A Review of Seclusion Rooms in Canadian Youth Mental Health and Forensic Psychiatric Inpatient Facilities

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Background

- Seclusion is defined by the American Academy of Child and Adolescent Psychiatry (AACAP) as "The involuntary confinement of a person in a room alone so that the person is physically prevented from leaving" (Masters et al., 2002).
- Seclusion is used when children or adolescents present severely aggressive or threatening behaviours that pose a serious threat to staff or others.
- The AACAP recommends that seclusion rooms (Masters et al., 2002):
  - Be at least 50 square feet in size, well ventilated and lit with all materials (e.g. carpeting, walls, doorframes etc.) fastened securely in order to prevent materials from being torn off and used as weapons or for self-injury.
  - Should have at least one window to allow staff to maintain unrestricted visual contact with the patient or have audio and visual monitoring equipment in place.
  - Be equipped with electronic door locks that automatically disengage in the event of a fire.
- No recommendations were made for the padding in order to prevent head injuries while in seclusion.
- Currently there are no federal policies or recommendations that guide the use of seclusion in child and youth mental health and forensic settings in Canada

Purpose

The purpose of this study was to:

1. To compare seclusion room size and furnishings in youth mental health and forensic psychiatric inpatient units across Canada
2. To determine if the physical characteristics of seclusion rooms across Canada adhered to the recommendations set out by AACAP

Methods

Ten inpatient institutions serving youth's mental health needs were interviewed. Included: three children's hospitals, four youth residential care facilities, and three youth forensic facilities. One children's hospital did not use seclusion and was subsequently removed from analyses.

Clinical directors or supervisors participated in an one hour interview.

All participants were informed their responses would not be reported in such a way that was linked to their host institutions.

Using qualitative analysis, answers were coded based on themes.

Safety Measures

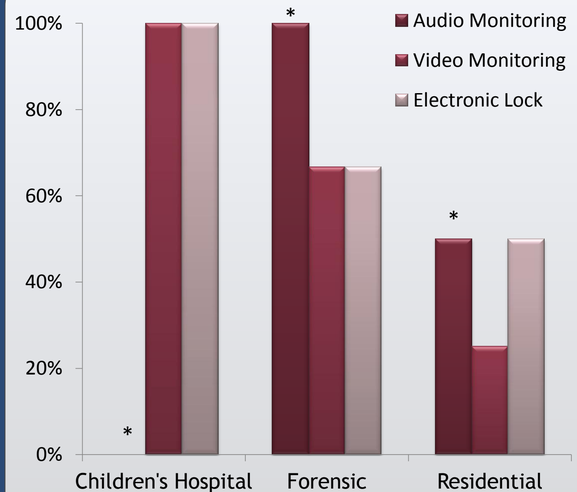

Figure 1. Percentage of institutions who met recommended safety criteria. * p = .05

Room Features

	Children's Hospitals (n = 2)	Forensic Inpatient (n= 3)	Youth Residential (n=4)
Average # of rooms	3.0	4.7	6.8
Average room size	48 sq ft	96 sq ft	84 sq ft
Furnishings	50% yes	66% yes	0% yes

Head Injuries

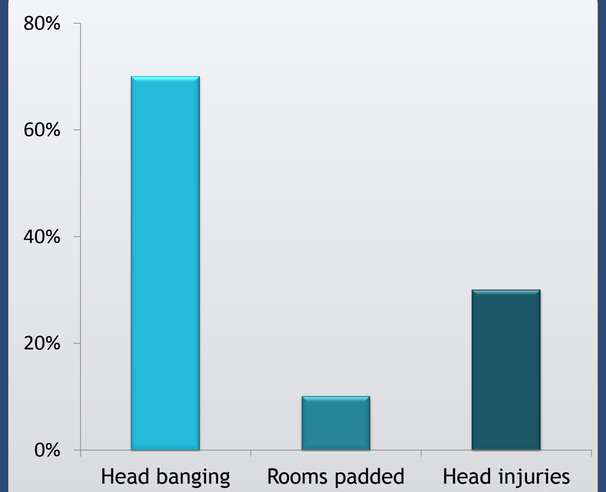

Figure 2. Percentage of institutions that responded "yes" to whether head banging had occurred, whether rooms were padded, and whether a youth had experienced a head injured while in seclusion

Results

- No significant differences (p > .05) were found for the size of rooms, whether the room was furnished, padded or equipped with video monitoring.
- A trend emerged (χ^2= 5.96, p = .05) for audio monitoring as forensic facilities reported no audio monitoring in addition to video monitoring.
- Only one facility reported that they use a seclusion room with a cement bed and a stainless steel toilet and sink.
- The ratio of number of beds to the number of seclusion rooms ranged from 3:1 to 6:1 with forensic psychiatric inpatient facilities having a lower ratio of beds to seclusion rooms than hospitals.
- In regards to padded rooms, one facility cited incidents of youth spitting, urinating or defecating onto padding or carpet, creating difficulties in cleaning and potential health risks. Vinyl was used to replace absorbent soft materials.
- One notable aspect of this survey was an apparent lack of attention by the institutions regarding the potential for acquired brain damage arising from 'head banging' while in a seclusion.

Discussion

- A standard seclusion room setup was not identified as size and furnishing varied across institutions.
- Nearly all surfaces of a seclusion room present a potential for damage including walls, floors, doors, windows and windowsills. Most rooms used for this purpose are free of any furnishings in order to reduce the potential for injury.
- Given the prevalence of head banging and the potential for serious injury, it is surprising that few of the institutions used padding and that none of the institutions surveyed followed specific medical procedures for detecting head injuries in addition to standard medical examination.
- The potential for concussions and other head injuries while in seclusion should be assessed when designing and developing safer seclusion room set ups.
- Based on our findings the size and facilities of all seclusion rooms in Canada should be reviewed in order to ensure they are meeting minimum clinical standards

References

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Contact and Funding

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