



## Louise Martin, Auckland DHB

When Louise Martin, a charge nurse manager at Auckland DHB, first started mentioning zero seclusion to her staff, she knew it was going to be a challenge and that she would have to go about things differently.

“As a manager you must be prepared to take risks. Not in a sense of anything bad happening but in terms of your credibility.

“What I’d seen is people focusing on behaviours and behavioural interventions. That approach was not successful for us. We need to understand the nature of aggression differently. It’s a culture change achieved by constant questioning, brainstorming and challenging ourselves.”

Back in March 2018, Louise gathered her team to put up story boards and brainstorm different aspects of seclusion.

“We put categories up and got people to write down their emotions, thoughts and reactions prior to seclusions. I analysed lists of words. The words fear and anxiety were used three or four times more than any other words. Not control or punishment – it wasn’t a power issue, it was fear of staff being hurt.

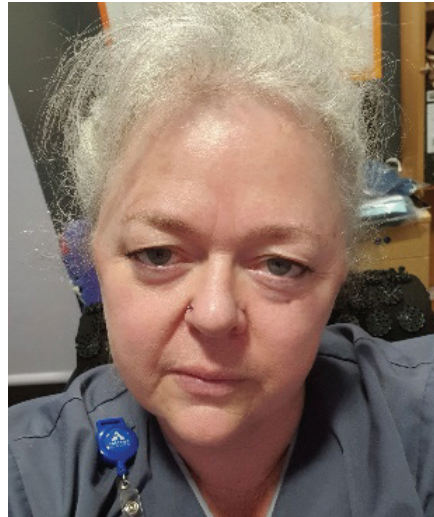
“What do you do when you don’t want your staff to act out of fear? You empower them.

“If there is an assault, we encourage and support staff to make police reports, they can go during work time with taxi chits. Employee assistance programme services are offered every time.

“I take a rigorous approach to managing sick leave and annual leave. I make sure staff are properly paid for travel time, breaks, etc. It’s small but it’s a culture of compassion. I talk to my staff if they are off sick to see if it’s a result of stress. There will be a robust discussion about how to manage the stress and what support we can offer.”

Louise says staff expect to be treated in a way that honours their own mental health, and her staff retention rates are good.

Another important focus for Louise has been managing male staff.



**“I say, seclusion numbers and times have decreased, assaults have come down. Assaults down, seclusion down – what conclusion can you draw? People had expected rates of assaults on staff to increase with using less seclusion, but the opposite has occurred.”**

“I had a conversation with all male staff separately about their experiences relating to gender. They didn’t come in to be enforcers, they were sensitive, caring men who were being put in front of patients who were in distressed states and expected to deal with most of the aggression themselves, and it was wearing them down. We ran some male supervision groups, talked through issues and gathered feedback.”

Louise says the staff members most likely to calm a distressed person down are older females.



"If you offer kind care to a distressed person they soften. If you combine that with lots of food and sensory interventions, weighted blankets, lavender oil spray, you'll be much more successful."

She says removing any element of confrontation between male staff and male patients is vital.

"Particularly if a client is coming from the police cells with handcuffs on, we need to get those handcuffs off quickly. These things are obvious but take courage to implement."

Louise says constant staff feedback and role modelling are important.

"If staff are considering restrictive practices I say, 'Can you justify it?' They might say 'Well they have a history of this or that', but I question if the person is actually doing it now."

Louise suggests managers look at shift patterns to see if it is the same pairings of staff who are more inclined to use seclusion, and if this is the case, to put those people on different shifts.

Louise is proud of the low number of Māori secluded.

"We examine our internal biases rigorously. I have 30 staff and 18 nationalities. We're hugely diverse. This ensures that no one single viewpoint is over-represented and encourages a range of conversations. We have a cultural support team and work hard to be inclusive and make sure everyone's done tikanga and Treaty training. It's visible to staff throughout our work."

She encourages her staff to show empathy to the people they care for.

"It's easier to empathise with someone once you've looked them in the eye and had a conversation. I want staff to live the ADHB values of togetherness, aiming high, respect."

She also identifies staff willing to 'pick up the purpose' and works with them.

"I've got a group of staff who are reliable role models. I offer them support and encouragement

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wherever possible and we talk about how to empower ourselves so we have the strength to offer compassionate care."

She challenges her staff by showing them seclusion data.

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Louise emphasises the importance of not just talking about reducing the use of seclusion but eliminating the conditions under which it's needed.

"Try and understand the journey that led the person to being in hospital in the first place," she says.