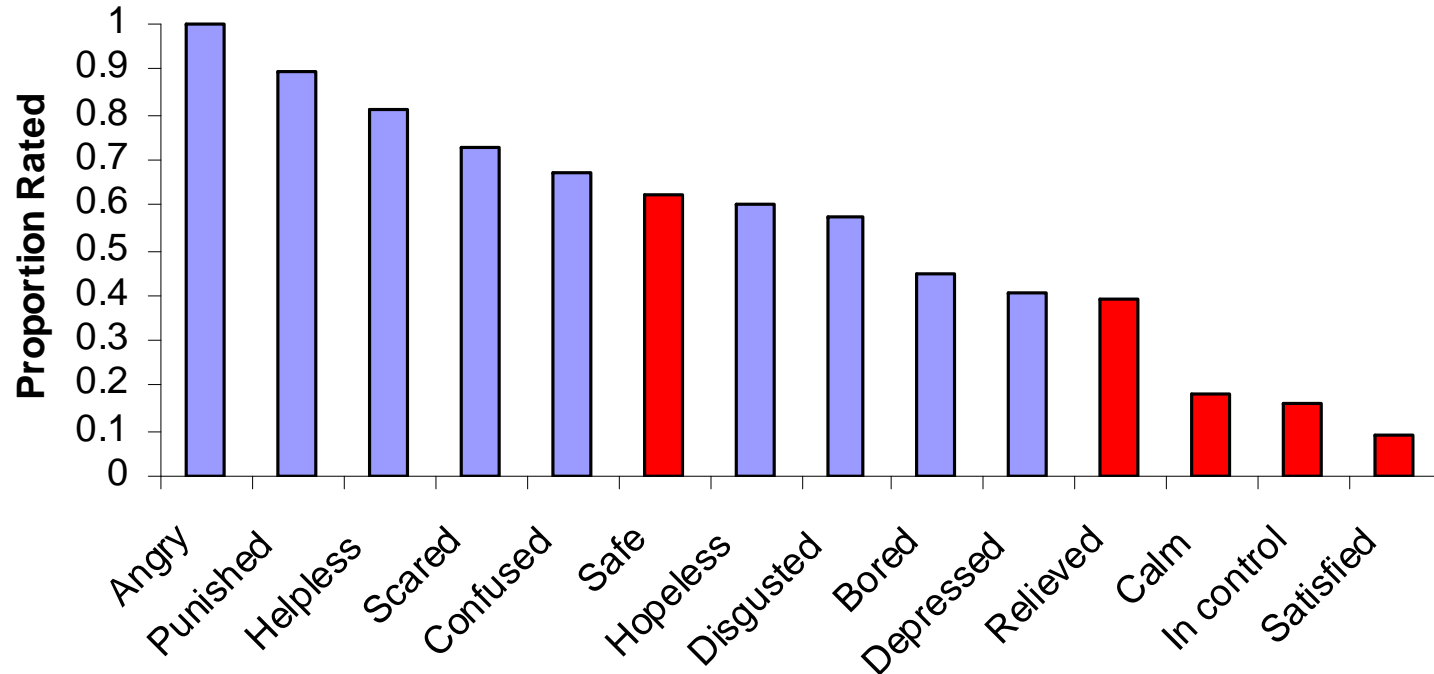
Validity of Secluding a Patient following specific Activity/Behaviour





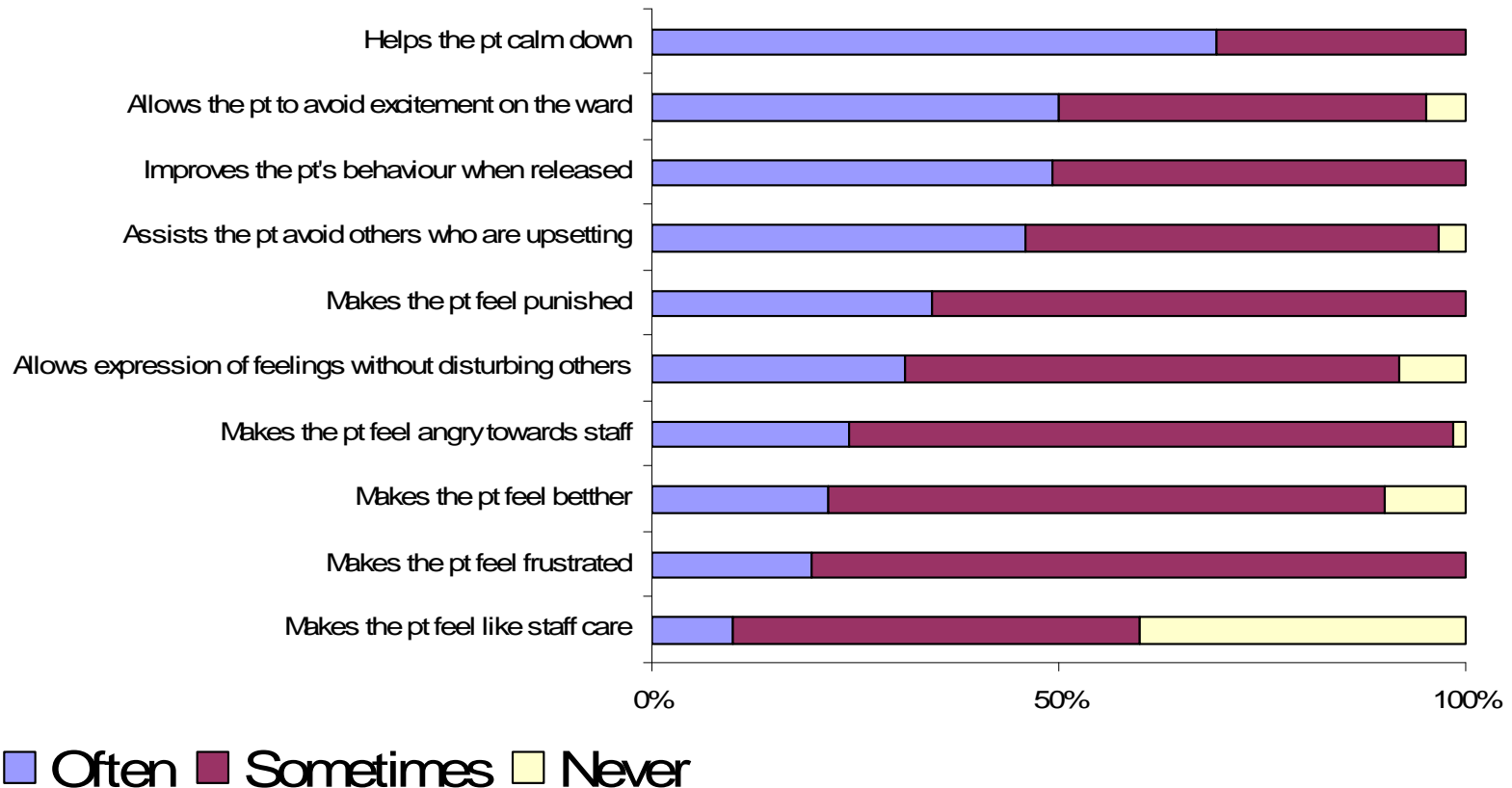
Often Sometimes Never

How do patients feel when they are in seclusion?



Staff consistently identified that seclusion was most likely to result in the patient experiencing negative feelings

What effect does seclusion have on the patient?

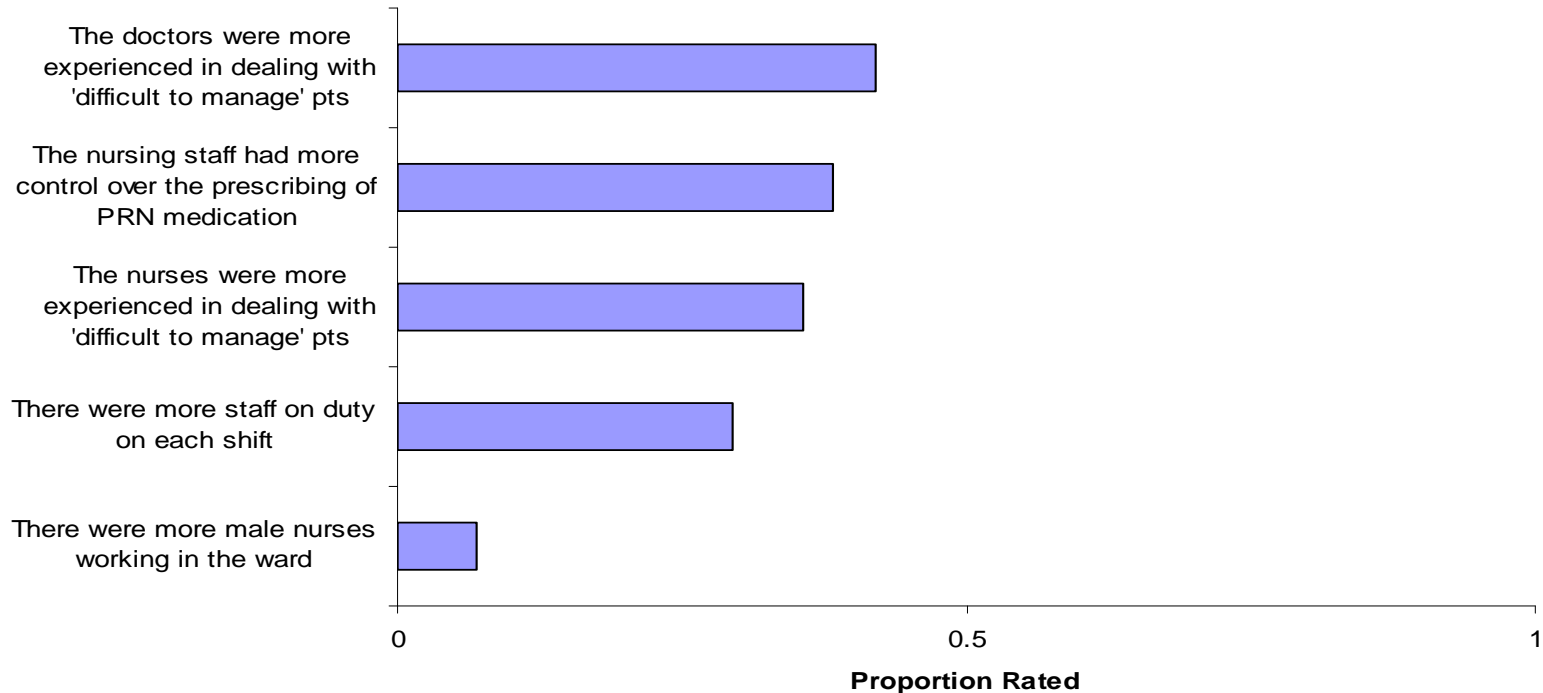


Although resulting in negative feelings (previous slide) – staff believe that seclusion generally has a positive effect.

Staff feelings following the use of seclusion.

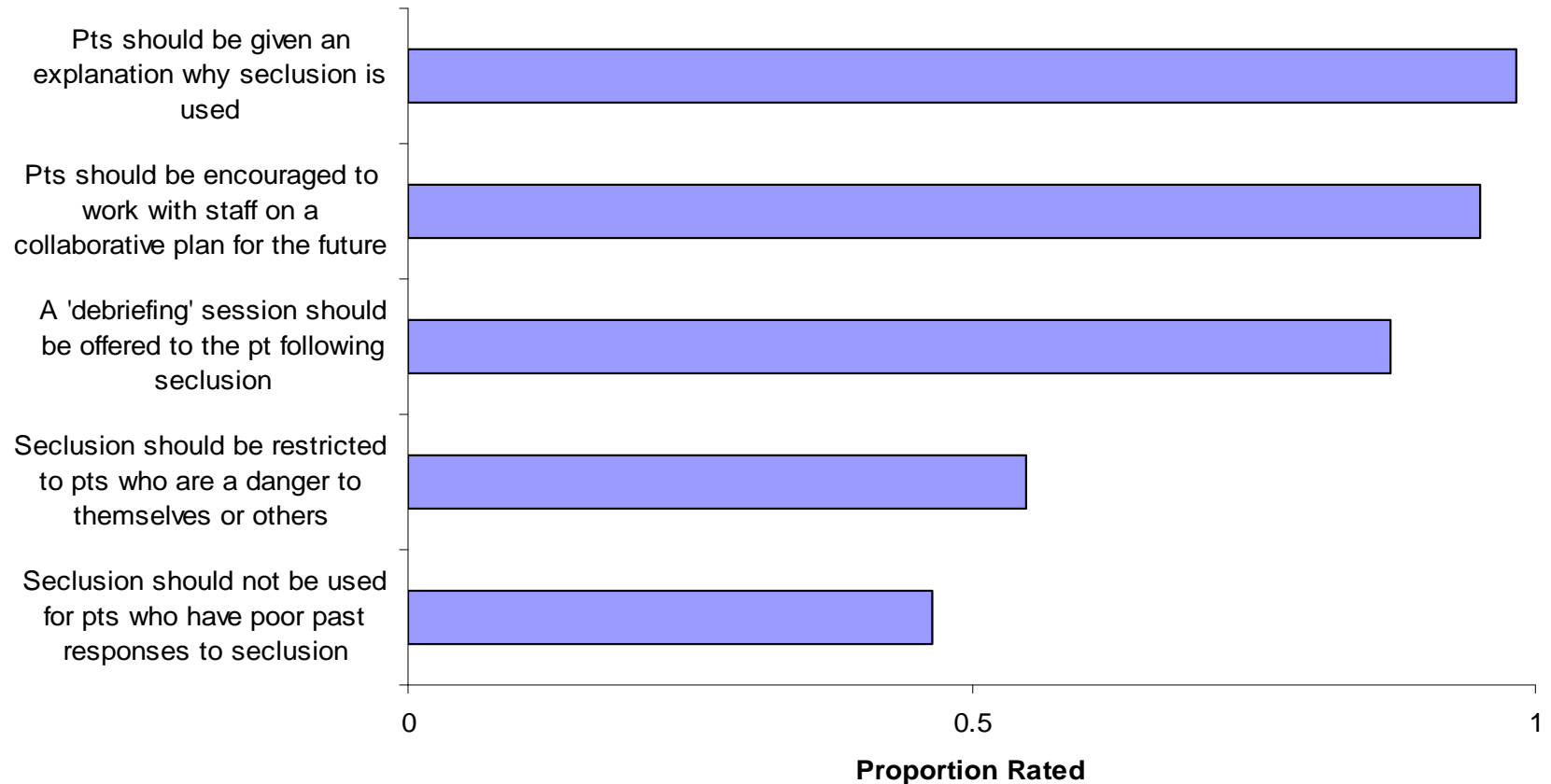
- Staff feel satisfied that other alternatives would not have been as effective as seclusion. **95% of the time**
- Staff feel a sense of power over the patient. **never = 93%**
- Staff feel relieved that the problem has been dealt with. **91% of the time**
- Staff feel annoyed that steps were not taken sooner to prevent the patient from being secluded. **91% of the time**
- Staff feel helpful to the patient. **90% of the time**
- Staff feel satisfied that the patient got what he/she deserved. **never = 83%**
- Staff feel safer and more secure that the patient has been “locked up”. **77% of the time**
- Staff feel annoyed that the patient required seclusion. **60% of the time**
- Staff feel guilt or misgivings about the necessity for secluding the patient. **often/sometimes (50%) – never (50%)**

What would be needed for your ward to get along without a seclusion room?



Staff training associated with dealing with difficult to manage behaviours is supported by NSW seclusion policy.

What changes would you like to see in the use of seclusion?



These strategies are supported by NSW seclusion policy.

Summary

- Staff support the ongoing use of seclusion and in general believe seclusion to be a useful management strategy.
- Staff identify possible negative impacts the use of seclusion can have on patients.
- Staff are able to identify strategies which may maximise the benefits of the use of seclusion.

What does this mean?

Staff are able to identify strategies that have been shown by previous research to reduce the use of seclusion.

Future focus may need to be on policy understanding and compliance rather than policy review.

Final thoughts

Current policy appears to match with the staff perspective.

Need to support policy compliance both by the organisation and 'on the floor' staff.

This research is supported by the North Coast Area Health Service; NSW Institute of Rural Clinical Services and Teaching; University Department of Rural Health (Northern Rivers) and the Southern Cross University.



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AREA HEALTH SERVICE
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- Southern Cross
- UNIVERSITY



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QUESTIONS

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Demographic and Statistic Results

- **Similarities**

- Gender
- Age Distribution
- Time of Day
- Day of the Week
- Monthly Pattern

- **Differences**

- Duration
- Total Seclusion Episodes

Conclusion

The collection of these demographics and statistics are useful but do not provide a thorough picture of the use of seclusion.

Difficulty in comparing seclusion practices is the lack of conformity in documentation.

Staffs identification of seclusion statistics and demographics

Shift seclusion initiated.	Demographics & statistics collection indicated Seclusion most likely to be initiated between 11am & 11pm.	Evenly
Day of the week seclusion initiated.	As obtained during demographics & statistics collection.	Evenly
Age of secluded patient.	As obtained during demographics & statistics collection.	20-45yrs
Gender of secluded patient.	As obtained during demographics & statistics collection.	60-40 (m/f)

Staff Ratings.

Staff rated seclusion, as practiced in their unit, as a therapeutic practice.

Staff rated seclusion, as practiced in their unit, as a non punishing experience.

Staff rated seclusion, as practiced in their unit, as necessary for safety reasons.