

# Patient perceptions of seclusion: Impacts Negative or Positive?

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## Introduction

Seclusion is used when a health care professional deems a patient to be a risk to themselves, other patients, or staff around them. Seclusion provides three main elements which are containment, isolation, and reduction in sensory stimuli (Meehan, Vermeer, & Windsor, 2008). In New Zealand seclusion is used in practice under the Mental Health Act, 1992 (compulsory assessment and treatment), which states seclusion should only be used when there is no other effective and safe intervention possible (Ministry of Health, 2010). The use of seclusion for mental health patients may have a positive or negative impact on them depending on circumstances, which may then alter patient behavior.

## Implications

- Negative seclusion experiences can create negative patient behaviours, including not wanting to seek future medical advice. This in turn may result in people staying unwell for longer periods of time.
- Ineffective therapeutic relationships, and poor communication with patients who have been, or are being secluded, impacts negatively on the patient's mental and emotional wellbeing. This can potentially result in, slower recovery from their seclusion experience.
- Poor practice leads to inadequate nursing care, with the potential to leave patients in seclusion for longer than they need to be, inability to appropriately deal with patients in seclusion, and not knowing the limits of force to use.
- The environment affects the patient's mood toward the experience, and towards staff negatively. This may result in longer periods of seclusion, as the patient would possibly have built up anger during their seclusion.

## Findings

Palazzolo (2004), reported that patients who had been secluded felt upset, and whilst in seclusion angry and bored, but the overall outcome helped deescalate and calm down the majority of the patients that were in his study, leaving them with a positive experience. However, the majority of patients felt seclusion was used as a means of punishment rather than a means of help. In contrast, staff believed seclusion was necessary and had positive effects. The lack of effective and demonstrated communication between staff and patients, as well as the environment and other aspects around seclusion, affected patient experiences of seclusion. Brophy, Roper, Hamilton, Tellez and McSherry's (2016), research highlights that patients experience seclusion negatively due to 'poor practice' provided by staff. Participants in this study claimed staff lacked good interaction and communication skills, had insufficient alternative strategies, used unnecessary amounts of force, and showed little or no empathy.

## Recommendations

Better communication and interaction between staff and patients. Cano, et al.'s (2010), studies found more than 65% of patients spoke of having inadequate explanations on seclusion, in turn leaving patients feeling more negative and confused about the experience.

Staff and the patient should be debriefed on what has happened, why staff chose seclusion, and where they can go from there. This has the potential to help form a positive therapeutic relationship, and to make a plan of action as to what strategies may need to be put in place so it lessens the chances of seclusion occurring again.

## Conclusion

Poor communication, ineffective relationships between staff and patient, differences in opinion regarding the use of seclusion, the excessive use of force, staff displaying poor practice, and the environment all contribute heavily to patients viewing seclusion as a negative experience. Staff need more education around the importance of effective communication regarding the reasons for seclusion, as well as the need to debrief after seclusion. This will contribute to making the experience less negative for patients, and to greater knowledge of other alternatives to try before putting patients into seclusion.

## References:

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I have chosen to present my clinical issue as a poster, as I believe in a poster form it is able to provide my findings to a wide range of people, and as a visual it provides my readers with a quick snap image of the most vital information summarised (Ionita, and Pastae, 2015). By presenting my information in poster form I was able to clearly outline my research question. This would enable my audience to know exactly what I would be talking about throughout the poster. It provides a short introduction of my topic seclusion, displays my findings that I found through the help of my literature review, pin points four implications that I think both patient and nurse may discover in practice, and provides recommendations. Finally, a conclusion summarises my key findings and opinions. All of the above I believe can be easily read in poster form.

PECOT	Information relating to question	Explanation
Population	Patients that come under a mental health act.	This is the population who are more likely to experience seclusion at some point during their treatment.
Exposure	Patients who have experienced one or more episodes of seclusion.	I will be looking at articles that report on what things may influence patients' experiences of seclusion.
Comparison/control	The attitudes the patients and healthcare providers have about the impact of seclusion.	I am interested to see if patients' views differ.
Outcome	Does seclusion have an impact on the patient	I am wanting to know whether this is a suitable and/or safe practice to use in clinical situations.
Time	N/A	N/A

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