

# New Zealand hospitals reduce the use of seclusion for mental health consumers

Many of New Zealand's district health boards (DHBs) are working to eliminate seclusion, with some making great progress - however there is more to be done.

Seclusion is the practice of placing a mental health consumer into a room alone, from which they can't freely exit. The use of seclusion is currently legal in New Zealand under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Dr Clive Bensemman is clinical lead for the Health Quality & Safety Commission-coordinated zero seclusion project, which works with DHBs to eliminate the use of seclusion in New Zealand. He says seclusion is a practice which is contrary to the United Nations Convention on the Rights of Persons with Disabilities and the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, both of which New Zealand has signed and ratified.

"Eliminating seclusion is aspirational but achievable. We must find better ways to better address a practice we know causes harm."

The zero seclusion project has identified a team of champions for change.

Pauline McKay, a nurse director at Auckland DHB has seen a change in the culture around the use of seclusion.

"In the past if someone was behaving aggressively before admission, there would be conversations around getting the seclusion room ready - that doesn't happen anymore."

Initially her staff felt uncertain about the changes, but through data she was able to show that reducing the use of seclusion didn't increase the number of assaults on staff.

Paula Mason, a clinical nurse manager at West Coast DHB, agrees. Her unit recently celebrated 174 seclusion-free days.

## Ten top tips from zero seclusion champions

- Provide kai and a welcoming environment
- Provide a quiet, low-stimulus space
- Listen to consumers' concerns and needs - learn what has happened to them
- Find out what people's triggers are
- Ensure consumers understand the admissions process - no surprises
- Involve whānau early on and throughout. When possible, let whānau stay with their loved one
- Empower staff with alternatives to seclusion
- Identify staff willing to pick up the zero seclusion mantle and work with them
- Set your team a 'no seclusion' goal and celebrate when it is achieved
- Spend time looking at your seclusion data and identify patterns when seclusions occur



She says her team's renewed focus on the consumer's whole journey, including community care and involving the crisis and admissions team, has made a difference and that things such as providing an extra bed for whānau and being able to offer kai have also helped.

Paula's team celebrates what they call 'a good catch' when staff avert a potential seclusion event.

"Our 'good catches' are when there's been a tense situation where we've had to really negotiate, and staff have worked hard to avoid a negative outcome for everybody."

At Auckland DHB, mental health nurse educator Frazer Rangihuna, relates to this 'good catch' approach.

He says there is a "massive opportunity" to reduce the use of restrictive practices if staff are responsive rather than reactive and show the consumer empathy, especially during admissions, when emotions can run high.

Alan Witt, a clinical nurse manager at Whangarei Hospital agrees that staff empathy is key to reducing the use of seclusion.

"As is having staff buy in and including them in the vision. If staff are used to acting in a certain way, it's difficult to break that culture. You need education, role modelling, to be there for people to talk to."

At Waitematā DHB, clinical improvement coordinator Lesley Turner brainstormed change ideas with her team that would be easy to implement and would help make consumers feel welcome, and help them to feel supported and safe when distressed. This included offering more activities, sensory equipment and board games.

Her focus now is on improving processes and identifying touch points throughout a consumer's stay in hospital which might ignite a fight or flight response. Lesley found creating information sheets

about the admissions process helpful, and that consumers were calmer knowing what to expect.

Charge nurse manager at Auckland DHB, Louise Martin agrees. She says we need to understand the nature of aggression differently and this involves a culture change achieved by constant self-reflection.

Louise asked her team to write down their thoughts and reactions prior to seclusions, then analyse the lists of words.

"The words fear and anxiety were used three or four times more than any other words. Not control or punishment – it wasn't a power issue it was fear of staff being hurt."

Louise says if you don't want staff to act out of fear, you need to empower them.

"If there is an assault, we encourage and support staff to make police reports, they can go during work time with taxi chits. Employee assistance programme services are offered every time."

She also encourages her staff to show empathy to the people they care for.

"It's easier to empathise with someone once you've looked them in the eye and had a conversation. I want staff to live the ADHB values of togetherness, aiming high, respect."

Louise challenges her staff by showing them seclusion data.

"I say, seclusion numbers and times have decreased, assaults have come down. Assaults down, seclusion down – what conclusion can you draw? People had expected rates of assaults on staff to increase with using less seclusion, but the opposite has occurred."

**To find out more about the Commission coordinated MHA quality improvement programme, see our website ([hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement](https://hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement)).**

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