

SECLUSION

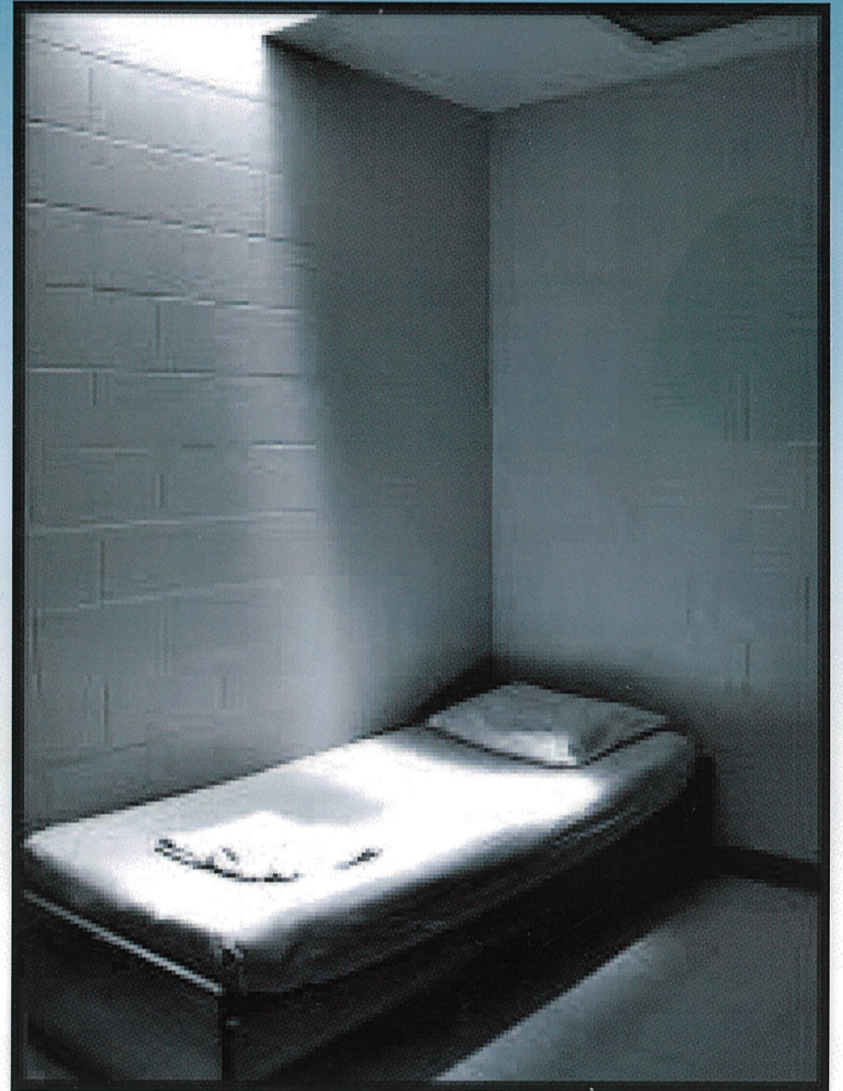
What are the impacts of seclusion from a patients perspective?

By Sonya Renwick

Introduction

Seclusion is used daily as a treatment in acute mental health facilities it is suggested “that seclusion provides three important elements: containment, isolation and reduction of stimuli” (Meehan, Verneer & Windsor, 2000, p.370), but is this treatment option therapeutic for patients? And what is known about its impacts on already mentally unwell patients.

My aim in the literature review was to explore from a patients perspective the impacts of seclusion on patients in the acute stages of mental illness. So I formulated the question: What is the impact of seclusion on patients in acute mental health facilities?



Literature Review

A review of the literature surrounding seclusion found that of the studies conducted from a patients perspective of seclusion found that patients suffered more negative than positive impacts and were often left feeling “frustration, confusion, anger, helplessness, powerlessness, fear, bitterness, humiliation, punishment and abandonment” (LeGris et al, 1999; Hoekstra, Lendemeijer & Jansen, 2004). Patient’s understood the need for seclusion as a way of controlling behaviour but did not believe it had any therapeutic benefits and was used by staff as a way to assert power over patients (Faschingbauer et al., 2013). There were three main themes that appeared in almost all of the studies conducted into the patients perspective which are

- Loss of autonomy
- Impaired trust
- Loneliness

Recommendations

- Debriefing with staff after seclusion event, it not only provides the patients the opportunity to understand why seclusion occurred but can also help overcome the negative effects of the procedure.
- More communication with patients, to enable patients and staff to work together to avoid the need for seclusion
- Use of different techniques to deescalate situations and control aggressive and disruptive behaviour.

References

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- Hoekstra, T., Lendemeijer, H., & Jansen, M. (2004). Seclusion: the inside story. *Journal of Psychiatric & Mental Health Nursing*, 11(3), 276-283. doi:10.1111/j.1365-2850.2003.00710.x
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Rationale behind poster choice

I chose the poster as a medium for distributing the evidence collected in the literature review as it is an effective way of knowledge transfer and the visual appeal of a poster may be more "engaging, and a means by which the poster presentation can promote active learning". The effectiveness of "Posters provide the viewer with a concise overview of the project/topic" (Ilic & Rowe, 2012) and also allows for the opportunity of discussion with the author. I thought this method was the most appropriate method because I wanted to reach a larger number of people with the evidence and information that was contained in my literature review as many health care staff are not faced with seclusion often if not ever and may have had no prior knowledge of the short or long term implications that seclusion can have on patients. By promoting the findings I am able to promote the recommendations and hopefully this could have an impact on they way seclusion is approached in the future.

Ilic, D., & Rowe, N. (2012). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. *Health Information & Libraries Journal*. 30(1):4-12. Retrieved from http://www.researchgate.net/publication/235646004_What_is_the_evidence_that_poster_presentations_are_effective_in_promoting_knowledge_transfer_A_state_of_the_art_review

PECOT category	Information relating to question	Explanation
Population	Patients in acute mental health facilities focusing on most common age group to be secluded: 20-50 years of age.	This is the age group that are most commonly secluded in acute units while in the acute stages of their mental illness.
Exposure (intervention)	Patients that have spent time in seclusion in acute mental health units.	Will be looking for articles that have studied the impact of seclusion on patients and see whether this has been a positive or negative experiences.
Comparison / Control	Patients that have never been secluded.	How is their illness and treatment experience different from those that have had to be secluded?
Outcome	Did seclusion help in their treatment? Did it make it harder for them to get well? Did it have any long lasting positive or negative effects? How did it leave them feeling? Did it have an impact on therapeutic relationships?	Want to know if the use of seclusion is helpful or does it lead to more psychological problems for patients? And if so what are the effects? And what may be done in an effort to reduce the need for seclusion.
Time	During treatment in an acute mental health facility and long term	As this is usually the only place where patients will be placed in involuntary seclusion.