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The Impact of Environment on the Use of De-escalation, Restraint and Seclusion on Psychiatric wards (The EnDoRSe Study)

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Agenda

- Restrictive interventions
  - Definitions
  - Current guidance
  - Research evidence
- The EnDoRSe Study
  - Quantitative
  - Qualitative
- Conclusion & Q/A

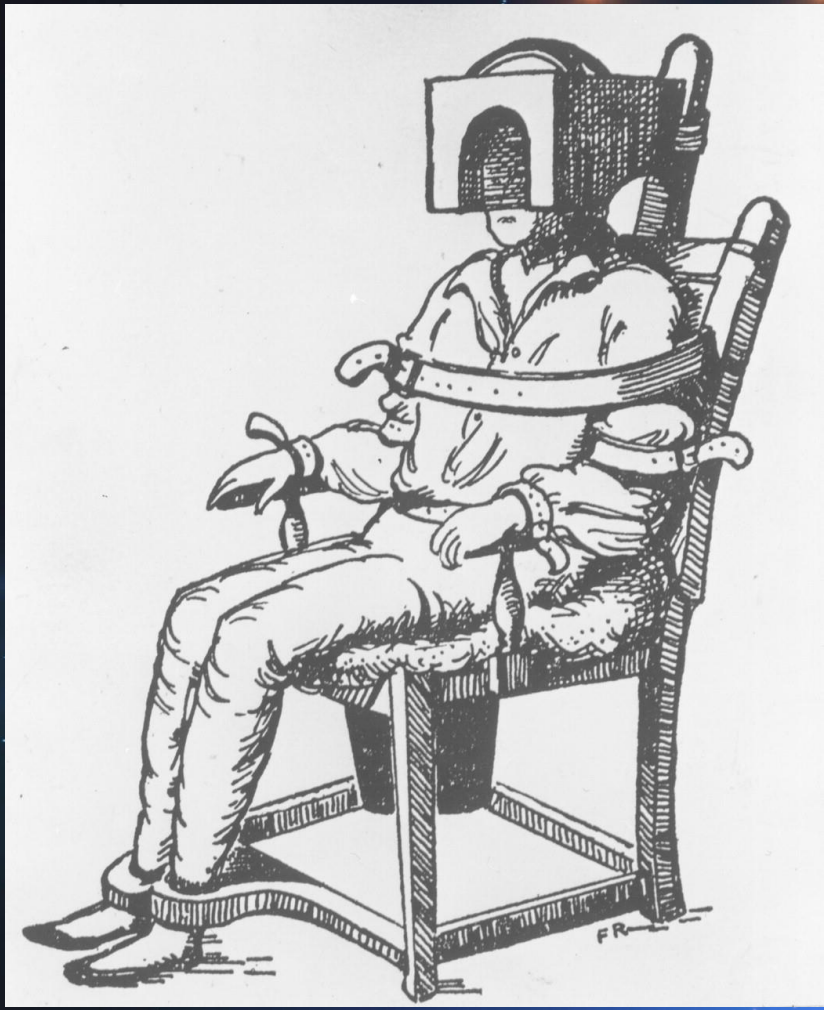
Background

Restrictive interventions (RIs; MHA 1983)

- The "deliberate acts on the part of other person(s) that restrict a patient's
  - movement,
  - liberty and/or
  - freedom to act independently
- in order to take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, or end or reduce significantly the danger to the patient or others"

Restrictive interventions

- RIs include
  - Mechanical
  - Physical restraint
  - Chemical
  - Seclusion
- Controversies around
  - Legal
  - Ethical
  - Practical
  - Risks



RI Guidelines

- The MHA Code of Practice (2015):
  - any RI "must be undertaken only in a manner that is compliant with human rights".
- The Department of Health "Positive and Proactive Care: reducing the need for restrictive interventions".
  - "if a restrictive intervention has to be used, it must always represent the least restrictive option to meet the immediate need.
- NICE 2017 recommends avoiding the use of RI unless de-escalation techniques and other strategies, such as prn medication, have not been successful and there is risk of harm to the service user or others.

Cautions with seclusion?

- The use of seclusion can have a detrimental psychological, emotional and physical effects on patients (Bonner et al 2002; Holmes et al 2004).
- RIs have been implicated in being: 'a major contribution to delaying recovery, and have been linked with causing serious trauma, both physical and psychological' (Department of Health, 2014).
  - However, a study found that the presence of seclusion did not appear to affect the rate of recovery as measured by HoNOS (Griffiths et al 2018).
- A US study (Frueh et al 2005) found traumatic and harmful experiences within psychiatric settings, with seclusion being used at 59 % and restraint 34 % of inpatinets.
- Seclusion should only be used for detained patients (CoP).

Does seclusion work?

- Systematic reviews have found no randomised control trials to assess its effectiveness and safety (Nelstrop et al 2006; Sailas & Fenton 2000; Van Der Merwe, Bowers, et al 2009).
  - an RCT involving restraint or seclusion may be unethical.

- Sailas and Fenton (2000) suggested that RIs are of no therapeutic benefit.
- Can present lowest risk and can be beneficial for certain groups.

Factors associated with seclusion

- Generally inconsistent findings among different studies.
- **Demographic:** younger age, being male, longer hospital stay and involuntary admission.
- **Diagnosis:** schizophrenia, bipolar, personality disorders, organic and substance use related disorders.
- **Clinical settings:** The Royal College of Psychiatrists (2007) reported that seclusion is more frequent in forensic units (53%) compared to acute and rehabilitation wards (33 and 25%, respectively).

Effects of environment on mental health

- The impact of the environment on emotional wellbeing of patients has gained interest in recent years.
- Studies have demonstrated positive effects of certain environmental factors such as sunlight and windows in general settings (Dijkstra et al 2006).
- However, the evidence for several other important aspects of the environment including sound, nature, spatial layout, access to music and TV is inconsistent.

Seclusion rooms

- Privacy and dignity.
- Physical comfort.
- Access to food and drink.
- Communication with staff.

Seclusion Environment (MHA CoP)

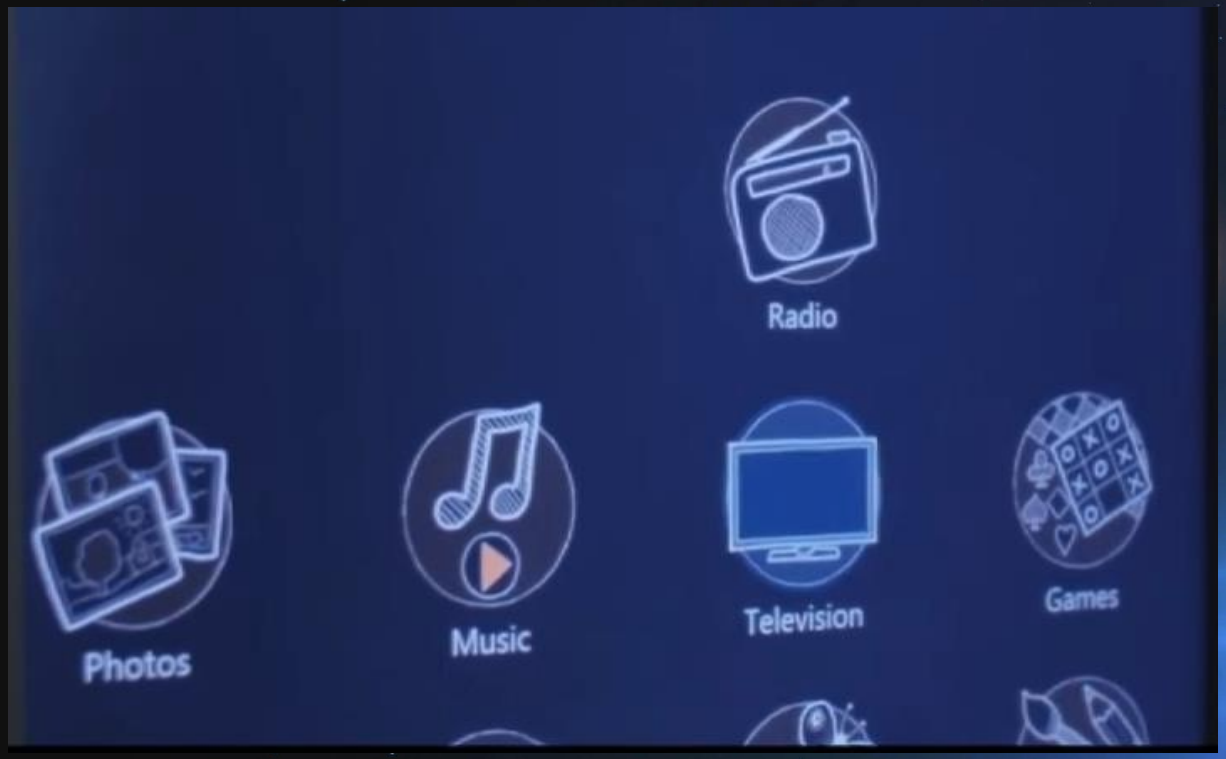
- specifically designed and designated for the purpose of seclusion.
- allow for communication with the patient (e.g. via an intercom).
- include limited furnishings (a bed, pillow, mattress and safe blanket or covering).
- have no safety hazards.
- have robust, reinforced window(s) that provide natural light
- have externally controlled lighting.

Seclusion Environment (MHA CoP)

- have robust door(s) which open outwards.
- have externally controlled heating and/or air conditioning, which enable those observing the patient to monitor the room temperature.
- have no blind spots, and alternate viewing panels or CCTV should be available when required.
- have a clock that is always visible to the patient from the room.
- have access to toilet and washing facilities.

CardioWall
CardioWall

New Seclusion Design – Media wall



- https://www.youtube.com/watch?v=bUrnTNJ9uME

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Design Guidance for

Psychiatric Intensive Care Units

2017

Overall objectives

- Devise methodology around assessing quality and safety of RI.
- Provide a set of evidence-based guidelines for de-escalation and seclusion environment interventions.
- Ensure guidelines are informed by regulatory, legal, clinical, academic and patient related evidences.
- Ensure the guidelines have the over arching principle of bringing together clinical, design and patient experiences.

De-escalation and seclusion -Pilot Study

- Data on **all** RI and de-escalation requiring the use of a specific de-escalation space will be collected from the case records of patients admitted to all adult acute psychiatric wards and the PICU within SHSC between April and Aug 2019.

Physical environmental factors

- The physical environmental factors will be collected based on the following aspects (van der Schaaf et al 2013):
  - Privacy
  - Daylight
  - Views and nature
  - Comfort and control
  - Facility level
  - Safety
  - Availability of seclusion and de-escalation rooms.

The quantitative component

- Service User demographics
- Diagnoses
- Level of aggression
-
- Frequency and duration of physical restraint, seclusion and de-escalation episodes

The quantitative component..

- Record of number of staff on shift during period of any RI
- Activities on ward and patient engagement including with OT
- Ward Atmosphere Scale
- Staff stress questionnaire
- Use of prn medication for each RI episode

The qualitative component

- **Phase 1:** Staff and patients will take photographs of all hospital spaces (including the ward and the seclusion rooms), to be used as prompts to elicit conversations about the specific environmental factors contributing to staff and patient experiences of the hospital environment, and specifically spaces where de-escalation and seclusion use occurs.
- The purpose is to use the visual representation of the hospital spaces as a means to elicit specific discussions surrounding the physical environment, as well as how the staff and patients use this environment, and how they behave and feel there.

The qualitative component- Phase 2

- Semi-structured interviews will be conducted with participating staff on the unit, to ascertain:
- Relational, environment and psychosocial circumstances leading up to seclusion, including
  - a) perception of ward atmosphere
  - b) Staff and patient relations
  - c) any de-escalation techniques used
  - d) experiences of patient threat
  - e) staff stress levels
  - f) patient stress levels.

Conclusions

- Restrictive interventions are of questionable therapeutic benefits and should not be used unless the risks cannot be managed by any less restrictive approach.
- Environmental factors are important for the mental health and well-being of psychiatric inpatients.
- The current research project aims to utilise robust methodology and national collaboration to establish the evidence base for environmental factors influencing the use of restrictive interventions.