Seclusion Among Psychiatric Inpatients: Argumentative Essay

Mohammed Ahmad Almaani

Correspondence: Mohammed Ahmad Almaani, RN
Master student in Psychiatric & Mental Health Nursing
The Hashemite University
Jordan -Ma’an
Email: mohammed.almaani@yahoo.com

Abstract

Aim: This essay is aimed at providing a comprehensive overview regarding the use of seclusion among psychiatric inpatients in addition to focusing on controversial opinions of this debate.

Background: Seclusion is one of the most controversial debates in psychiatric and mental hospitals; seclusion may be used in some psychiatric settings as punishment.

Conclusion: The seclusion of psychiatric inpatients is prevalent and increasing in the psychiatric setting; there are alternative ways to reduce incidence of unsafe seclusion among psychiatric inpatients. This essay is a brief overview of the different opinions about seclusion of psychiatric inpatients from the legal perspective.

Key words: Seclusion, psychiatric inpatients, psychiatric setting.

Background

Seclusion is one of the most controversial practices in contemporary mental health service delivery (Happell & Gaskin, 2011). However, in many psychiatric hospitals, seclusion is still one of the most used strategies to cope with severe inpatient aggression (Stolker, Nijman & Zwanikken, 2006).

Historically, seclusion is one of the oldest enduring approaches in the treatment of people with mental illness (Sees, 2009). Aggression has been identified as a primary rationale for use of seclusion (Happell & Gaskin, 2011).

On the other hand, nurses commonly perceive seclusion to be a strategy that is essential to manage some of the behavioural manifestations that are characteristic of inpatients in mental health units, particularly violence and aggression (Happell & Gaskin, 2011). According to Blank, Keyes, Maynard, Provost and Santoro (2004) each patient has the right to refuse treatment and the right to be free from seclusion or restraints.

Although many countries are seeking to reduce seclusion however seclusion is widely used to manage disturbed behaviours by psychiatric patients (Bowers, et al., 2010). In other words seclusion and restraint is used when the patient becomes aggressive or threatens the safety of others (Kaltiala-Heino, Tuohimäki, Korkelä, & Lehtinen, 2003).

Other research done by Sees (2009) says seclusion may not be used as punishment, or retaliation, for the Convenience of the staff or as a Substitute for Treatment programs, and mentions the primary reason for the use of seclusion is to protect the patient against injury to self or others because of an emotional or behavioural disorder.

Stolker, Nijman and Zwanikken, (2006) showed in a study seclusion is used in 25% of the situations within a sample 1000 admitted patients however, international studies show seclusion is used in up to 66% of the admissions (VanDerNagel, Tuts, Hoekstra, & Noorthoorn, 2009). In very simple words seclusion as defined by Stolker, Nijman and Zwanikken, (2006) as “being placed in a room specifically designed for this purpose, with the door of the room being locked”, another definition of seclusion according to Janssen, et al., (2008) is “locking up a patient alone in a specially designed seclusion room, clothed in (uncomfortable) safety robes either with or without his/her consent”.

Sudden and unpredictable acts occur in psychiatric settings such as aggression and suicide. Therefore, rapid treatment is necessary to protect patient’s safety such as seclusion and restraint (Paavola &
Tihonen, 2010). On the other hand, seclusion is subject to much study and debate, and recent studies question its therapeutic effect. Beside this, legal and ethical issues dominate the discussion on reducing the use of seclusion and talking about patient rights, autonomy and other principles of ethics (VanDerNagel, et al., 2009).

Objectives
The purpose of this essay is to provide a comprehensive overview regarding using seclusion among psychiatric inpatients; in addition to focusing on controversial opinions of this debate and to summarise the different opinions about seclusion among psychiatric inpatients from the legal perspective and patients autonomy, followed by a summary and conclusion.

Case scenario
Ali was a 45-year-old married man who was involuntarily admitted to the hospital for severe depression, with multiple suicide attempts. In addition the patient exhibited some psychotic features, including delusions. During the transfer to the psychiatric hospital, the patient became aggressive and attacked the police officer escorting him in an attempt to obtain the officer’s gun and commit suicide. After two days after admission to the acute psychiatric unit, Ali began to exhibit aggressive behavior. He approached other male patients and pinched or punched them and for this reason the nurses and psychiatrists wanted to put Ali in a seclusion room by force however seclusion is ethical according to autonomy one types of principle of ethics and the patient has the right to refuse treatment such as seclusion and there are further issues of patient safety.

This case scenario reflects one of the current debatable issues of seclusion and more questions that need to be answered. Does seclusion protect a patient’s autonomy? Is the seclusion legal according to human rights? Do you support the seclusion in this case? Do you oppose the seclusion in this case? What about your opinion?

According to Blank, et al.,( 2004) the patients have a right to be free from seclusion and restraint except to protect the patient’s safety in an emergency situation. In addition, by law, an order for seclusion and restraint is needed within 1 hour of the seclusion being applied, however, the seclusion/restraint practices differ from guidelines accepted for mental health care in the international theoretical literature so it is ethically problematic (Kaltiala-Heino, et al., 2003).

Discussion
In this essay the author examines both sides of these issues so some people do not support seclusion practice however other persons agree with seclusion practice according to the principle of autonomy, respect of the person, integrity and human dignity in addition to the patient’s right to refuse treatment or be free of seclusion.

Disagreement with Seclusion
According to Blank, et al.,( 2004) a patient has the right to refuse treatment, the right to be free from all forms of abuse or harassment; it is also mentioned that the patient was undressed according to the policy of the institution at that time.

Kaltiala-Heino, Tuohimäki, Korkeila, and Lehtinen (2003) found violence as a reason for seclusion is associated with chronic situations and organic disorders, so the result does not support that seclusion is needed in the treatment of actually admitted violent patients in psychiatric settings.


Agreement with Seclusion
Many people support seclusion and compared with other opinions based on ethical principle, patient rights, and autonomy, according to Stolker, Nijman, & Zwanikken, (2006) and increasing the number of private rooms (seclusion room) in acute psychiatric wards, which in turn will decrease patient aggression and increase safety.

On the other hand, the primary reasons to use seclusion is to protect the patient against injury to self or others because of an emotional or behavioral disorder (Sees, 2009).

Author’s Opinion
The author supports that seclusion is useful for the aggressive or violent patients so as the staff as a part of the treatment in an inpatients psychiatric unit also sees seclusion as not punishment however it is used to protect patient safety according to the beneficence of ethical principle.

Recommendations
The previous discussion about the ethical dilemma of seclusion among psychiatric inpatients gives recommendations that are important to set limits and deal with this dilemma. Firstly, seclusion should be an ongoing intervention for aggressive or violent patients and their family, secondly, more studies on different ways of preventing and managing violence and aggression and their effectiveness in local psychiatric settings could be considered, thirdly, more studies need to be done to understand the impact of seclusion on nursing staff, also to understand the effectiveness of seclusion in Jordanian psychiatric inpatients and their families and their societies, finally, psychiatric nurses should be educated and trained in seclusion practice in psychiatric settings.
Summary and Conclusions
The seclusion of psychiatric inpatients is prevalent and increasing in the psychiatric setting; there are alternative ways to reduce incidence of unsafe seclusion among psychiatric inpatients. This essay is a brief description of the different opinions about seclusion among psychiatric inpatients from the legal perspective.

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