❖ USE OF SECLUSION AND RESTRAIN ❖

Seclusion and restraint are widely prevalent practices in mental health and social services in countries everywhere which lead to physical and mental harm. Many medical staff resort to the use of these practices in the name of protecting people from perceived harm or danger. Contributing to the wide-scale implementation of these practices are national laws or policies allowing for their use, along with a service culture that dehumanize people using services and desensitize staff to the impact of their coercive actions on individuals. The purpose of this training on Strategies to end seclusion and restraint is not to imply that tense and conflictual situations do not arise within services – it is acknowledged that these types of situations do arise. However, as this literature demonstrates, the use seclusion and restraints is wholly inadequate, inappropriate, unacceptable and harmful response to such situations. **As caregivers through European Services, you do NOT apply any form of restraint or seclusion to the clients as it can be dangerous, harmful and result in injury and even death. If you suspect abuse, neglect or observe seclusion and restraint in the household – report it immediately to your supervisor and Adult Protective Services**. This in-service is for informative purposes to familiarize the caregiver participant with defined seclusion and restraint for easier identification

By examining how negative attitudes and service cultures actively contribute to creating challenging situations, this in-service provides participants with opportunities to question the "conventional wisdom" around seclusion and restraint, and to understand the urgent need to change service practices in order to ensure that people are receiving the care and support they find acceptable, helpful and effective. This in-service takes participants through the physical and psychological impact of seclusion and restraint, and outlines how these practices **violate human rights**. Participants will learn to challenge some of the assumptions used to justify these practices, and acquire knowledge and skills about key strategies and approaches that can be implemented to eliminate seclusion and restraint altogether.

Meaning of seclusion and restraint begin with a brief, general discussion of participants' initial ideas about what the terms "seclusion" and "restraint" mean. The purpose of this exercise is to encourage participants to start thinking creatively and critically about seclusion and restraint – practices which, for many, may constitute acceptable, commonplace and unavoidable standard procedures within services. What do you understand by the words: "seclusion" and "restraint"? Some of the examples defining these two terms may initially seem ambiguous. Through discussion with participants, the idea is to clarify what constitutes seclusion and restraint (including its subtler forms) and what does not.

Do the following constitute seclusion, restraint, both or neither?

1) Holding down a person in bed using a belt or chains.
2) Keeping a person in a caged bed.
3) Tying a person to a tree, bed or a fixed object.

4) Holding down a person.

5) Forcefully grasping someone's arms to put their clothes on.

6) Compelling a person to go to their room.

7) Keeping a person in their room with a door open, but the person is not allowed to leave.

8) Holding someone's hands down in order to feed them because they are undernourished.

9) Strapping a person down in order to feed them with a tube when the person has been refusing to eat for some time.

10) Having doors of a service locked for "safety" or other reasons, even if people are officially free to come and go as they wish.

Seclusion is broadly defined as isolating an individual away from others by physically restricting the individual's ability to leave a defined space (confinement). It may be done by locking someone in a specific space (e.g. room, shed, cell) or containing them in an area by locking access doors, telling them they are not allowed to move from that area or threatening or implying negative consequences if they do.

Manual restraint:

Manual restraint refers to interventions done with hands or bodies without the use of any device. It is sometimes called "holding". Manual restraint imposes a manual limitation on a person's movement (whole body or certain body parts) often using force. It also refers to any "hands-on" control of a person which may involve physical struggles such as dragging a person on the floor or holding a person against the floor. Sometimes it includes painful positions in order to execute control, such as twisting arms to the back or pressing pain points. "Prone" or "face-down" restraint is a common form of manual restraint. This is when a person is held face-down (or prone) on the floor and is physically prevented from moving out of this position. It is a particularly dangerous form of restraint due the risk of positional suffocation and sudden death.

Physical (or mechanical) restraint:

Physical (or mechanical) restraint commonly refers to interventions undertaken with the use of devices to immobilize the person or restrict a person's ability to freely move part of their body. Restrictive devices generally include belts, ropes, chains, shackles and tightened cloth. Physical restraints also comprise disabling clothing such as straightjackets, disabling gloves, disabling furniture such as cage-beds, net-beds or immobilization chairs. Tying someone to a tree or to another object is also a form physical restraint. Tying someone to a wheelchair with a gait belt or rope is a form of physical restraint.

Seclusions and Restraint In-Service

Chemical restraint:

Chemical restraint is broadly defined as the use of medication administered against the person's will, which is claimed to be a "necessary treatment" or an "emergency measure" in order to control a person's movement and/or behavior. It involves involuntary use of a sedating or psychotropic drug. It can include oral administration or injection of the medication without the person's consent. It is often administered in response to a perceived danger, such as a violent or aggressive act against one's self or others, or to control people or make them "easier to manage".

Chemical restraint is frequently used as an alternative to, or alongside, manual restraint, physical restraint or seclusion. However, chemical restraint is a form of restraint itself, and it is not an acceptable alternative to other forms of restraint or seclusion although it is often thought to be a more positive alternative. ***Seclusion and restraints are often accompanied by humiliating and degrading practices*** such as stripping people of their clothes, conducting body searches, and so on.

Combined coercive practices in health-care services:

- **Seclusion and restraint** are often used together; e.g. in many instances people are manually or physically restrained in order to be taken to a seclusion cell or room.
- Physical and mechanical restraints are often used in conjunction with chemical restraint; e.g. in many instances, people are forcibly held down (manual restraint) so that they can then be sedated.
- Many practices that do not strictly constitute seclusion and restraint may be used to isolate people from the outside of the service (e.g. confiscating mobile phones, limiting or forbidding visits, limiting access to the Internet or other means of communication). This may prevent people using the service from reporting abuses.