Te Kāwanatanga o Aotearoa
New Zealand Government

MANATŪ HAUORA
MINISTRY OF HEALTH

Safely using seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992

This flowchart supports the implementation of the *Guidelines for Reducing and Eliminating Seclusion and Restraint under the Mental Health (Compulsory Assessment and Treatment) Act 1992* (Ministry of Health 2023). Please see corresponding forms for recording the stages of seclusion at **www.health.govt.nz**.

A seclusion episode can only commence when:

all other less restrictive options have been tried or in an emergency where other less restrictive options are not possible

- the person is placed alone in a room or area from which they cannot freely exit.

The decision to use seclusion must be:

- **made by 2 suitably qualified clinicians***
- **authorised by responsible clinician.**

Initial 2-hour authorisation: Each initial seclusion episode is for a maximum of 2 hours.

For seclusion to be extended beyond 2 hours **1 responsible clinician or 2 suitably qualified clinicians** must assess the person's wellbeing and provide a reason for the continued use of seclusion.

8-hour reauthorisation: If seclusion is still needed, the seclusion episode can be extended for a further 8-hour period.

For seclusion to be extended for a further 8-hour period, **2 suitably qualified clinicians** must assess the person and:

- provide a reason for the continued use of seclusion
- notify the responsible clinician (if they were not 1 of the clinicians who made the decision).

Continuous engagement and observation: should occur throughout the seclusion event. See guidelines section 8.6 and corresponding form.

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2-hourly assessment: A mental and physical wellbeing assessment must happen at least once every 2 hours.

The assessment must be completed by a **suitably qualified clinician**.* Staff should consider whether seclusion is still needed. See guidelines section 8.5.

Debrief, evaluate and report

- A person-centred debrief should follow every event
- Each event should be evaluated asap after the event.
- Seclusion should be reported via PRIMHD.
- See guidelines section 9.

If a person's cumulative hours in seclusion exceed 24 hours over the course of 1 admission, in a 4-week period:

- a Director of Area Mental Health Services and local district inspector should be informed
- a case review should occur
- if the case review is not successful, consider an independent external review.

* A suitably qualified clinician is either a registered nurse or a medical practitioner. The registered nurse must have mental health training and experience (as has been defined for the completion of certificates under section 8B of the Mental Health Act) and must have completed an undergraduate or postgraduate programme in mental health nursing and preferably be at a proficient level in a Professional Development and Recognition Programme.

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Continuous observation and engagement

- Observation of people in seclusion must be continuous and by a registered nurse or another suitably trained staff member delegated by a registered nurse.
- It is not enough to simply observe people in seclusion - staff should intentionally engage with people in seclusion.

Start seclusion

- Only **if all other less restrictive options have been tried** or in an emergency where other less restrictive options are not possible.
- Decision to seclude is made by **2 suitably qualified clinicians* and authorised by 1 responsible clinician** (if that responsible clinician is not 1 of the 2 clinicians).
- Each seclusion event should be for **the shortest time possible**.

Review at 2 hours

- 2 hours after seclusion is initiated, it is **mandatory to review whether seclusion is still required**.
- For seclusion to be extended beyond 2 hours, the responsible clinician or 2 suitably qualified clinicians must assess the person's wellbeing and provide a reason for the continued use of seclusion.
- The seclusion episode can be extended for up to 8 hours from this point.

Conduct 2-hourly assessments

- **A mental and physical wellbeing assessment** must happen at least once **every 2 hours**.
- The assessment must be completed by a **suitably qualified clinician**.
- During this assessment, staff should consider whether seclusion is still needed.

Review at 8 hours

- 8 hours after the seclusion episode has been extended, it is mandatory to review whether seclusion is still required.
- For seclusion to be extended for a **further** 8-hour period, 2 suitably qualified clinicians must assess the person and provide a reason for the continued use of seclusion.
- Notify the responsible clinician (if they were not 1 of the clinicians who made the decision for the continued use of seclusion).

End seclusion

- A decision to end seclusion must be made by 2 suitably qualified clinicians following an assessment of the person. The responsible clinician must be informed of the decision to end seclusion.
- Seclusion ends when the person leaves the conditions of seclusion without expectation of return and, in any case, is deemed to have ended if the person has been out of seclusion for more than 1 hour.
- Reintegration into the ward should take account of the person's needs and helping them feel safe.

Debrief, evaluate and report

- Ngā Paerewa Health and Disability Services Standard requires a debrief centred on the person and whānau after every seclusion event (6.4.5).
- Each seclusion event should be evaluated as soon as possible after the event (6.4.6).
- Service providers must conduct comprehensive reviews at least 6-monthly of all seclusion events and report their reviews to their governance body (6.4.7).
- Seclusion use must also be reported via PRIMHD for monitoring and reporting purposes.

Review extended seclusion

- If a person's cumulative hours spent in seclusion **exceed 24 hours** in a 4-week period over the course of 1 admission, a multidisciplinary case review should occur.
- The person's family/whānau should also be included in the review if the person wants them to be involved.
- DAMHS and DI must be informed of the extended period of seclusion.
- If the case review is not successful, consider an independent external review.

* A suitably qualified clinician is either a registered nurse or a medical practitioner. The registered nurse must have mental health training and experience (as has been defined for the completion of certificates under section 8B of the Mental Health Act) and must have completed an undergraduate or postgraduate programme in mental health nursing and preferably be at a proficient level in a Professional Development and Recognition Programme.