

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH
SECLUSION AND RESTRAINT PHILOSOPHY STATEMENT**

The Massachusetts Department of Mental Health (DMH) is committed to eliminating the use of restraint or seclusion in its facilities and programs. This goal is consistent with a mental health system that treats people with dignity, respect and mutuality, protects their rights, provides the best care possible, and supports them in their recovery. DMH understands that achieving this goal may require changes in the culture of the clinical environment and the ways in which the physical environment is utilized.

Some individuals enter the mental health system for help in coping with the aftermath of traumatic experiences. Others enter the system in hope of learning how to control symptoms that have left them feeling helpless, hopeless and fearful. Many enter the system involuntarily. Any intervention that recreates aspects of previous traumatic experiences or that uses power to punish is harmful to the individuals involved. In addition, using power to control an individual's behavior or to resolve arguments can lead to escalation of conflict and can ultimately result in serious injury or even death.

DMH recognizes that many individuals who have been recipients of mental health services consider restraint and seclusion abusive, violent and unnecessary. For more than 35 years, the consumer/survivor movement has continuously voiced its opposition to restraint and seclusion in documents, forums and protests. This movement has consistently championed the development of gentle, voluntary, empowering and holistic alternatives.

To accomplish the goal of eliminating the use of restraint and seclusion in its facilities and programs, DMH endorses and promotes a public health model that values input from patients, families, staff and advocates, and that emphasizes:

- *Primary Prevention: preventing* the need for restraint or seclusion;
- *Secondary Prevention: early intervention* which focuses on the use of creative, least restrictive alternatives, tailored to the individual, thereby *reducing* the need for restraint or seclusion; and
- *Tertiary Prevention: reversing or preventing* negative consequences when, in an emergency, restraint or seclusion cannot be avoided.

Furthermore, the public health model uses feedback from each stage to inform and improve subsequent actions. This is a strength-based, patient-driven approach that focuses on enhancing self-esteem, thereby promoting each individual's goals toward recovery. DMH strongly believes this approach is essential in establishing a culture that is proactive, responsive and collaborative, rather than reactive. Comprehensive training, education, modeling, mentoring, supervision and ample support mechanisms foster a therapeutic and healing environment for patients and a supportive environment for staff.

Such a therapeutic and healing environment must take into account the experiences of the patients and staff. Staff must be given opportunities to increase their empathy for and awareness of the patient's subjective and objective experience, including that of mental illness and the physical and emotional impact of restraint and seclusion.

At the same time, while acknowledging the patient's perspective concerning the use of restraint and seclusion and the Department's goal of eventually eliminating their use, and emphasizing that restraint and seclusion are not considered forms of treatment, DMH recognizes that in an emergency situation where less restrictive alternatives have failed, the judicious and humane use of restraint or seclusion may be necessary to prevent the imminent risk of harm. In these instances, staff must use these interventions for the least amount of time and in the least restrictive way, taking into consideration the patient's history, preferences and cultural perspective.

DMH is committed to the continuous evaluation of restraint and seclusion data, and to the ongoing use of targeted performance improvement initiatives. These actions will reinforce the prevention model, improve practice, lead to better outcomes and support the goal of eliminating the use of restraint and seclusion in DMH facilities and programs.