Exploring the potential for alternatives to seclusion in acute in-patient services

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Background

- Human Rights focus
- Rights of patients important for recovery (Bland, Renouf & Tullgren 2009)
- Sector moving toward recovery-orientated and trauma informed care practices
- Seclusion can be re-traumatising (Ross, Campbell & Dyer 2014)
- Seclusion doesn't fit within UN Human Rights Principles or our National Policies
- In order to reduce seclusion rates, we need to know who gets secluded

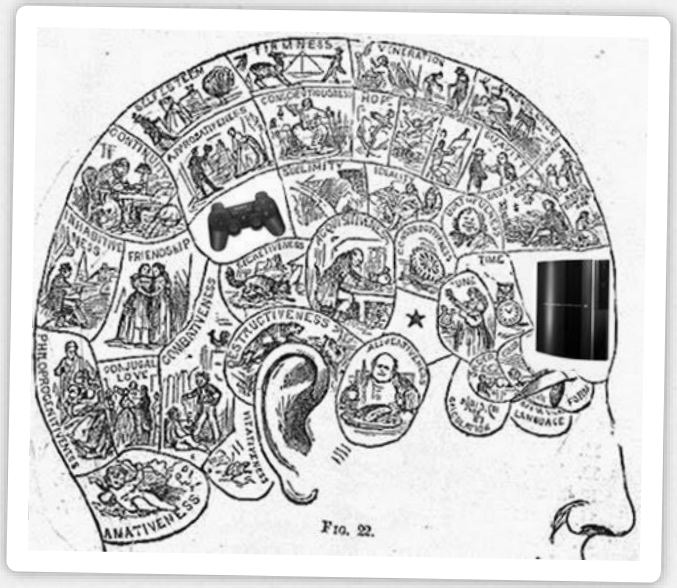


FIG. 22.

Background: Recovery

- Key factor in this research
- Recovery can be defined as

"A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic events of mental illness" (Anthony (1993) in Bland, Renouf & Tullgren 2009).

- Recovery involves recognising lived experience as a useful skill, as well as using hope to assist with the process (Bland, Renouf & Tullgren 2009).

Research Question

How is seclusion used in an Acute In-patient Service (AIS) at St Vincent's Hospital (Melbourne) public?

Research Design

- Co-design quantitative research – partnering with Consumer Consultant/Peer Support Worker Liam Buckley (qualitative data from consumers presented yesterday)
- Initially wanted to focus on consumer feedback
- Focus on providing a snap shot: looked at previous records and data collection (secondary data)
- Sampling was based on whoever experienced seclusion
- Exploratory and descriptive study

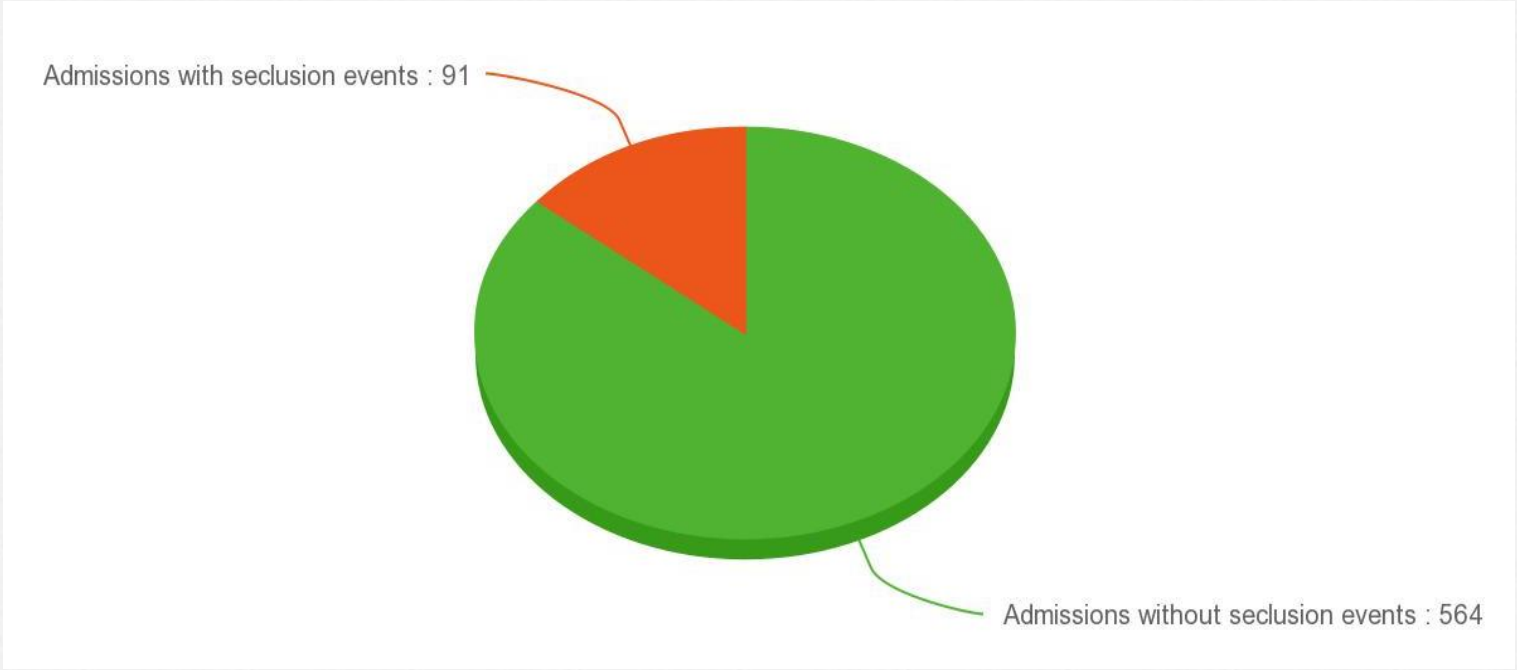
Method

- The method includes compiling all relevant descriptive features of the cohort as well as descriptive features of the seclusion episode to provide a snapshot of the events and those who experienced them
- Data was collected from a one year period – 2013, to provide a comparative point for future research after reforms such as the new Mental Health Act (2014)

Research Design – ethics and a 1-year project

- Patient privacy was a priority in this research
- Being a student I was unable to access patient records to get more specific data on the backgrounds of those secluded
- Despite this, unidentified seclusion records were enough to raise some important issues

Results



Admissions to In-Patient Unit in 2013
Total: 655

TABLE 2: 2013 SECLUSION STATISTICS

Results

Significant data point	Number
In-patient admissions	655
Admissions via ED	334
Patients experiencing seclusion	79
Addmissions experiencing seclusion	91 (12 people were admitted twice)
Seclusion events	200
Seclusion events for ED tranfers	41
Seclusion events for ED transfers within 4hrs	16

Results

- Demographics: The majority of those who are secluded are single males, in their 20s-30's, with unstable housing and not employed
- Duration: The most commonly occurring seclusion event was 4 hours, which is also the clinically and legally accepted time for seclusion, with 43% of events being 4 hours or under
  - The average time was 12 hours and 29% of events were over 12 hours long
- Multiple events (? Cumulative trauma;) – 62% of people had multiple seclusion events

Take home messages

- There are demographic factors in who experiences seclusion (especially for longer events)
  - Housing status, marital status, age, gender
- Length of seclusion time – Act states 4 hours, but not always achieved yet
- Emergency department as a flashpoint – this is why Peer Worker role now included at St Vincent's (as discussed yesterday by Liam)

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