

Seclusion and restraint - a family and carer perspective

Mental Health Carers Tas

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Mental Health Carers Tas is funded through the Tasmanian Mental Health , Drug and Alcohol Directorate as a systemic advocacy body for and with families, friends and carers of people living with a mental illness.

We engage with families across the State through education and training, referral, consultation and a Carer Representation service.

MHCTas is part of a national network supporting Mental Health Carers Australia.

A human rights issue

- ▶ Article 5. of the Human rights Charter
- ▶ No one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment.

To do no harm

- ▶ We are harming.
- ▶ Carers use the term 'harm' to both themselves and the person they support.
- ▶ All family members feel harmed.
- ▶ *“ listening to my husband screaming for help was so distressing- I still have nightmares, our daughter is so scared that he might have to go back there”*

Compromising trust and damaging relationships

- ▶ Families, service staff, consumers.
- ▶ Increases family and carer guilt
- ▶ Families and consumers delay or refuse to seek help.
- ▶ *“my mum won’t speak to me because she blames me for being secluded- how do I mend this- I don’t really understand why she was put away?”*

Trauma and triggering past trauma

- ▶ Care givers have developed mental ill health.
- ▶ Lack of communication makes things worse.
- ▶ *“Its bad enough dealing with her mental illness but to try and make sense of what happened in the Unit just does my head in- they told me to go home and put my feet up and not to worry!”*

Seclusion and restraint is contrary to recovery

- ▶ Families and carers may learn that seclusion and restraint is necessary at
- ▶ Families and carers already struggle to understand 'recovery'.
- ▶ Recovery is about self-determination, self direction, seclusion and restraint is all about someone else's control.
- ▶ To manage the environments they find themselves staff may turn to restraint or seclusion.

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Physical and emotional restraint from carers perspectives is:

- ▶ Use of excessive force
- ▶ Lack of empathy or paternalistic attitudes
- ▶ Lack of communication or interaction
- ▶ Lack of alternative strategies

A new way forward - Carers suggest:

- ▶ Changes to the physical environment
- ▶ Better resourced mental health services
- ▶ Staff training to be reviewed
- ▶ Involve Peer Workers
- ▶ Education around 'recovery' and alternative de-escalation practices for families and staff.
- ▶ Staff training in how to include families and carers
- ▶ Access to trauma counselling and debriefing .
- ▶ Follow-up support available to families.
- ▶ A change in culture and practice.

Challenges

- ▶ mandatory training in how to include families and carers.
- ▶ A 'stepped care' model of family education and
- ▶ Budget constraints.
- ▶ Peer Carer Workers in all settings.
- ▶ Cultural change takes time
- ▶ *Surely we know enough about treating people with mental illness by now- is it really necessary to close and lock the door on him?*

What is MHCTas doing to change the situation?

- 1) Place ourselves at policy tables wherever possible
- 2) Enable families and carers to be represented in planning services and provide feedback
- 3) Ensure our key messages are heard at the political, Government and service delivery levels.