Restraints Minimization: Balancing Restrictive Practices with Safety

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Background and Context for Change

Prolonged duration of seclusion can cause harm and conflicts with best practices for recovery-focused care. Best practice guidelines emphasize least restraints approach for the shortest time as a last resort when alternative interventions fail to keep client and others safe (RNAO, 2012; CNO, 2018).

Local Context: This initiative took place on a 28-bed Forensic Assessment and Triage Unit (FATU) at CAMH serving clients with complex legal and clinical needs, many arriving from detention centers with untreated illness. These clients often require mandatory (court-ordered) treatment, increasing risk for aggression, unpredictability, and sexual safety risks; therefore, seclusion remains occasionally necessary. The project focused on reducing the duration of seclusion incidents when they occur.

Aim Statement

To reduce the median duration of Seclusion incidents by 10% of the median duration of **25.75hrs** in last fiscal year to a target of below **23.17hrs** within a period of 12 months.

Objectives

- Ascertain factors associated with increased frequency of Seclusion incidents.
- Ascertain the factors associated with prolonged use of Seclusion incidents.
- Implement and evaluate effective best practice interventions to minimize the duration of Seclusion incidents.

Family of Measures

Outcome measures: Reduction in median duration of Seclusion incidents.
Process measures: Completion of assessments and documentation standards.
Balancing measures: Frequency of Seclusion incidents.

Problem Characterization

The team reviewed and mapped out the existing decision-making processes around seclusion discontinuation through process mapping and analysis of existing unit-level seclusion-related data, examining factors like patient characteristics, unit culture, and timing. Literature review and root cause analysis identified key contributors to seclusion use as Unit Culture, inconsistencies in practices/processes, communication with appropriate stakeholders and workload/competing priorities.

Barriers: Reducing duration of SR events	Possible solutions
Staff safety issues	Communication with team
Staff confidence	Education/consultation with team Recognizing and celebrating progress
Unit culture of accountability for safety	Open and courageous team discussions around culture change
Communication and continuity of care plan after-hours	Improved communication with Duty Doctors and clear documentation of care plan in client charts
Difference in opinion on Trial release readiness	Conflict resolution and team decision making skills Attitude of collaborative decision making and team learning instead of blaming
Verbal abuse/racial slurs	Alternate strategies to address verbal aggression and racism
Elderly clients with Neurocognitive issues exhibiting agitation	Explore and differentiate between aggressive vs non-aggressive agitation, utilize Behaviour support plans and resources to support this cohort
Power struggles over unit protocols and restrictive practices	Review all current protocols and explore opportunities for flexibility and discretion

Intervention

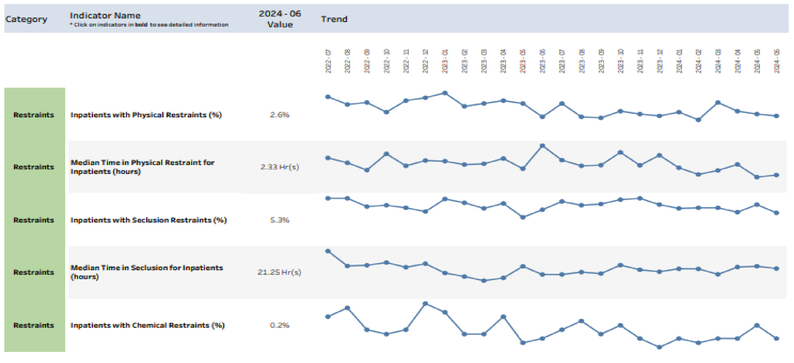
Change concept: The project aimed to shift unit culture away from restrictive practices by promoting early, collaborative seclusion discontinuation planning. The team identified an over-reliance on 12-hourly psychiatrist assessments for discontinuation decisions, rather than team-based assessments, as well as inconsistent practices and a tendency to use seclusion for safety.
Co-design of interventions: The interventions were selected based on the baseline analysis of data, staff engagement, and best practice evidence identified in the review of literature. The content, format, and implementation plan for the interventions were co-designed with frontline staff, focusing on improving unit culture, consistency, stakeholder communication, and staff education to reduce seclusion duration. Factors such as physical environment and pandemic impact were noted but considered outside the project's scope.

The interventions implemented and evaluated were:
- Standardized 2-hourly Formal Nursing Assessments for seclusion discontinuation Readiness
- Daily Interprofessional Seclusion Discontinuation Plans, including individualized trial release strategies
- Communication Checklist
- Scenario-based Education and Coaching on best practices and seclusion discontinuation decision-making

These changes were expected to foster shared responsibility and a less restrictive, recovery-oriented approach to reducing seclusion duration.

Project Results

The project achieved a 20% decrease in Seclusion duration and a 10% reduction in seclusion frequency. The improvement in best practice documentation by was 30%. The seclusion duration continues to decrease steadily with the latest monthly seclusion duration being 18.3 for September 2025. The analysis of client characteristics indicated no link between seclusion frequency and gender, age, or ethnicity, while duration was associated with other client and system factors.
Success was promoted by interprofessional collaboration, integration of standardized processes into daily practice, leadership support, and continued team engagement.
Some of the limitations of the project were: lack of a standardized tool usage to assessing change in unit culture, all influencing factors (e.g., environment, acuity, pandemic impacts) could not be addressed. Despite these limitations, this project demonstrated that team-based approaches can reduce seclusion events and improve processes, offering a model for other forensic mental health units seeking to balance safety with recovery-focused care. Some findings may be applicable to similar settings aiming to reduce restrictive practices.



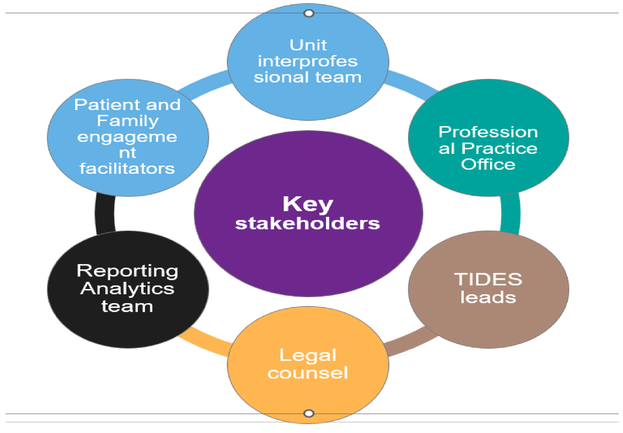
Conclusions

Current State:
The duration of restraint and seclusion events continues to steadily decrease overall, with occasional outliers related to clients who have a history of chronic aggression or complex psychiatric needs.

Lessons Learned:
- Significant *variations in perception and definition of safety* among staff members, leading to differing thresholds for initiation and discontinuation of restraints.
- *Staff attitudes towards aggression* and its underlying causes impact how restrictive practices are used; aggression is sometimes viewed as illness-related, other times as behaviour-related as in intentional harm.
- ALWAYS make room to accommodate unexpected crises and extraneous variables like pandemic, staffing shortages and competing priorities.

Next Steps
- ✓ Standardization of Decision Support Tree
- ✓ Share and Benchmark with other organizations
- ✓ Expand Focus to target other forms of restrictive practices in mental health

Reflections on the Role of the Team
- Facilitators include a robust interprofessional approach, codesign model for intervention identification and implementation, and in-the-moment coaching for staff.
- Frequent client debriefs and active involvement of team leads, physician support, and peer consultation provide the backbone for culture change and practice improvement.
- Staff champions and patient/family experience facilitators help sustain progress, uphold standards, and promote accountability across the unit



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