RTI #3906 – use of seclusion and restraints

Seclusion events at selected Authorised Mental Health Service (AMHS) facilities

Date range: 1 January 2016 and 31 August 2017

Facility Name	Number of Consumers[1]	Number of Seclusion Events [3]	Mean (Average seclusion period in minutes) [4]	Mode (most regular seclusion period in minutes) [5]
Baillie Henderson	19	101	167.60	180
Bundaberg	29	66	118.1	180
Lady Cilento Children's Hospital	46	159	52.1	25/40
The Park Centre for Mental Health	25	117	1067.2	180
The Prince Charles Hospital	165	774	425.5	180
Toowoomba	121	275	177.6	180
Total	**398** [2]	**1,492**	**359.3**	**180**

Notes:

1. The number of consumers is the total number of individual consumers with a seclusion event beginning during the specified period.

2. More than one consumer had an event at more than one facility, therefore the sum of number of consumers by hospital is greater than the total.

3. The number of seclusion events is the total number of seclusion events at each facility.

4. The average seclusion period is an average period of time in seclusion (in minutes). The average ('mean') seclusion period can be inflated by a small number of patients with long seclusion periods.

5. The most common length of time for seclusion ('mode') is 180 minutes, except for Lady Cilento Children's Hospital, where the two most common seclusion period durations were 25 and 40 minutes.

6. As the Forensic Disability Service is not a Queensland Health facility, but is operated by the Department of Communities, Child safety and Disability Services, data relating to this facility is not available to Queensland Health.

Data Sources

- Queensland Hospital Admitted Patient Data Collection(QHAPDC)
- Consumer Integrated Mental Health Application (CIMHA)

Specific questions asked by the RTI applicant|

a) How many breaks does an individual get while in seclusion?

Seclusion is regulated under the *Mental Health Act 2016* (MHA 2016), which commenced on 5 March 2017, with strict limitations on who can be placed into seclusion, the circumstances warranting seclusion, and the process and duration for authorisation of seclusion.

While the Act does not provide for 'breaks' during a period of seclusion, the following apply:

- Seclusion can only be used as a last resort to prevent imminent and serious risk of harm to patients and staff, where less restrictive measures have been unsuccessful or are not feasible.
- Seclusion may only be used for the minimum time necessary. A patient must be released from seclusion when seclusion is no longer necessary to protect the patient or others from physical harm.

It is a requirement under the MHA 2016 that measures are taken to ensure the health, safety and comfort of a patient in seclusion. This includes, for example, access to food, fluids, medication and other medical care, bedding and access to toilet facilities. Patients can also be provided with personal effects while in seclusion, subject to safety considerations.

The MHA 2016 continues the safeguards for the use of seclusion under the repealed *Mental Health Act 2000* (MHA 2000).

b) How long is an individual held in seclusion?

The table above sets out the duration of seclusion events per specified authorised mental health service facilities during the period 1 January 2016 to 31 August 2017.

Under the MHA 2016, seclusion may be authorised by an authorised doctor for up to 3 hours. Seclusion may occur for no more than 9 hours in a 24-hour period, but may be extended beyond this time if it is approved under a reduction and elimination plan.

A reduction and elimination plan outlines measures to be taken to reduce and eliminate the use of seclusion on a patient and to reduce the potential for trauma and harm. It is recommended practice for a reduction and elimination plan to be in place in all instances where a patient is secluded.

In addition, an extension of an additional 12 hours may be authorised for a patient to allow a reduction and elimination plan to be prepared. This must be approved by a clinical director. An extension of seclusion may only be granted once for each period of the admission in which the patient requires acute management. Acute management is determined based on clinical considerations.

In an emergency, a health practitioner in charge of an inpatient or other unit within an AMHS may seclude a person for up to 1 hour. The health practitioner must, as soon as practicable, tell an authorised doctor of the seclusion. Emergency seclusion may be authorised for no more than 3 hours in a 24-hour period.

c) Who is offered limited community treatment?

An involuntary patient under the MHA 2016 who is detained as an inpatient of an authorised mental health service subject to a forensic order, a treatment authority, or a treatment support order may have access to limited community treatment if approved by the Mental Health Court or the Mental Health Review Tribunal up to a maximum level as approved by the Court or Tribunal.

Similar arrangements were provided under the repealed MHA 2000.

Limited community treatment is a form of leave in the community and ranges from escorted on grounds leave in the grounds of the patient's treatment authorised mental health service to full community leave.

Under the MHA 2016, a classified patient may have access to escorted on-grounds leave only.

d) What allows limited community treatment?

Access to approved limited community treatment is dependent on clinical considerations including the relevant patient's mental health treatment needs and the safety of the patient and the community.

e) How many people have a release date?

In general terms, the length of time a person is detained as an inpatient is determined by the person's mental health needs and the nature of their involuntary status. The legislative requirements for authorising treatment in the community or revoking a patient's involuntary status depend on the type of order or authority.

An authorised doctor may revoke a treatment authority if satisfied the treatment criteria under the MHA 2016 no longer apply. More stringent requirements apply to the revocation of a forensic order or treatment support order e.g. a forensic order or treatment support order may be revoked by the Mental Health Review Tribunal or the Mental Health Court on appeal if the Tribunal or Court is satisfied that such an order is no longer necessary because of the person's mental condition to protect the safety of the community, including risk of serious harm to other persons or property.

A new provision under the MHA 2016 which applies to the most serious criminal offences, such as murder, manslaughter, rape and grievous bodily harm, provides the Mental Health Court with the discretion to impose a non-revocation period on the order of up to 10 years.

f) How often is the chemical restraint sodium valproate used?

Information about the use of medication is generally maintained in clinical records held by Hospital and Health Services and is not routinely provided to the Department of health.

The use of medication Quetiapine, marketed as Seroquel among others, is an atypical antipsychotic used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder.

Valproate, and its valproic acid, sodium valproate, and valproate semisodium forms, are medications primarily used to treat epilepsy and bipolar disorder and to prevent migraine headaches.

Under section 272 of the MHA 2016, it is an offence to administer medication to a patient unless the medication is clinically necessary for the patient's treatment and care for a medical condition. A patient's treatment and care for a medical condition includes preventing imminent serious harm to the patient or others.

Additional information provided by Lady Cilento Children's Hospital

- Physical restraint or seclusion are interventions of last resort and are used to maintain the physical safety of patients and others in a crisis situation.
- The Lady Cilento Children's Hospital is committed to the national priority of reducing rates of seclusion and restraints in children and adolescents.
- All mental health staff have specialist training in safely supporting young people treated within Lady Cilento Children's Hospital.
- All mental health staff are committed to trauma informed approaches to caring for children and adolescents.
- All mental health staff have specialist training in the *Mental Health Act 2016* and its safe application during episodes of seclusion.