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Restraint and Seclusion: A Lived Experience

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Author Bio

Dannii Lane is a survivor with a lifelong history of mental illness, complex trauma and a lived experience of restraint and seclusion that goes back to the 1960s.

Since 2005, Dannii has worked as a consumer consultant to the Tasmanian Mental Health Service in areas as diverse as Quality & Safety, Policy Development, Legislation Development & Review, and Restraint & Seclusion.

Dannii is also a mental health human rights advocate. Between 2007 and 2010, Ms Lane was the Tasmanian Consumer Representative on the National Mental Health Seclusion and Restraint Project (The Beacon Project). Ms Lane has also worked with the National Mental Health Commission and Melbourne University in researching best practice for reducing/eliminating restrictive practices in mental health settings. Currently Dannii is a consumer consultant to the Mental Health Services' Hobart based Department of Psychiatry Restrictive Interventions Panel, and the Restrictive Interventions Management and Review Committee at the Wilfred Lopes Secure Mental Health Centre.

Prelude

Room Without a View

Time has forsaken me; my life no longer has meaning,
I can't tell if it's light or dark; my best efforts demeaning.
My mind and body have become a statistic of the State,
I'm now a lab rat for drugs; a sacrifice served up on a plate.
The doctors control my mind and body, but they want more,
That's why I'm in seclusion, in the dark, behind a locked door.

Royal Derwent Hospital, c.1968

Introduction

There is a ballroom dance called the Progressive Barn Dance where partners form a double circle. One person takes two steps forward and one step back, changing partners as they go and progressively moving around the circle until they end up where they started. When I look at the history of restraint and seclusion in Tasmania, including my experiences and that of family members, I am reminded of that dance.

To better understand what I mean, we need to go back to the European Age of Enlightenment, when physicians across Europe were calling for changes to restrictive practices within asylum settings. Importantly, people were listening. In 1794, during the French Revolution, Philippe Pinel pleaded to the Revolutionary Council that asylum patients be accorded the same rights as promised in the Revolution's Declaration of the Rights of Man; namely liberty and freedom. The Council agreed, and patients were freed from their iron shackles, but notably, not from the asylums (Masters, 2003).

Meanwhile, in England, Robert Hill and John Connolly, to name but two, were also proactive in eliminating mechanical restraint, and in 1840 the British Parliament established a 'Lunacy Commission' whose task was to promote the abolition of mechanical restraint

(Masters, 2003). However, for every reformist there were others who strenuously resisted change. Decades later, the doctrines of these opposing parties would have a social impact on my family and me in what I call the three S's; Sin, Shame and Stigma.

Restraint and Seclusion in Tasmania

In Van Diemans Land (Tas) the Port Arthur convict settlement on the Tasman Peninsula opened in 1830 and quickly became a major industrial hub. The authorities were brutal in their use of punishment to ensure the workforce remained passive and compliant.

In 1853 a new prison was built at Port Arthur. The prison routine was based on the moral therapy principles of silence, solitude, and prayer, that Connolly and others were promoting. Instead of floggings, languishing in shackles, or spending weeks in solitary confinement, it was hoped the new approach would lead convicts towards a law abiding and socially productive existence.

Earlier in 1850, John Lane, an ancestor of mine, arrived at Port Arthur in chains. Lane was a political prisoner because he believed Ireland should be free of English tyranny. To prevent Lane spreading rebellious ideas he was moved to the new prison when it opened and where his enforced silence could cause no harm.

Lane's rebellious nature lead to him being secluded in one of the prison's two purpose-built isolation cells, where neither light nor sound could penetrate. Few convicts coped with the extreme sensory and social depravation and Lane was no different; he went insane. What started in Port Arthur as a bold experiment in prison and social reform had unwittingly become one of psychological torture that would endure to the present day.

In 1861, the invalid pauper's hospital, a colonial asylum at New Norfolk north of Hobart, abolished mechanical restraint, while seclusion was used as an act of last resort (Piddock, 2007). It was here that many of the aged and insane convicts were sent following the closure of Port Arthur in 1877.

The Pauper's Asylum, New Norfolk

A New Century, But Nothing Changes

Fast forward to 1958 and as a young child I accompanied my parents to that same asylum, now called Lachlan Park Hospital. We were at Lachlan Park to visit my paternal grandmother who was an inebriate and Manic Depressive. She had been detained under the eugenics based Mental Deficiency Act (1920).

Bronte House with Ha-Ha wall
Lachlan Park Hospital

I may have been young, but I can still vividly recall seeing women in soiled smocks, tied to the furniture like animals, laying in their own excrement, and howling like dogs. The stench was so strong, no amount of disinfectant could disguise it. My naïve parents were horrified, and the visit quickly ended.

Ten years later in 1968 I was back at Lachlan Park, now called the Royal Derwent Hospital. However, this time I was the one being detained. I had been sectioned for attempting suicide by jumping off the Tasman Bridge. I was 14 years old and an alcoholic; the result of 10 years of sexual and physical abuse by family members and a priest.

The Mental Deficiency Act that allowed my grandmother to be treated so inhumanely had since been replaced by the Mental Health Act (1963), but this Act was no better. I was still seeing people, notably children, tied to the furniture and laying in their own excrement.

Brian Burdekin, in his 1993 report; 'Human rights and Mental Illness', said of the Tasmanian 1963 Act; "*The Act lacks many of the safeguards to be found in more recent mental health legislation interstate. The scope of its provision is also inconsistent with modern developments in relation to mental illness… it contains no definition of mental illness*," (Burdekin, 1993:109).

Burdekin went on to say that; "*The Act does not make any express provision concerning the nature or quality of treatment to be administered to patients. Nor does it contain any prohibitions on any form of treatment other than 'mechanical means of bodily restraint or seclusion'*." (Burdekin, 1993:112). As I would soon learn, I had no rights, no protection, and the staff could do as they wished.

My first week in the Royal Derwent Hospital was spent in the children's ward where neither age nor illness was a barrier to physical punishment. Most of the children were heavily medicated. Many had intellectual

Children's Ward, Royal Derwent Hospital

disabilities with some tied to their cots with bandages or strapped to potty chairs all day (Reynolds, 2011; Burkett, 1972). It was so horribly depressing and sad, and I struggled to cope with what I was witnessing. Following a suicide attempt I was transferred to Lachlan House, the secure juvenile ward.

As I soon discovered, Lachlan House was also known as the 'house of screams', and with good reason; the male attendants were viciously brutal (Reynolds, 2011). Just like Port Arthur 120 years earlier, a regime of coercion and punishment ensured a difficult population remained compliant.

Built in 1965 as an open plan mixed gender dormitory for 38 kids aged between 10 and 17 years, Lachlan House in 1968 was an overcrowded, highly volatile mix of young criminals, drug addicts, alcoholics, kids with disabilities and/or a mental illness, and social outcasts. Some kids deliberately broke the rules, so they could be secluded, because as bad as seclusion was, for some it better than the daily horror of the ward.

I spent almost two years in that asylum and like so many others whom staff considered a problem, I was often chemically or mechanically restrained. For staff, seclusion meant 'out of sight, out of mind', so I would spend days or weeks at a time in a small blacked out cell with nothing but a bucket for a toilet. The smallest mistake meant I could expect a beating, but I could tolerate that because bruises heal. It was the constant sedation and feelings of helplessness whilst restrained or secluded that I never got used to. It was all so brutal and degrading, and the experience

Seclusion cell
Royal Derwent Hospital

was burned into your mind and soul in a way that caused unmeasurable pain. As one person put it: "*It is not the bruises on the body that hurt. It is the wounds of the heart and the scars on the mind*." (Aisha Mirza).

In 2014, I made a formal submission to the Royal Commission into Institutional Response to Child Sexual Abuse. I struggled to find the words to convey what I felt about my treatment while at the Royal Derwent. Apart from the sexual and physical abuse, I experienced humiliation, shame, self-loathing, anger, but especially guilt, because everything was somehow my fault. Staff considered me not only socially delinquent, but also morally corrupt due to my suicidal ideation. My situation was not helped by pent-up anger that had no release other than through self-harm. Staff saw me as the proverbial wicked child who deserved to be punished. However, the truth was that I was simply the victim of a dysfunctional mental health system that treated people like me with contempt. In late 2000, after 173 years of continuous operation, the Royal Derwent was closed and abandoned.

Moving On: Recovery, Discovery and Disappointment

In 1987 I returned to Tasmania after a prolonged sojourn overseas, but my mental illness, alcoholism, drug addictions, and suicidal ideation continued to create a dangerous and chaotic life.

My first experience of restraint and seclusion in a modern in-patient facility was in 2000 under the Mental Health Act (1996), which despite its many shortcomings and ambiguities was a far more humane Act (Lane, 2009). Furthermore, the staff at the Royal Hobart Hospital's Department of Psychiatry were kind, caring, and helpful, if perhaps ignorant of my unusual diagnosis, which was Multiple Personality Disorder (MPD), now known as Dissociative Identity Disorder (DID).

Restraint and seclusion were still being used, but importantly, only physical restraint was allowed, and seclusion was measured in hours not weeks. However, changes were afoot, and they were not for the better.

In 2001, the Mental Health Service opened a Psychiatric Intensive Care Unit (PICU) within the Royal Hobart Hospital. PICU had eight beds, all designed as seclusion rooms, but as in the past, there was no toilet, no natural light, no means of communication and no clock. The walls were of concrete and steel, and the bed was a mattress on the floor. Seclusion once meant a pitch-black cell, but now patients were being monitored 24 hours using CCTV, so the bright lights were never off. Seclusion is often justified as a means of keeping patients safe, but it was causing me medical harm and re-traumatisation.

My last detention was in 2005. That same year I was discharged by the Mental Health Service as a client because I was considered 'too damaged' and 'treatment resistant'. And therein lay an awful irony, because only then was I able to begin the process of recovery.

Recovery has been difficult with many unexpected twists and turns along the way, including that I found myself becoming an advocate for mental health reform. Since 2005, I have also achieved what I was told were impossible goals. In 2011, I had my first novel, Arachne's Daughter, published. In 2014, I was honoured with the Lucy Henry Human Rights Award, and in 2015, I graduated from the University of Tasmania with a Batchelor of Arts Degree.

My involvement in Tasmanian mental health reform began in 2006 and in 2007 I was invited to join the Tasmanian delegation to the National Mental Health Seclusion and Restraint Project (The Beacon Project). Like a beacon, there was a ray of hope that we might eliminate

restrictive practices. Other jurisdictions had done it, therefore Tasmania could too. Sadly, the project failed to realise its potential in Tasmania.

During this time, I became involved in developing evidence based, best practice policy and procedures for restraint and seclusion within the limitations of the 1996 Act. However, the only significant recommendation to be accepted was that suicide gowns during seclusion were disallowed as they neither guaranteed the safety of a patient nor bequeathed the wearer any dignity because of their design.

In 2011, I was seconded to the National Mental Health Commission's collaborative study with Melbourne University into finding evidence of best practice in reducing restraint and seclusion. The resultant paper was published in 2014.

In 2013 I became a consumer consultant to PICU's Restraint and Seclusion Review Committee. I was dismayed, indeed horrified, to learn that so little had changed around restrictive practices despite everything we had learned from the Beacon Project and the National Mental Health Commission's research. However, things were about to get worse.

In February 2014 a new Mental Health Act was introduced. The Act does not prohibit the use of mechanical and chemical restraint, which are regulated through Standing Orders issued by the Chief Civil Psychiatrist. The new Act also broadened the criteria for seclusion; 'to provide for the management, good order or security of an approved hospital.'

For me, this Act has been a major disappointment. The re-introduction of mechanical and chemical restraint, and the broadening of the seclusion criteria was like going backwards 50 years. This Act has consistently failed consumers and failed to address the many human rights issues around restraint and seclusion.

In November 2016 a temporary mental health unit opened in the Royal Hobart Hospital forecourt while the hospital underwent reconstruction.

New mental health unit, RHH, 2016

It looked as if we were finally progressing because the unit had just one seclusion room. Sadly, that room is seldom empty. Increasing demand for acute beds, particularly for patients with methamphetamine addiction, has meant increases in restraint and seclusion. Furthermore, patients are experiencing multiple episodes of restraint and seclusion during a single admission, which suggests we are still not getting it right when it comes to patient care and management.

Conclusion

I have shared with you my experiences, and that of family members, of restrictive practices within an historical Tasmanian context. When I look back to my time in the Royal Derwent, it is hard not to become emotional and angry as there was so much needless suffering. Yet as someone naively once said, “That’s how it was back then,” as if that somehow explained all the abuse and mistreatment.

Fifty years later things should be better, and in many respects, they are. There are no more beatings, no more black hole seclusion cells, and the painful iron shackles have gone. Yet we are still allowing restraint and seclusion to be used on some of the most vulnerable people in our community with no consideration of the physical, emotional, and psychological harm we are causing.

Like the Barn Dance, it's my belief we have been going in circles, because in some ways we are back where we started 200 years earlier, when people wanted changes that others resisted. As Robert Anthony once said; "*Forget about all the reasons why something may not work. You only need to find one good reason why it will*."

If we follow Robert's advice and need just one good reason to make the change, then let it be because we care: We should care about people with mental illness and we should care about how they are treated. We should also care enough to ensure they are allowed the same rights, protections, and freedoms as every other person within a hospital setting without the added burden of stigma, guilt, shame, injury, and traumatisation.

Many jurisdictions have banned restraint and seclusion and done so successfully. This forum's theme of 'How Far Can We Go' is a challenge, but it's also an opportunity to show others that we not only care, but that we are prepared to exchange words for action and abolish these obsolete and dangerous practices that have no place in 21st century mental health care. We have the knowledge, we have the conviction and the determination. What we need now is strong political and clinical leadership.

Thank you.

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Bibliography

Brown. P, 2017. 'Reducing the Use of Seclusion and Restraint in Australia', National Mental Health Commission.

Burdekin. B, 1993. '*Human rights and Mental Illness: Report of the national inquiry concerning the human rights of people with mental illness'*. Australian Human Rights Commission. Australian Government Publishing Service, Canberra.

Burkett. B, 1980. '*Report of the Board of Inquiry: Royal Derwent Hospital and Millbrook Rise Hospital*'. Government Printer, Hobart.

Dax. E, 1962. '*Report on Mental Health Services in Tasmania*'. Government Printer, Hobart.

Frintner. C, 2005. 'Lonely Madness: The Effects of Solitary Confinement and Social Isolation on Mental and Emotional Health', *Neurobiology and Behaviour*, Spring edition.

Lane. D, 2005. '*The Dark Side of the Moon: Asylum stories and poems*', (unpublished).

Lane. D, 2009. 'Submission to Legislative Council Select Committee of Inquiry into Mental Health Legislative Measures'. 12 February.

Lane. D, 2014. '*A Report on Sexual and Physical Abuse: The Royal Derwent (Psychiatric) Hospital, New Norfolk, Tasmania, 1968 – 1969'*. Royal Commission into Institutional Child Sexual Abuse.

Lane. D, 2017. 'A Report on Restrictive Practice data in the Royal Hobart Hospital's Department of Psychiatry'.

Lane. J, 1850. Transported to VDL. Source: Tasmanian Archives Library. Australian Joint Copying Project. Microfilm Roll 92, Class and Piece Number HO11/16, Page Number 2.

Masters. K, 2003. 'Physical Restraint: A Historical Review and Current Practice', *Psychiatric Annuls*, Vol. 47, No. 1, pp. 52-55.

McLucas. J (Chair), 2004. Senate Community Affairs References Committee Secretariat, '*Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*'. Commonwealth of Australia, Canberra.

Melbourne Social Equity Institute, 2014. 'Seclusion and Restraint Project: Report', University of Melbourne, Melbourne.

Mental Deficiency Act (1920). Tasmanian Government Printer, Hobart.

Mental Health Act (1963). Tasmanian Government Printer, Hobart.

Mental Health Act (1996). Tasmanian Government Printer, Hobart.

Mental Health Act (2013). Tasmanian Government Printer, Hobart.

Mental Health Alcohol and Drug Directorate, *Chief Psychiatrist 2013-2014 Annual Report*.

Mental Health Alcohol and Drug Directorate. *Chief Psychiatrist 2014-2015 Annual Report*.

Piddock. S, 2007. Appendix E, pp. 334-347. *A Space of Their Own: The Archaeology of Nineteenth Century Lunatic Asylums in Britain, South Australia and Tasmania*. Springer Publications. DOI: 10.1007/978-0-387-73386-9

Port Arthur Historical Site Management Authority, 2015.

Reynolds. M, 2011. '*Remember the Children: Stories about the lives of young people in Tasmania's last mental institution, 1950-2000'*. National Disability Services.

Scull. A, 1989. '*Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*'. Chapter 7, John Conolly: A Victorian Psychiatric Career. University of California Press.

Victorian Government. 2007, '*Positive Solutions in Practice: From Seclusion to Solutions'*.

Wallace, E, Gash. J, (Eds.) 2010. '*History of Psychiatry and Medical Psychology'*, Springer Science & Business Media, USA.

York. S, 2009. *Suicide, Lunacy and the Asylum in Nineteenth-Century England*, The University of Birmingham. December. p.221 (SRO, 6175/C/1/1, Rules and Regulations of the Salop and Montgomery Lunatic Asylum, 1855, p.8)

Imagery

Bronte House. Source: Lane. D, 2012

Pauper's Asylum (The Barracks), New Norfolk. Source: Lane, D, 2018

Dannii Lane. Source: Lane, D, 2017

Mental Health Unit (Dept of Psychiatry), RHH. Source: Lane, D, 2018

Seclusion cell, Royal Derwent Hospital. Source: Lane, D, 2018