CASE FOR CHANGE.
Seclusion and restraint are NOT therapeutic interventions.

SECLUSION & RESTRAINT PRACTICES
- Trauma for patients
- Reluctance of patients to engage with health services when in crisis
- Psychological & physical damage to staff involved

If we don’t improve... We will continue to deliver care that is harmful and no longer considered best practice.

GOAL
Improve the experience of people presenting to the Declared Mental Health Facility - Emergency Department (DMHF-ED) for mental ill-health in SNSWLHD by reducing, and moving to eliminate, the use of seclusion and physical restraint by 20% by June 2023, thereby improving health outcomes and reducing operational costs.

OBJECTIVES.
- Reduce the use of seclusion and physical restraint by 20% by June 2023 to align with the state and organisational strategic direction.
- Increase compliance of staff having undertaken the My Health Learning training modules in De-escalation and Personal Safety from 50% to 80% by June 2023.

METHOD.
- Education Survey (n = 52)
- Issues Prioritisation Survey (n = 25)
- Triage & Emergency Care Service Survey (n = 9)
- Focus Groups (n = 21)
- Consumer/Peer Worker Process Mapping (n = 8)

SOLUTIONS.
- MENTAL HEALTH CHAMPION - Establish a team of mental health champions across the 5 DMHF-ED’s who have an interest in mental health and can work to support and mentor other ED staff when caring for patients in distress.
- SENSORY MODULATION BOX - Each ED will be provided with a sensory modulation/diversion box to be used as a resource for mental health patients who may be experiencing increased levels of emotional and psychological distress. Sensory modulation is considered an essential element within best practice seclusion and restraint reduction.
- COLLABORATIVE EDUCATION PLAN - Create a virtual education platform consisting of consumer stories, MHPiP modules, MHIPU recorded site tours, recorded education sessions, ED specific mental health training modules and live education sessions to provide ED staff with accessible, flexible and time effective education.
- ACUTE BEHAVIOURAL ASSESSMENT & OBSERVATION FORM - This pre-existing tool, designed by South-West Sydney Safety Culture Coordinators, assists clinicians in recognizing early signs of deterioration or escalation in behaviour. It also provides clinicians with guidance on how to escalate concerns and care as well as options for early intervention strategies.
- ACUTE CARE WORKER IN THE ED - Acute Care Workers from each Community Mental Health team will work their rostered shift based in the ED. This will facilitate timely mental health assessments as well as provide a resource for advice and education for staff based in the DMHF-ED space. (Please note: this solution is currently being addressed by the restructure of the Mental Health Triage and Emergency Care Support (TECS) team, which includes consult liaison teams based within the ED space. This solution will be removed from this project).

CONCLUSION.
This project has highlighted the need for the following to happen in the future:
- Improved collaboration between General and Mental Health and Alcohol and Other Drugs services
- Increased investment and focus on training and education to better support and empower staff
- Significant work is still required to reduce the use of restrictive practices within the DMHF-EDs to align with state and organisational goals
- Improved clinical pathways and resources are required so that staff within the ED are better equipped to provide appropriate and therapeutic care to those presenting to ED in mental health distress or behaviourally disturbed.

The use of seclusion and restraint are not just specific to SNSWLHD, the commitment from LHDs to reduce and where possible eliminate these practices should be a focus to ensure that staff, patients and their families and carers are safe. By not aiming to minimise these practices, we as a health care service will continue to deliver care that is harmful and traumatic for all involved.

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