The Zero seclusion project is part of Ngā poutama oranga hinengaro-mahitahi, the Commission's mental health and addiction quality improvement programme.

Keep up to date with the project by subscribing to the Commission's e-digest at **hqsc.govt.nz**.

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

Te Pou o te Whakaaro Nui

New Zealand Government

Aukatia te noho punanga: Zero seclusion:

E whai ana ki te whakakore i te noho punanga i mua o te 2020

Towards eliminating seclusion by 2020

The Zero seclusion project aims to eliminate seclusion by 2020. It is a partnership between the Health Quality & Safety Commission (the Commission) and Te Pou o te Whakaaro Nui (Te Pou), working with the national mental health and addiction key performance indicator (KPI) programme.

Teams of consumers, their families and whānau, and service providers, are working together to find alternatives to seclusion.

He aha te noho punanga? What is seclusion?

Seclusion is when a person is placed by themselves in a room or area from which they cannot freely exit. Seclusion involves:

- containment – they are contained within a room where the door is shut, locked and the freedom to exit is decided by staff
- isolation – they are in the room alone
- reduction of sensory input – the room is reasonably bare, often containing no more than a bed and sometimes a toilet.

He aha te take me aukati te noho punanga? Why eliminate seclusion?

Both consumers and staff are traumatised by the use of seclusion, which is against human and disability rights and considered torture or other cruel, inhuman or degrading treatment or punishment.

While the use of seclusion has decreased, it is still used in many district health board (DHB) in-patient mental health units. In 2016, 8 percent of people admitted to mental health units were secluded one or more times. Māori and Pacific peoples were twice as likely to be secluded as non-Māori/non-Pacific peoples.

> *'Places should support us in our healing and recovery, not punish and isolate us.'*
>
> ***— CONSUMER***

He aha te tikanga o tēnei kaupapa mōku hei kiritaki, hei whānau rānei? What does this project mean for me as a consumer, or family and whānau?

The mental health sector is working hard to find alternatives to seclusion.

We hope this project will lead to more peaceful wards, that are a safer environment for all, the people who access those services, visitors and staff. Trust will be built and conflict will be reduced.

Having calm, peaceful wards, which are free from coercion, conflict and trauma, will lead to a further reduction in the use of seclusion, until it is not used at all.

> *"Environments need to have a much softer approach, be healing and not make you feel like a prisoner."*
>
> ***— CONSUMER***

Ka pēhea tēnei kaupapa e mahi ai? How does the project work?

The Zero seclusion project looks at other ways to help people who are in distress, so seclusion does not need to be used. For example, using sensory modulation (soothing sights, sounds and items), providing better cultural support, improving relationships between consumers and staff or having a freely accessed de-escalation room, or area.

Teams of consumers, their families and whānau, and mental health staff, develop ideas, based on what has been shown to work elsewhere. These ideas are then tested and improved, so they are as effective as possible. Approaches that work well as alternatives to seclusion, might then be adopted by a mental health unit, or by units across the country.

> *'Mahitahi – we work together, working towards zero seclusion.'*
>
> ***— DEAN RANGIHUNA,*** *CONSUMER ADVISOR*

Me pēhea tō tātau mōhio kei te mahi tika? How will we know it's working?

The Commission wants to see the use of seclusion reducing more quickly, until it is no longer used. Seclusion use is information that is already collected nationwide. We will monitor this use of seclusion, by mental health inpatient units in DHBs, to see how well the project is working. We will also work to ensure that there is no negative impact caused by the elimination of seclusion, such as increases in assaults, restraints or sedating medications.

> *'Eliminating seclusion all together will mean challenging ourselves, and each other, to change the way we think and act.'*
>
> ***— DR CLIVE BENSEMANN,***
> *THE PROGRAMME'S CLINICAL LEAD*