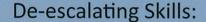
Are de-escalating skills being used effectively with patients that require seclusion?

By Nicola Clydesdale.

Introduction:

While seeing first hand the effects of seclusion during a placement on a mental health ward, this lead to investigating whether or not this is an appropriate measure to take with patients. In the Mental Health Annual report (2010) it states that a service user may only be secluded under the MHA sec. 71 and that seclusion can only be used if the client is deemed as high risk to themselves or others. Seclusion is usually the final resort following the failure of other interventions such as deescalation, sensory modulation and prn medications. Staff and service users find seclusion a traumatic experience and want to reduce the number of time seclusion is used. The New Zealand Government also intends to limit the use of seclusion (MOH, 2010).



Relaxing Music

Calm Environment

Walking /Fresh Air

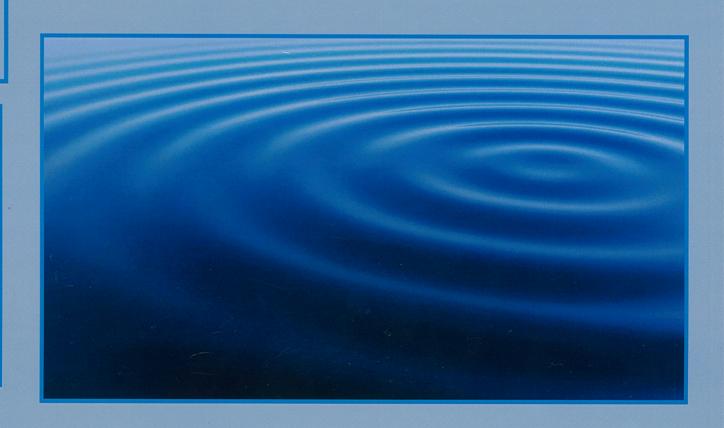
Therapeutic Communication

Art and Craft



Implications for Practice:

Nurses working within mental health need to utilise de-escalation skills as a practice to reduce seclusion rates. Nurses need the confidence and ability to implement these changes. New Zealand's 'Lets get Real' (2009) framework therapeutic relationship by stating that effective communication, working with service users and allowing workers to engage in meaningful therapeutic relationships and work in partnership with service users to use their strengths to support their recovery. Mental health care facilities are working on different options to reduce the time spend in seclusion for the patients . Seclusion can be minimised when working in partnership with the client, their families and their support network including their Registered Nurse.



References:

Minsitry of Health .(2010) Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 2002. Wellington: Ministry of Health.

Te Pou. (2009) Let's get Real Overview. Auckland: Te Pou o te Whakarro Nui.