



Paula Mason, West Coast DHB

For clinical nurse manager Paula Mason, a highlight in 2020 was the Manaakitanga inpatient unit at West Coast DHB celebrating 174 seclusion-free days.

Paula has worked in mental health for more than 30 years, and has seen a shift in the way distressed people are managed when they are admitted.

“There was a culture 20 years ago in forensic services of every patient going into the seclusion area for assessment. I remember a time when we questioned, ‘Is this the right way to be treating people?’”

However, as recently as 2017, seclusion was still routinely being used when Paula became involved in the Commission-led zero seclusion project.

“Even after considerable work and effort by the team, our seclusion rates had not really reduced. We had made environmental changes, increased safety and staffing, developed positive workplace cultural changes and increased awareness around zero seclusion.

“As a project team we said, ‘What’s going to make a difference?’ We know seclusion events are preventable. We decided that each month we’d sit down as a team and review the patient’s whole journey, including community care and the involvement of both the crisis team and the admitting team to see if there were opportunities to do things differently. All teams found there were opportunities to improve service delivery and outcomes.”

When Paula’s team celebrated 100+ seclusion-free days, they met to discuss what their ‘stretch goal’ would be and how they would manage if they did have a seclusion.

“We surveyed staff and tried to understand what they thought had shifted in our workplace culture, how safe and supported they felt, what the impact for them and for the patient was.”

Staff said some relatively small things had made a big difference. Examples included providing an extra bed for whānau and being able to offer kai.



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Other things like weighted furniture, increased staffing and alarms have also helped staff to feel safer.

“We look at the patient’s experience coming into our service – we are embedding the use of pōwhiri, making sure people feel welcome, safe, supported and whenever possible including whānau and having kaumātua present.”

Being flexible is also key to reducing seclusion rates and Paula’s team also celebrates what they call ‘a good catch’ when staff avert a potential seclusion event.

“Our ‘good catches’ are when there’s been a tense situation where we’ve had to really negotiate,



Paula's team's 174 seclusion-free day celebration

and staff have worked hard to divert a negative outcome for everybody.

“We had an example when a patient booted his way out of the courtyard as he was incredibly distressed by his psychotic experience, screaming loudly. We nursed him in seclusion as at that time we could not safely contain him in the open ward. It was distressing for staff and other patients.

“He was recently readmitted, after his medication had been reduced and he was in the early stages of becoming unwell. We used top up oral medication and were able to nurse him on an open ward. The first three of four days he did yell but we worked with the other patients to understand that he wouldn't harm them. He has since been discharged. That's a fantastic outcome. He was quickly picked up before becoming acutely unwell, his stay in hospital was shorter, he was less distressed, and his life was less disrupted by his admission.”

Other tips Paula has for avoiding seclusions include maintaining the consumer's dignity by not coming in with a huge team of people, introducing yourselves and being clear about who is involved in treatment. She says being able to provide an extra bed for a patient's partner or whānau member to stay is useful. Another important aspect is listening to the consumer voice.

“We have surveyed and provided consumers with one-on-one feedback opportunities to help us understand their perspective, which has proven to be extremely valuable.”

Paula is the project lead for zero seclusion and the connecting care project, which is about inpatient discharge to the community team.

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