

What's New in Seclusion & Restraint Reduction Efforts?

**Hogg Foundation for Mental Health
Implementing Seclusion & Restraint Reduction:**

Sharing the Experience

Austin, TX ~ June 22, 2007

Kevin Ann Huckshorn

Janice LeBel

Outline

- International Perspectives
 - Leadership & Conferences
 - Countries & Practices
- National Efforts
 - Timeline
 - State Efforts
 - Successful Programs
 - Innovations

International Conferences

- Stirling University
 - August, 2007: “Reaching for the Light: High Risk Interventions in Human Services,” Scotland
- World Psychiatric Association
 - June, 2007: “*Coercion in Psychiatry*”
 - 1st conf. dedicated this topic, Dresden, Germany
- European Congress
 - October, 2007: “*Violence in Clinical Psychiatry*,” Amsterdam, The Netherlands
- Int’l. Assoc. of Child & Adol. Psychiatry & Allied Professions
 - April, 2008: “*Carrying Hope Between East and West*,” Istanbul, Turkey

International Leadership

INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP P

MAKING SERVICES WORK FOR CONSUMERS



- Multi-national government members(8) +
- *International Initiative for Mental Health Leadership*
 - Founded in 2003 by Fran Sylvestri, NZ
 - Creating international leadership development to promote collaboration, partnership & advance best practices

IIMHL: Core Programmes

- **Annual Leadership Exchange**
 - CEOs Pairs + Annual Conference 2003 - date
- **IIMHL Update**
 - Digest identifies key articles - 500 subscribers in 16 countries
 - Features new material i.e.:
 - Value based medicine
 - Electronic clinical records
 - Physical health needs of consumers
- **IIMHL Website**
 - List serves for exchange of information
 - Includes provider and funder database

(Sylvestri, 2004)

IIMHL Projects

- **Current Projects**

- Trailblazers
- Service Improvement ABC Programme
- Alliances for Excellence
- Increasing Research and Study of effective MH leadership including key characteristics of successful CEOs
- Evidence Based Toolkits
- Peer Consultation

- **New Projects**

- Workforce Development: Leadership training
- Destigmization efforts
- National Registry of Effective Programs and Practices
- WHO Affiliation
- Social Inclusion

(Sylvestri, 2004)

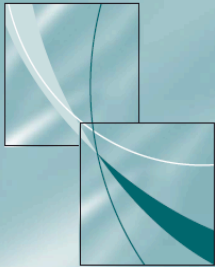
Australia

National Safety Plan evolution:

- 2002 National Mental Health Working Group forms Safety and Quality Partnership
- 2003 The National Mental Health Plan 2003-08 Patient Safety and Quality in Mental Health Services Report (*Enduring Solutions*)
- 2005 The National Safety Priorities in Mental Health: a plan for reducing harm is endorsed by Australian Health Ministers' Advisory Council

Groves, 2007

National safety priorities
in mental health:
a national plan for
reducing harm



*effective
appropriate
efficient
responsive
accessible
safe
continuous
capable
sustainable*

**national
mental
health
strategy**

**Reducing suicide &
deliberate self harm;**

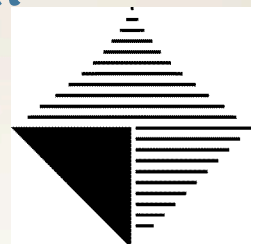
**Reducing the use of &
where possible
eliminating, restraint
and seclusion;**

**Reducing adverse drug
events in mental health
services; and**

**Safe transport of people
experiencing mental
disorders.**

Groves, 2007

National Mental Health Working Group



Australia

- NTAC-NETI training 2006
 - Sydney
 - Met with National Working Group
- NTAC-NETI training 2007
 - Queensland
 - Victoria

Queensland's Effort

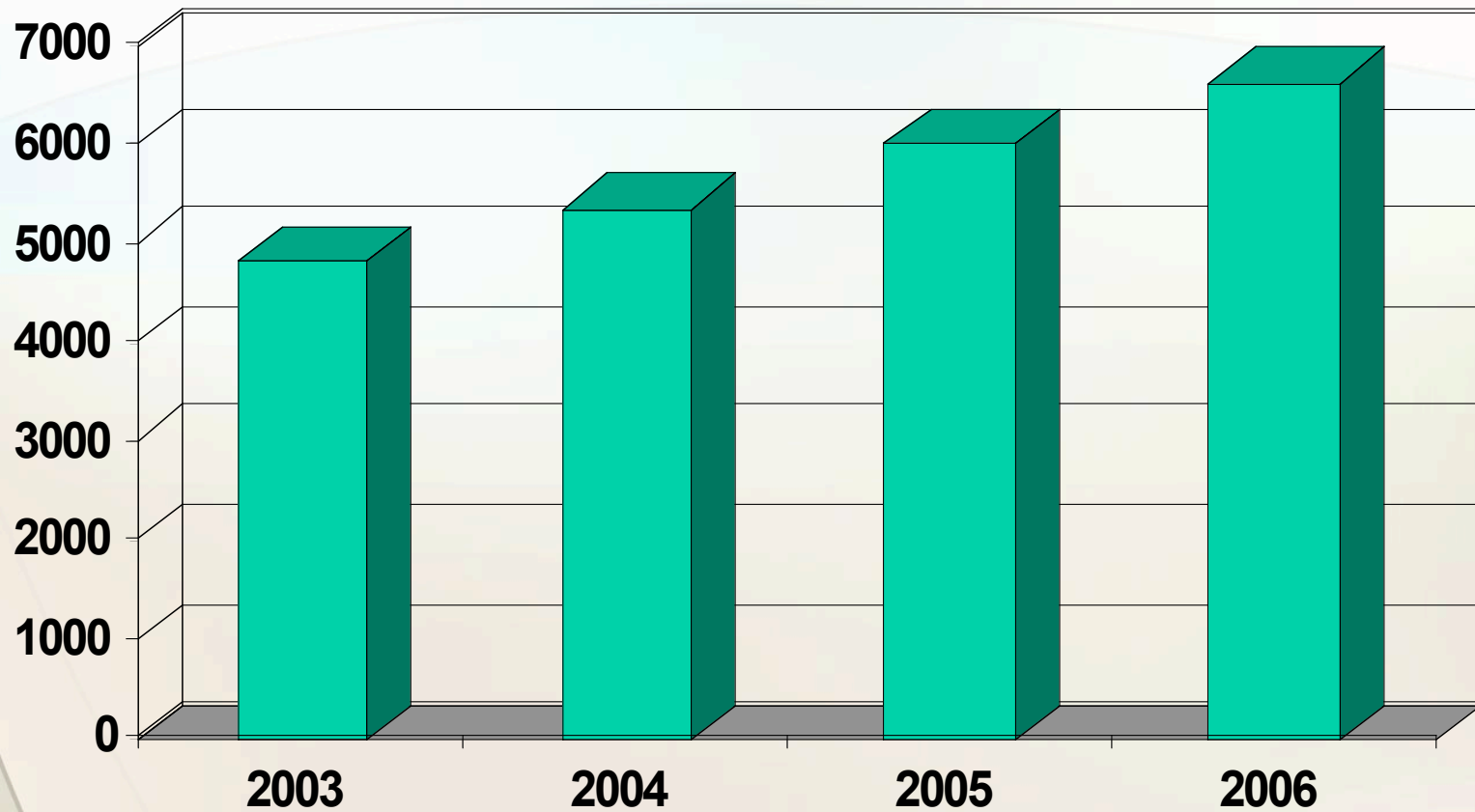
Queensland's response to the National Priorities: drafted a policy on reducing seclusion and restraint and where possible, eliminating their use.

Their Goal: Aim to reduce the rate of seclusion by 90% in Queensland's mental health facilities in the next 5 years and to make a similar reduction to the total time people spend in seclusion.

The Vision: ***“We Want Queensland to be the next Pennsylvania!”***

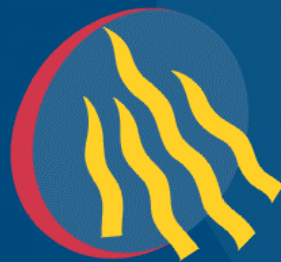
(Dr. A. Groves, 02/07)

Queensland use of Seclusion



*Creating Violence Free and
Coercion Free Mental Health
Treatment Environments for
the Reduction of Seclusion and
Restraint*

Dr Aaron Groves
19 February 2007



Queensland Government

Queensland Health

Aims of the forum

- Develop / disseminate knowledge and learnings
- Identify and empower individuals to be change agents
- Instil content experts to facilitate practice change and review
- Develop a framework for delivery of quality mental health services in an environment which limits the necessity for seclusion and restraint.
- Reduce seclusion episodes and duration by 90% in 5 years.

Victoria's Effort



- Victoria - Seclusion Minimisation Project
 - 2006 Traveling Fellowship to USA & UK:
 - Fiona Whitecross, RN
 - 2007 Traveling Fellowships to USA
 - (MA, CT, NY)
 - Taking NTAC-NETI training and teaching throughout the state

Australia



- At Gold Coast Hospital in Queensland, Phil Stubbs, an experienced RN, died as a result of being kicked in the chest by a patient (2005).
- In 2007, the hospital is now teaching martial arts to nursing staff



Retrieved on June 2, 2007 from

http://www.gcbulletin.com.au/2007/06/02/5514_printstory.html

New Zealand National Context

- The Treaty of Waitangi and Biculturalism
- Maori Communalism and Pakeha Individualism
- Immigration diversity
- Ministry of Health vs Mental Health Commission
- National pride

(Rudgeair, 2007)

New Zealand Cultural Tensions

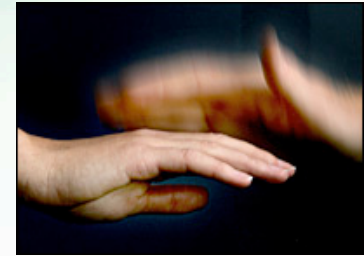
- Governmental support for control and “*restraint minimisation*”
- Mental Health Act & public expectation of autonomy and safety
- Conflicting models of illness causation and the management of risk
- Service user, family and professional views

(Rudgeair, 2007)

New Zealand

- NTAC-NETI training 2006
 - Auckland & Wellington
- NTAC Consultation 2007
 - 2 District Health Boards: DHBs
 - Auckland: *Prevention of Violence and Coercion at Te Whetu Tawera, Acute Mental Health Unit*
 - Regional Forums
 - “Calming & Restraint” technique renamed:
“Communication & Safe Practice”
 - Counties Manukau

New Zealand



- Kids Inpatient Program Seclusion Debate (<12 yo)
 - No mechanical restraint use
- DHB does not use seclusion, rather:
 - “closed door time-out” or “locked door time out”
- MOH says it’s seclusion
- Backdrop
 - Parliament passes “**anti-smacking**” bill (May 2007)
parents may not use force to correct their children
- Coercion contrast noted & debated

http://www.nzherald.co.nz/section/1/story.cfm?c_id=1&objectid=10440080

Arnold, 2007

UK: NHS Plan for Racial Equality

- Rocky Bennett Inquest/Inquiry
Implementing “racial equality in NHS by 2010
- NHS: The National Institute for Clinical Excellence (NICE) Standards in short term management of violent behavior (83 pgs. Recommendations for acute/PES services



UK:

Detention Treatment Focus

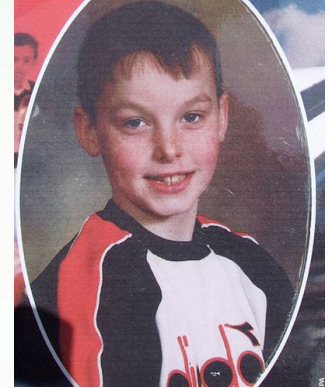


- **Gareth Myatt, 15**, died at a Detention Centre following a physical restraint with the seated “double embrace technique.”
- According to Detective Chief Inspector, Charles Moffat: *“The incident occurred at about 2115 BST and it was necessary for staff to exercise their normal techniques of physical control and care in dealing with Gareth.”*

<http://news.bbc.co.uk/1/hi/england/3652725.stm>

UK:

Detention Treatment Focus



- Three months later, **Adam Rickwood, 14**, hung himself following a physical restraint and humiliating pain technique: twisting & squeezing his nose to force him to go to his room. He was viewed as “*no risk of self harm*” despite 9 hospitalizations, twice for cutting his wrists. A formal inquest has resulted.

<http://www.telegraph.co.uk/portal/main.jhtml?view=DETAILS&grid=A1YourView&xml=/portal/2007/06/01/nosplit/ftadam101.xml>

12 EU Countries

eunomia



- EUNOMIA PROJECT: *European Evaluation of Coercion in Psychiatry and Harmonisation of Best Clinical Practise*
- 13 sites, regions of comparable size:

London

Sweden

Lithuania

Czech Republic

Greece

Italy

Poland

Slovakia

Germany

Bulgaria

Spain (2)

Israel



12 EU Countries

eunomia



- Examining:
 - forced admission to a psychiatric hospital
 - involuntary detention after voluntary admission
 - seclusion / isolation in a room that the patient is not allowed to leave
 - restraint / fixation by holding and/or mechanical devices
 - forced medication.
- Creating a central database & developing guidelines on European best clinical practice.

12 EU Countries

eunomia



- Focused on what interventions work best by DX
- Consumer involvement/participation not as developed as US
- SR prevention/reduction not a focus
- Web-site for more information:
<http://www.eunomia-study.net>

Denmark

National QI Project Concerning Restraints (2004)



Nationalt kvalitetsprojekt
– TVANG I PSYKIATRIEN

- Focused on 3 themes:
 - Prevention of formalised restraints
 - Formalised restraint episodes
 - Follow up on formalised restraints

Denmark

- Prevention of formalised restraints
 - Improve communication, education, intervention
 - Inform families
 - Flexibility in activities
 - Create intimacy, accessibility in the dept.
 - Sexuality
 - Reduce the need for intensive care & restraints



Nationalt kvalitetsprojekt
– TVANG I PSYKIATRIEN

Denmark



Nationalt kvalitetsprojekt
- TVANG I PSYKIATRIEN

- Formalised restraints
 - Reduce patient experience of restraints when committed
 - Belt fixation
 - Isolate restraint episodes
 - Inform and involve relatives
 - Working with staff's emotional reactions

Denmark



Nationalt kvalitetsprojekt
- TVANG I PSYKIATRIEN

- Follow up on formalised restraints
 - Work on restraint episodes and mutual understanding
 - Insure quality in relation to use of restraints
 - Improve staff working environment

Czech Republic



- 2004 - JK Rowling campaigns to ban caged beds; Czech Health Ministry orders immediate metal bed removal and phasing out net beds
- 2006 - 30 y.o. Vera Musilova, hospitalized in Prague, died in a cage bed after choking on her own feces. She was naked, dehydrated, dirty & head shaved
- 2006 - Czech government is now being sued by legal advocates

Czech Republic



photo by Dinah Spritzer

- The new Minister issued guidelines (non-binding) to regulate the use of restraints in hospitals and re-authorized the continued use of cage beds.
- Currently there is a new amendment pending before the Parliament regulating the use of restraints, and there are no published plans to ban cage beds.

http://www.mdac.info/documents/Cage_Beds.pdf

<http://web.amnesty.org/library/Index/ENGEUR010022005?open&of=ENG-2U2>

Other Countries Using Cage Beds

- Hungary
- Slovak Republic
- Slovenia
- Routinely used for:
 - People with intellectual disabilities
 - Elders with dementia
 - People with mental illness
 - Children
 - In the absence of staffing / training
 - Punishment or threat of punishment

MDAC, 2003

Cage Bed Use Defies Agreements

Use of cage beds defies:

- European Convention on Human Rights
- U.N. Treaties, including the
 - Universal Declaration of Human Rights and
 - International Convention on Civil and Political Rights
- European Comm. on Prevention of Torture
- All 4 Countries have ratified these agreements but the use persists

MDAC, 2003

Turkey: EU Accession Country

- Turkey does not yet have a *National Mental Health Act*
- A draft of “*Turkish Mental Health Act*” was prepared, following international recommendations (APA-AEP)
- Current practice: restraint is very seldom used, virtually eliminated. Seclusion is used along with medication restraint.
- Turkey: 75 million = 1,400 Psychiatrists
- USA: 302 million = 38,000 psychiatrists

Erdogan, 2006

Turkish Penal Code: *Special Safety Measures for Mental Health Patients*

- Violation of the responsibility of care and supervision of mentally ill
- Article 175: A person who is negligent in caring or supervising for a mentally ill person and causes risk of life, health, or harm to persons or their belongings shall be sentenced up to six months in prison or fined.

Erdogan, 2006

Turkish Penal Code: *Special Safety Measures for Mental Health Patients*

- Depriving someone of his/her freedom
- **Article 109:** A person who unlawfully deprives someone of his/her freedom shall be sentenced to prison for 1-5 years. If she/he uses coercion, threat or deception to deprive the person of his freedom, he/she shall be sentenced to prison for 2-7 years.
- If this crime is committed:
 - together by more than one person,
 - through the official duty of the person,
 - against a child or someone who is not mentally or physically in a position to defend herself/himself

Sentences shall be increased by one fold.

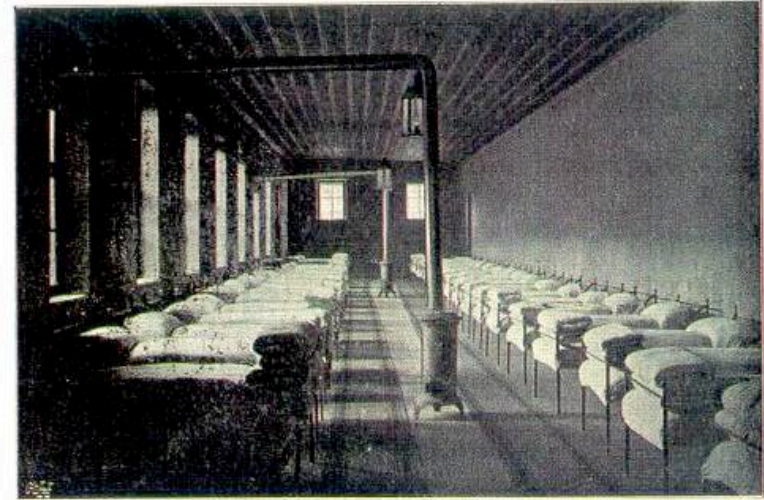
(Erdogan, 2006)

Toptaşı Bimarhanesi - 1913



بیمارخانه یتاق قفوشلردن برینک منظره داخلیسی (جانبین یوله منظم قار یوله لرده ، پاک و نظیف یاتاقلرده یاتیرلقدهدر)

Vue intérieure d'une salle à l'Asile d'aliénés



طوبطاشی بیمارخانه سنده بر یاتاق قفوشی
(جانبین یاتاقلری رسمده کوردلدیکی اوزره هر صباح خدمه طرفدن صوت مکملده تنظیم ایبلکدهدر)

Vue intérieure d'un dortoir à l'asile des aliénés de Top-Tachi

Bakırköy-2006



Erdogan, 2006

International Coercive Practice

- Finland - 1960's-90's very little SR used; 80% hospitals closed, acuity shift to state hospitals. As a result: “*seclusion wards,*” “*voluntary jackets,*” and elasticized restraint for ROM in bed
- Netherlands: No restraint, only seclusion
- Norway: No SR; just “*open air isolation*”
- Sweden: No SR in C/A inpatient service

International Coercive Practice

- UK: No mechanical restraint, physical restraint, medication restraint & seclusion
- Germany: Mechanical restraint, medication restraint, & seclusion
- Aceh: SR in the 1 hospital (census >180%); chaining at home

What's the International Message?

- Practices & resources vary widely
- Many countries are aware of the US movement toward SR reduction/elimination
- Many countries are rethinking care in favor of moving to less coercive/containing procedures
- Most countries use medication restraint
- Some countries use no mechanical restraint
- Fewer countries use no seclusion
- Very few countries use neither SR - ***but they do exist!***

The National Effort



National Effort: Timeline



- 1998 Hartford Courant expose
- 1999 GAO Report to Congress
NASMHPD MD SR Report
- 2001-04 SAMHSA: C/A SR Red. & TA Ctr
- 2002-07 NASMHPD-NTAC Experts Mtg.
SR Curriculum created, training begins: 48 states & territories, AU & NZ

National Effort: Timeline



- 2003 SAMHSA Priority Matrix
Nat'l Call to Action to Elim. SR
- 2004 SAMHSA funds:
- * National SR Red. & TA Center
 - * NASMHPD-NTAC SR Curriculum implementation & evaluation
 - * 3-year SIG grants for 8 states
- 2007 SAMHSA RFA for 8 new states

PA State Efforts

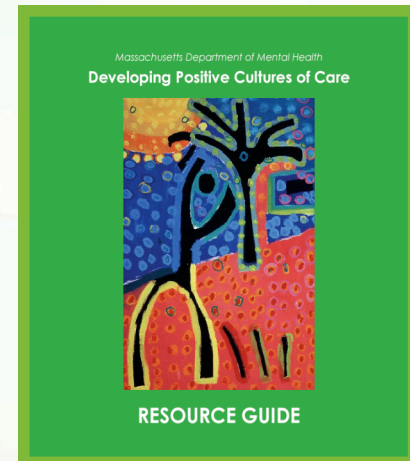
- Adult State Hospital System:
 - 8 State Hospitals - **99.9% reduction**
 - **3 hospitals cease using SR**
- Statewide ban on prone restraint to be promulgated
- Statewide Initiative (2006): **A.C.T. *Alternatives to Coercive Techniques*** for all serving-systems: DD/MH/JJ/SA/Child Welfare
- Measuring/monitoring to statewide measures of SR use ***“PeopleStat”***

MA State Efforts

- SAMHSA SIG Grant for Adult State Hospitals
- New Regulations 04/06
- Adult State Hospital SR episodes -52%
- Adult State Hospital SR duration -53%
- All Child/Adolescent hospitals -85%

MA Statewide Child/Adol. Efforts

- Resource Guide - 2007
- New SR Policy - 2007
- More regulation changes
- TIC & SR Reduction in contract language & performance indicators
- Hiring Peer Specialists; Youth Peer Mentors; Resident Support Teams, etc.
- Linking C/A effort with adults & community care



MD State Efforts

- Preparing to redraft SR regulations
- Coalition of youth agencies forming re: better practice / SR reduction following JJ death, using NTAC & START (mypic)
- New bill (2007) filed by P&A passed which bans prone restraint in MD psychiatric inpatient facilities

NY State Efforts

- HHC - NTAC / NETI training and consultation to all NYC hospitals
- Children's programs: shelters, residential programs trained in Sanctuary Model

National Efforts

- SAMHSA / CMHS supported a national summit: “***Building Bridges***” between leaders of residential and community based services, families, and youth (09/06) to craft and adopted a “*Joint Resolution to Advance Shared Core Principles*” to facilitate transforming the children’s mental health system.

National Efforts

- This platform includes: *“Develop behavioral support and teaching techniques that are strengths-based, strive to eliminate coercion and coercive interventions (e.g., seclusion restraint and aversive practices) ...*
- Available at:
<https://www.cwla.org/programs/groupcare/buildingbridges.htm>

Successful Programs

Adult Facilities

- Salem Hospital -100%
- So. FL State Hospital - 99%
- No. VA MH Institute - 99%
- Worcester State Hospital - 98%
- Elgin MHC, IL - 90%
- Western State Hospital - 79%
- Creedmoor Psychiatric Center - 67%

Successful Programs

Child & Adolescent Facilities

- Cambridge Child Assmnt Unit -100%
- Boston Medical Center IRTP -100%
- Metro West Medical Center - 96%
- Holston United Methodist Home - 95%
- Natchaug Hospital - 93%
- Westboro St. Hosp. Adol. Units - 92%

Successful Programs

Intellectual & DD Facilities

- Millcreek in MS (225 beds) - 100%
- Siffrin in OH (300 beds) - 100%
- Lutheran in WI (1,000 beds) - 100%
- LifeShare in NH, ME & FL - 100%

Forensic Facilities

- Taylor Hardin Secure Medical Ctr. - 99%
- North Texas State Hospital - 50%+
- Treasure Coast Forensic Tx Center

Successful Programs

Emergency Departments

- Grady Memorial Hospital, Atlanta - 39%
- Mass. General Hospital > - 40%
- Henry Ford Hospital, MI - 41%
- Boston Medical Center > - 50%
- Sturdy Memorial Hospital, MA - 61%
- VA Comm. Univ. Health System - 83%
- META: 2 Consumer-run Crisis Ctrs. - 99.9%

National Directions

CMS

- Issued Final Rule 12/06, effective 01/07
- Training emphasized
- MD 1-hour rule reconsidered
- Advocates reviewing federal statute

Joint Commission

- Follows CMS's MD 1-hour rule change in 05/07

National Directions

SAMHSA

- Continue SR SIG efforts - 8 new states
- Linkage with Transformation SIG Grants
- Workforce Development

NASMHPD

- Continue National SR TA Center
- New National TI Care Center
- NREPP application underway

Transformative SR Prevention Strategy: Consumer Roles

- Service User empowerment & leadership
- Consumer roles:
 - Peer Specialist / Recovery Specialist
 - Patient Liaison / Debriefers
 - Peer Mediation, Peer Support Team
 - RESPECT Speakers, Procovery Facilitators
 - Consumer Advisors (NZ)
 - Procovery Facilitators
- **Family roles:** Parent Partner, Parent Coordinator, Parent Educator

Innovative SR Prevention Efforts

- Conjoint training:
 - consumers, family & staff
- Pet therapy
- Sensory interventions
- Recognition / Support lines
- Consumer-informed hiring
- Consumers on all levels of committees

Current Perspective

Practice is Changing

- The standard of care is rising.

Facilities and staff are being measured against the new standards in the arenas of:

- Accrediting bodies, national organizations
- Consumers, public opinion, media
- Judicial opinion
 - (multi-million \$ judgments)
- Staff charged and convicted *(LeBel, 2007; NETI, 2007)*



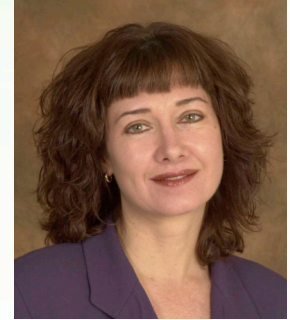
*"It says here you can lead
a horse to water . . . "*

“Good ideas are not adopted automatically. They must be driven into practice with courageous patience.”

~ Hyman G. Rickover

NASMHPD - NTAC

Contact Information



Kevin Ann Huckshorn, RN, MSN, CAP, ICADC

Executive Director

Nat'l. Coord. Center to Red.& Eliminate SR&

National Technical Assistance Center

National Association of State Mental Health

Program Directors

66 Canal Center Plaza, Suite 302

Alexandria, VA 22314

(703) 739-9333 ext. 140

Kevin.Huckshorn@nasmhpd.org

Massachusetts Contact Information



Janice LeBel, Ph.D.

MA Department of Mental Health

25 Staniford Street

Boston, Massachusetts 02114

(617) 626-8085

janice.lebel@dmh.state.ma.us

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