

Second in  
a series of  
Technical  
Reports



# Reducing the Use of Seclusion and Restraint:

*Findings, Strategies, and Recommendations*

National Association of State Mental Health Program Directors'

## **Medical Directors Council**

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## **Acknowledgments**

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## Process of Report Preparation

### III Background and Purpose

This report was prepared by the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council as one of an ongoing series of documents intended to provide information and assistance to state mental health commissioners/directors on emerging issues of clinical concern. Topics for technical reports are identified by the Medical Directors Council in conjunction with NASMHPD leadership. In order to ensure that Technical Reports are useful to all the populations served by state mental health systems, each report is, depending on the topic, developed through a process involving NASMHPD divisions and affiliates and outside experts.

The use of seclusion and restraint has been of long-standing concern to state mental health commissioners/directors and to state medical directors. Federal legislation is now being considered to address this issue. NASMHPD is developing an action plan for addressing the use of seclusion and restraint in public mental health settings; this report is the first step in the development of the action plan. The preparation of this report is particularly timely in view of tragedies brought to light by a series of articles in the *Hartford Courant* newspaper.

This report is intended to help guide the development of and to complement a NASMHPD position statement on seclusion and restraint. It includes specific recommendations for action to NASMHPD and to state mental health agencies. It is also intended as a tool for helping states to prevent and reduce the overall need for seclusion and restraint, and to employ “best practices” whenever these interventions are used.

### III Preparation of the Report

This report was prepared from the proceedings of a meeting held on February 18 and 19, 1999, in Atlanta, Georgia. Participants in the meeting included two state mental health commissioners/directors, five medical directors, two representatives from state offices of consumer affairs, representatives from other NASMHPD divisions, affiliates, and relevant workgroups, and NASMHPD staff. Representatives were selected by their organizations on the basis of experience, interest, and knowledge about the issue. An external facilitator and a technical writer assisted in the process. A list of participants and their organizational affiliations is included in the Appendix.

Prior to the meeting, relevant materials from the research literature, state policy manuals, and national advocacy groups were distributed to all participants. Although the materials did not reflect an exhaustive search, they provided a comprehensive overview of the field, and formed an empirical basis for the group discussion. This report attempts to integrate the major findings

