Seclusion Workshop

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E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

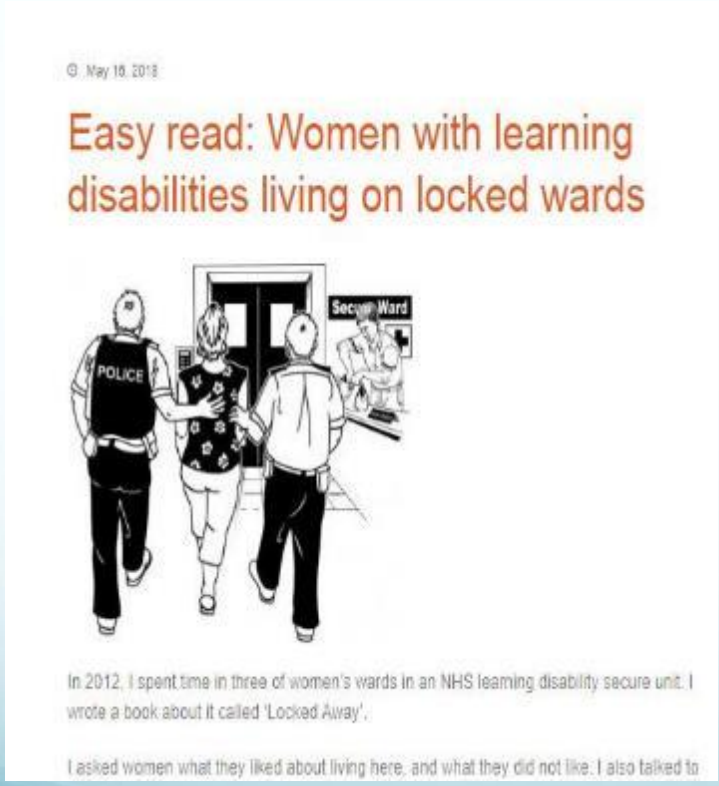
Background

- Ethnographic study
- 3 locked wards for women with learning disabilities
- 120 hours observation
- 26 in-depth interviews

Centre for Disability Research

CeDR

Accessible summaries of research
Available at wp.lancs.ac.uk/news/



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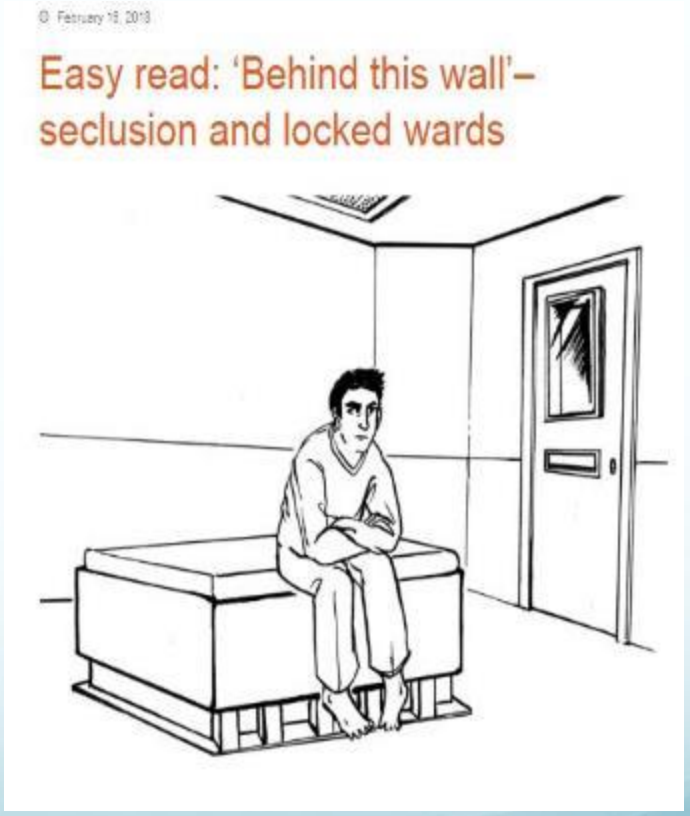
Easy read: Women with learning disabilities living on locked wards

In 2012, I spent time in three of women's wards in an NHS learning disability secure unit. I wrote a book about it called 'Locked Away'.

I asked women what they liked about living here, and what they did not like. I also talked to



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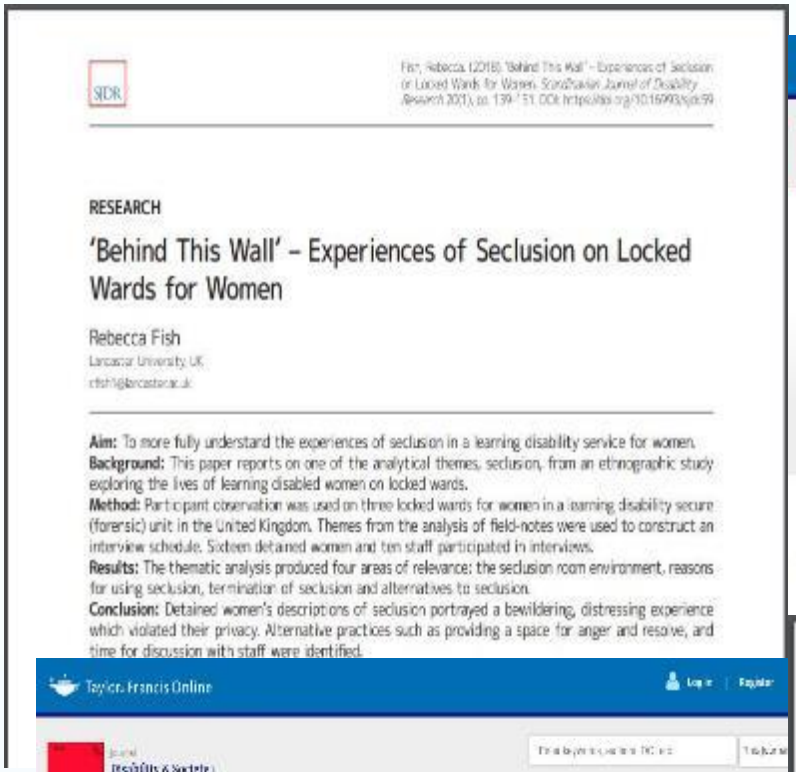
Easy read: 'Behind this wall'– seclusion and locked wards



RESEARCH

'Behind This Wall' – Experiences of Seclusion on Locked Wards for Women

Rebecca Fish
Lancaster University, UK

Aim: To more fully understand the experiences of seclusion in a learning disability service for women.
Background: This paper reports on one of the analytical themes, seclusion, from an ethnographic study exploring the lives of learning disabled women on locked wards.
Method: Participant observation was used on three locked wards for women in a learning disability secure (forensic) unit in the United Kingdom. Themes from the analysis of field-notes were used to construct an interview schedule. Sixteen detained women and ten staff participated in interviews.
Results: The thematic analysis produced four areas of relevance: the seclusion room environment, reasons for using seclusion, termination of seclusion and alternatives to seclusion.
Conclusion: Detained women's descriptions of seclusion portrayed a bewildering, distressing experience which violated their privacy. Alternative practices such as providing a space for anger and resolve, and time for discussion with staff were identified.

Taylor & Francis Online

Disability & Society

1,631
3
55

Articles

Gendered experiences of physical restraint on locked wards for women

Rebecca Fish & Chris Fetter

Abstract

Physical restraint is used in inpatient services for people with intellectual disabilities as a way of holding a person to avoid injury. This article uses data from an ethnographic study in a locked unit in the north of England to explore women's experiences of physical

Taylor & Francis Online

Disability & Society

1,054
3
21

Articles

Friends and family: regulation and relationships on the locked ward

Abstract

Check for updates

Special Issue Article

SEXUALITIES

Sexualities
2016, Vol. 19(5–6) 641–658

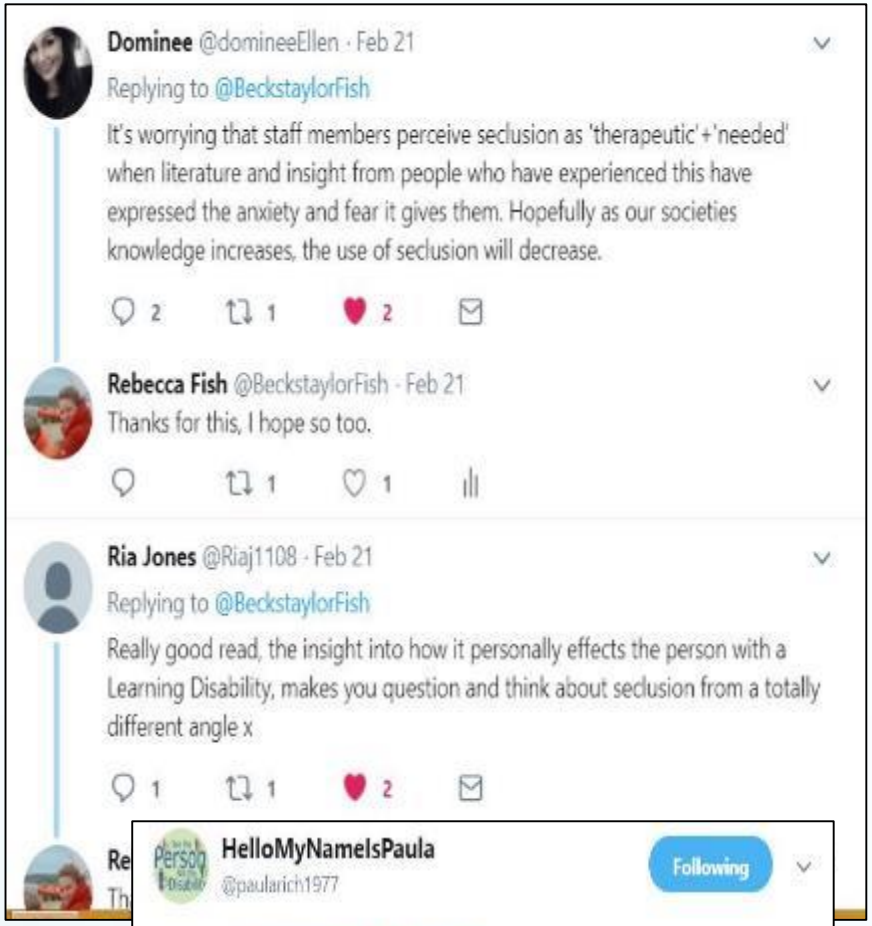
DOI: 10.1177/1363460715620574
sex.sagepub.com
SAGE

'They've said I'm vulnerable with men': Doing sexuality on locked wards

Rebecca Fish
Lancaster University, UK

Abstract

In intellectual disability services, women's sexuality has long been considered a problem, with women being removed from their residences and segregated from men as a form of protection. This paper draws on ethnographic research based on a secure unit for



Dominee @domineeEllen · Feb 21

Replying to @BeckstaylorFish

It's worrying that staff members perceive seclusion as 'therapeutic'+'needed' when literature and insight from people who have experienced this have expressed the anxiety and fear it gives them. Hopefully as our societies knowledge increases, the use of seclusion will decrease.

2 1 2

Rebecca Fish @BeckstaylorFish · Feb 21

Thanks for this, I hope so too.

1 1

Ria Jones @Riaj1108 · Feb 21

Replying to @BeckstaylorFish

Really good read, the insight into how it personally effects the person with a Learning Disability, makes you question and think about seclusion from a totally different angle x

1 1 2

Sarah Knowles

@SarahKn34525173

Following

Replying to @BeckstaylorFish

Interesting read and powerful insights from the people with learning disabilities

3:11 PM - 19 Feb 2018

1 Retweet **2** Likes

1 2

HelloMyNameIsPaula

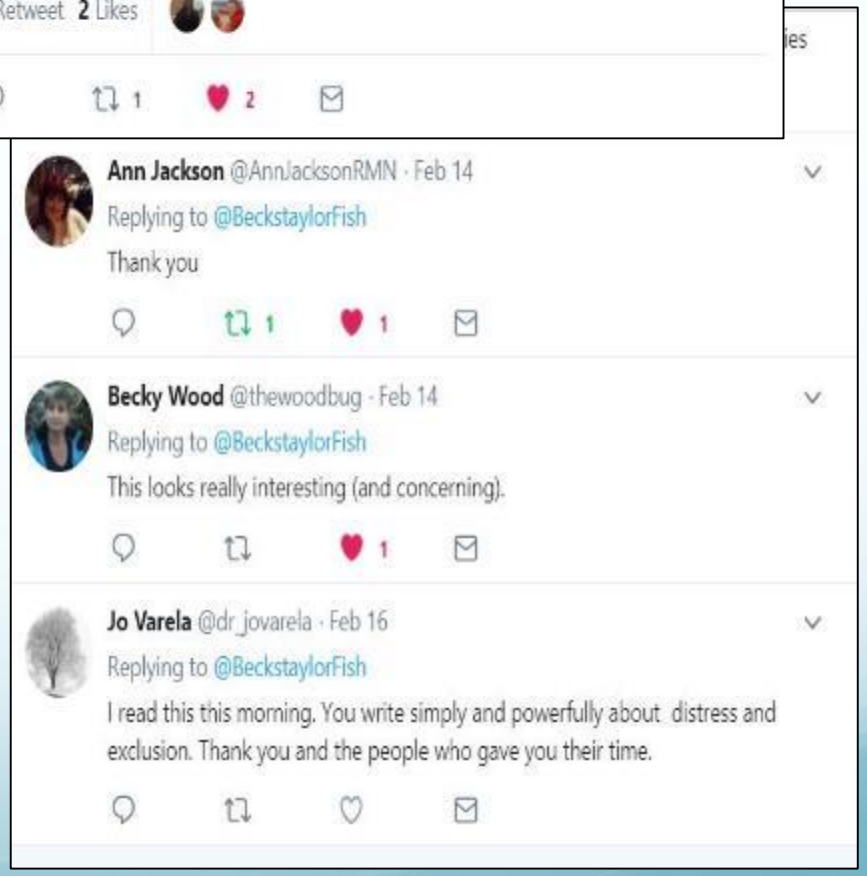
@paularich1977

Following

Replying to @BeckstaylorFish @PaulaHopes1

Very thought provoking and powerful read, upsetting to hear the experiences of people with learning disabilities that have been secluded and the distress it causes. Seclusion rooms are a means of putting a lid on a problem rather than dealing with the door cause of behaviour

7:28 AM - 23 Feb 2018



Ann Jackson @AnnJacksonRMN · Feb 14

Replying to @BeckstaylorFish

Thank you

1 1

Becky Wood @thewoodbug · Feb 14

Replying to @BeckstaylorFish

This looks really interesting (and concerning).

1

Jo Varela @dr_jovarela · Feb 16

Replying to @BeckstaylorFish

I read this this morning. You write simply and powerfully about distress and exclusion. Thank you and the people who gave you their time.

Definition

- Supervised confinement
- Within a room or space where the person is prevented from leaving
- For the protection of the person or others from significant harm
- (The Northern Ireland Human Rights Working Group on Restraint and Seclusion, The Court of Appeal in England, The United Kingdom National Preventive Mechanism (NPM), The Code of Practice to the Mental Health Act 1983 in England)

Policy

- Reasons for implementing seclusion –
  - Subject to MHA,
  - Risk to others (not self-harm),
  - last resort,
  - not part of treatment plan.
- Facility – e.g. heating, access to food/drink and toilet
- Process for secluding
- Length of time (minimum necessary)
- Accurate recording, monitoring and reviewing in terms of staff members, secluded person and service
- Wards should not use coercive behavioural systems and restrictions to achieve behavioural compliance from patients, but should develop, implement and monitor alternatives. Providers should take urgent action to end unjustified use of ‘blanket’ restrictions applied to all patients (Update to 2015 MHA CoP)

WHO (1996) *Ten Basic Principles* (2001) *New Understanding, New Hope*

- Every person shall have the right to be treated and cared for in his or her own community
- Every person shall have the right to be treated in the least restrictive environment, with the least restrictive or intrusive treatment
- Clear rationale for use of RI
- Contingent upon sustained attempts to find alternatives
- Regular assessment, observation and documentation
- Strictly limited duration

Recent developments

- Mental Health Units (Use of Force) Act 2018
  - Formal policy, information and rights communicated to all, recording and statistics, training for staff
- May 2019 - CQC segregation in MH wards for children and young people and in wards for people with a learning disability and/or autism
  - Visited people in segregation
  - Recommended - Each person reviewed independently and discharge plan, expert group, attention to HR
- Joint Committee of Human Rights (Oct 2019) The detention of young people with learning disabilities and/or autism
  - Families as HR defenders
  - Separation more rigorously regulated – families informed
  - Article 8 – nearer to families
  - Only subject to MHA if treatment is necessary, beneficial and not available elsewhere – only if without treatment there is a risk of harm to them or others

Demographics

Age	Total RI	Seclusion	Segregation	PRN
Under 18	1180	105	5	60
18-24	850	55	-	25
25-34	825	65	10	50
35-44	305	35	-	20
45-54	300	15	-	10
55-64	45	5	-	-
65 & over	25	-	-	-

Gender

- Malda-Castillo et al (2018) Incident analysis (LD secure unit England) – Women 3x more likely to be restrained and secluded than men
- Leggett and Silvester (2010) Incident analysis (mental health unit) - Women more likely to be secluded and less likely to receive medication, seclusion – controllable attributes for residents and uncontrollable for staff
- Hui et al (2013) Review of literature (Forensic services) – Women restrained and secluded more than men, men restrained for longer, conflicting evidence on length of seclusion for women, women secluded for self-harm, men for harming others
- Ahmed and Lepnurm (2001) (Canada forensic psychiatric) 60% of female admissions resulted in seclusion, compared to 25% of male
- Rutter et al (2004) (Secure service England) Violent residents more likely to be female and younger

Gender (continued)

- McGill et al 2009 (268 people in learning disability inpatient units) – Women slightly more likely to be secluded and more likely to be given PRN
- NHS Census of learning disability services in England (2015) – Women make up a quarter of people in inpatient services. Women were more likely to have experienced an ‘adverse incident’ in the 3 months before census date (62% vs 41%). Restrictive intervention (47% vs 32%) and given antipsychotic medication in the month prior.

Aggression – gendered perceptions

- ‘It’s a different area, working with the women, they’re more demanding than what the men would be. The men would probably shout and scream and get it over in one go where the women would go on for days at a time.’ (Female unqualified staff)

Differing perspectives – using quotes

- Consider other perspectives.
  - How might this be viewed from a different person's perspective?
  - What could have happened instead?

Differing perspectives in research

- Staff and people with experience of seclusion disagreed on:
  - The need for seclusion
  - Reasons for using seclusion, last resort
  - Therapeutic value
  - Who is the primary beneficiary
  - Whether better communication and therapeutic relationships would reduce the use of seclusion

Human Rights Act

- The rights that are most likely to be infringed by improper use of restrictions are:
  - the prohibition of torture and inhuman or degrading treatment (Article 3);
  - the right to liberty and freedom (Article 5);
  - the right to a fair trial and no punishment without law (Article 6);
  - the right to respect for private and family life (Article 8);
  - freedom of thought, religion and belief (Article 9); and no discrimination (Article 14).

Alternatives

- ‘Talk to us’ - Being asked what is wrong and being listened to before it is too late
- Neutral space for anger to be articulated and resolved – being allowed to show anger and distress
- Time in bedroom
- Staff who know what makes you anxious or upset
- Respect and care from staff
- More flexibility – less rules
- Supporting positive relationships with family and friends as well as staff
- Ask people what they need, don’t assume based on gender

Alternatives

- Bonnie: If there's another room away from seclusion, you know like a calm down room, I reckon that they should talk to us and say 'How do you feel, what can we do to help you?' and that.

Discussion

- How can Human Rights be balanced with restrictive interventions such as seclusion?
- What are the barriers to reducing restrictive interventions with women?

(Results will be published on Twitter using RRN hashtag)

Power

‘Surely, nothing distances staff so thoroughly from clients as the consideration of their ‘management’

(Becker, 1997 p140)

Things that add to power disparity

- Incentives systems
- Restricting interaction, access to belongings, advocacy
- Defensive – lack of time or training
- Bank staff, high staff turnover, not involving families – adjustments to care
- Shortage of staff leading to changes and further restrictions

Things that help to balance power

- Involving people and families in care planning
- Community meetings
- Recognise the connection between powerlessness and anger. Analyse behaviour contextually and relationally.
- Accessible information about use of interventions, and debriefs (ask person how)
- Space for anger and understanding – voluntarily used
- Trauma informed care, reasonable adjustments to service regime

Use of RI can be reduced

‘Women who end up in secure care have a fundamental need for therapy and empowerment, not containment and security’

(Powell, 2001)

Further reading

- Chester V et al (2018) *Restrictive interventions in inpatient intellectual disability services: How to record, monitor and regulate* (RC Psych)
- CQC (2017) *Mental Health Act: A focus on restrictive intervention reduction programmes in inpatient mental health services*
- Ramcharan P et al (2009) *Experiences of restrictive practices:*
  A view from people with disabilities and family carers (Office of the Senior Practitioner, Victoria)

Please get in touch for articles/refs/observations

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