

Solitary confinement is counter-therapeutic, according to study

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Credit: Lancaster University

Placing women with learning disabilities in 'seclusion' to control their behaviour while they are incarcerated in secure inpatient units, is counter-therapeutic says new research from Lancaster University.

"Behind This Wall – experiences of seclusion on locked wards for women' published this month in the Scandinavian Journal of Disability Research strongly recommends other options should be explored.

Furthermore, seclusion is at risk of violating the human rights of service-users, says the report. Detained women's descriptions of seclusion portrayed a bewildering, distressing experience that violated their

privacy.

Researcher Dr. Rebecca Fish carried out her research at a secure NHS forensic unit in the North of England to explore the daily life of staff and detained women on three locked wards. She interviewed 16 detained women and ten staff.

Although the research, funded by the Economic and Social Research Council, was confined to one unit, many of the non-staff interviewees had lived in multiple inpatient services and drew on past experiences.

In her study Dr. Fish, from Lancaster University's Centre for Disability Research and Sociology Department, examined the seclusion room environment and looked at the reasons for, termination of and an alternative to seclusion. She stated the views and experiences of learning disabled people secluded in inpatient services were "notably scarce."

Despite NHS guidance that seclusion should only be used as a last resort (and not as punishment, threat or as a result of staff shortages), some interviewees flagged up that this was not the case.

Women with learning disabilities found seclusion aversive, bewildering and distressing yet, said the report, the method continued to be used to contain people. Staff members suffered from the expectation that they should use seclusion as a relevant strategy of treatment. Detained women taking part in the research were often unclear about the behaviours that could trigger seclusion.

Staff described the difficulties in secluding people. Procedures involved two staff members holding the person with one 'kneeling on their legs' before dragging them into the seclusion room. Detainees reported a loss of dignity when they were moved to the seclusion room as it was a highly visible and distressing procedure with a lack of privacy.

One woman described how, at a previous unit, she was put naked in the seclusion room while detainees in the men's ward looked on through a glass window in the door to the unit. Seclusion rooms were described as "scary," cold and bare and a violation of privacy. One woman said that she was so scared she wet her pants.

Of particular concern were reports of seclusion on admission to a new unit as a form of assessment. Staff said engagement with the women was discouraged while they were in seclusion – even though they needed to talk.

Seclusion compelled a person to calm down, said the report, but that could be attributed to defeat and immobility or simply being removed from a distressing situation.

"It seemed that seclusion was used to calm people down but this can be counter-therapeutic or an aversive method of behaviour control," said the report. "It also fails to sufficiently recognise that anger, aggression, self-harm or violence may be the result of an oppressive institution."

The research identified a clear need to reduce seclusion and options suggested by interviewees included:

- A 'calm down' space for anger and resolve
- Better engagement with staff
- A high dependency unit (a 'keep safe' area with a member of staff)
- Medication

The report flagged up that only a minority of incarcerated learning [disabled people](#) were [women](#) and they were having to fit into a structure more suited to men. "There is a need for clear and accessible information about the reasons for seclusion," said Dr. Fish, who also

highlighted the need for further research on a wider scale to explore issues raised by feminist disability studies.

Seclusion is defined in the United Kingdom Mental Health Act code of practice as: "The supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others."

More information: 'Behind this wall' – Experiences of seclusion on locked wards for women. [www.research.lancs.ac.uk/porta ...
2-48c3e840a16c\).html](http://www.research.lancs.ac.uk/porta/2-48c3e840a16c).html)

Provided by Lancaster University

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