



Lesley Turner, Waitematā DHB

Lesley Turner, a clinical improvement coordinator at Waitematā DHB, says throughout her work on the Commission-led zero seclusion project, she's learned that staff would prefer safe alternatives to seclusion.

Committed to working towards zero seclusion, Lesley realised she had to focus on viable alternatives when discussing strategies with staff.

"The fear was about someone getting hurt and there was some hesitation about zero seclusion because of that fear. So, we started out with strategies that were low risk and easy to implement."

One of the first things the teams did was a co-design workshop with staff and tāngata whai i te ora to discuss experiences of seclusion.

"We brainstormed change ideas that would be easy to implement, to make tāngata whai i te ora feel more welcome, and help them to feel supported and safe when distressed. Things like painting chalkboards, more sensory equipment and board games. We also got everything fixed in the sensory room."

Another helpful thing several teams did was to create cardboard sensory boxes for tāngata whai i te ora with sweets, cotton wool with lavender oil, relaxation cards, teabags and a stress ball. The boxes were tested and items were added or removed after evaluation.

Lesley says these changes were helpful, but the biggest impact came from implementing more quality-of-life interventions such as outings, increased phone time and working with whānau within the regional forensic service to ensure they were available when called.

Her focus now is on processes.

"We're looking at learning from debriefs after seclusion events and identifying touch points throughout the seclusion process that might cause stress or ignite a flight or fright response, and how we can make improvements at each of these points," she says.



"It's so important to have whānau support. People aren't one dimensional, we need to treat the entire person and to do this with compassion and respect."

Another helpful idea the team had was to create information sheets about the admissions process.

"People are calmer if they know what to expect and there are no surprises."

She advises anyone starting out to be sure to co-design a plan with tāngata whai i te ora.

"And to build staff awareness of what the seclusion experience is like. We all come in wanting to do our best but need to make sure we don't get stuck in rigid ways of doing things. I encourage staff to take time out and think 'Do we actually have to do things that way?'"

It's important to avoid finger-pointing or blame, she says.

"I let people know it's not about staff personally, it's about the processes we work within."



Lesley's team has also found implementing daily safety huddles useful within the adult mental health inpatient units.

"In the middle of each shift, staff meet to discuss each tāngata whai i te ora and check in on how they're doing and if any extra support is needed."

Tracking seclusion-free days serves as a constant reminder of the team's zero seclusion aspiration and, whenever there is a seclusion, a

multidisciplinary team reviews the event and uses it as a chance to learn.

The teams now want to embed more cultural input across units and involve whānau in the admission process in the adult mental health inpatient teams.

"It's so important to have whānau support. People aren't one dimensional, we need to treat the entire person and to do this with compassion and respect," she says.