



NMHCCF Advocacy Brief

Issue: Seclusion and Restraint in Mental Health Services

Background

Seclusion is the confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented.

There are three distinct types of restraint – physical (e.g. manual, handcuffs, harnesses, straps), chemical (e.g. sedative medication) and emotional (e.g. fear of expressing views, coercion, threats).

The key factor that differentiates seclusion and restraint from other forms of care or medical treatment is intent. Seclusion and restraint are often used to restrict the movement or behaviour of a person because of a failure to provide proper mental health care. Seclusion and restraint are being used on a daily basis, despite the evidence they can contribute to negative health outcomes.

In the NMHCCF position statement Ending Seclusion and Restraint in Australian Mental Health Services Professor Ian Hickie notes, “The frequent requirement to seclude and restrain people with an acute mental illness highlights the ongoing failure of the mental health system to provide high quality care”.

While protection from harm may be one reason for implementing measures to restrain someone, there are clinical, ethical and legal issues which practitioners must consider before restraining a patient:

- Impact of physical restraint on a patient and their family/carer;
- Consumers rights and autonomy;
- Myths and misconceptions about the use of restraints;
- Ethical aspects of restraining people;
- Legal and legislative aspects of restraint use and restraint minimisation;
- Dangers involved in the use of physical restraints resulting in adverse outcomes; and
- Considering alternatives to restraint.

Unless alternative locations for care and services are established, people requiring mental health care will be forced to attend psychiatric units which are notorious for their use of seclusion and restraint - not as a measure of last resort, but as the default means of keeping order.

*Prepared by National Mental Health Consumer & Carer Forum
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Key Points for Mental Health Consumers and Carers

The NMHCCF released its position statement Ending Seclusion and Restraint in Australian Mental Health Services in September 2010. It is available at www.nmhccf.org.au/Publications-info.

It is the position of the NMHCCF that involuntary seclusion and restraint is:

- Currently used at unacceptably high levels in mental health services;
- An avoidable and preventable practice;
- Highlighting a failure in care and treatment when they are used;
- Commonly associated with human rights abuse;
- Not an evidence-based therapeutic intervention
- A cause of short and long term emotional damage to consumers and/or their family/carer;
- An inhibitor of developing trust and respect between consumers, carers and clinical staff;

The trauma of seclusion and restraint contributes to consumers' fear of treatments and they are much less likely to seek help again if subjected to seclusion and/or restraint. Similarly families and/or carers may feel reluctant to seek treatment for a consumer.

Attracting and maintaining a dedicated mental health workforce will be hindered if the care provided continues to be associated with patient harm rather than positive health outcomes.

In under-resourced and inappropriate mental health services, seclusion and restraint are the accepted practices. This is totally unacceptable and there are alternatives available for the safe management of dangerous behaviors.

Recommendations for change and Key Issues for the Future

The NMHCCF has identified six key strategies to end seclusion and restraint in Australian mental health services:

1. Better Accountability
2. Implementation of Evidence Based Approaches to Ending Seclusion and Restraint
3. Adherence to Standards and Public Reporting
4. Support for Mental Health Professionals Towards Cultural and Clinical Practice Change
5. Better Care Planning
6. Review Relevant Mental Health Legislation

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