

HOW SAFE IS
MY HOSPITAL?

SECLUSION REPORT

#2

Consumer friendly information on seclusion in
Victorian mental health services



This report was produced by
VMIAC, the peak body for
mental health consumers
across Victoria.
July 2020

WWW.VMIAC.ORG.AU

Content warning: this report details the use of seclusion and restraint as currently used in mental health settings within Victoria. The report contains images and testimony that some consumers and the general public may find traumatising.

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 alone in a room.



Continued access and accountability: Why we have written this report

VMIAC wrote our 2019 Seclusion Report to make information about seclusion more consumer friendly. We believe people have a right to know how safe their local hospital is. Our 2020 Seclusion Report continues to serve this goal by providing an updated snapshot of how often hospitals are using seclusion and other harmful/restrictive practices.

VMIAC produces these reports as we believe that Victorian public mental health services and hospitals should be held accountable for their use of seclusion. These reports serve to provide insight to support health consumers to understand the current state of mental health care.

"The Office of the Chief Psychiatrist (OCP) acknowledges that the experience of seclusion causes distress. Working towards elimination of restrictive practices, including seclusion, is a priority. The Chief Psychiatrist partners with VMIAC, Tandem, workforces clinical and lived experience, unions and educational institutes in the Chief Psychiatrist's Restrictive Interventions Committee. The committee is working on a body of work to implement the elimination of restrictive practices."

The information in this Report is freely available on various government websites. It is often difficult, however, to find and understand what this data actually means for consumers. 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'). Our 2019 Report created pressure for change and accountability by making this information more accessible, and this updated report aims to do the same.

VMIAC's Seclusion Report #2 (2020) has an added focus on how seclusion rates have changed in the year since the 2019 report was released. We hope to continue encouraging accountability in Victoria's public hospital system, as our report shows that seclusion is still frequently used. Change is still needed.

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 and all forms of restraint are inherently harmful.

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

SECLUSION RATES

Victorian Adult Mental Health Inpatient Units



2019 – 2020					2018 – 2019		
Rank	Change	Hospital	Secclusion rate	Within KPI	Secclusion rate	Rank	Within KPI
Best to worst	Since 2018 - 19		Q1 – Q3		Q1 – Q4		
1	▼	Frankston Hospital / Peninsula Health	0.7	✓	0.8	1	✓
2	▼	Latrobe Regional Hospital / Latrobe Regional	0.9	✓	2.7	2	✓
3	▼	Casey Hospital / Monash Health	2.2	✓	3.3	3	✓
4	▲	St Vincent’s Hospital / St Vincent’s Health	4.3	✓	3.4	4	✓
5	▼	Bendigo Hospital / Bendigo Health	4.5	✓	8.9	11	✓
6	▼	Wangaratta District Base Hospital / Albury Wodonga Health	4.6	✓	24.7	21	✗
7	▼	Dandenong Hospital / Monash Health	5.0	✓	9.8	14	✓
8	▲	Alfred Hospital / Alfred Health	5.8	✓	4.6	5	✓
9	▼	Monash Medical Centre / Monash Health	7.0	✓	7.2	7	✓
10	▲	Austin Hospital / Austin Health	7.0	✓	4.7	6	✓
11	▼	Warrnambool Base Hospital / South West Healthcare	7.1	✓	10.5	15	✓
12	▲	Royal Melbourne Hospital / Melbourne Health (NWMH)	9.9	✓	8.3	9	✓
13	▼	Mildura Base Hospital / Ramsay Healthcare	10.8	✓	15.1	18	✗
14	▲	Maroondah Hospital / Eastern Health	11.7	✓	10.7	16	✓
15	▲	Goulburn Valley Hospital / Goulburn Valley Health	13.7	✓	9.7	13	✓
16	▲	Werribee Hospital / Mercy Health	13.8	✓	13.5	17	✓
17	▼	Box Hill Hospital / Eastern Health	14.8	✓	16.2	20	✗
18	▲	Sunshine Hospital / Melbourne Health (NWMH)	15.8	✗	7.8	8	✓
19	▲	Northern Hospital / Melbourne Health (NWMH)	17.1	✗	9.7	12	✓
20	▲	Broadmeadows Hospital / Melbourne Health (NWMH)	19.2	✗	8.3	10	✓
21	▲	Ballarat Base Hospital / Ballarat Health	20.7	✗	15.2	19	✗
22	▼	University Hospital Geelong / Barwon Health	22.7	✗	26.9	22	✗

▲	Total Statewide Secclusion Rates	9.7	9.3
▲	Total Metro Secclusion Rates	9.6	8.1
▼	Total Rural Secclusion Rates	10.3	13.4

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. Orygen Youth is excluded from this report's data due to the temporary closure and renovation of their seclusion room area.

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>¹

VICTORIAN AVERAGE

9.7

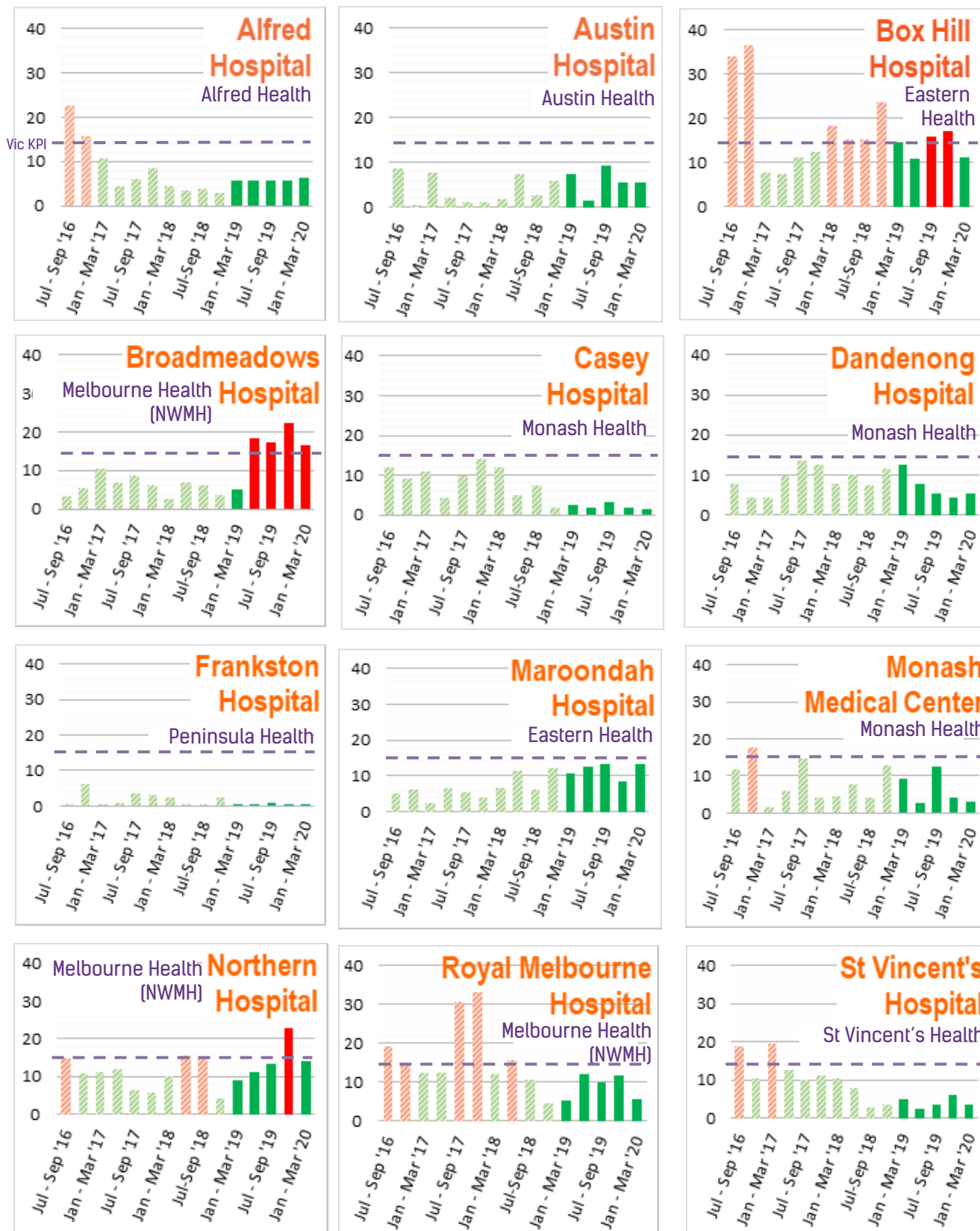
Average seclusion rate this year across all adult units
▲ from 9.3 last year

SECLUSION RATES

Victorian Adult Mental Health Inpatient Units



METRO HOSPITAL PERFORMANCE OVER FOUR YEARS



Source: Victorian Agency for Health Information, March 2020

<https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports/adult-performance-indicator-reports>.^{2/}

--- Key performance indicator (KPI): 15 seclusion episodes/1,000 bed days

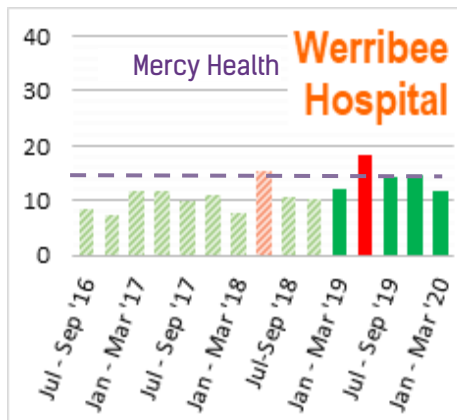
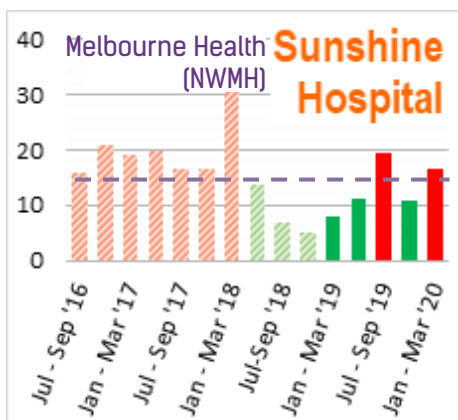
Seclusion rate within KPI, pre-2019 report
 Seclusion rate within KPI, post-2019 report
 Seclusion rate exceeds KPI, pre-2019 report
 Seclusion rate exceeds KPI, post-2019 report

SECLUSION RATES

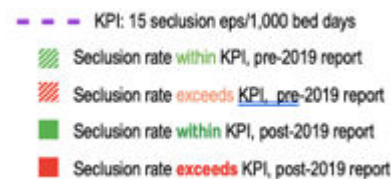
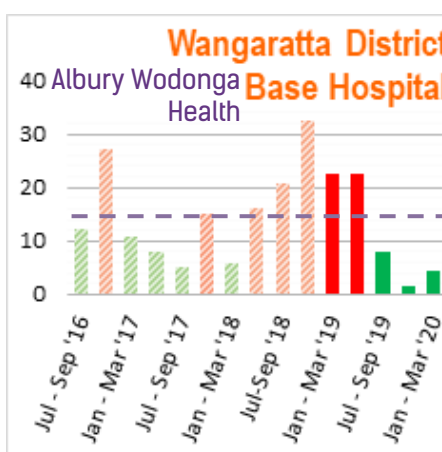
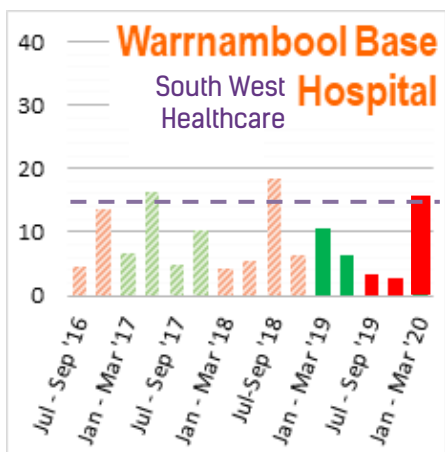
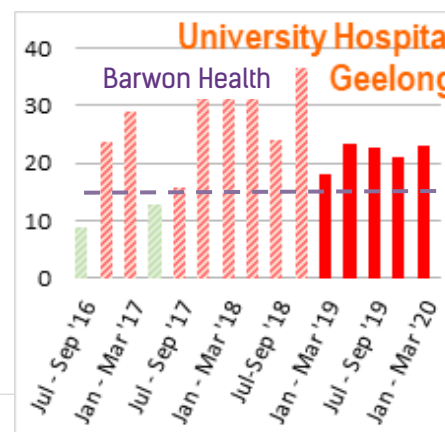
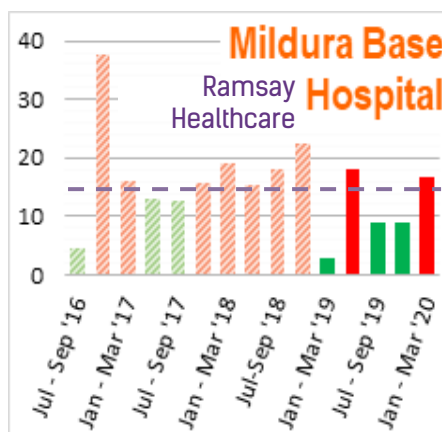
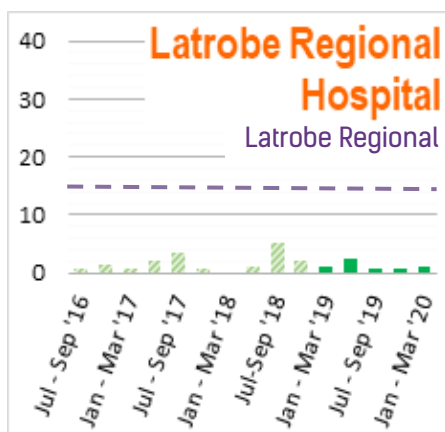
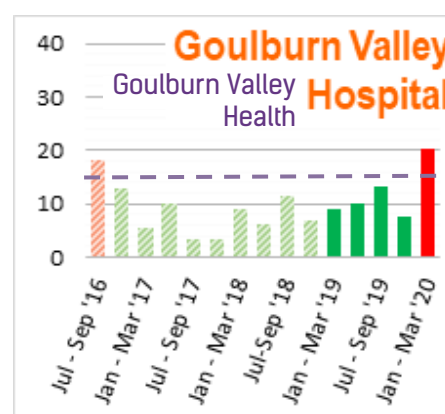
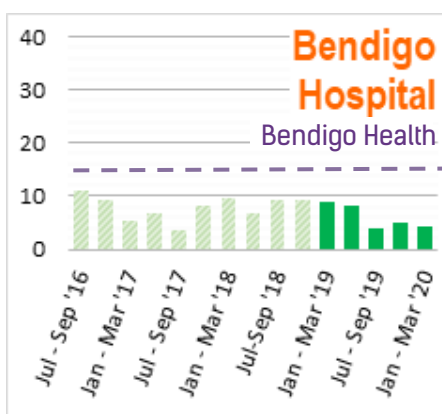
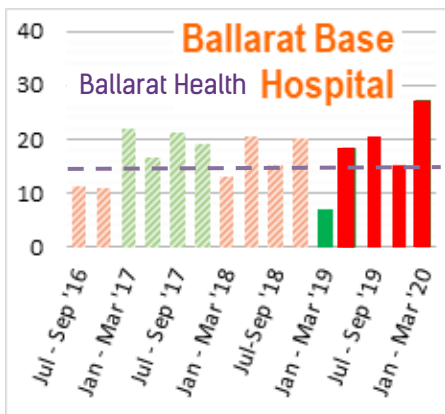
Victorian Adult Mental Health Inpatient Units



METRO HOSPITAL PERFORMANCE OVER FOUR YEARS (cont.)



RURAL HOSPITAL PERFORMANCE OVER FOUR YEARS



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/

WHY IS SECLUSION A PROBLEM?

SHAME
HUMILIATION
FEAR
DISEMPOWERMENT
LONELINESS
LOSS OF TRUST

Seclusion harms 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.

Most consumers will also 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 large locked security door and a plastic mattress on the floor.

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

THE IMPACT OF SECLUSION

A mental health service must commit to ‘establishing humane alternatives to restraint and seclusion’ by eradicating the ‘prison-like atmosphere of the ward’ and the cruelty of people in need being ‘trapped in seclusion cycles’ or being ‘locked up on the word of one person.’

“Putting people in solitary confinement...can worsen a person’s chances of surviving suicidality by making them feel increasingly desperate and powerless.

~ Anonymous consumer of Victorian Mental Health Services

SECLUSION ACROSS AGE GROUPS

Comparing seclusion across youth, adolescent, adult, 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.

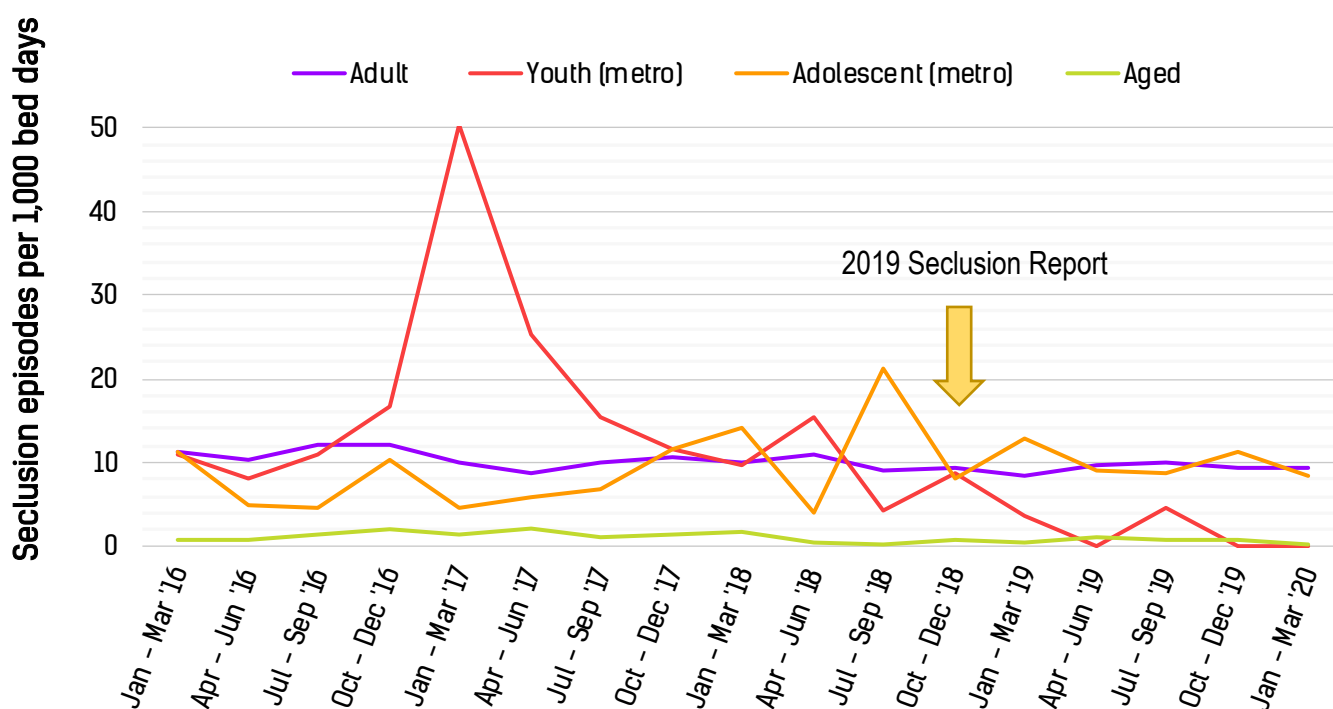
This report focuses on adult services, but seclusion occurs in all types of inpatient mental health services

Service type	Client Group	No. of inpatient services
Youth	16 to 24 years	1
Adolescent	12-13 to 17-18 years (varies)	4
Adult	16-24 years	23
Aged	65+	17

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

Seclusion rates remain relatively unchanged since the 2019 Report. Adult and adolescent seclusion rates have plateaued at around 10 episodes per 1,000 bed days. For adult services, these rates are comparable to previous years. For adolescent services, the plateau contrasts with their highly sporadic, upward-trending seclusion rates over the preceding four years, but their typical seclusion rates are the same. Aged services continue to report very low seclusion rates.

Victorian Seclusion Rates



SECLUSION ACROSS AGE GROUPS (cont.)

Comparing seclusion across youth, adolescent, adult, and aged services

Seclusion rates are only part of the picture...

Aged services
have low seclusion
rates but longer
seclusion episodes.

Youth and adolescent
services have shorter, less-
frequent seclusion episodes,
but extremely high physical
restraint rates.

Service Type	Avg seclusion rate ²		Avg seclusion duration (hours) ⁷		Avg physical restraint rate ⁸	
	2017-18 Q1-Q4	2018-19 Q1-Q4	2017-18 Q1-Q4	2018-19 Q1-Q4	2017-18 Q1-Q4	2018-19 Q1-Q4
Aged	1.2	0.6	5.5	4.2	3.1*	2.9
Adolescents	9.8	12.4	1.5*	1.0	22.5	27.2
Youth (metro)	0	27.6*				
Adult	10.3	9.3	8.9	6.3	6.3	7.3

* Separate from the AIHW Report, DHHS reports the combined physical and mechanical restraint rate for aged services as 6.5 (2017/18) and 5.8 (2018/19), which are higher than the sum of AIHW-reported rates.

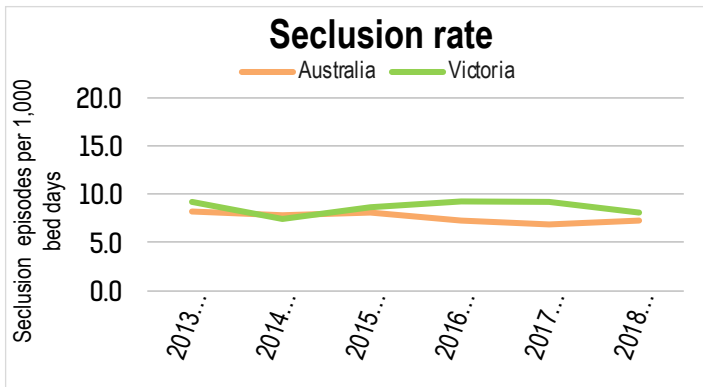
* Youth and adolescent services are combined in the AIHW Restrictive Practices Report

* This rate, reported in the DHHS Performance Report 2018-19, is exceedingly high and potentially inconsistent with other reported numbers from the same time period.

NATIONAL SECLUSION USAGE

How do Victoria's seclusion rates compare to national levels?

The graphs below show data sent by each state government to the federal government, which is then reported by the Australian Institute of Health and Welfare (AIHW).⁸ These graphs include the most recently-released data, which is from the 2018-19 report. 2019-20 data has yet to be released. Data from AIHW reports vary from DHHS-reported numbers in many instances. See pg. 10, "Notes about this data," for further information.

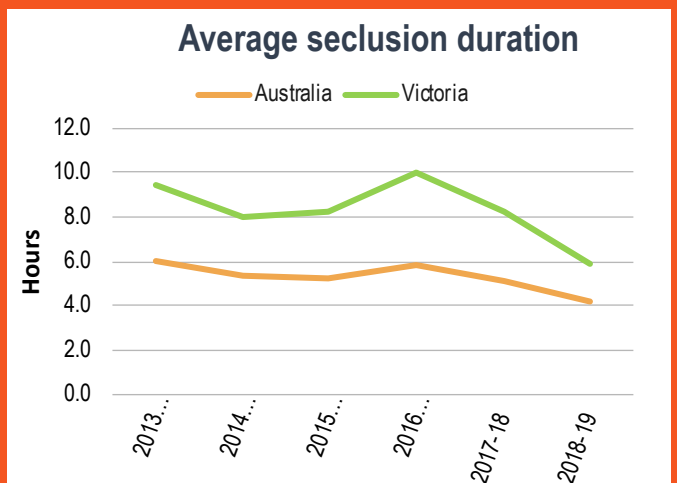


Victoria's seclusion rates are consistently higher than the national total

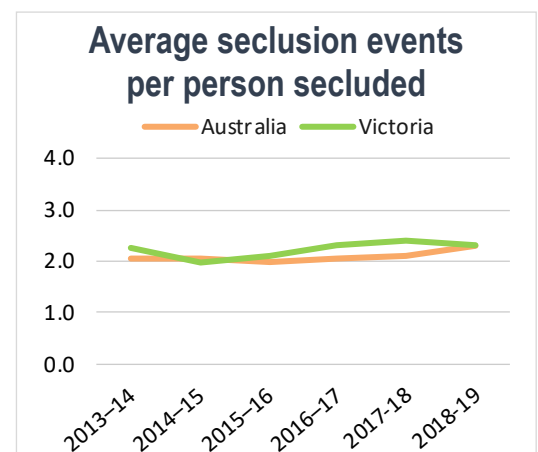
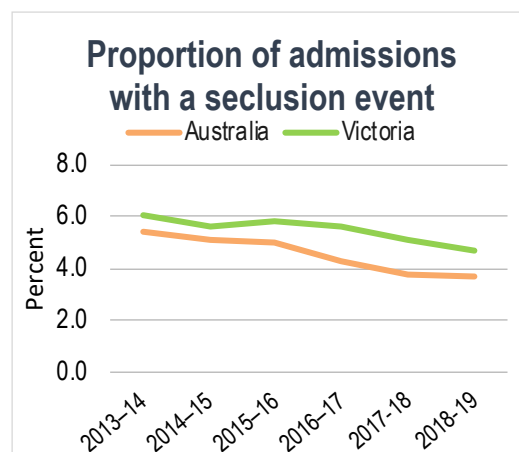
Seclusion rates have been decreasing nationwide, but Victorian hospitals still lock people in seclusion for longer than any other state – an average of 5.9* hours/episode last year

*excluding forensic services

This data excludes forensic services. The average length of seclusion episodes in forensic services was 48 hours in 2018-19, down from 57 hours the previous year.⁸



Victoria reported 26,682 hospitalisations last year 1,254 of them would have involved at least one seclusion episode



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 INTERVENTIONS

SECLUSION

CHEMICAL
RESTRAINT

PHYSICAL
RESTRAINT

MECHANICAL
RESTRAINT

PSYCHOLOGICAL
RESTRAINT

Seclusion is one of many 'restrictive' practices designed to control people.

All are harmful.

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. Victorian government only reports bodily restraint data by individual hospital for aged services, the rest of Victorian restraint data is amalgamated. However, from March of last year, data by restraint type has been reported through AIHW for some hospital services.
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.

* The definition of physical restraint for reporting and data collection purposes can vary service to service. For example, some services such as Peninsula Mental Health Services report all incidences where clinical staff use physical contact to redirect people for their safety, and not just the use of pro-longed or coercive physical restraint.

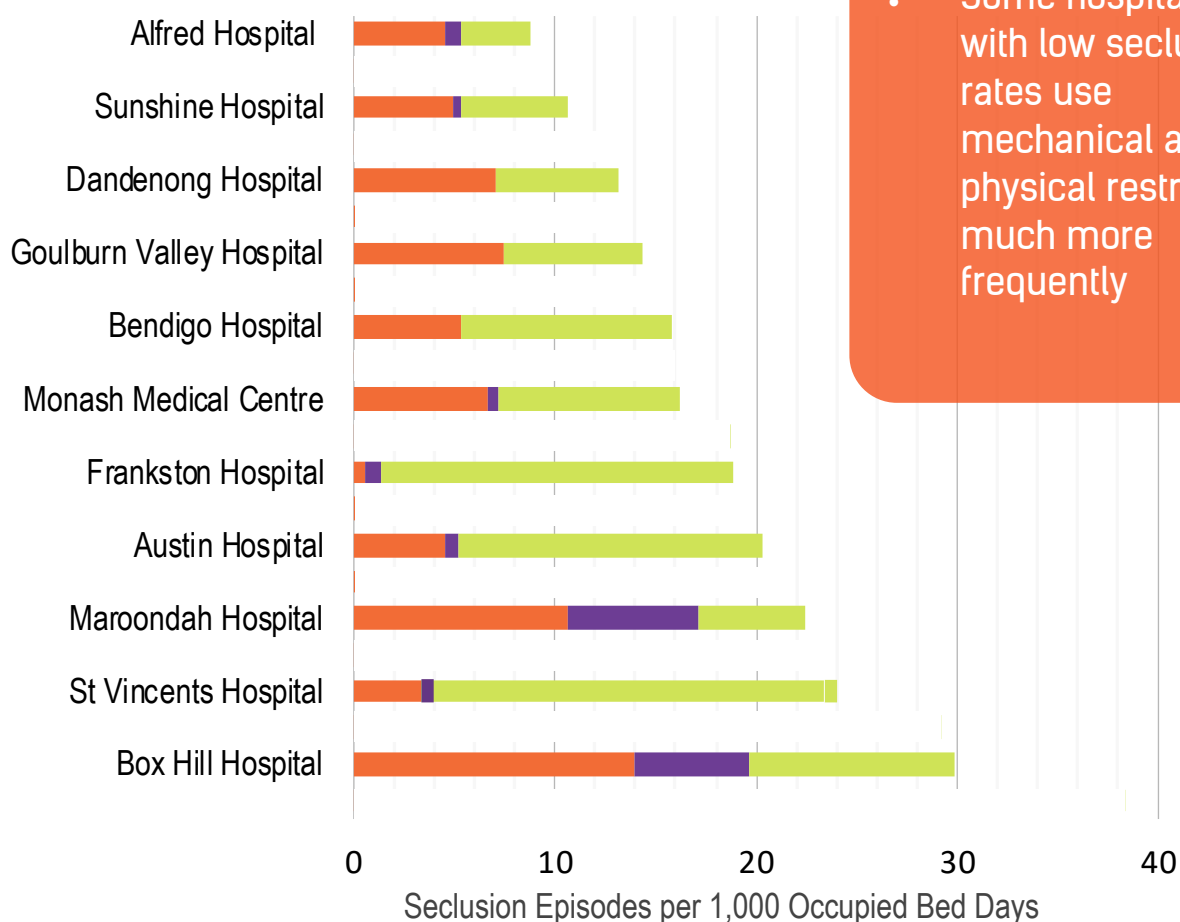
IS SECLUSION BEING REPLACED WITH OTHER FORMS OF CONTROL?

Low seclusion rates are only meaningful when other 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 use mechanical and physical restraints much more frequently

■ Seclusion ■ Mechanical Restraint ■ Physical Restraint



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 2018 – 19, reported by hospital.

The data is sourced from the latest AIHW report on restrictive practices released in April 2020

*Mechanical restraint rates were not reported for Dandenong Hospital, Goulburn Valley Hospital, Warrnambool Base Hospital. Their rates are not '0' as the chart suggests. On the other hand, Bendigo and Mildura Base Hospitals did report 0 mechanical restraint usage

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. Additionally, Orygen Youth's seclusion ward is currently closed, so their seclusion rate would be 0 if it is included in this set.

WHAT IS A GOOD RESULT?

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

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.

Are hospitals just replacing seclusion with other harmful forms 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 over time. It is concerning to see that some hospitals report increasing seclusion rates, and others are very inconsistent.

Have we stopped hurting people?

Seclusion and other restraints always have a serious risk of harm, so the only good result is: '0'

MAKING SENSE OF THE SECLUSION RATE

Understanding seclusion information in this report

Victorian Government reports do not show how many people are secluded, or what percentage of people are secluded. Government reports use a 'seclusion rate,' which means:

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

The seclusion rate is confusing, and is hard to make sense of in the real world. It is helpful, however 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

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, inhumane 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 gravity 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. The following information is currently not 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 definitions and reporting procedures by hospital to account for variability across government reports

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

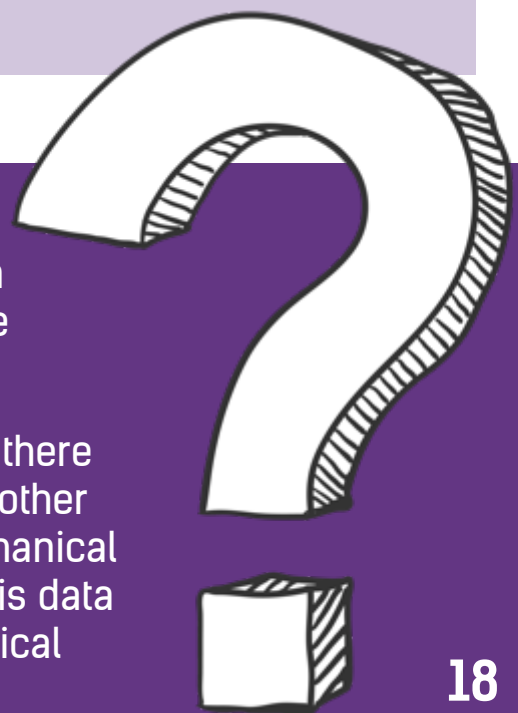
Seclusion oversight & governance

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.

Not all forms of 'restrictive interventions' are reported on a hospital-by-hospital basis. This gap in reporting is one of the most pertinent issues in transparency of data.

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. We need this data reported quarterly, including reports on the use of chemical and psychological restraint.



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

**Every seclusion is a
failure of care.**

References

¹ Mental Health Act 2014 (Vic)

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 from: <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 on 1 April 2019 from: <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines>

⁷ DHHS. (2019). Victoria's Mental Health Services Annual Report 2018/19, Victorian Government. Retrieved on 14 June 2020 from: <https://www2.health.vic.gov.au/mental-health/prioritiesand-transformation/mental-health-annual-report>

⁸ Australian Institute of Health and Welfare. (2019) Mental health services in Australia report. Retrieved on 14 June 2020 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>

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