



Position Statement on seclusion and restraint in mental health

The National Mental Health Commission (the Commission) supports working towards the elimination of seclusion and restraint of people experiencing mental health difficulties in mental health services.

There is a lack of evidence internationally to support seclusion and restraint in mental health services. There is strong agreement that it is a human rights issue, that it has no therapeutic value, that it has resulted in emotional and physical harm, and that it can be a sign of a system under stress.

The Commission acknowledges that this is a multifaceted issue. We recognise that people have a right to safe and effective care, and to work in an environment that is safe and supportive. We appreciate that considerable work is underway around Australia to understand and address the factors that lead towards seclusion and restraint, and to monitor its use.

States and territories have made significant advances in relation to seclusion and should be congratulated for what they have achieved. However these advances are patchy on a regional basis – the approach to seclusion varies considerably between regions. In addition, we are still coming to terms with ways of measuring, monitoring and being publicly accountable for restraint.

We believe that much more must be done.

The Commission urges all Australian governments to support the commitment made in 2005 to reduce and where possible to eliminate the use of seclusion and restraint. It is the Commission's view that governments can provide essential leadership by supporting and giving priority to achieving:

- jurisdictional agreement on definitions for seclusion, physical restraint, mechanical restraint and chemical restraint that is then reflected in jurisdictional legislation
- targets and reporting frameworks that ensure that we have consistent, national data that give an accurate and meaningful account of what's really going on
- a national approach to the regulation of seclusion and restraint that includes:
 - standards and guidelines to support national consistency in approach to reducing the use of seclusion and restraint
 - inclusion of a standard specifically addressing restrictive interventions in the next revision of the National Safety and Quality Health Service Standards
 - national monitoring and reporting on seclusion and restraint across jurisdictions and services.

In addition, the Commission considers that research into the prevention and safe management of behavioural emergencies involving people experiencing mental health difficulties, in all settings, is essential. This research should consider people of all ages and include people with lived experience of mental health difficulties and family and carer perspectives with the aim of adding to the growing body of evidence supporting the need to change current practices, and to implement multi-intervention strategies that reduce and eliminate seclusion and restraint.

The Commission also promotes the need for shared ownership from people, services and industry to work together to achieve the reality of the reduction and ultimate elimination of seclusion and restraint in mental health services. This includes people with lived experience, their families and carers, advocacy groups, emergency departments and other health providers, schools, the justice sector and police and ambulance services.

With continued leadership, practice-based research into evidence of what works, increased transparency and accountability and adoption of multi-intervention strategies we can ensure that workplaces are safe and supportive, and people with mental health difficulties receive safe and effective care.