# **Seclusion and Restraints**

'Is the use of a hands off approach to care in comparison to the use of seclusion and restraints going to have a positive outcome for psychiatric hospitals and clients experiencing a decline in their mental state?'

## Introduction

It has been made evident that within New Zealand and neighbouring countries, there has been government input to enforce the reduction of seclusion and restraints from being enforced within mental health facilities. The Ministry of Health (2010) have stated that over time with the release of updated guidelines, they are expecting that the use of these measures will greatly decline and will only be used as a last resort. The governments motives for this change led me to look further in to the affects that this will have on mental health facilities and also the clients.

## Literature Review

Whilst reviewing literature, it was brought to my attention that there are a number of negative and positive aspects around the use of a hands off approach to care. This research is vital to give a greater view around the research question.

# Negative

- The ward environment would be a lot more unsettled and a non-safe environment (El-Badri & Mellsop, 2008).
- Requires time, as an essential element to this approach is the building of a therapeutic relationship (Maguire, Young & Martin, 2011).
- Therapeutic relationships may be difficult to shape when an individual presents as aggressive (Maguire et al., 2011).
- Number of assaults have risen (Meier, 2017).
- More pressure on staff (Meier, 2017).

### Positive

- Decreases the risk of additional emotional and physical harm (LeBel, 2014).
- Enables a quicker recovery (LeBel, 2014).
- Allow coping skills to be developed (Qurashi, Johnson, Shaw & Johnson, 2009).
- Ethically sound.
- Staff gain necessary management skills overtime (Qurashi et al., 2009).

## Hands-off approach trialled

A multi-strategy approach to care seems to be the most common hands-off approach used throughout facilities worldwide (Valenkamp, Delaney & Verheii, 2014). A number of these startegies involve leadership toward organisational change, using data to inform practice, workforce development, using prevention tools, full inclusion of consumers and a rigorous analysis of events (Valenkamp et al., 2014). In conclusion to the use of this model in practice, it was demonstrated that there was a visible reduction of the use of seclusion events and hours, but a smaller reduction in the number of individuals that were secluded (Maguire et al., 2011).

## Recommendation/Implications

I think the main point that arose throughout the literature was around the further physical and mental harm that these methods placed on already vulnerable individuals (LeBel, 2014). These comments give myself the impression that it is the right point in time to facilitate a positive change to minimize these measures from being used. It is evident that at times seclusion and restraint may be necessary measures for people who are a high risk too themselves and others, however, with the use of a hands-off approach to care, the duration and frequency of seclusion could be significantly reduced. Therefore, the impact on clients will not be as significant. The hands-off approaches to care that have been put into practice seem to be having an overall beneficial outcome within facilities, throughout the world. I believe with adequate staff training and knowledge, in time these methods will greatly impact mental health clients and facilities.

## Conclusion

Whilst reviewing the literature it was clear that the change in methods will have negative outcomes for both clients and the facilities, however, the positives that have risen seem to outweigh these. Therefore in time, I believe a positive change will be evident throughout New Zealand.

#### References

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PECOT	Information relating to question	Explanation
category		
Population	Mental Health Clients	I have chosen Mental Health clients, as Mental Health facilities utilize the methods in discussion as required.
Exposure	Individuals that are experiencing a decline in mental health status that may be at risk of harm to themselves and others.	I will be reviewing articles that give evidence around the use of these methods for individuals experiencing a decline in mental health.
Comparison	The use of de-escalation and other hands off methods in comparison to seclusion and restraint.	I am interested to see whether or not the hands off approach to care is going to be a positive direction for individuals and others around the risk of harm to self and others, in comparison to the use of seclusion and restraint.
Outcome	To find out whether or not using a hands off approach is going to reduce the risk of harm to self and others in Mental Health facilities.	The Ministry of Health want to reduce the use of seclusion and restraint in Mental Health facilities, I am intrigued to see if this is going to be beneficial to clients and others.
Time	N/A	A time frame cannot be put on this research.

(Whitehead, 2013).

### Rationale

It has been said that poster presentations are an effective way to communicate results from your research findings (Hardicre, Devitt & Coad, 2007). Moreover, it provides a significant opportunity for the researcher to facilitate interaction and discussion towards those that it may benefit or interest (Hardicre et al., 2007).

The process of assembling a poster assists the researcher to focus on their own thoughts and allows them to specifically focus on the purpose and significant outcomes of their work (Miller, 2007). Therefore, this allows a quick and clear explanation of the main points to be given to those that are interested in the findings of your research (Millar, 2007).

When it comes to the presentation of the poster, I believe this will greatly benefit myself and the audience due to the fact that it demonstrates different elements such as narrative, visual and oral. Personally I believe these elements are vital to gain the maximum attention of the audience. The above statements have supported my decision as to why I chose a poster as my method of presentation.

## References

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