SECLUSION: FROM THE INSIDE

Eleanor Morris

CLINICAL ISSUE

- When seclusion is used as a treatment, it is used with the rationale that it aims to, "provide the client with feelings of safety and reassurance. Isolation removes the client from personal interactions that may tax the clients coping abilities. [Reduction in sensory input] may calm clients with escalating psychotic behaviours" (McBride, 1996).
- However, from observation and subjective information gained, it did not appear as though patient experience of seclusion aligned with the therapeutic rationale.
- This prompted the following research question:

SECLUSION

Seclusion is defined as, "the involuntary supervised isolation of a patient in a locked, non-stimulating room" (Van Der Merwe, Muir-Cochrane, Jones, Tziggili, & Bowers, 2013).

" WHAT ARE PSYCHIATRIC INPATIENTS EXPERIENCES OF SECLUSION?"

FINDINGS FROM THE LITERATURE

Although some patient reports aligned with the therapeutic aim of seclusion, the literature revealed that patient experience of seclusion was largely negative. Associated negative emotions included feelings of anger, sadness, humiliation and fear.

- Lack of staffing and therefore inadequate nursing input was an underlying theme of all the studies and this largely contributed to the perceived negative experience.
- Iversen, Sallaup, Vaaler, Helvik, and Morken (2011) was the only study to report all positive experiences of seclusion and this has been solely accredited to the high staff-patient ratio which gave reported feelings of safety, facilitated therapeutic relationships and good communication.

RECOMMENDATIONS

Although ones experience of seclusion is subjective, the literature has revealed interwoven themes of dissatisfaction, all of which appear to stem from the same issues. Considering this, I have made the following recommendations:

- "Devoting one's attention to the individual needs of a patient could turn seclusion into a less punitive measure" (Holmes et al., 2004).
- Increased research in this area to determine the most prevalent dissatisfaction of patients and implement strategies to remedy these.
- An increase in consumer involvement in their care.
- An increase in nursing education and evidenced based knowledge regarding the effects of seclusion on an individual and how to counteract these.
- Encourage nurses to continually challenge the structures of their institution.

REFERENCES

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PECOT

Patient	Inpatients of any psychiatric ward of both genders, aged between 17-90 years, who have spent any amount of time in seclusion.
Exposure	Seclusion is my chosen exposure. Seclusion is defined as, "the involuntary supervised isolation of a patient in a locked, non-stimulating room" (Van Der Merwe, Muir-Cochrane, Jones, Tziggili, & Bowers, 2013). Seclusion is used as both emergency management and a treatment technique (Vaaler, Morken, Flovig, Iversen, & Linaker, 2006).
Comparison	I will be comparing the therapeutic rationale of seclusion with the patients lived experience. The concept of seclusion is based on a belief that psychotic patients suffer from excessive mental activity, which is increased by external stimuli (Mason, 1993). Psychotic patients are therefore more sensitive to touch, sound and smell and may be more vulnerable to emotional demands and misinterpretation of relationships. Therefore seclusion restricts such demands (Vaaler et al., 2006).
Outcome	To determine whether patients' experience of seclusion aligns with the rationale that seclusion aims to de-escalate overly stimulated patients by placing them in a low stimulus environment.
Time	There is no specific time frame for this review.

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