Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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RE Official Information Act request CDHB 9831

I refer to your email dated 12 April 2018 requesting the following information under the Official Information Act from Canterbury DHB.

How many patients in the child and adolescent unit at PMH were put into seclusion over the past five years? Could you please give detail of:

1. **Number of seclusion incidents each year over the last five years**

Table one: number of seclusion incidents each year over the last five years.

Calendar year	12 Years and Under	Aged 13 - 18 Years
2013	19	24
2014	2	27
2015	24	31
2016	16	80
2017	3	26

2. **How long were patients in seclusion for each incident and in what conditions**

As per the Health and Disability services standards attached as **(Appendix 1),** Child and Family Inpatient Service uses seclusion for safety reasons only and seclusion only occurs in an approved and designated seclusion room.
The designated seclusion room is audited annually by the Chief of Psychiatry and the Director of Nursing. The audit tool used for this is attached as **Appendix 2**. A person can only be placed in

seclusion in accordance with the provisions outlined in s7 of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Table two: Average, Minimum and Maximum seclusion duration

	12 Years and Under			Aged 13 - 18 Years		
	Average Seclusion Duration	Minimum Seclusion Duration	Maximum Seclusion Duration	Average Seclusion Duration	Minimum Seclusion Duration	Maximum Seclusion Duration
Year	(Hours)	(Hours)	(Hours)	(Hours)	(Hours)	(Hours)
2013	1.1	0.3	2.7	13.8	0.2	114.5
2014	0.7	0.4	1.0	8.5	0.1	48.7
2015	0.9	0.2	2.0	2.8	0.3	28.9
2016	1.4	0.3	5.1	4.0	0.2	24.6
2017	1.6	0.8	2.8	1.4	0.03	6.5

Owing to the number of events, it is not feasible to provide a duration for every seclusion, instead, average seclusion duration has been provided for both age groups, as has the combined average and minimum and maximum durations for each age group by year.

3. Number of patients put in seclusion each year with their age, or age range if possible

Table three: The number of unique patients placed in seclusion each year.

Year	12 Years and Under	Aged 13 - 18 Years
2013	1	10
2014	1	9
2015	1	9
2016	2	4
2017	2	6

Under section 9(2)(a) of the Official Information Act we are providing the ages of patients put into seclusion in ranges. i.e. “to protect the privacy of natural persons, including those deceased.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website.

Yours sincerely

Carolyn Gullery
General Manager
Planning, Funding & Decision Support

FOREWORD

The main intent of NZS 8134.2 is to reduce the use of restraint in all its forms and to encourage the use of least restrictive practices. It is crucial that providers recognise which interventions constitute restraint and how to ensure that, when practised, restraint occurs in a safe and respectful manner.

Restraint should be perceived in the wider context of risk management. Restraint is a serious intervention that requires clinical rationale and oversight. It is not a treatment in itself but is one of a number of strategies used by service providers to limit or eliminate a clinical risk. Restraint should only be used in the context of ensuring, maintaining, or enhancing the safety of the consumer, service providers, or others. All restraint policies, procedures, practices, and training should be firmly grounded in this context.

This Standard covers all forms of restraint and supersedes NZS 8141:2001.

NZS 8134.2 *Health and disability services (restraint minimisation and safe practice) Standards* includes referenced and related documents and guidelines, guidance on restraint minimisation and safe practice, and on the application of the Standard, along with the following Standards:

(a) NZS 8134.2.1 – Restraint minimisation

(b) NZS 8134.2.2 – Safe restraint practice

(c) NZS 8134.2.3 – Seclusion.

Each is to be read in conjunction with NZS 8134.0 *Health and disability services (general) Standard*, as this contains the definitions and audit framework information applicable across the health and disability suite

ETHICAL AND LEGAL CONSIDERATIONS

Practice is guided by ethical principles that include acting for the consumer's good (beneficence), avoiding harm to the consumer (non-maleficence), avoiding harm to self and others, and respecting the dignity of the consumer and the consumer's human rights.

The Standard should be implemented in ways that respect these and other ethical principles and at all times promote the interests, safety, and well-being of all involved.

Any unauthorised restriction on a consumer's freedom of movement could be seen as unlawful. Organisations should develop clear policies and procedures to guide service providers in the implementation of the Standard, and seek legal advice if necessary.

Seclusion and restraint shall not be used by providers for punitive reasons.

MEDICATION

The term chemical restraint is often used to mean that rather than using physical methods to restrain a consumer at risk of harm to themselves or others, various medicines are used to ensure compliance and to render the person incapable of resistance. Use of medication as a form of 'chemical restraint' is in breach of this Standard.

All medicines should be prescribed and used for valid therapeutic indications. Appropriate health professional advice is important to ensure that the relevant intervention is appropriately used for therapeutic purposes only.

GUIDANCE

G3

Seclusion is a form of restraint that can only be used within the Mental Health (Compulsory Assessment and Treatment) [MH (CA and T)] Act 1992, and the Intellectual Disability (Compulsory Care and Rehabilitation [ID(CCR)] Act 2003.

Seclusion can be legally implemented subject to the conditions specified in the MH (CA and T) Act. The legal basis of seclusion for consumers under MH (CA and T) Act is set out in s71 of the Act and s148 of ID(CCR) Act. Seclusion should be used for as short a time as possible and is best conceived as a safety mechanism rather than a therapeutic intervention or treatment. The decision to seclude should be an uncommon event, used as a final alternative and subject to strict review. The information in NZS 8134.2.3 is provided with the expectation that although seclusion is legal, services will be proactive in reducing and minimising/avoiding its use.

Seclusion should not occur as part of a routine admission procedure or for punitive reasons. The MH (CA and T) Act requires that, except in an emergency, seclusion shall be used only with the authority of the responsible clinician. If not involved in the immediate decision, the responsible clinician must be informed of the seclusion as soon as possible, at least at the start of the next working day, and should review the decision. A doctor must assess the secluded consumer as soon as possible; this should be within two hours. The specificity of the assessment shall be appropriate to the level of risk and likelihood of harm occurring to the consumer. Wherever practicable, the two clinicians involved should be the consumer's own nurse and doctor.

The ID (CCR) Act requires that, except in an emergency, seclusion may only be used with the authority of a care manager who must ensure the care recipient is not secluded for longer than is necessary to achieve the purpose of secluding the care recipient.

G3.1.1 *Procedural guidelines for the use of seclusion can be found on http://www.moh.govt.nz.*

G3.1.2 *Seclusion should only be used to prevent violent behaviour compromising safety.*

G3.1.4 *Seclusion should only be used with great caution, and with intensive monitoring in the following circumstances:*

(a) Where the consumer has had escalating requirements for medication and there is:

(i) Evidence of serious recent side effects

(ii) Likelihood of serious side effects;

(b) Physical deterioration;

(c) Where the consumer is in need of intensive assessment and/or observation, especially where there is a history suggestive of trauma, ingestion of unknown drugs/substances, or organic diagnosis.

G3.2.4 *In addition to the environment being safe, wherever possible:*

(a) Doors should open outwards;

(b) While in seclusion consumers should be able to wear their own clothing and retain some of their personal possessions if their safety is not compromised.

(c) Items are provided if required by the consumer, if their safety is not compromised.

(d) A means of orientation (time, date, news, and other information) is provided;

(e) The service provider facilitates timely access to washing, showering, and toilet facilities in or adjacent to the area;

(f) There is access to a safe external area to assist with reintegration.

Outcome 3 *Consumers receive services in the least restrictive manner.*

Seclusion shall only be used by services with approved seclusion facilities. All use of seclusion shall comply with NZS 8134.2.2 and NZS 8134.2.3.

SAFE SECLUSION USE WHAKAMAHI MŌWAI HAUMARU

Standard 3.1 **Services demonstrate that all use of seclusion is for safety reasons only.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

MHA*
& ID**

3.1.1 *The service has policies and procedures on seclusion that meet the requirements contained in 'Seclusion under the Mental Health (Compulsory Assessment and Treatment Act 1992' (MoH).*

3.1.2 *Consumers are subject to the use of seclusion when there is an assessed risk to the safety of the consumer, to other consumers, service providers, or others.*

3.1.3 *There exists a legal basis for each episode of seclusion.*

3.1.4 *Any factors that may require caution must be assessed for each episode.*

3.1.5 *The likely impact the use of seclusion will have on the consumer's recovery and therapeutic relationships is considered and documented.*

APPROVED SECLUSION ROOMS RŪMA MŌWAI KUA WHAKAAEA

Standard 3.2 **Seclusion only occurs in an approved and designated seclusion room.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.2.1 *The seclusion room provides adequate lighting, room temperature, and ventilation.*

3.2.2 *The seclusion room allows the observation of the consumer and allows the consumer to see the head and shoulders of the service provider.*

3.2.3 *The seclusion room provides a means for the consumer to effectively call for attention.*

3.2.4 *The seclusion room contains only furniture and fittings chosen to avoid the potential for harm.*

* applies to mental health and addiction services only
** applies to intellectual disability services only

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Specialist Mental Health Service

Seclusion Room / Area Audit Tool

UNIT: **Date:**

	Criteria	Rm. No.1	Rm. No.	Rm. No.	Rm. No.	Comments
1	Adequate light, heat, ventilation					
2	Means of easy observation, that also allows the consumer to see the head and shoulders of the observer					
3	Means for a secluded consumer to call for attention					
4	Fittings recessed to avoid potential for harm					
5	Doors open outwards flush with walls and the environment should be pleasant and minimally stimulating					
6	Assistance be given to providing a means of orientation (time, date, news and other information)					

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Seclusion Room / Area Audit Tool

UNIT: **Date:**

	Criteria	Rm. No. 1	Rm. No.	Rm. No.	Rm. No.	Comments
7	There is access to washing or showering facilities in or adjacent to the area					
8	There is access to an equally safe area to assist with reintegration					

Additional Comments and Recommendations:

Approved for use - Date:

Signature Director of Area Mental Health Services: _____

Signature Director of Nursing: _____