



Tool May Help Prevent Use of Seclusion in Forensic Psychiatric Hospitals

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WHAT DID WE DO & WHY?

To persons using inpatient psychiatric services, seclusion is coercive and potentially traumatizing. Poor use of seclusion has resulted in patient injuries and even death. There are widespread attempts to reduce seclusion use in hospitals and forensic settings. The ability to identify patients at risk of prolonged seclusion could aid these efforts, if combined with proactive plans to manage problematic behaviour in other ways. The Risk of Administrative Segregation Tool (RAST) was created to identify offenders at risk of segregation in Canadian correctional institutions. We tested whether it identifies similar risks among forensic patients, who are admitted to forensic hospital because of their involvement with the criminal justice system.

OUR FINDINGS

In our sample of 229 men, 50% were secluded at least once in their first year in hospital. Seclusions lasted an average of 29 days. Our forensic patients had lower RAST scores on average than men in correctional institutions. We modified three of the RAST items to better fit the forensic population, and we called the resulting tool the RAST-Forensic version (RAST-F). The RAST-F was better than the RAST at identifying patients at risk of seclusion in the first 1-2 years in hospital. Age and prior seclusions were the best predictors of seclusion. Symptoms of psychosis did not predict seclusion.

WHAT'S NEXT?

We created categories of low, medium and high risk of seclusion. We hope these can be used to identify who is at risk and proactively offer patients therapies to help them manage their behaviour. Future research is needed in larger samples, including women, to replicate these results. Studies should include forms of confinement we excluded, including restraint, administrative lockup, and seclusion as part of treatment plans.

KEY MESSAGES

- Seclusion risk is best identified by patient characteristics, such as age, rather than symptoms of mental illness
- The RAST-F shows promise as a tool to identify at-risk patients who may need targeted interventions to reduce seclusions