MHLEPQ
MENTAL HEALTH LIVED EXPERIENCE PEAK QUEENSLAND

Position Statement:

Elimination of the use of Seclusion and Restraints in the Queensland Mental Health System

The Mental Health Lived Experience Peak Queensland calls for a change in Queensland Health policy on the use of seclusion and restraints in Authorised Mental Health Services. We note that evidence suggests that despite the longstanding policy objective to reduce and where possible eliminate the use of restrictive practices in the mental health system, certain practices have not reduced and in fact increased over time in Queensland[i].

In addition, despite the developing policy position to work towards the elimination of restrictive practices in Authorised Mental Health Services, seclusion rooms and restraint equipment continue to be commissioned in new and renovated mental health facilities at the cost of a stronger focus on elimination through safe ward design.

We believe more ambitious targets are required to achieve a positive effect on safe and dignified person-centred care. Seeking the elimination of seclusion and restraint in the mental health system is consistent with the World Health Organisation's objective to eliminate coercion in mental health care and will support the World Psychiatrist Association's efforts to implement alternatives to coercion[ii].

Definitions[iii]:

In this document we define:

> **Seclusion –** Confinement of a person, at any time of day or night, alone in a room or area from which free exit is prevented[iv].
>
> **Restraint –** Refer to both physical restraint where a person uses his or her body to restrict another person's movement and mechanical restraint where a device is applied to a person's body, or a limb of the person, to restrict the person's movement.[v]
>
> **Restrictive Practice –** Implementation of any practice or practices that restrict an individual's movement, liberty and/or freedom to act independently without coercion or consequence[vi].

Core Principles:

The core principles of the MHLEPQ are that:

- Seclusion and restraint represent a systemic failure of care.
- Seclusion and restraint cause harm.

- Seclusion and restraint lead to trauma affecting the daily lives of exposed consumers post-admission.
- Seclusion and restraint are breaches of ethical standards if the practice in any way could have been avoided or less restrictive.
- Seclusion and restraint cause moral and psychological injury to the consumers who are subjected to them, as well as to the people who administer them.
- Seclusion and restraint impact the culture of care and can negatively impact consumers' humanity, dignity, and agency.
- Seclusion and restraint are a breach of human rights[vii] legislation and international obligations if alternatives are available (and possibly in every case).

Call for change:

The MHLEPQ make the following calls for change to current policy and practice:

- A change of policy objective from working towards a *"reduction and elimination"* of seclusion and restraints to a target of *"elimination"* of seclusion of restraint.
- Queensland Health declares any use of seclusion and restraint as a failure of care, with the recommendation that any use always be investigated as such.
- A Lived Experience led investigations using restorative justice culture principles should inquire into:
    - Whether the least restrictive practice was used.
    - Where de-escalation opportunities were missed to prevent the use of seclusion and restraint.
    - How the use impacted on the patient's human rights and cultural safety.
    - How the use of seclusion and restraint harmed and traumatised the patient
    - What organisational response was taken in response to the episode.
- Each instance of seclusion and restraint should be notified to the Chief Psychiatrist, including investigation results as well as relevant social determinants and demographic information to allow system wide reporting on the use of seclusion and restraint.
- The Queensland Chief Psychiatrist should develop a statewide plan for the elimination of seclusion and restraint including targets for progressive phasing out of the practice across all public mental health facilities.
- The Chief Psychiatrist should publicly report to the Queensland Human Rights Commission against the elimination plan, inclusive of an analysis of cultural and social determinants of exposure to seclusion and restraints.

Further Reading:

MHLEPQ (2023) Shining a light: Eliminating Coercive Practices in Queensland Mental Health Services MHLEPQ, Brisbane.

GILL et al. (2024) Bringing together the World Health Organization's Quality Rights initiative and the World Psychiatric Association's programme on implementing alternatives to coercion in mental health care: a common goal for action *BJPsych* Open, 10, e23.

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[i] Office of the Chief Psychiatrist (2023). Annual Report 2022-23 State of Queensland, Fortitude Valley

[ii] GILL, N., DREW, N., RODRIGUES, M., MUHSEN, H., CANO, G. M., SAVAGE, M., PATHARE, S., ALLAN, J.,GALDERISI, S. & JAVED, A. 2024. Bringing together the World Health Organization's Quality Rights initiative and the World Psychiatric Association's programme on implementing alternatives to coercion in mental health care: a common goal for action. *BJPsych* Open, 10, e23.

[iii] These definitions are for the purpose of this document only. They are deliberately system centric and the MHLEPQ reserve our right to apply more consumer-focused understandings of these terms for other purposes.

[iv] Chief Psychiatrist Policy on Seclusion

[v] Chief Psychiatrist Policy on Physical Restraint and Policy on Mechanical Restraint

[vi] National Mental Health Consumer and Carer Forum: https://nmhccf.org.au/our-work/advocacy-briefs/restrictive-practices-in-mental-health-services

[vii] Specifically, the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).