



Frazer Rangihuna, Auckland DHB

Let me tell you a story, says Frazer Rangihuna (Ngāti Porou) a mental health nurse educator at Auckland DHB.

“When I think about an example of a tangata whai i te ora (mental health consumer) who could easily have ended up in seclusion, my mind goes back four years to when a young Māori man was admitted. I’ll call him Te Rangitāwaea. The handover I received from the crisis nurse included that he had paranoid schizophrenia, a history of polysubstance abuse, a forensic history (aggravated robbery, assault, property damage, wilful damage, threats to kill) and that he was gang affiliated.”

Frazer says Te Rangitāwaea had also stopped his medication and was using large amounts of cannabis.

“His family said he was acting really paranoid, he was talking about people being after him, was carrying weapons in public for protection and staying up all night. Before he was admitted he assaulted a dairy owner, believing the person was trying to set him up.”

Frazer says when Te Rangitāwaea arrived he was agitated and aggressive, but he quickly calmed down when the police left.

At a later date, Frazer gave the same handover about Te Rangitāwaea to a group of colleagues and asked them which information stood out for them in the handover, how this information made them feel and how they might prepare for his arrival.

Frazer says in order to reduce restrictive practices it’s important to understand the consumer’s triggers.



“It wasn’t surprising that some staff were anxious and scared about what they heard, whereas other colleagues were not fussed at all. However, it was concerning that restrictive practices such as medication, use of high numbers of male staff and the most restrictive practice of all, seclusion were suggested, and this was without even having met the tangata whai i te ora.

“I’d like to remind nurses to empathise, to think about what the journey has been like for the service user. Te Rangitāwaea says he was physically restrained by police and handcuffed then brought to the unit, so was it any wonder he was agitated and aggressive? I think we have a massive opportunity to reduce the use of seclusion if we empathise, especially on admissions when emotions are high. We need to take an intentional deep breath and be responsive rather than reactive.”

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“Te Rangitāwaea was described as challenging, irritable, agitated and demanding when his needs weren’t met.”



However, Te Rangitāwaea's interpretation was that he felt controlled by staff who gave him ultimatums.

"He'd had enough of being controlled. From his father, to gang members, to the prison staff, prisoners, police and now nurses. He was sick of hearing 'you can't' all the time. It also made him angry when staff were 'fake' or expected him to suddenly be 'nice' after 22 years of being himself."

Frazer says he realised that being a stickler for enforcing the rules and not having any flexibility just inflamed the situation with Te Rangitāwaea so he started looking at his own behaviour.

"I looked at my own trauma history as a child and thought about the decisions I had made in my adult years to stop this trauma having any more control over me, such as not putting up with any abuse, threats or intimidation from anyone, and that I'd always have the last say. As you can imagine, this didn't work very well in practice! So, it is essential that we know ourselves, our triggers and how to manage our own behaviour."

Lastly, Frazer says it's crucial to speak up and support colleagues if you see they are stressed or not coping, to help create a culture where restrictive practices are an absolute last resort.

That culture change is happening, although there is still work to be done.

"We are making some good gains. We used to have three seclusion rooms, now we only have one room and zero seclusion is the aspirational goal at Auckland DHB. Staff need to be knowledgeable about least restrictive alternatives because soon, seclusion will simply not exist."

Frazer says steering away from restrictive practice is about engagement and whakawhanaungatanga or establishing links.

"You need to make connections with tangata whai i te ora and their whānau - no one knows what pushes a person's buttons better than whānau. Offer manākitanga by feeding people and being authentic - service users can really see if you're being fake. Trust service users to be able to self-soothe and treat them with kindness and you'll be less likely to need to worry about restrictive practices."