Another Like Minds Taranaki Project

By Mental Health Consumers for Mental Health Consumers

Whakaaro Pai—Thinking Positively—Issue 64—July 2014

Seclusion

Imagine being shut inside an almost completely featureless room with no way of freeing yourself.

There is bedding provided should you find yourself able to rest in such an environment, but this is the only comfort you're likely to find while you remain here.

Your only contact with the outside world is someone coming to check on you every ten minutes.

Exactly how long you're going to be in this room, alone with your thoughts apart from seeing an observer's face on the other side of the glass, you don't know.

Stop now for a second and ask yourself, while you're imagining this situation - why are you here?

Perhaps you imagined yourself as a criminal placed in solitary confinement in a prison somewhere, as a punishment for bad behaviour.

In reality, you don't have to be guilty of any crime to be locked up like this, in a room by yourself. This practice, known as seclusion, is actually an all-too-common occurrence in many mental health wards throughout New Zealand and the world.

There are guidelines in place to make sure that the experience has as little traumatic effect as possible on those who have been placed into seclusion. However, these do little to negate the impact that often comes from being placed into confinement, at a time when many people are acutely vulnerable due to their condition.

As a minimum, the room must have:

(a) adequate light, heat and ventilation
(b) Means to easily observe the patient that also allows the patient to see the head and shoulders of the observer
(c) Means for a secluded patient to call for attention
(d) Fittings recessed to avoid potential for harm
(e) Furnishings (other than bedding) that are fixed to avoid the potential for harm

Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992

Seclusion is designed to be used only as a last resort, at times when a patient is deemed to be a risk to themselves or others. It is not a course of action to be taken lightly, and thankfully incidents of seclusion are on the decline as alternative methods and approaches are being introduced.

One initiative currently under way is attempting to be more culturally sensitive towards the needs of Maori in an inpatient setting, as this group is currently overrepresented among those being placed into seclusion. The emphasis is on attempting to engage with Maori and other cultures on a spiritual level, respecting both their unique traditions and needs and making them feel more at home in what can often be a stark and clinical atmosphere. In the case of Maori, provision is being made for the use of waiata and karakia, in an effort to create a more therapeutic atmosphere.

Another alternative to seclusion is the use of sensory modulation, which also commonly takes place in its own dedicated room but with a radically different approach. Rather than a sterile and empty environment, sensory modulation rooms provide many different tools and resources to assist patients to cope with stress in a positive way.

Rather than being used as a last resort, sensory modulation can be used to help prevent patients from reaching a stage where seclusion is deemed necessary.

One reality is true for many who have been placed into seclusion during their stay in our mental health wards: the experience had a lasting negative impact on their ability to trust the mental health system and form a therapeutic relationship with psychiatrists and other staff even after being discharged from hospital.

We look forward to a time when seclusion is a method used only as a last resort - its usage is a reminder of a time when such treatment of those with experience of mental illness was the norm.

Tony Spencer

*This month's "**Korero Mai**" and "**What's On**" are edited by Stephanie Mapley and "**Whakaaro Pai**" by Tony Spencer— from Like Minds Taranaki. Your news and views are eagerly sought. Like Minds Taranaki, PO Box 5015, New Plymouth, 3rd Floor, Brougham House, 50 Devon Street West, NP,* **ph. 06-759-0966** **mental.health@xtra.co.nz**. **www.likemindstaranaki.org.nz**

August 2014 issue will be distributed in late July. Contributions by Wednesday, July 186h please.