SECLUSION & RESTRAINT USE IN THE INPATIENT SETTING

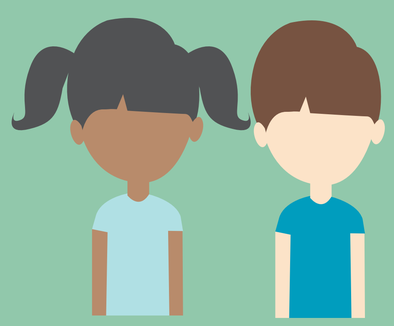
Physical restraints* and seclusions† are a "last resort" for difficult situations. In fact, some MHO clients have been able to eliminate them entirely.

1 in 10
facilities reported NO seclusions or restraints!

1 in 33
inpatients DO experience a seclusion or restraint

Children and Adolescents are MUCH more likely to be the recipient

Children (age 1-12)

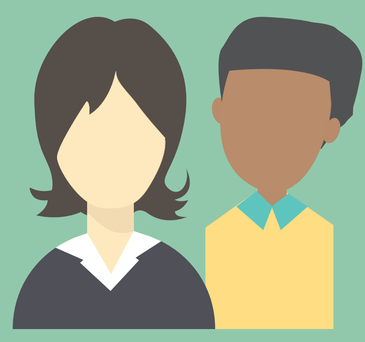


1 in 10 experience a seclusion or restraint

5X more likely than Adults

10X more likely than Older Adults

Adolescents (age 13-18)

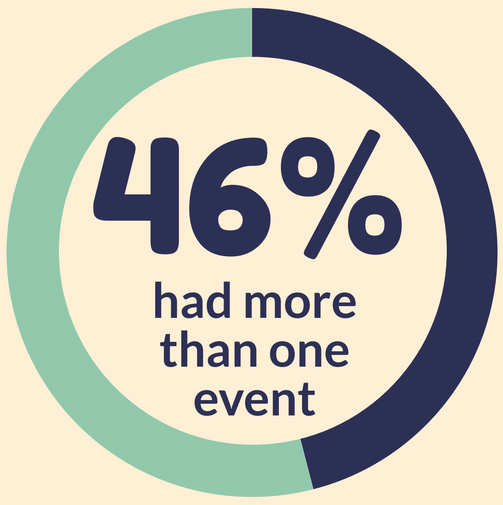


1 in 20 experience a seclusion or restraint

2.5X more likely than Adults

5X more likely than Older Adults

Of Inpatients that experienced at least one seclusion or restraint:



When a seclusion or restraint does occur, children and adolescents are disproportionately affected, and the number of events a patient experiences varies. These findings are consistent in both 2017 and 2018, indicating room for improvement in de-escalation techniques that:

Engage the patient

Establish collaborative relationships

Relieve distress/ agitation with the support of others

*Physical Restraint: The application of any manual method that immobilizes or reduces the ability of the patient to move his or her arms, legs, body, or head freely, in order to reduce behaviors that pose imminent danger to patients or staff.
†Seclusion: The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving, in order to reduce behavior that jeopardizes the immediate physical safety of the patient, staff member or others.

mho
MENTAL HEALTH OUTCOMES

ANALYSIS BY RACHEL NOWLIN

For an opportunity to see your topic discussed here, email your questions to Jessica.Ingram@horizonhealth.com