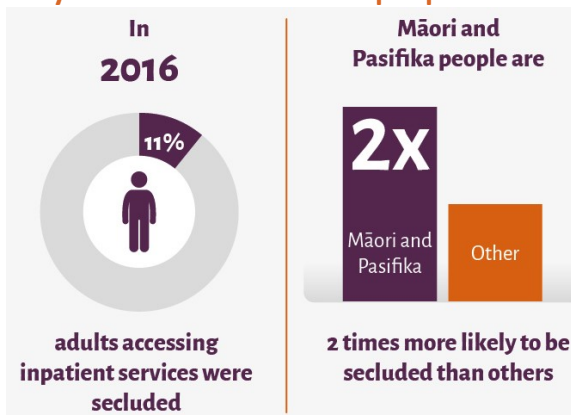


Evidence update for reducing seclusion in New Zealand

In support of the Convention on the Rights of Persons with Disabilities (CRPD), reducing and eventually eliminating the use of seclusion is a key priority for New Zealand mental health services. This factsheet summarises recent evidence to inform the continued reduction of seclusion. Published in November 2018.

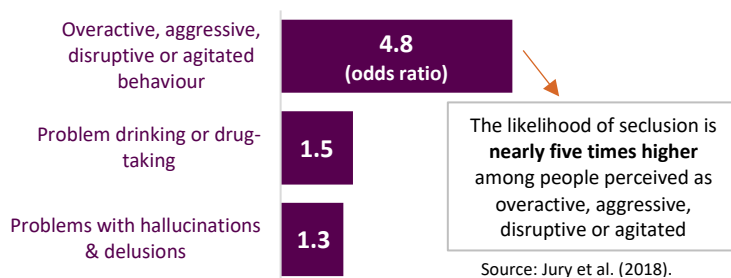
Mental health services need to reduce seclusion, especially for Māori and Pasifika peoples



Source: Ministry of Health (2017); HQSC (2018).^{2,3}

Using HoNOS to inform reduction strategies

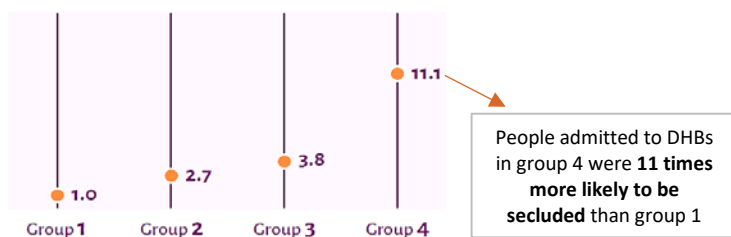
Based on HoNOS ratings, the likelihood of seclusion is almost five times higher among people perceived as displaying overactive, aggressive, disruptive or agitated behaviour. In contrast, non-accidental self-injury and depressed mood are associated with a lower risk of seclusion.¹ These findings have implications for clinical practice and workforce development.



Source: Jury et al. (2018).

Greater consistency in using tools and resources will help reduce variation in seclusion between DHBs

When DHBs are grouped by their rates of seclusion, from low to high, people in the highest group (group 4) were 11 times more likely to be secluded than people in the lowest group (group 1) even after sociodemographic and clinical factors were taken into account.⁴ This means that the variation in DHB seclusion rates is likely to reflect differences in clinical practice between DHBs.



Note. DHBs were grouped based on their seclusion rates. The odds ratios adjusted for ethnicity, age, bed nights, HoNOS scores, and compulsory treatment status. Based on 2015 PRIMHD data. Source: Lai et al. (2018).

References:

- Jury, A., Lai, J., Tuason, C., Koning, A., Smith, M., Boyd, L., Swanson, C., Fergusson, D. and Gruar, A. (2018, in press). People who experience seclusion in adult mental health inpatient services: An examination of health of the nation outcome scales scores. *International Journal of Mental Health Nursing*. <https://doi.org/10.1111/inm.12521> (members of Te Ao Māramatanga – New Zealand College of Mental Health Nurses have free access to this journal)
- Ministry of Health. (2017). *Office of the Director of Mental Health annual report 2016*. Wellington: Ministry of Health. Available at <https://www.health.govt.nz/>
- Health Quality Safety Commission. (2018). *Zero seclusion: towards eliminating seclusion by 2020. Data on seclusion of Pacific peoples*. Available at <https://www.hqsc.govt.nz/>
- Lai, J., Jury, A., Long, J., Fergusson, D., Smith, M., Baxendale, S. and Gruar, A. (2018, in press). Variation in seclusion rates across New Zealand's specialist mental health services: Are sociodemographic and clinical factors influencing this? *International Journal of Mental Health Nursing*. <https://doi.org/10.1111/inm.12532>
- McKenna, B., Sutton, D., Sweetman, L. E., & Miner-Williams, W. (2018, unpublished). *The role of Te Pou o te Whakaaro Nui in assisting mental health services to reduce restrictive practices: A case study*. Auckland: Te Pou o te Whakaaro Nui.
- Te Pou o te Whakaaro Nui. (2018). *Reducing and eliminating seclusion in mental health inpatient services: An evidence review for the Health Quality and Safety Commission New Zealand*. Auckland, New Zealand: Te Pou o te Whakaaro Nui. Available at <https://www.hqsc.govt.nz/>

Effective responses are required

- Two-thirds of seclusion episodes occur within 48 hours of admission.**¹ Early engagement and comprehensive assessment can support an individualised wellbeing plan that is responsive to people's distress as early as possible.¹
- Effective engagement** is influenced by clinical practice, staff skill mix, team work and unit environment to minimise distress.^{1,4}
- Leadership is critical** to reducing seclusion, and must include peer and cultural leadership.^{5,6}
- Workforce competence and capability** to deliver effective responses for people experiencing agitation, aggression, substance intoxication, or withdrawal, and psychosis are required.¹
- Strategies for reducing seclusion** include effective engagement and consultation with people accessing services and their whānau, development of the peer workforce, cultural approaches, trauma-informed care, seclusion reduction tools, de-escalation techniques, debriefing, and quality improvement projects.⁶

Tools and resources to support seclusion reduction

- [Convention on the Rights of Persons with Disabilities](#) by the United Nations
- [Six Core Strategies@ checklist: NZ adaption](#) by Te Pou
- [Safe Practice Effective Communication \(SPEC\)](#) training in de-escalation techniques
- [Let's get real](#) framework of knowledge, skills, values and attitudes for working with people accessing services
- Literature reviews and resources about [sensory modulation](#), [trauma-informed care](#) and [environmental factors](#) by Te Pou
- Strategies for [reducing Māori seclusion](#)
- [Substance withdrawal management guidelines](#) by Matua Raḷi
- [Engaging Pasifika](#) cultural competency training programme through Le Va
- [Te Ariari o te Oranga framework](#) for working with co-existing mental health and substance use problems
- [Mental health and addiction quality improvement](#) initiative and resources by the HQSC
- [Guidelines for managing psychosis](#) from the RANZCP

For more information

For any questions about reducing seclusion, visit the Te Pou website or email the co-leads:

Caro Swanson - Caro.Swanson@tepou.co.nz

Suzette Poole - Suzette.Poole@tepou.co.nz

Te Pou o te
Whakaaro Nui

www.tepou.co.nz