

# Reducing Restrictive Practice in Male MSU and LSU. An evaluation of the impact that an RRP initiative has had on seclusion use in our service.

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## Aims and Hypothesis

To assess the impact that a *Reducing Restrictive Practice Initiative* (RRPI) had on seclusion use (measured in frequency and duration) over the last 4 years in *Bristol Secure Services*. Previous data from our service showed Black and Minority Ethnic (BaME) patients being overrepresented in the use of this form of restrictive practice.

We hypothesised that the RRPI may have reduced the overall use of seclusion and the overrepresentation of BaME individuals.

## Background

An audit conducted over 12 months in 2016/17 evidenced 52 seclusion events. BaME individuals made up 19% of the total service demographic during that period but accounted for 29% of all seclusion events. Since then the service has been implementing an RRPI.

## Results

There were 68 seclusions across the period affecting 34 different patients. 23 patients were secluded only once during the audit period and 11 were secluded more than once. Most seclusions lasted between 1-31 days, with five lasting over 31 days.

This represents a 35% reduction in the total number of seclusions between audits (32% corrected for bed occupancy differences).

Further, in this audit seclusion use did not appear to disproportionately impact BaME patients. 23.53% of seclusions were BaME patients (service demographic 25.66%) and 74.34% were white patients (service demographic 76.47%). There also did not appear to be a differential impact by ethnicity for duration of seclusion.

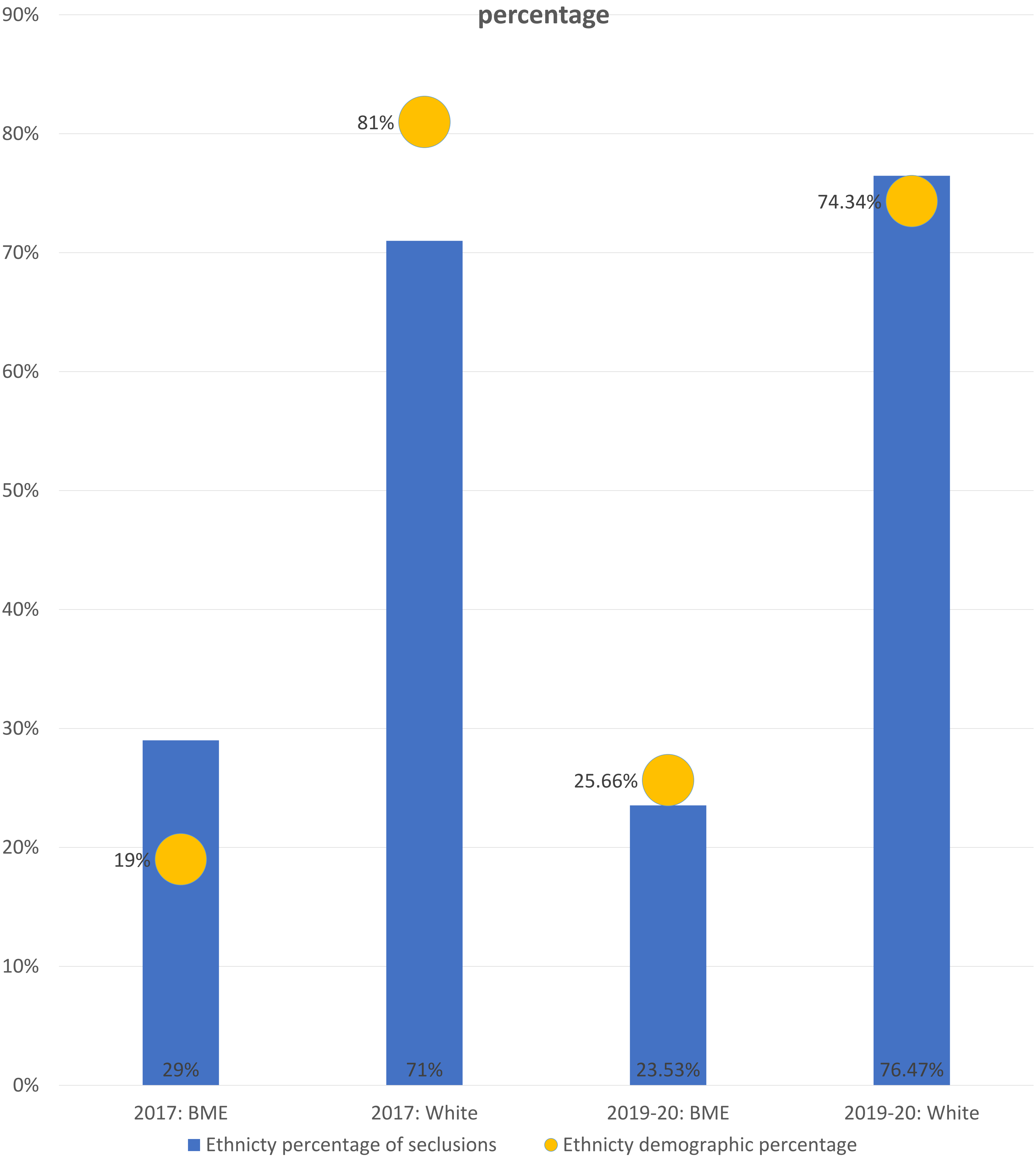
## Method

- Anonymised seclusion data was collected from trust's *Ulysses* reporting system.
- Service occupancy and demographic data was taken from the trust's *Report Zone* database.
- Data related to mainstream male medium and low secure services (the womens' service and intellectual disability services were not included).
- Data covered the 24-month period of 01/01/2019 to 31/12/2020.

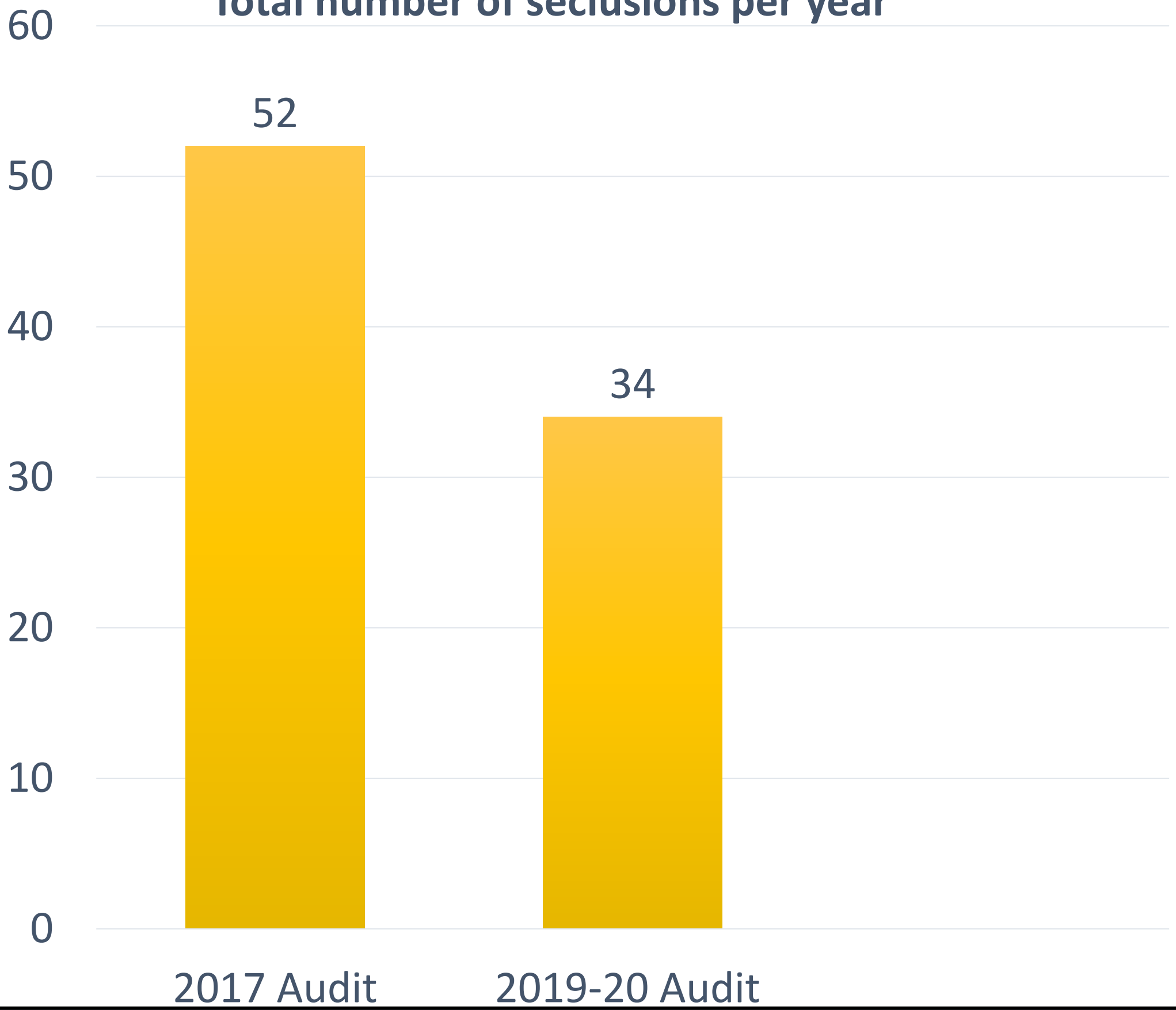
## Limitations

- We note that the service was running with a reduced seclusion capacity during some of the time period assessed. This clinical reality may have impacted clinical practice (ie use of seclusion) and even bed management decisions (ie admitting individuals with higher likelihood of being secluded)
- We found some gaps in the data collected by the service. Specifically we noted that long term segregation episodes were not captured effectively, this may exclude important data from our audit.
- Due to the relatively small size of the cohort, we think the statistical power of our conclusions is limited.

## Percentage of seclusions by ethnicity compared to demographic percentage



## Total number of seclusions per year



## Conclusions

In the context of a service wide RRPI, our data shows;

1. A reduction in the use of seclusion in the service
2. An apparent improvement of the differential impact of seclusion use on BaME patients in the service