



Australian Health Ministers' Advisory Council



Mental Health, Drug and Alcohol Principal Committee



Safety and Quality Partnership Standing Committee

National Principles for Communicating about Restrictive Practices with Consumers and Carers

**Developed by the Restrictive Practice Working Group
of the Safety and Quality Partnership Standing Committee.**

**Endorsed by the Mental Health Drug and Alcohol Principal Committee
on 15 December 2016**

Preamble

Restrictive practices are a last resort and the dignity and rights of people accessing mental health services should be respected and supported at all times.

Reducing, and where possible eliminating, restrictive practices in mental health services is a key national mental health safety and quality priority¹ and after ten years of reduction activities, the aim is now to supporting the goal of eliminating the use of restrictive practices in mental health services.

There is increasing awareness of the restrictive nature of some practices commonly encountered in mental health settings. These include a broad range of events such as seclusion, restricting visitors and the subjective feeling of being coerced. For the purposes of measuring restrictive practices we do not have an agreed specific definition in all areas. However these Principles can be applied across all situations.

Communicating effectively can improve mutual understanding between consumers, carers and health service providers, to prevent and/or reduce the likelihood of a restrictive practice occurring.

Developed with consumer and carer expert knowledge and advice, these principles aim to provide a consistent approach when health service providers communicate with consumers, carers and family members, about restrictive practices.

The principles are intended to apply to all mental health services in Australia. They can be adapted to local circumstances however, they are not mandated so should be used in conjunction with state or territory policy on restrictive practices. Where there is inconsistency local policy and legislation has precedence.

¹ *National safety priorities in mental health: a national plan for reducing harm* (2005)
National Standards for Mental Health Services (2010)

National Principles for Communicating about Restrictive Practices with Consumers and Carers

- Information provided to consumers, carers and family members about restrictive practices must be communicated with dignity, respect, courtesy and compassion. This includes communicating with other people who may not be directly involved in the incident but may be indirectly affected.
- There is no 'one size fits all' approach. Information should be unique to the individual and their circumstances; before, during and after restrictive practices occur.
- Consider accessibility and adapt information for factors such as age, literacy level, mental state, language, culture, background, gender, level of impairment and physical health concerns which may affect restrictive practices (such as claustrophobia, incontinence, diabetes, heart conditions, obesity or asthma). However, these considerations should not be a justification to withhold relevant information.
- Emphasise that restrictive practice is a last resort. Focus on identifying and actively working on risks and warning signs in order to prevent restrictive practices occurring.
- Involve carers, family members, mental health peer workers and mental health advocates, if the consumer wishes, at all stages of communication.
- Where necessary, use professional interpreters trained in mental health, for people from Aboriginal and Torres Strait Islander backgrounds and from culturally and linguistically diverse backgrounds.

Prior

- It is not necessary to bring up restrictive practices explicitly on admission to the ward; however, orientation in the form of a welcome brochure or a walk around the ward may be an opportunity to acknowledge any quiet space and/or the seclusion room and answer any questions a consumer or their carer may have. This is particularly important on children's and older persons' wards as well as for groups such as Aboriginal and Torres Strait Islander or Cultural and Linguistically Diverse people.
- Treatment and recovery planning needs to be an open-ended negotiation between the treating team, consumer, carer and family members. It provides an opportunity to explain the processes of prevention and safeguards associated with restrictive practices. It also provides an opportunity to explore preferred coping mechanisms. Carers and family members may be able to offer insight into the individual's vulnerabilities, trigger points and preferences.
- A wellness plan or personal safety plan should be in place at the time of admission and reviewed regularly, particularly after a restrictive practice episode.
- Community teams, ward follow ups or step down care should discuss with consumers, carers and family members the preferences, triggers and coping strategies post discharge, when a person is well. This can be the best time to engage their insight. Advanced directives are also a useful tool.
- Orientation material should contain material about how the ward is conducted and show how the consumers, carers and family members can provide feedback on their experiences.

During

- Acknowledge and validate the individual's distress by reflecting back to them that we know they are upset and that they want to be heard.
- Explain the risk and why restrictive practice is occurring, provide reassurance and advise that once the risk has been abated a discussion can take place to get to the root of their distress.
- Ask them whether they are ready to discuss the situation, or if they need more time.

After

- The purpose and benefits of debriefing should be explained to the consumers, carers, family members, staff and anyone else affected by the event.
- Debriefing after restrictive practice is essential. It enables all parties involved to discuss what occurred, why it occurred and to consider strategies for avoiding restrictive practices in the future.
- An episode of restrictive practice can be traumatic. It is important to acknowledge the element of trauma in this and past experiences and take any necessary steps to manage the consequences to the consumer.
- The consumer should not be coerced into a debriefing session. It should be voluntary and the episode should also be allowed to be discussed at a future stage if desired.
- Counselling should be offered to the consumer, carers, family members and peer support workers after the episode if appropriate.