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POSITION STATEMENT

The Use of Seclusion and Restraint in Psychiatry

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This position statement has been revised by the Canadian Psychiatric Association's Professional Standards and Practice Committee and approved for republication by the CPA's Board of Directors on August 29, 2022. The original position statement was developed by the Professional Standards and Practice Committee and approved by the Board of Directors on September 17, 2010.

Canadian society recognizes that people have certain rights protected by the Canadian Charter of Rights and Freedoms. These include the right to life, liberty and security, and not to be subjected to cruel and unusual treatment or punishment.[1]

Charter rights, including the right to self-determination and autonomy, may be infringed on in emergent and specific circumstances when acute mental illness manifests. The provinces and territories have various mental health and associated acts that allow for the restraint or detention of people with acute mental illness when they or others are at risk.

A definition of restrain is, "to place the person under control by the minimal use of such force, mechanical means or chemicals as is reasonable having regard to the person's physical and mental condition."[2] Restraint is not treatment as restraint is the temporary use of force to protect the patient or others. Seclusion involves the confinement of the person in a room or area from which free exit is prevented.

In certain, even more specific circumstances, the mental state of the person may require restraint or seclusion of the person to prevent harm. This type of emergency intervention is not only a further deprivation of liberty but also has associated risks to the person. Thus, their use should be only in clearly defined and specific situations when no alternatives exist.

An ideal world would be one in which detention under mental acts, seclusion and restraint are unneeded.[3] We, as a society and as a profession, should strive to move in that direction. However, not only are we not yet at that point but the business of acute and emergency psychiatry comes with the risk of physical harm to patients, staff and co-patients. All involved, including staff, also have a right to care and safety.

However, should either restraint or seclusion be required, they should only be used in emergency situations when all appropriate, less restrictive measures have been exhausted or when the intervention is required to prevent immediate harm to the person or to others. It

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is important that staff is trained in crisis de-escalation and risk-reduction techniques. Attention should also be given to patient mix, space, layout, funding, treatment alternatives and recreational activities, among other factors that may reduce seclusion and restraint.

Each facility that uses this type of intervention should ensure that up-to-date policies are in place and that staff is familiar with them. Local policies should be in accordance with provincial, professional and national standards for the use of seclusion and restraint. Attention to best practices, including regular physician review, needs to take place.

Safeguards should include the need for a physician order and examination, regular observations, short time frames, humane settings and external reviews if the intervention extends beyond certain time periods. All efforts should be expended to review incidents requiring seclusion or restraint, and intervention should take place to prevent further use. [4,5] Formal tracking and monitoring of the use of all seclusion and restraint should occur wherever seclusion and or restraint are used. Research into mechanisms to reduce or shorten seclusion/restraint should be encouraged and supported.

As a profession, we should strive to continue to treat all our patients in a humane and fair manner, respecting their rights and freedoms. Ideally, no person should lose their right to liberty and freedom, but, unfortunately, acute mental illness may make that impossible, albeit for brief periods. The use of seclusion and restraint should be emergency measures used when all others fail or are unsuitable. These interventions may be essential to protect not only the patient but also others, including co-patients, members of the public and staff. If and when used, current monitored safeguards must be in place.

References

1. *Canadian Charter of Rights and Freedoms*, s 1, Part 1 of the *Constitution Act*, being Schedule B to the *Canada Act 1982* (UK), 1982, c11.
2. *Patient Restraints Minimization Act*, 2001, SO 2001, c16, s1(1).
3. Psychiatric Patient Advocates Office. Review of seclusion and restraint practices in Ontario provincial psychiatric hospitals. Toronto (ON): Author; 2001 Oct.
4. Substance Abuse & Mental Health Services Administration (SAMHSA). Roadmap to seclusion and restraint free mental health services. Rockville (MD): Author; 2005.
5. [author unknown]. Standards for restraint and seclusion. Joint Commission on Accreditation of Healthcare Organizations. Jt Comm Perspect. 1996;16(1):RS1–RS8. Revised 2005 Apr.