

# Does secluding 18-50 year olds have a negative therapeutic effect on patients?

## Introduction

Restrictive measures are becoming increasingly utilised throughout mental health care to manage mentally ill patients who are presenting as aggressive, suicidal or at risk of harming themselves and/or others. (Muir-Cochrane, Oster & Gerace, 2014).

Seclusion is defined as the involuntary supervised isolation of a patient in a locked, non-stimulating room which, throughout New Zealand must have specific requirements. (O'Brien, Maude & Muir-Cochrane, 2013).

Seclusion is currently utilised throughout numerous healthcare facilities in New Zealand, I would like to discover whether this use of seclusion has a negative effect on these patients experiencing the act.

## Evidence and Findings

Patients within a mental health facility have reported feelings of dissatisfaction after experiencing seclusion, these patients have also reported the experience as being negative, frightening, cold and un-therapeutic causing them to become more aggressive once they are allowed to exit. (O'Brien, Maude & Muir-Cochrane, 2013).

These same patients have also expressed that seclusion has increased their feelings of distress and/or agitation. (O'Brien, Maude & Muir-Cochrane, 2013). Studies have shown that patients who are secluded have reported feeling inadequately informed about the process and they felt they were being punished rather than seclusion being a therapeutic strategy as a way to calm the patient down. (Usher & Foster, 2013).

## Implications for Practice

Implications leading to the reduction of seclusion is the safety of nurses working throughout mental health facilities. Although reducing the amount of seclusion being used is beneficial towards the patients, lessening the likelihood of psychological trauma for patients, nurses need to ensure at all times they remain safe and protected throughout their workplace.

If nurses feel they are in an unsafe situation with an aggressive patient, seclusion shall be deemed appropriate, however if seclusion is being used before any other de-escalation/distraction techniques have been attempted then the use of seclusion is then seen as an inappropriate use of seclusion.

## Recommendations

- I would recommend nursing staff become more familiar with the differences between an appropriate use of seclusion and an inappropriate use of seclusion, and ways to minimise the use of inappropriate seclusion throughout facilities.
- Sensory modulation and comfort rooms have proven to be very effective techniques to deescalate aggressive behaviour a patient may be presenting with. (March & Caple, 2014). Therefore I would recommend the trial of these before placing a patient in seclusion.
- My final recommendation is using primary prevention of aggressive behaviour to minimise the use of seclusion, for example distraction techniques may be used as the patient is first becoming agitated therefore this behaviour may resolve and not result in any further aggression. (March & Caple, 2014).

March, P., & Caple, C. (2014). Restraint and Seclusion: Minimizing Use in Psychiatric Facilities.

Muir-Cochrane, E., Oster, C., & Gerace, A. (2014). The Use of Restrictive Measures in an Acute Inpatient Child and Adolescent Mental Health Service. *Archives Of Psychiatric Nursing*, 28(6), 389-391. doi:10.1016/j.apnu.2014.08.015

O'Brien, A., Maude, P., & Muir-Cochrane, E. (2013). Professional and ethical issues. In *Psychiatric and Mental Health Nursing* (3rd ed., p. 79). Australia: Elsevier.

Usher, K., & Foster, K. (2013). Working with consumers. In *Psychiatric and Mental Health Nursing* (3rd ed., p. 462). Australia: Elsevier.



I chose to complete a poster as the means for distributing the evidence-based literature review I previously completed, as I believe a poster is an informative way of supplying an individual of the most important information in a summarised method. Throughout this poster I was able to; clearly define my research question therefore consumers know exactly what the poster is about, give a brief introduction/overview of the topic of seclusion, explain what evidence and findings I had found out through my research whilst completing my literature review, explain the implications of reducing seclusion for nurses working within healthcare facilities and share my recommendations with consumers. I believe all of the above information is very easily read off a poster, it summarises the main points rather than sharing too much detail, posters are eye catching and visually helpful in emphasising specific information and provide a clear flow of information for consumers.

PECOT Category	Information relating to question	Explanation
Population	Adults between ages of 18-50 years who have been secluded	This is the most prominent age that patients will act on aggressive behaviour/suicidal thoughts
Exposure/Intervention	Adults presenting with aggression/suicidal behaviour who are secluded	I will be comparing articles with patients presenting with aggression/suicidal behaviour were not secluded
Comparison/Control	Adults with aggression/suicidal behaviour who are not secluded	I am interested to see how behaviour resolved
Outcome	Resolution of behaviour with no observable signs/complaints from patient	As I want to know if seclusion has a negative impact on patients in comparison to those who are not secluded
Time	N/A	N/A