

27 September 2012

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Dear

Thank you for inviting HCSCC to comment on the draft SA Health restraint and seclusion policy (Mental Health).

HCSCC views restraint and seclusion as a serious infringement on the rights of service users. Restraint and seclusion should, therefore, be reserved for the most extreme circumstances. Anecdotally, HCSCC regularly hears expressions of surprise from practitioners at the relatively liberal use of restraint and seclusion practices in South Australia compared with other places such as New Zealand and England. HCSCC is of the view that, unless a clear commitment (and practical measures) to eliminate restraint and seclusion is made now, practitioners will continue to feel they have licence to use the practices. Over time, this can lull practitioners into accepting restraint and seclusion as an everyday and acceptable part of service delivery. In effect, services endorse this view by making the practices so easily available to staff.

HCSCC is of the view that updating the current policy represents an ideal opportunity to 'raise the bar' and to say that SA Health will no longer support unnecessary restraint and seclusion practices. HCSCC notes that practices based around elimination of restraint and seclusion are already being successfully employed by leading practitioners around the world. Current research highlights the detrimental impacts of these increasingly unnecessary practices on both service users and practitioners

HCSCC comments

HCSCC proposes that the wording and intent of the draft be changed to reflect an aim to eliminate restraint and seclusion in all but the most extreme situations, rather than to reduce use, and wherever possible, eliminate use of restraint and seclusion.

HCSCC supports a focus on de-escalation and is of the view that this area of work should be given priority. A key platform of elimination of restraint is to ensure that staff are appropriately skilled and resourced to prevent escalation of situations that have historically resulted in the extreme responses of restraint and seclusion.

HCSCC supports emphasis on Ulysses Agreements/planning for patients to circumvent the need for restraint and seclusion. This should involve individual planning upon admission to work collaboratively with patients on what is needed in their case to prevent escalation of behaviours that have historically licensed parishioners to resort to the extreme measures available to them.

HCSCC suggests that a targeted and systematic process is required for removing means of restraint from services in order to prevent their use and necessitate use of less intrusive alternatives. HCSCC is of the view that while practical mechanisms are available to practitioners, restraint and seclusion will be used. Only their removal will ensure that staff employ alternatives.

HCSCC supports the proposed input of consumers and carers in the design of this policy

HCSCC suggests that any new services planned should be based on and designed around principles of alternatives to restraint and seclusion.

While it is slightly outside the ambit of this policy, HCSCC would like to see SA Health adopt a whole of service model in all services based on elimination of restraint.

In summary, HCSCC is concerned that an aim only to reduce use of restraint still gives services and staff licence to perpetuate unnecessary and unreasonably restrictive practices.

HCSCC is also aware of, and endorses, the submission made by the Public Advocate, John Brayley.

Thank you again for inviting HCSCC to comment on the draft.

If you have have queries about this submission, please contact HCSCC Complaint and Capacity Development Officer, Matthew Dempsey, on 8226 8652 or matthew.dempsey@hcscc.sa.gov.au

Yours sincerely

A handwritten signature in black ink, appearing to read 'Steve Tully', with a large, stylized flourish at the end.

Steve Tully
Health and Community Services Complaints Commissioner