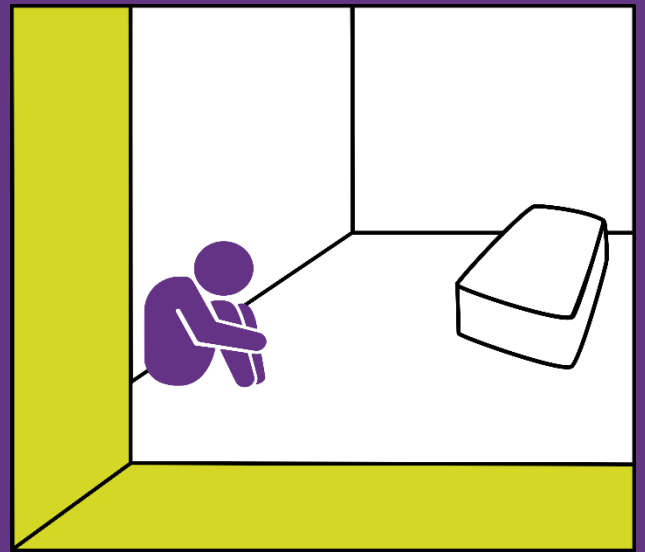


HOW SAFE IS MY HOSPITAL?

SECLUSION REPORT



Accessible information on seclusion
in Victorian mental health services



VMIAC
by and for consumers

This report was produced by
VMIAC, the peak body for
mental health consumers
across Victoria.

April 2019

www.vmiac.org.au

WHAT IS SECLUSION?

Seclusion is a type of 'restrictive' practice used in mental health services that aims to control a person's behaviour. The Mental Health Act (Vic) defines seclusion as:

The sole confinement of a person to a room or any other enclosed space from which it is not within the control of the person confined to leave.¹

Mental health services are supposed to use seclusion only as a 'last resort' and 'to prevent serious and imminent harm to the person or another person'.¹

In plain language, seclusion means being locked in a room by yourself.



Image source: abc.net.au

Accessibility and accountability: Why we've written this report

We wrote this report to make information about seclusion more accessible. We believe people have a right to know how safe or traumatising their local hospital might be.

The information in this report is freely available on various government websites, however it is often difficult to find and understand. For example, some reports use the name of catchment areas (e.g., 'Inner Urban East') instead of hospital names (e.g., 'St Vincent's Hospital').

We also wrote this report because we don't think that Victorian public hospitals are held accountable enough for their use of seclusion. We hope making this information more accessible will create additional pressure for change.

Seclusion and all forms of restraint are inherently harmful.

Seclusion has no place in a safe, therapeutic mental health service.

Our position is that Victoria must:

1. Set a deadline to eliminate all seclusion and restraint in mental health services
2. Take serious action to reduce these harmful practices until they are eliminated
3. Hold mental health services publicly accountable for their use of these practices
4. Respond to damaging impacts for individuals, including human rights breaches, physical and emotional harm

SECLUSION RATES

Victorian Adult Mental Health Inpatient Units



QUARTERLY RATINGS: OCTOBER–DECEMBER 2018

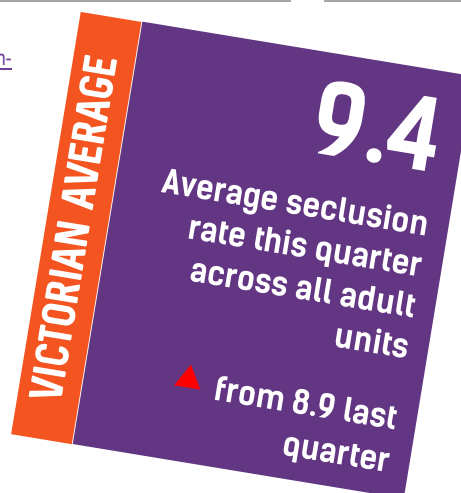
Rank	Change	Hospital	THIS QUARTER		LAST QUARTER		
			Seclusion rate	Within KPI	Seclusion rate	Rank	Within KPI
Best to worst	Since last quarter		This quarter Oct-Dec 18		Previous quarter Jul-Sep 18		
1	▼	Casey Hospital	1.9	✓	7.5	12	✓
2	▼	Latrobe Regional Hospital	2.0	✓	5.0	7	✓
3	▲	Frankston Hospital	2.5	✓	0.7	1	✓
4	▼	Alfred Hospital	3.0	✓	3.8	4	✓
5	▲	St Vincents Hospital	3.5	✓	2.6	2	✓
6	▼	Broadmeadows Hospital	3.6	✓	6.2	8	✓
7	▼	Northern Hospital	4.2	✓	14.8	17	✓
8	▼	Royal Melbourne Hospital	4.6	✓	10.5	14	✓
9	▼	Sunshine Hospital	5.0	✓	7.0	10	✓
10	▲	Austin Hospital	5.9	✓	2.7	3	✓
11	▼	Warrnambool Base Hospital	6.4	✓	18.4	21	✗
12	▼	Goulburn Valley Hospital	6.9	✓	11.4	16	✓
13	▲	Orygen Youth	8.7	✓	4.4	6	✓
14	▼	Bendigo Hospital	9.1	✓	9.3	13	✓
15	▼	Werribee Mercy Hospital	10.3	✓	10.7	15	✓
16	▲	Dandenong Hospital	11.4	✓	7.4	11	✓
17	▲	Maroondah Hospital	12.4	✓	6.3	9	✓
18	▲	Monash Medical Centre	13.0	✓	4.3	5	✓
19	▲	Ballarat Base Hospital	20.1	✗	15.3	19	✓
20	▲	Mildura Base Hospital	22.6	✗	18.2	20	✗
21	▲	Box Hill Hospital	23.8	✗	15.2	18	✓
22	▲	Wangaratta District Base Hospital	32.5	✗	20.8	22	✗
23	▲	University Hospital Geelong	36.5	✗	23.9	23	✗

Source: Victorian Agency for Health Information
<https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports/adult-performance-indicator-reports.2>

Legend:

▼	Reducing: a positive result
▲	Increasing: a negative result
✓	Within key performance indicator (seclusion rate of less than, or equal to, 15)
✗	Exceeded key performance indicator

Note: This section includes 22 adult services and 1 youth service.

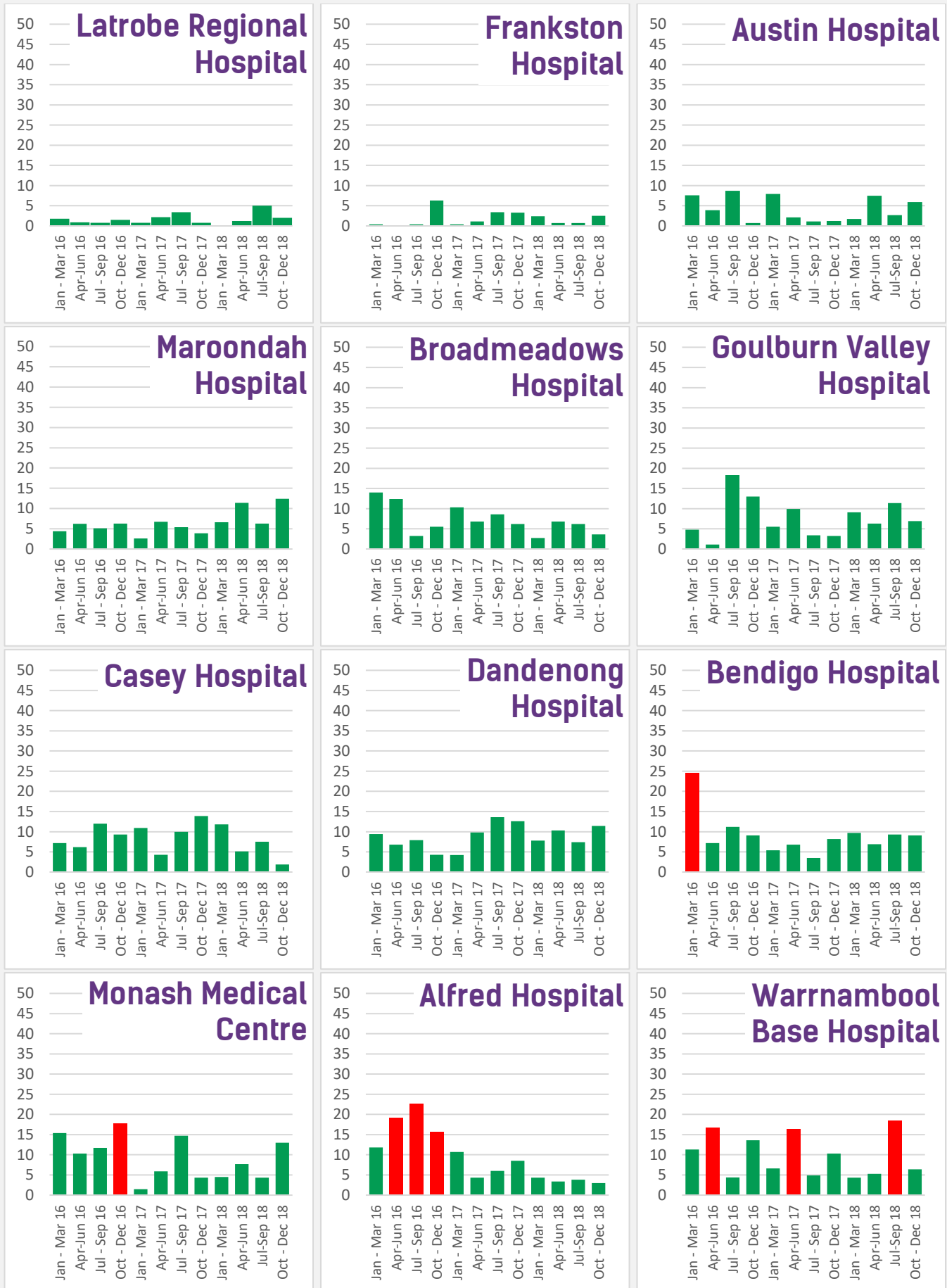


SECLUSION RATES

Victorian Adult Mental Health Inpatient Units



HOSPITAL PERFORMANCE OVER THREE YEARS



Source: Victorian Agency for Health Information, March 2019
https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports/adult-performance-indicator-reports_2

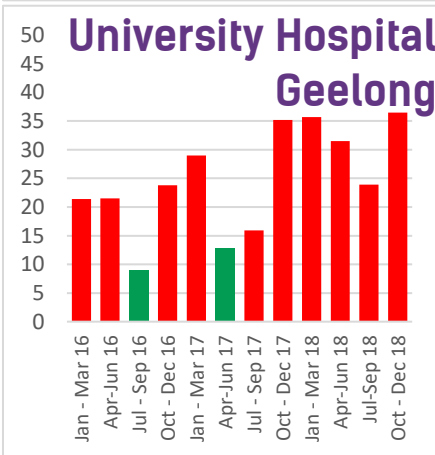
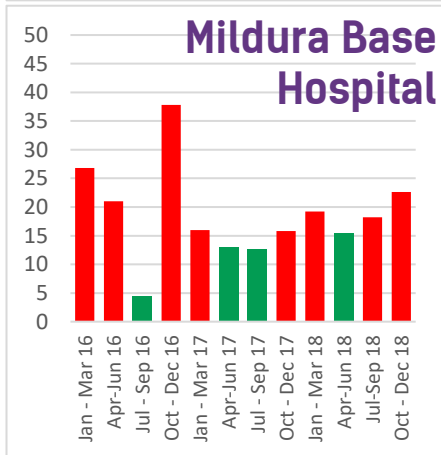
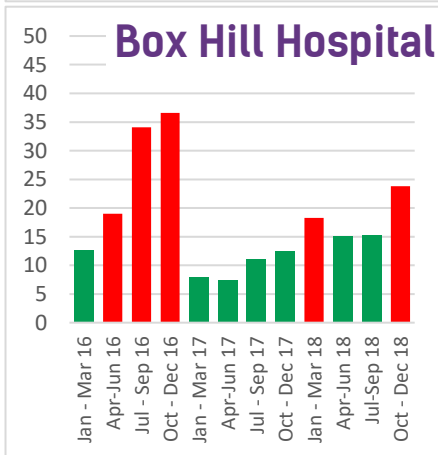
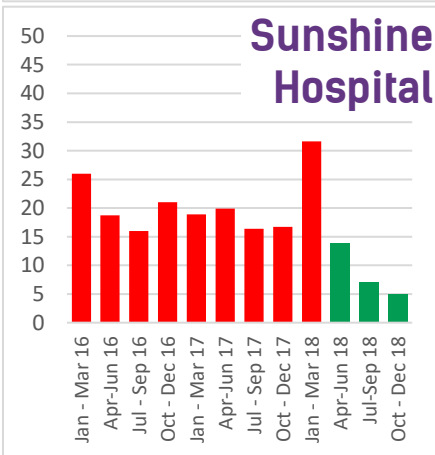
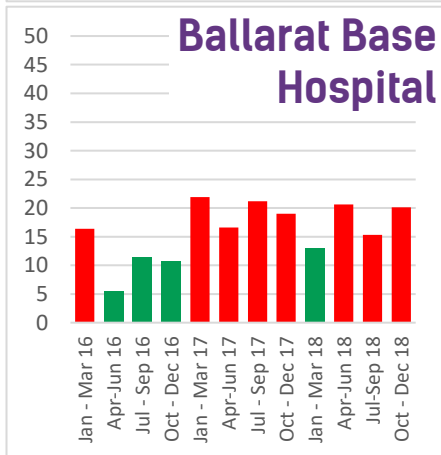
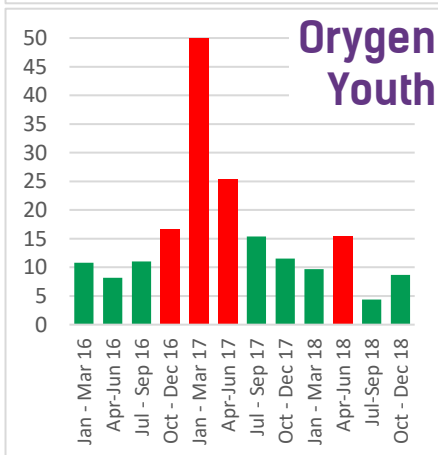
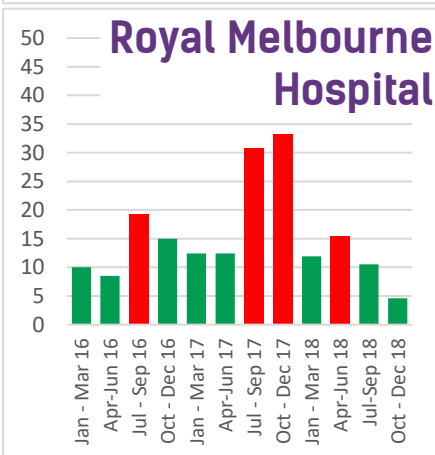
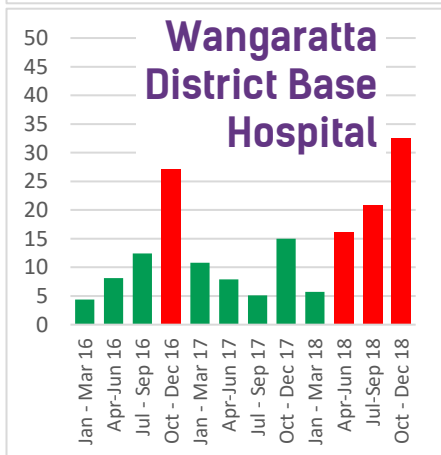
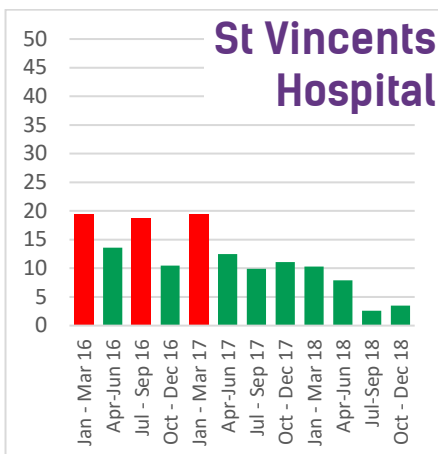
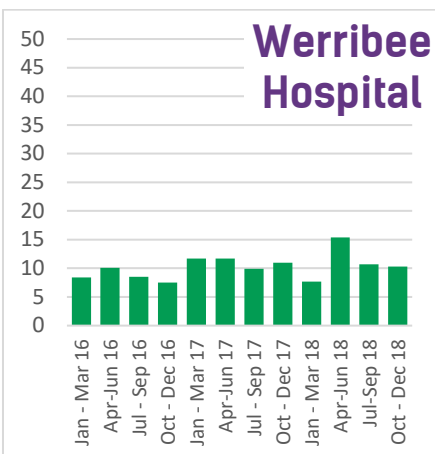
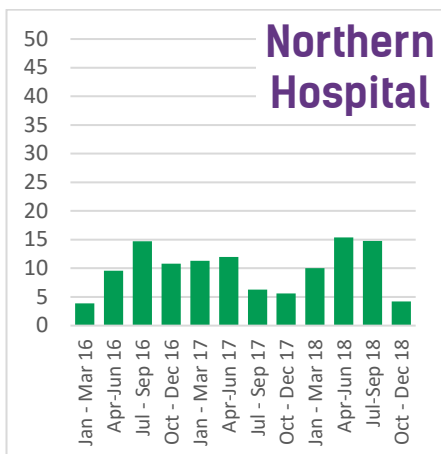
■ Seclusion rate **within** key performance indicator
■ Seclusion rate **exceeds** key performance indicator

SECLUSION RATES

Victorian Adult Mental Health Inpatient Units



HOSPITAL PERFORMANCE OVER THREE YEARS



■ Seclusion rate **within** key performance indicator
■ Seclusion rate **exceeds** key performance indicator

Source: Victorian Agency for Health Information, March 2019 <https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports/adult-performance-indicator-reports>.²

THE IMPACT OF SECLUSION

“As someone who has been sectioned multiple times as a young teenager in public youth psychiatric wards—strapped down, secluded for up to two weeks and medicated out of their mind—this is NOT how you help someone who is experiencing mental distress.

This is how you worsen it.

It is confusing, scary and traumatic, and adds insult to injury for young people that are already confused, scared and traumatised.

These memories do not go away.

Something needs to be done.

— Louise*

**Pseudonym. This experience was shared with VMIAC by a young woman who has been a consumer of Victorian mental health services.*

WHY IS SECLUSION A PROBLEM?

SHAME
HUMILIATION
FEAR
DISEMPOWERMENT
LONELINESS
LOSS OF TRUST

Seclusion hurts people.

The psychological impacts of seclusion can include feelings of disempowerment, fear, vulnerability, anger, loneliness, humiliation, dependence, impaired trust, sadness and shame.^{3,4}

Seclusion can lead to serious physical injuries, with a prominent example being the tragic death of Miriam Merten in NSW during 2014, which led to a [major inquiry](#).

Australian policy aims to 'move towards eliminating' restrictive interventions, like seclusion.⁵ However, in recent years, seclusion in Victoria has been growing instead.

Seclusion affects all consumers.

Only a minority of consumers are secluded, and these people usually experience distress and ongoing trauma.

But most consumers will witness other people being secluded, which is often loud and distressing. Many people speak about the fear of wondering if or when it may happen to them.

Seclusion rooms are typically small, bright and bare, with a big locked security door and a plastic mattress on the floor.



Seclusion room from a regional Victorian hospital
Image supplied under the condition the source remains anonymous

Some seclusion rooms have toilet facilities. Many do not, instead they provide a cardboard bedpan on the floor.

MONITORING PEOPLE IN SECLUSION

While in seclusion, the hospital must provide a medical examination at least every 4 hours, and a clinical review or observation by a registered nurse or doctor every 15 minutes.^{1,6}

SECLUSION ACROSS AGE GROUPS

Comparing seclusion across adult, adolescent and aged services

Types of services

Victoria's mental health system has inpatient units for different age groups, shown in the table to the right.

Seclusion occurs in all types of inpatient mental health services. This report focuses on adult and youth services.

Type of service	Client group	No. of inpatient services
Adult	16 to 64 years	23
Youth	16 to 24 years	1
Adolescents	12-13 to 17-18 years (varies)	4
Aged	65 years+	17

Note: Some services include multiple units/wards. Victoria also has a range of specialist inpatient services, 7 secure extended care services and a forensic service, which are not included in this report.

Seclusion rates across age-based service types

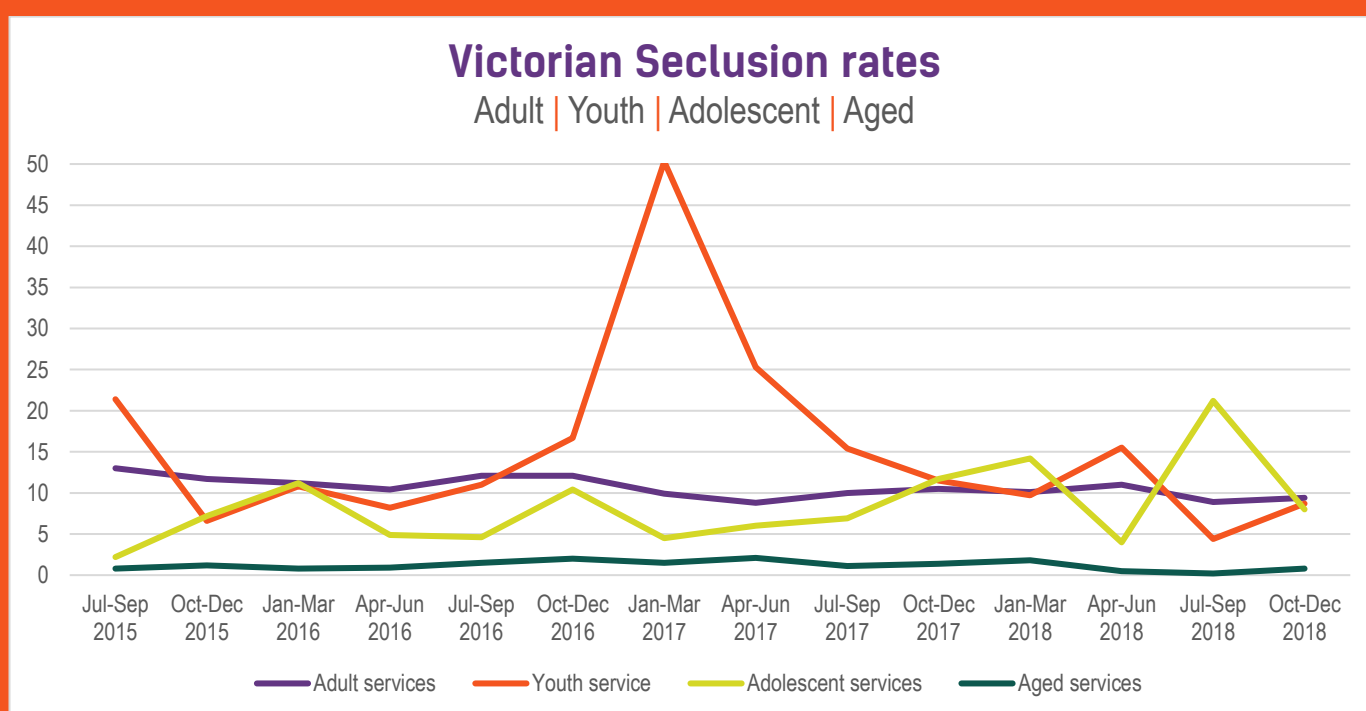
Rank	Change since last quarter	Service type	Average seclusion rate		No. of services (state wide)
			this quarter Oct-Dec 18	previous quarter Jul-Sep 18	
1	▲	Aged services	0.8	0.2	17
2	▼	Adolescent services	8.0	21.2	4
3	▼	Youth service	8.7	15.5	1
4	▲	Adult services	9.4	8.9	23

Source: <https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports>.²

26,098

Total people admitted to inpatient mental health services in 2017/18.⁷

Seclusion rates vary between different types of service. Seclusion of adolescents has been on an upwards trend since January 2017, despite improvements this quarter and in April-June 2018. Aged services have very low rates of seclusion, adult services have shown little change in the last three years.

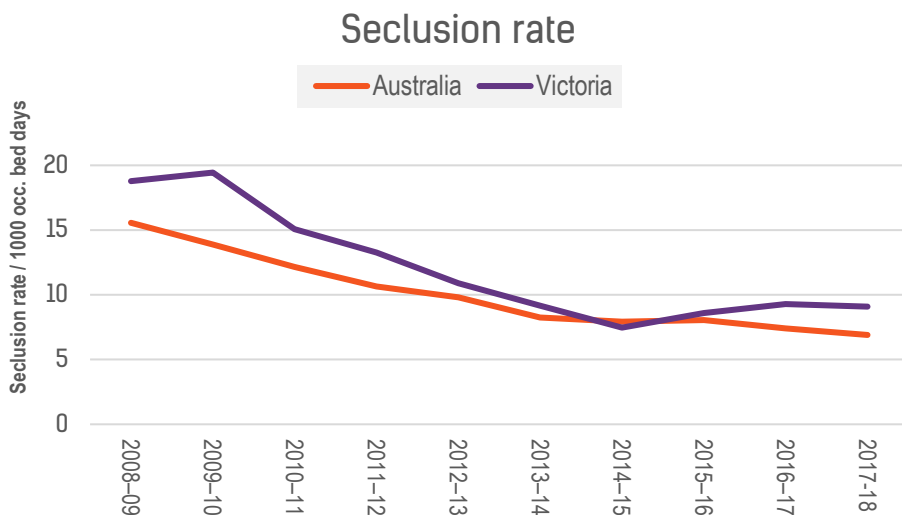


Source: <https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports> [Adult reports (total state-wide), CAMHS reports (total metro) and Aged reports (total state-wide), 2015/16 Q1 – 2018/19 Q2].²



NATIONAL SECLUSION DATA

More information about seclusion is found in national datasets. The graphs below show data sent by each state government to the federal government, and reported by the Australian Institute of Health and Welfare (AIHW).

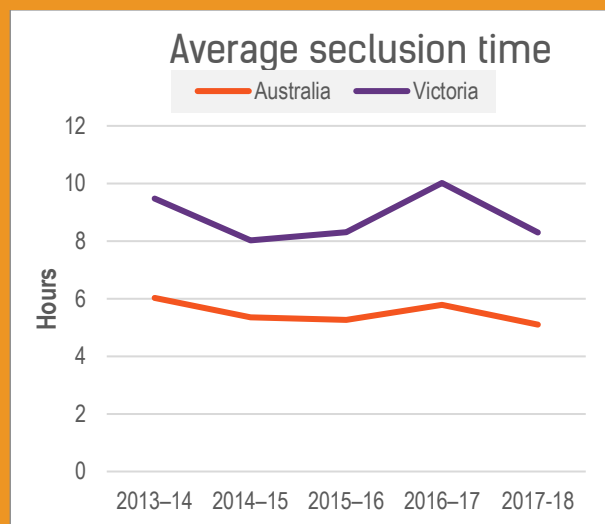


Victoria secludes people at higher rates than Australia as a whole.

Seclusion is decreasing across Australia—but it has been increasing in Victoria since 2014/15.

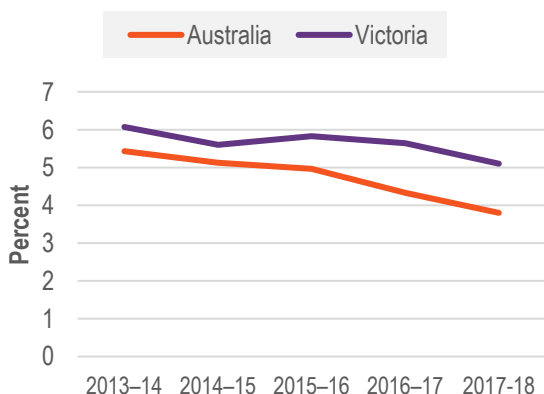
Victorian hospitals lock people in seclusion for longer than any other state, with an average of 8.3 hours* last year

*excluding forensic services

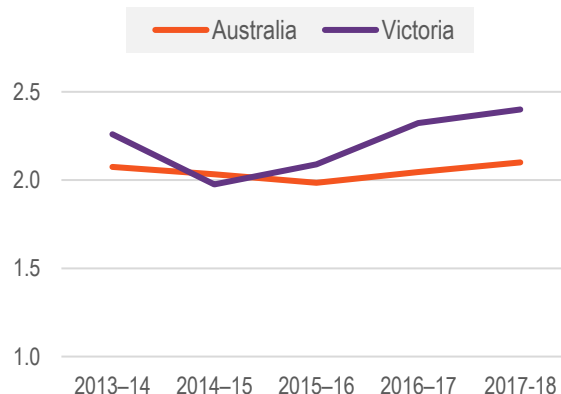


* This data excludes seclusion in forensic services. The average length of seclusion in Victorian hospitals increases to 16.7 hours for 2017/18 when all units are included.⁷

Proportion of admissions with a seclusion event



Average seclusion events per person secluded

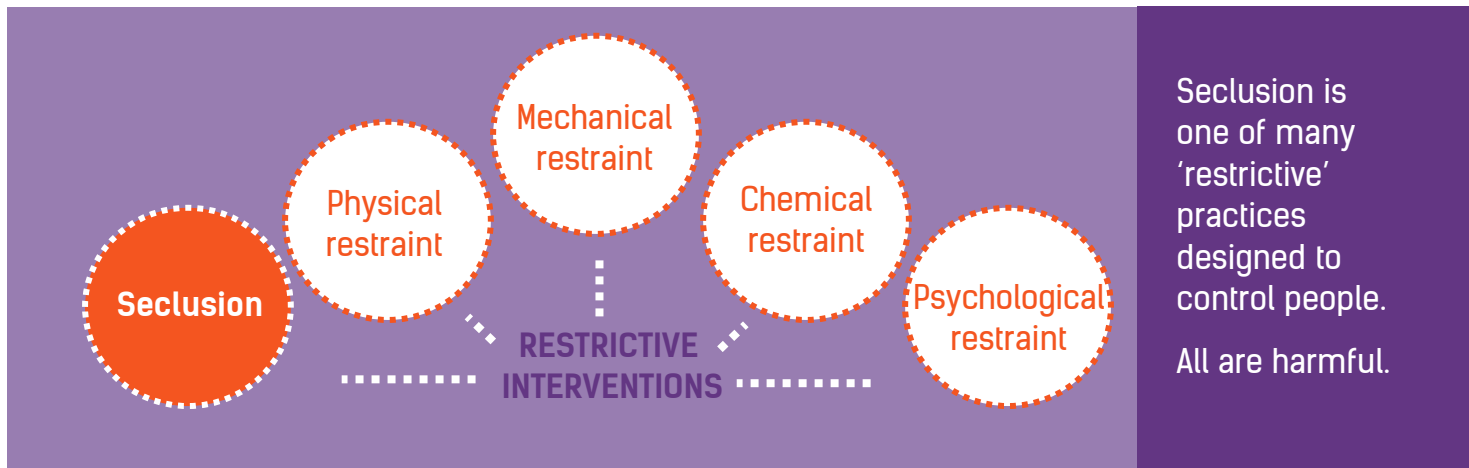


Source: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices>⁸

ABOUT RESTRICTIVE INTERVENTIONS

Different, harmful practices used to control people in mental health services

Seclusion is one of several different practices used to control people in mental health services. All of these practices can be extremely harmful. Sometimes these are called restrictive 'interventions' or 'practices'.



Restrictive intervention	What it means	Is data collected?	Is data reported publicly?	Transparency and accountability
Seclusion	Locked alone in an area	✓ Yes	✗ Some	Victorian government reports seclusion rates by service, and amalgamates some other state-wide information about seclusion. Many aspects of seclusion are not reported.
Physical restraint	Forcibly held down by people (e.g., 5 staff)	✓ Yes	✗ Minimal	Victorian government reports combine these two forms of restraint, and reports them together under 'bodily restraint'. Separate data for each type of restraint can be found for Victoria in AIHW reports.
Mechanical restraint	Tied down with straps	✓ Yes	✗ Minimal	
Chemical restraint	Controlled with sedating drugs	✗ No	✗ No	No reports provided by Victorian Government.
Psychological restraint	Controlled with threats or emotional control	✗ No	✗ No	No reports provided by Victorian Government.

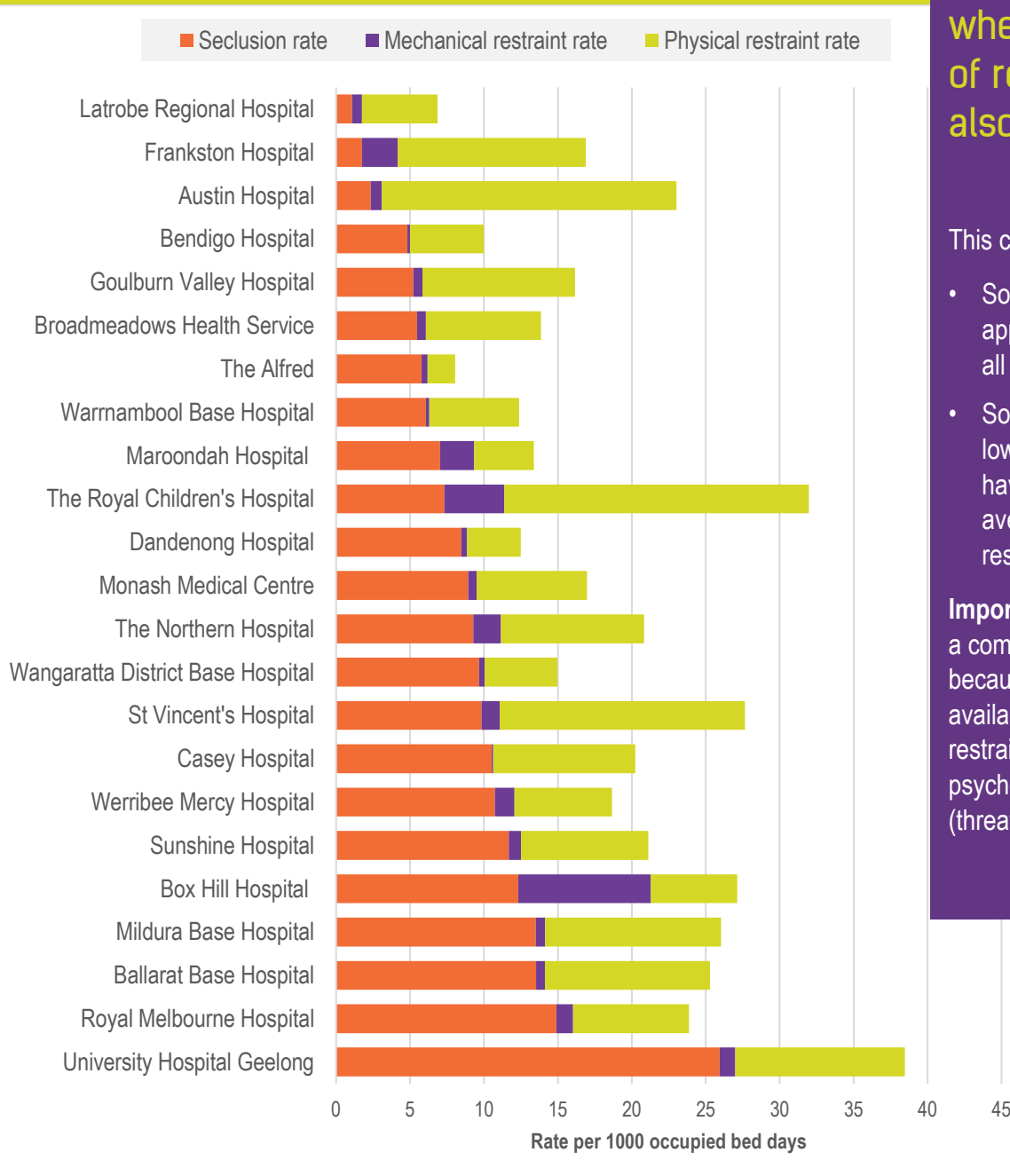
Is seclusion being replaced with other forms of control?

Low seclusion rates are only meaningful when all types of restraint are also low.

This chart shows how:

- Some hospitals appear to be reducing all restrictive practices
- Some hospitals with low seclusion rates have higher than average rates of restraint.

Important: This is not a complete picture because there is no data available for chemical restraint (drugs) or psychological restraint (threats).



Source: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices>.⁸

Notes about this data:

The data in this chart includes rates for the whole of 2017/18, reported by hospital. The data is sourced from the latest AIHW report on restrictive practices released in March 2019. It is the first public report which specifies restraint rates in Victoria by hospital.

Variance from Victorian Government Performance Indicator Reports: Some of the seclusion rates included in this AIHW report vary from the Year-To-Date totals in Victorian reports. The AIHW report does not clarify reasons for this variance. A possible explanation may be that some hospitals are reporting combined seclusion rates across different unit types (e.g., adult, aged, child and adolescent).

Exclusions and inclusions: The dataset does not explicitly include Orygen Youth, however this data might be included as part of the Royal Melbourne Hospital. The dataset includes the Royal Children's Hospital. Identified aged services in the AIHW report were excluded from this chart as the list was incomplete.

WHAT IS A GOOD RESULT?

This depends. We suggest there are different ways to think about seclusion rates:

Have we stopped hurting people?	Seclusion always has a serious risk of harm, so the only good result is: '0'
Is seclusion just being replaced with another harmful form of control?	Zero seclusion is only a success if there is also zero restraint. This means we can't draw full conclusions until all forms of seclusion and restraint are reported.
Are services meeting their Key Performance Indicators?	The Victorian Government sets a Key Performance Indicator (KPI) for mental health services about seclusion, which is a rate of '15' or less. ⁹ It is clear that a lower rate is better. Any hospital with seclusion rates above 15 is failing to perform to expected standards of quality and safety.
Are services improving, getting worse?	We think it's important that hospitals can demonstrate they are improving over time. It is concerning to see that some hospitals report increasing seclusion rates, and others are very inconsistent.

MAKING SENSE OF THE SECLUSION RATE

Understanding seclusion information in this report

Victorian Government reports don't say how many people are secluded, or what percentage of people are secluded. Instead, they report on a 'seclusion rate'.

The seclusion rate means:

'The number of seclusion episodes for every 1000 occupied bed days'.

The seclusion rate is confusing, and it doesn't make a lot of sense in the real world. But it's helpful for comparing hospitals with each other.

What does '1000 occupied bed days' mean?

This is a measurement that's helpful for statisticians, but not so helpful for the rest of us.

It combines the number of people admitted to hospital AND how long they stay. So, 1000 occupied bed days can mean:

- 1000 people who stay in hospital for 1 day **OR**
- 100 people who stay in hospital for 10 days **OR**
- 10 people who stay in hospital for 100 days **OR**
- 1 person who stays in hospital for 1000 days

Why are Victorian seclusion rates so much higher than Australia as a whole?

In reports from the Australian Institute of Health and Welfare (AIHW)⁸, the Victorian Government provides two possible explanations for why seclusion rates are higher in Victoria than other states and territories:

1. 'Victoria's service delivery model produces a higher threshold for acute admission'

This argument says that people admitted to Victorian mental health inpatient units are more unwell than in other states. We assume this relates to the fact that Victoria funds less hospital beds per capita than other states.

2. 'The seclusion and restraint metrics may be inflated compared to other jurisdictions'

We understand this point suggests that Victoria may use stricter definitions of seclusion, so things that count as seclusion in Victoria might not be counted in other states. If this is correct, then Victoria is doing a good job of collecting data. We support strict definitions which ensure all instances of restriction are counted.

Does this justify high rates and lengths of seclusion in Victoria?

No. Neither of these points explain the enormous variations in seclusion (or restraint) between different Victorian hospitals.

It does not explain why someone in Barwon last quarter was 18 times more likely to be secluded than someone in Traralgon.

Or why someone in Box Hill was 12 times more likely to be secluded than someone in Cranbourne.

These large variations point to serious problems in the culture and practice of particular hospitals.

SECLUSION AND HUMAN RIGHTS

Seclusion is a serious breach of multiple human rights in United Nations conventions ratified by Australia.

Seclusion impacts:

- The right to liberty
- The right to bodily integrity
- The right to freedom from torture, cruel, inhuman and degrading treatment

Even though Victoria has a Charter of Human Rights and Responsibilities (2006), under Victorian law seclusion is not always a breach of legal rights—because of limitations to rights in the Mental Health Act (2014).

In a report on Australia's compliance with the Convention on the Rights of Persons with Disabilities, the United Nations said:

The Committee is concerned that persons with disabilities, particularly those with intellectual impairment or psychosocial disability, are subjected to unregulated behaviour modification or restrictive practices such as chemical, mechanical and physical restraints and seclusion, in various environments, including schools, mental health facilities and hospitals (2013).¹⁰

GAPS IN SECLUSION REPORTING

Given the seriousness of seclusion, as a major human rights issue and a cause of psychological injury, we believe that much more information should be made available to the public. However, none of the following information is reported publicly:

Basic, accessible data

- How many people are secluded?
- What percentage of consumers are secluded?
- Length of seclusion by hospital
- Average seclusion episodes per person, by hospital

Seclusion room facilities

- Cleanliness of seclusion rooms
- Access to toilets in seclusion rooms
- Access to sunlight for people secluded
- Access to sensory stimulation VS sensory deprivation
- Independent inspections of seclusion facilities

Seclusion practices

- Reasons provided by services for seclusion
- Reasons provided by consumers for seclusion
- Service compliance with Mental Health Act seclusion requirements

Seclusion impacts

- Physical injuries as a result of seclusion
- Psychological injuries as a result of seclusion
- Provision of counselling to people secluded, by independent party

Sector & government accountability

- Consequences for services who fail to meet their KPIs
- Funding and initiatives to reduce, then eliminate, seclusion

Seclusion oversight & governance

The [Chief Psychiatrist](#) of Victoria has a statutory responsibility for seclusion and undertakes these oversight and governance activities:

- Requires hospitals to provide monthly reports on seclusion
- Analyses seclusion data and looks at variance
- Provides clinical leadership and promotes continuous improvement in the quality and safety to the sector
- A statutory committee meets 2-3 times each year to review data and recommend improvements. VMIAC is an invited member of this committee.

Perhaps the most important gap is that not all forms of 'restrictive interventions' are reported on a hospital-by-hospital basis.

So, while it's good that a hospital has lower seclusion rates, there is no way to tell if they are just replacing seclusion with other harmful practices instead. New national reports on mechanical and physical restraint begin to tell this story. Now we need this data reported quarterly, and reports on chemical and psychological restraint as well.



Seclusion causes mental, emotional and physical injuries—it has no place in a modern healthcare setting.

Every seclusion is a failure of care.

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- ¹ Mental Health Act 2014 (Vic). Retrieved from: http://www7.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/num_act/mha201426o2014174/
- ² DHHS. (2015-2018), Mental Health Quarterly KPI reports. Retrieved from: <https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports>
- ³ Whitecross, F., Seary, A. and Lee, S. (2013). Measuring the impacts of seclusion on psychiatry inpatients and the effectiveness of a pilot single-session post-seclusion counselling intervention. *International Journal of Mental Health Nursing*, 22, 512-521. <https://doi.org/10.1111/inm.12023>
- ⁴ Melbourne Social Equity Institute (2014) Seclusion and Restraint Project: Report, Melbourne: University of Melbourne
- ⁵ Australian Institute of Health and Welfare (2018). *Restrictive practices: Background*. Retrieved 21 November 2018. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices>
- ⁶ Chief Psychiatrist. (2014). Guideline: Restrictive interventions in designated mental health services. Victoria, Department of Health and Human Services. Retrieved from: <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>. Retrieved on 1 April 2019.
- ⁷ DHHS. (2019). Victoria's Mental Health Services Annual Report 2017/18, Victorian Government. <https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-annual-report>
- ⁸ Australian Institute of Health and Welfare. (2018). Mental health services in Australia report. Retrieved from: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices>
- ⁹ DHHS. (2018). Victorian Health Services Performance Monitoring Framework 2018–19, Victorian Government. Retrieved from: <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>
- ¹⁰ United Nations. (2013). Concluding observations on the initial report of Australia, adopted by the Committee at its tenth session (2-13 September 2013), s35. <https://www.refworld.org/docid/5280b5cb4.html>

Further information is available from:

Office of the Chief Psychiatrist, DHHS: Annual report: <https://www2.health.vic.gov.au/about/publications/annualreports/chief-psychiatrist-annual-report-2016-17>

Victorian Agency for Health Information (VAHI): <https://performance.health.vic.gov.au/Home.aspx>

www.vmiac.org.au

