

Restrictive Practices in Child & Adolescent Mental Health Care

By Lisa Jan Sealey RN, BN (Hons)

Thesis submitted in fulfilment of the requirements for
the degree of:

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Under the supervision of:

Doctor Suzanne Sheppard-Law
Professor Marilyn Cruickshank
Professor Emerita Jane Stein-Parbury
Professor Michael Roche

University of Technology Sydney
Faculty of Health

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Certificate of Original Authorship

I, Lisa Sealey, declare that this thesis is submitted in fulfilment of the requirements for the award of Master of Nursing (Research) in the School of Nursing & Midwifery/Faculty of Health at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

This research is supported by the Australian Government Research Training Program.

Signature:

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Signature removed prior to publication.

Date: 28/09/2022

I dedicate this thesis to my father

Graham Peter Sealey

3/11/1941 – 10/5/1992

This one is for you Dad; I wish you were still here...

Love always, Tuppence x

Author Statement

Research is the road less travelled for nurses. During my 30 years working in paediatric intensive care, I never imagined I would find myself here however, I know I am in exactly the right place. During those 30 years, caring for mental health patients and their families in the paediatric intensive care environment left an indelible impression on me and helped shape me as a clinician.

After careful consideration, I embarked on this incredible research journey. Under the expert guidance of Jane Stein-Parbury and Michael Roche (Professors of Mental Health Nursing), I have gained invaluable insight into the complexity of mental health nursing and the challenges in caring for children and adolescents in a mental health inpatient environment. In some ways I may be seen as an outsider but would argue that looking in from the outside has brought a clarity of perspective that might not be evident to an insider. I have brought my experience as a paediatric nurse to the mental health table.

Acknowledgments

I wish to acknowledge and thank my supervisors: Dr Suzanne Sheppard-Law, Professor Marilyn Cruickshank, Professor Michael Roche, and Emerita Professor Jane Stein-Parbury. You shared your wisdom generously and made a monumental contribution to my master's journey. You taught me, guided me, encouraged, and supported me from beginning to end. I thank you sincerely for your unwavering belief that I could, especially on days when I thought I couldn't.

This research would not have been possible without the patients and staff from the two child and adolescent mental health units at the Sydney Children's Hospitals Network. To the clinical nurses: through your written words I was given a unique opportunity to step into your world and without knowing you have taught me so much. To Sally Whalen and Verity Luckey: thank-you for serving as project sponsors, providing me with financial support to undertake this research and present this work at conferences; your enthusiasm and advocacy for nursing research is an inspiration to many. I would also like to acknowledge the NSW Health Nursing and Midwifery Office for funding the first two years of the study.

Lastly, I wish to thank my family for their endless love and support, and always believing I could get the job done. To my amazing children, Georgia and Max, you never complained when I was too tired to be Mum, and you gave me the inspiration I needed to keep going through the tough days. To my Kiwi whānau: Mum, Jan, my sisters Catherine and Juliette, my brothers-in-law Gary and Chris, and my nieces and nephews. Thank-you for the trans-Tasman visits (when Covid allowed), phone calls, and being my cheer squad; your love means the world to me. To my mother-in-law Maria, as you took on the battles of your life in 2019 and 2021, you always made time to support and encourage me; you inspire me more than you know. Lastly, to my husband Ken, for loving me always, for your endless patience, and for never asking 'how much longer', I love you more than words.

Impact of COVID-19

As this study was a descriptive retrospective chart audit of medical record data, the impact of the COVID-19 pandemic was minor. I started this research in early 2018 and by the time COVID-19 reached our shores two years later I was still in the process of collecting and analysing the study data. To support the Sydney Children's Hospitals Network COVID-19 response, I took a leave of absence from UTS to work in the Children's Intensive Care Unit for a three-month period from April to June 2020. In July 2020, I was able to continue the study without any further COVID-19 related interruption.

Thesis Structure

The structure of this thesis complies with the University of Technology Sydney Graduate Research Candidature Management, Thesis Preparation, and Submission Procedures (UTS 2021) and is organised into five chapters.

Chapter one provides the background to this study by describing restrictive practices (restraint and seclusion) in mental health care and introduces the research in relation to the use of restraint and seclusion in the child and adolescent mental health (CAMH) setting.

Chapter two is a narrative synthesis of the literature related to the use of restrictive practices in children and adolescents. This chapter also details the search strategy and inclusion/exclusion criteria for literature that was reviewed.

Chapter three outlines the methodological approach to this descriptive retrospective chart audit. The aim, research questions, design, methods, study site, study population, data collection, data management and analysis, and ethical considerations are described.

Chapter four presents the findings related to the demographic and clinical characteristics of the CAMH patients. The circumstances in the lead up to the use of restrictive practices are described and the reasons for the use of restraint and/or seclusion. Finally, the factors that were significantly associated with the episodes of restraint-and-seclusion compared to restraint-only are presented.

Chapter five discusses three key findings from the study in relation to the relevant literature. Implications and recommendations for policy, education, practice, and future research are presented. The strengths and limitations of the study and the study conclusion complete this chapter.

Publication

Sealey, L., Sheppard-Law, S., Stein-Parbury, J., Roche, M., & Cruickshank, M. 2021, *Restrictive Practices in the SCHN Child & Adolescent Mental Health (CAMH) Units 2015 – 2018*, Report to NSW Ministry of Health. Sydney Children's Hospitals Network.

Awards

This research has been presented twice at UTS, receiving an award on each occasion:

June 2019, First Prize: 3-Minute Thesis Competition, UTS Faculty of Health, Research Student Forum.

June 2021, Second Prize: 5-Minute Poster Presentation, UTS Faculty of Health, Research Student Forum.

Conference Presentations

1. Sealey, L., Cruickshank, M., Stein-Parbury, J., & Sheppard-Law, S. 2019, 'The physical restraint of children and adolescents in mental health care; meaningful data to inform policy', oral presentation to the Australian College of Nursing National Nurses Forum, Hobart, 21-23 August.
2. Sealey, L., Cruickshank, M., Stein-Parbury, J., & Sheppard-Law, S. 2019, 'Restrictive practices in child and adolescent mental health care; a cause for concern', oral presentation to the 45th International Mental Health Nursing Conference, Sydney, 8-10 October.
3. Sealey, L., Cruickshank, M., Stein-Parbury, J., Roche, M., & Sheppard-Law, S. 2021, 'Redefining restrictive practices; evidence for policy change in child and adolescent mental health care', oral presentation to the Mental Health Services Learning Network (TheMHS) Conference, Livestream, 12-15 October.
4. Sealey, L., Cruickshank, M., Stein-Parbury, J., Roche, M., & Sheppard-Law, S. 2021, 'The impact of definitional uncertainty; how child and adolescent mental health data can direct changes in restrictive practice policy', oral presentation to the Australian College of Nursing National Nurses Forum, Livestream, 26-28 October.
5. Sealey, L., Cruickshank, M., Stein-Parbury, J., Roche, M., & Sheppard-Law, S. 2022, 'Numbers without context; the limitations of restrictive practices data in CAMH', poster presented to the Child and Adolescent Mental Health Conference, Gold Coast, 28-30 March.

Restraint [or seclusion] is therefore never an end point of itself but is rather delimited as the beginning of collaborative contextual patient and family care.

(Preisz & Preisz 2019, p. 1168)

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Abbreviations

ASD	Autism Spectrum Disorder
CAMH	Child and Adolescent Mental Health
ED	Emergency Department
FIHS	Factors Influencing Health Status
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents
IIMS	Incident Information Management System
IMI	Intramuscular Injection
InforMH	Information for Mental Health (NSW Health)
MRN	Medical Record Number
MSAU	Management Support Analysis Unit
P.R.N	Pro re nata (Latin for 'as needed')
PTSD	Post-traumatic stress disorder
TIC	Trauma-informed care

Abstract

The worldwide movement to reduce restrictive practices (restraint and seclusion) in mental health care is based on their negative impacts on patients and a lack of evidence of their efficacy. Despite ongoing efforts, these practices continue to be used in the management of imminent danger posed by aggression and self-harm. Child and adolescent mental health (CAMH) units report high rates of restrictive practices in Australia and internationally however, descriptive accounts and the factors associated with their use are largely unknown. Data from two tertiary CAMH units in NSW show that the rates for seclusion are low however, physical restraint rates are high providing the impetus for this study.

A descriptive retrospective chart audit of restraint and seclusion data spanning four years (2015-2018) was conducted. Patients were identified from the CAMH unit Restraint and Seclusion Registers. These data were merged with administrative, clinical, and patient-safety data providing a comprehensive account for each episode of restraint and seclusion. Rates and frequencies were calculated, with the types of restraints and seclusions compared to local and national mandatory reporting policy definitions. A multilevel regression analysis determined which variables of interest were associated with restraint and seclusion; statistical significance was set at $p \leq 0.05$.

There were 109 patients aged seven to 17 years who collectively experienced 484 episodes of restraint and/or seclusion. Almost half reported a history of trauma. A higher proportion of episodes were found in patients aged 12 years or under and in patients with autism. Patients who were aggressive, in an agitated state, or displaying signs of psychosis, were significantly more likely to experience restraint and seclusion as a combined intervention compared to restraint only. A critical analysis of the data determined that 90 episodes of physical restraint did not align with the local or national definitions.

This study highlights that (i) aggression, agitation and psychosis represent deterioration in mental state and lead to increased use of restraint and seclusion, and (ii) the current definition for physical restraint is inappropriate for children and adolescents. Episodes of restraint and seclusion are reported nationally using definitions that overlook the developmental needs of CAMH patients, particularly vulnerable populations who report a history of trauma or a diagnosis of autism. This study emphasises that national data quality is essential to provide CAMH clinicians with accurate information about whether strategies for reducing restraint and seclusion are effective.