Draft Proposed National Framework for Reducing the Use of Restrictive Practices in the Disability Service Sector

The Mental Health Council of Australia (MHCA) is the peak national organisation representing and promoting the interests of the Australian non-government mental health sector. The membership of the MHCA includes national organisations of mental health services, consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies.

The National Mental Health Consumer and Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia. Through its membership, the NMHCCF gives mental health consumers and carers the opportunity to meet, form partnerships and be involved in the development and implementation of mental health reform.

Thank you for the opportunity to contribute to the proposed National Framework for Reducing the Use of Restrictive Practices in the Disability Service Sector. The MHCA and the NMHCCF welcome the development of the Framework and hope that the experiences of the mental health sector with the use of restrictive practices will provide a valuable insight into how to reduce or eliminate their use in the disability sector. We support the recommendations in the United Nations Convention on the Rights of Persons with Disabilities to reduce restrictive practices in mental health and disability services.

Seclusion and restraint are currently used in acute mental health settings to control the symptoms of mental illness, despite having no therapeutic value and often resulting in severe emotional, psychological and physical harm and, on occasion, death, to mental health consumers.\(^1\)\(^2\) Research also now shows that use of these practices is avoidable and preventable.\(^3\) In our view, any instance of seclusion and restraint highlights a failure in care and treatment.

In 2009 the NMHCCF released the position statement, Ending Seclusion and Restraint in Australian Mental Health Services.\(^4\) The statement highlights that a key

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element in the reduction and elimination of seclusion and restraint is the provision of support to assist mental health professionals implement cultural and clinical practice change.

Reducing the use of seclusion and restraint is a key priority of the Australian Health Ministers’ Advisory Council (AHMAC) Safety and Quality Partnership Standing Committee (SQPSC) ensuring an ongoing national focus for reducing harm.

The MHCA and NMHCCF also recommend the following definitional changes and additions to the draft framework section, as follows:

1. With regard to the definition of chemical restraint provided by the Framework:

   ‘A chemical restraint means the use of medication or chemical substance for the sole and temporary purpose of influencing a person’s behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable the treatment, of a diagnosed mental illness, a physical illness or physical condition.’

   We note that the definition of ‘chemical restraint’ does not include the use of medication prescribed by a medical practitioner for the treatment of or to enable treatment of a diagnosed mental illness. However it is the experience of mental health consumers and carers that medication used for treatment is often also administered to control behaviour. That is, a medication can be administered for different purposes at different times for the same person. Examples include the transportation of individuals into acute mental health services and in the aged care sector to minimise unsupervised wandering and prevent falls. The framework needs to acknowledge the complexities inherent in how medications are currently used.

2. A definition of ‘Emotional restraint should be added:

   ‘emotional restraint occurs when the individual consumer is conditioned to such an extent that there is a loss of confidence in being able to express their views openly and honestly to staff for fear of the consequences. Emotional restraint can also be coercive and threatening in nature, for example being threatened with seclusion or restraint’.

   Emotional restraint as a practice is often an intrinsic part of workplace cultural practice and can only be addressed as such. This must also be acknowledged by the Framework as an area for priority action.

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7 Ibid.
3. The definition of ‘other restrictive interventions’ is unclear. Definitions need to be provided for “psycho-social” and “environmental” restraints and “consequence driven practices”.

The MHCA and the NMHCCF welcome the opportunity to provide input into this important initiative and would be happy to provide further assistance if required.

Frank Quinlan
CEO, MHCA

Michael Burge
NMHCCF Consumer Co-Chair

De Backman-Hoyle
NMHCCF Carer Co-Chair