Queensland's
Mental Health
Lived Experience Peak

Position Statement

Elimination of Seclusion and Restraint in the Queensland Mental Health System

Rise Position

Seclusion and restraint are a failure of care, not a form of it. People who are secluded or restrained in Queensland's Authorised Mental Health Services are harmed, and that harm follows them long after discharge. Rise calls for Queensland Health to move from a policy of "reduction and elimination" to a firm commitment to eliminating seclusion and restraint. Governments and institutions can achieve this by:

1. Adopting elimination, not reduction, as the policy objective for seclusion and restraint
2. Treating every use of seclusion and restraint as a failure of care and investigating it as such
3. Embedding lived experience-led investigations grounded in restorative justice principles
4. Notifying every instance to the Chief Psychiatrist and reporting publicly on its use
5. Delivering a statewide elimination plan with targets, reported against to the Queensland Human Rights Commission.

Purpose

This position statement represents the position of Rise: Queensland's Mental Health Lived Experience Peak (Rise, formerly Mental Health Lived Experience Peak Queensland) on the use of seclusion and restraint in the Queensland mental health system. It builds on our report Shining a Light: Eliminating Coercive Practices in Queensland Mental Health Services[1] and on work with Rise members since 2022. We set out our core principles, the definitions we use, and our calls for change to Queensland Health policy and practice. It should be read alongside the Rise position statement on human rights in the Queensland mental health system.

[1] Mental Health Lived Experience Peak Queensland, Shining a Light: Eliminating Coercive Practices in Queensland Mental Health Services (Report, 2023).

Background

Queensland has held a longstanding policy objective to reduce and, where possible, eliminate the use of restrictive practices in the mental health system. The evidence suggests it has not worked. Despite that objective, certain practices have not reduced and have in fact increased over time in Queensland.[2]

The gap between policy and the built environment is equally telling. Despite the developing policy position of working towards the elimination of restrictive practices in Authorised Mental Health Services, seclusion rooms and restraint equipment continue to be commissioned in new and renovated mental health facilities. Each new seclusion room is a decision to keep using one, made at the cost of a stronger focus on elimination through safe ward design.

We believe more ambitious targets are required to achieve a positive effect on safe and dignified person-centred care. Seeking the elimination of seclusion and restraint in the mental health system is consistent with the World Health Organization's objective to eliminate coercion in mental health care, and will support the World Psychiatric Association's efforts to implement alternatives to coercion.[3] It is also consistent with Australia's obligations under international human rights law.[4]

Key Themes

Core principles

The core principles of Rise are that:

- Seclusion and restraint represent a systemic failure of care.
- Seclusion and restraint cause harm.
- Seclusion and restraint lead to trauma that affects the daily lives of consumers and survivors long after admission.
- Seclusion and restraint are breaches of ethical standards if the practice could in any way have been avoided or made less restrictive.
- Seclusion and restraint cause moral and psychological injury to the people subjected to them, and to the people who administer them.
- Seclusion and restraint shape the culture of care and can strip consumers of their humanity, dignity and agency.
- Seclusion and restraint breach human rights legislation and international obligations where alternatives are available, and possibly in every case.

[2] Office of the Chief Psychiatrist, Annual Report 2022–23 (State of Queensland, 2023).

[3] Neeraj Gill et al, 'Bringing Together the World Health Organization's QualityRights Initiative and the World Psychiatric Association's Programme on Implementing Alternatives to Coercion in Mental Health Care: A Common Goal for Action' (2024) 10(1) BJPsych Open e23.

[4] Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, opened for signature 18 December 2002, 2375 UNTS 237 (entered into force 22 June 2006); Convention on the Rights of Persons with Disabilities, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008).

Definitions

In this document we define:[5]

- Seclusion: confinement of a person, at any time of day or night, alone in a room or area from which free exit is prevented.[6]
- Restraint: both physical restraint, where a person uses their body to restrict another person's movement, and mechanical restraint, where a device is applied to a person's body, or a limb of the person, to restrict the person's movement.[7]
- Restrictive practice: any practice or practices that restrict a person's movement, liberty and/or freedom to act independently without coercion or consequence.[8]

Why elimination, not reduction

A reduction target accepts a permanent floor of coercion in mental health care. It asks services to do less harm rather than to stop doing harm. Elimination is the only objective consistent with the principles above, and it is the objective that people with lived and living experience have asked for. Setting it changes what services plan for, what facilities are built, and how each episode of seclusion or restraint is understood: not as treatment, but as a failure that demands an answer.

Call to Action

Rise calls for the following changes to current Queensland Health policy and practice:

1. A change of policy objective from working towards a "reduction and elimination" of seclusion and restraint to a target of "elimination" of seclusion and restraint.
2. That Queensland Health declares any use of seclusion and restraint a failure of care, and that any use is always investigated as such.
3. That lived experience-led investigations, using restorative justice principles, inquire into:
   - whether the least restrictive practice was used;
   - where de-escalation opportunities were missed that could have prevented the use of seclusion or restraint;
   - how the use impacted on the person's human rights and cultural safety;
   - how the use of seclusion or restraint harmed and traumatised the person; and
   - what organisational response was taken in response to the episode.
4. That each instance of seclusion and restraint is notified to the Chief Psychiatrist, including investigation results and relevant social determinants and demographic information, to allow system-wide reporting on the use of seclusion and restraint.

[5] These definitions are for the purpose of this document only. They are deliberately system-centric, and Rise reserves the right to apply more consumer-focused understandings of these terms for other purposes.

[6] Chief Psychiatrist, Policy: Seclusion (Queensland Health).

[7] Chief Psychiatrist, Policy: Physical Restraint and Policy: Mechanical Restraint (Queensland Health).

[8] National Mental Health Consumer and Carer Forum, Restrictive Practices in Mental Health Services (Advocacy Brief) <https://nmhccf.org.au/our-work/advocacy-briefs/restrictive-practices-in-mental-health-services>.

5. That the Chief Psychiatrist develops a statewide plan for the elimination of seclusion and restraint, including targets for the progressive phasing out of the practice across all public mental health facilities.
6. That the Chief Psychiatrist publicly reports to the Queensland Human Rights Commission against the elimination plan, including an analysis of the cultural and social determinants of exposure to seclusion and restraint.

Rise stands ready to work with Queensland Health, the Chief Psychiatrist and the Queensland Human Rights Commission to deliver this change. Consumers and survivors have carried the cost of seclusion and restraint for too long. The responsibility for ending it is shared, and it starts with naming the target honestly.

Further Reading

Mental Health Lived Experience Peak Queensland, Shining a Light: Eliminating Coercive Practices in Queensland Mental Health Services (Report, 2023).

Neeraj Gill et al, 'Bringing Together the World Health Organization's QualityRights Initiative and the World Psychiatric Association's Programme on Implementing Alternatives to Coercion in Mental Health Care: A Common Goal for Action' (2024) 10(1) BJPsych Open e23.

Policy Governance	
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