Literature themes in least restrictive practice

A brief literature review to inform the implementation of the
Six Core Strategies©

November 2019

Acknowledgements

Contents

List of Figures

List of Tables

Executive Summary

Six Core Strategies© in New Zealand

Six Core Strategies for Reducing the Use of Restraint and Seclusion© is a best practice framework underpinned by the public health prevention model and trauma-informed approach to guide services towards least restrictive practice (National Association of State Mental Health Program Directors, 2008). The *Six Core Strategies©* framework utilises an evidence-based and whole-of-system approach towards least restrictive practice. It consists of the following six strategic domains:

- leadership towards organisational change
- use of data to inform practice
- workforce development
- use of seclusion and restraint reduction tools
- inclusion of service user/consumer roles in inpatient units
- debriefing techniques.

The *Six Core Strategies©* is considered current best practice in New Zealand, and evidence from local case studies indicates the framework has had a positive impact amongst mental health inpatient services (McKenna, Sutton, Sweetman, & Miner-Williams, 2018; Wolfaardt, 2013). It's use in New Zealand has been largely supported by Te Pou o te Whakaaro Nui (Te Pou), which included the development of the *Six Core Strategies© checklist: New Zealand adaptation* (Te Pou o te Whakaaro Nui, 2013). The checklist was designed to help mental health services in meeting local needs*.

In the past 10 years, the use of seclusion in New Zealand inpatient mental health services has substantially reduced, however this reduction has started to slowed down (Ministry of Health, 2019). This may reflect the increased demand for mental health and addiction services, impact on the workforce and resourcing, and changing trends, such as increased concerns regarding substance use problems, particularly methamphetamine (Health and Disability Commission, 2018; Te Pou o te Whakaaro Nui, 2019). Thus, there is a need to examine recent research evidence and determine the future direction of *Six Core Strategies©* in New Zealand.

Aims and objectives

The literature review aims to inform the future direction of *Six Core Strategies©* in New Zealand through an examination of recent international and national literature related to least restrictive practice.

The objectives are outlined below.

1. Identify gaps in the recent New Zealand literature compared to the international literature related to least restricted practice.

2. Identify gaps in the alignment between the *Six Core Strategies©* framework with local and international literature related to least restricted practice.

3. Outline recommendations to inform the future direction of *Six Core Strategies©* in New Zealand's mental health inpatient services.

Method

The literature review was comprised of four key parts, see Figure 1.

Figure 1. Four key parts of the literature review method. *Note.* NZ = New Zealand

International literature related to least restrictive practice was based on a recently published review, *Alternatives to Coercion in Mental Health Settings: A Literature Review* by Gooding, McSherry, Roper, and Grey (2018). The review summarised key themes in the international literature (published since 1990) that reflect international research evidence supporting least restrictive practice. These international literature themes provided a point of comparison to identify gaps in the New Zealand literature and the *Six Core Strategies©* framework.

Recent New Zealand publications related to least restrictive practice were identified through a literature search. Relevant publications since 2015 were examined in relation to the international literature themes to identify gaps in the local literature. In the last stage of this literature review, the *Six Core Strategies©* domains were examined in relation to both local and international literature themes.

Key findings

What are the gaps in the New Zealand literature?

Overall, the review indicates New Zealand's literature is largely in line with the international literature. Key gaps and themes unique to the New Zealand literature are outlined in Figure 2.
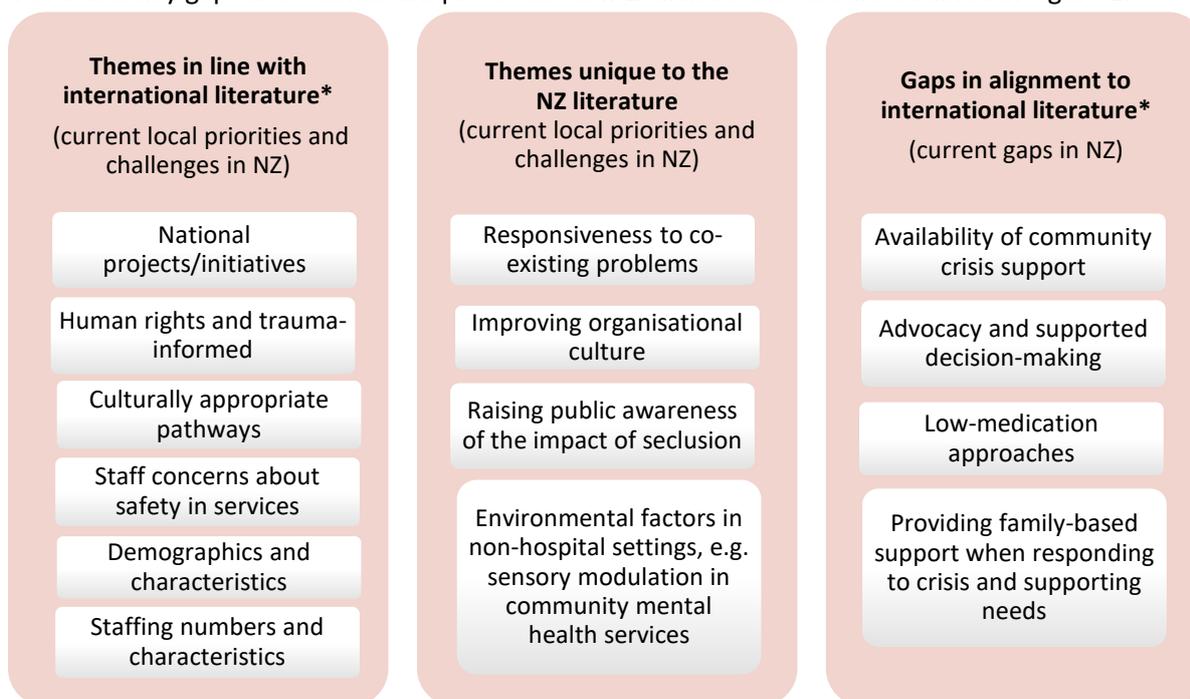
Figure 2. Alignment between New Zealand (NZ) and international literature themes.
* International literature themes were identified by Gooding et al. (2018).

What does this mean in relation to the *Six Core Strategies©*?

Five of the six strategic domains showed alignment with international literature themes. This indicates the *Six Core Strategies©* framework continues to reflect and support best practice in reducing seclusion and restraint. *Debriefing techniques* was a key gap that showed little or no alignment with local and international literature themes. This may reflect a growing focus in the literature on early prevention strategies rather than postvention strategies.

Leadership

Leadership remains a critical factor in the effective implementation of seclusion and restraint reduction initiatives. Locally and internationally, there has been an overall shift towards policies and practices that support human rights, recovery and trauma-informed approaches. In New Zealand, national-level leadership for the reduction of seclusion is strongly reflected in local context and publications. National initiatives since 2015 include the launch of the Safe Practice Effective Communication (SPEC) training programme and the Health Quality and Safety Commission's quality improvement programme which includes the priority *Zero Seclusion: towards eliminating seclusion by 2020* project. Both initiatives are supported by Te Pou, who continues to have a national role through its work for the Ministry of Health. Since 2008, Te Pou has assisted mental health services in reducing restrictive practice through co-leadership with consumer leaders, sensory modulation training workshops, development of the *Six Core Strategies©* checklist, seclusion data reports and publication of written resources. Literature about leadership in district health boards (DHBs) mostly focused around peer leadership and involvement, such as consumer advisor roles, consumer trainers, and peer-led acute alternative services.

Use of data

The use of data remains an important strategy in reducing seclusion, and New Zealand has demonstrated a steady focus on establishing data registries and reporting to monitor changes in the use of seclusion. Seclusion was introduced as a key performance indicator (KPI) for adult mental health services in 2014/15, and seclusion data is fedback to each DHB every 6 months. In contrast, relatively less information is available about how data is utilised at the DHB-level.

Workforce development

Literature themes highlight a recent emphasis on workforce mix and ratios, as well as staff attitudes and perceptions. Local research indicates general staffing issues have been a major barrier to reducing seclusion (Drown, Harding, & Marshall, 2018). The ethnic mix of nursing staff also appears to have an effect on the frequency of seclusion of Māori men (Drown, 2017). For example, having more Māori staff can help to facilitate lower rates of seclusion as it increases workforce capability in providing culturally responsive support (Drown, 2017). Concerns about safety amongst staff and concerns around people entering services under the influence of substances were also common themes in New Zealand. This will have implications for organisational culture and workforce capability in responding to co-existing problems.

Use of reduction tools

A variety of seclusion and restraint reduction tools are researched and utilised internationally. Culturally appropriate pathways through mental health services is one of the most common themes

in the New Zealand context and literature. This reflects the ongoing priority to reduce the disparity in seclusion rates experienced by Māori and Pasifika peoples, and the development of culturally responsive approaches. In addition to cultural approaches, the use of sensory modulation in reducing distress has been a focus in local research, as well as the impact of open ward designs on reducing seclusion use.

Inclusion of service user/consumer roles

People-centred care, inclusion of people with lived experience of mental health and addiction, and their whānau continues to be an important part of service delivery and design. While international literature themes included advocacy, advance planning, supported decision-making, and family-based support, these *were not* common themes in the New Zealand context and literature. This highlight major gaps in the local context around inclusion of people and whānau in decision-making, and peer workforce development.

Conclusion and recommendations

This literature review provides an overview of international and New Zealand literature themes. There was alignment between these literature themes and the *Six Core Strategies©* framework, indicating that it continues to reflect current best practice. Thus, the literature supports the continued implementation of *Six Core Strategies©* in mental health services, along with the focus on trauma-informed approaches and seclusion reduction tools.

The literature also indicates there are gaps in New Zealand that are not currently covered in the local literature and implementation of the *Six Core Strategies©*, such as community crisis support, advocacy, family-based support, and low medication approaches. However, a key limitation of this review is that the local literature does not capture the full picture of all activities occurring in services. While information is not often shared publicly, DHBs have many initiatives that support reduction in seclusion. To guide the future direction of the *Six Core Strategies©*, consultation with local stakeholders is needed to further identify what is working well and areas for improvement, including the utility of the *Six Core Strategies© checklist: New Zealand adaptation.* A refresh of the *Six Core Strategies©* checklist can potentially help address the current challenges and gaps in practice, and guide the continued implementation of the *Six Core Strategies©* in New Zealand.

Based on this review's findings, recommendations for the future direction of the *Six Core Strategies©* in New Zealand's mental health services are outlined below.

1. Continue to strengthen the implementation of *Six Core Strategies©* within New Zealand's inpatient mental health services to support seclusion reduction initiatives, given the alignment of the framework with international literature and current best practices.

2. Consultation with local stakeholders to help further identify what is working well and areas for improvement in New Zealand to inform the future direction of the *Six Core Strategies©*. Consultation should include service managers, mental health workers and the professional organisations that represent them, people who have accessed services, their whānau and peer leaders, advocates, support and development organisations.

3. A refresh of the *Six Core Strategies© checklist: New Zealand adaptation* to help guide mental health leaders and managers in addressing areas for improvement identified through the local literature and consultation with stakeholders, and to support continued implementation of *Six Core Strategies©* within New Zealand's inpatient mental health services.

Background

Least restrictive practice has been a key priority amongst New Zealand's district health board (DHB) inpatient mental health services, and this has led to a substantial reduction in the use of seclusion over the past 10 years (Ministry of Health, 2019). However, the reduction in seclusion rates has slowed down in recent years. This may reflect the increased demand for mental health and addiction services, impact on the workforce and resourcing, and changing trends, such as increased concerns regarding substance use problems, particularly methamphetamine (Health and Disability Commission, 2018; Te Pou o te Whakaaro Nui, 2019).

Relevance of least restrictive practice

He Ara Oranga: Report to the Government Inquiry into Mental Health and Addiction (Government Inquiry into Mental Health and Addiction, 2018) highlighted the need to continue reducing the use of seclusion in New Zealand inpatient mental health services.

> The use of compulsion, seclusion and restraint needs to be reduced, especially for Māori and Pacific peoples, for whom the rate of use is disproportionately high. The numbers of compulsory treatment orders vary across the country. The fact that some regions show relatively low rates suggests scope exists to reduce the overall use of compulsory treatment. (Government Inquiry into Mental Health and Addiction, 2018, p. 193)

He Ara Oranga emphasised the importance of improving outcomes for Māori and Pasifika peoples; strengthening people-centred approaches, involvement of people with lived experience and co-production; least restrictive practice; and reforming the Mental Health Act.

In addition to *He Ara Oranga*, the shift towards least restrictive practice in mental health services continues to be driven by the United Nations Convention of Rights of Persons with Disabilities (UNCRPD), Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), and New Zealand's Health and Disability Services (Restraint Minimisation and Safe Practice) Standards (Ministry of Health, 2019; Standards New Zealand, 2008).

Health Quality and Safety Commission's is leading the quality improvement programme which includes the priority *Zero Seclusion: towards eliminating seclusion by 2020* project in collaboration with Te Pou. This national project supports the aspirational goal of eliminating the use of seclusion and provides mental health services with regionally-based learning opportunities and co-design workshops with a strong focus on culturally safe approaches.

The *Six Core Strategies©* framework

Least restrictive practice in New Zealand inpatient mental health services has been supported by the implementation of the *Six Core Strategies for Reducing the Use of Restraint and Seclusion©* (National Association of State Mental Health Program Directors, 2008). The *Six Core Strategies©* is considered current best practice for reducing the use of restrictive practices across New Zealand's inpatient mental health services. Development of the framework was undertaken by Kevin Ann Huckshorn in

partnership with National Association of State Mental Health Program Directors (NASMHPD). The *Six Core Strategies©* framework is underpinned by the public health prevention model and trauma-informed approach to guide services towards least restrictive practice (National Association of State Mental Health Program Directors, 2008). A brief overview about the use of *Six Core Strategies©* and trauma-informed approaches in other countries is available in Appendix A.

The *Six Core Strategies©* framework utilises a whole-of-system approach towards least restrictive practice (National Association of State Mental Health Program Directors, 2008). The framework consists of six strategic domains, as shown in Figure 3.

Figure 3. Six Core Strategies for Reducing Seclusion and Restraint Use©. Adapted from: National Association of State Mental Health Program Directors (2008).

Implementation in New Zealand has been largely supported by Te Pou, this included the development of the *Six Core Strategies© checklist: New Zealand adaptation.*[1] This checklist tool was designed for mental health leaders and managers to ensure that seclusion and restraint reduction initiatives are effective and meet local needs. The checklist tool provided a comprehensive list of factors for services to consider, as well as written spaces for self-assessment and planning the next steps required to improve service delivery. Building on the original *Six Core Strategies©* framework, the checklist tool incorporates culturally responsive practice to help improve outcomes for Māori and Pasifika peoples (Te Pou o te Whakaaro Nui, 2013). New Zealand's diverse cultural context requires additional attention towards culturally responsive approaches as local data shows Pacific and Māori tāngata whai ora (people accessing services) are more likely to be secluded compared to other ethnic groups (Ministry of Health, 2016).

In addition to the checklist, Te Pou has published guidance to reduce personal restraint based on the *Six Core Strategies©* checklist. *Towards Restraint-Free Mental Health Practice: Supporting The Reduction and Prevention of Personal Restraint in Mental Health Inpatient Settings* provided information and guidance for services on ways to reduce and prevent personal restraint events (Te Pou o te Whakaaro Nui, 2015).

---

[1] The checklist tool is available at https://www.tepou.co.nz/initiatives/the-six-core-strategies-checklist/105

Overall, research to date supports the use of the *Six Core Strategies*[©] in reducing the use of seclusion and restraint within mental health settings, as well as influencing other positive changes amongst staff and services (see Appendix B).

Aims and objectives

Against the background, the purpose of this literature review was to inform the future direction of *Six Core Strategies©* in New Zealand through an examination of the alignment between the *Six Core Strategies©* with the recent international and national literature related to least restrictive practice.

The objectives are outlined below.

1. Identify gaps in the recent New Zealand literature compared to the international literature related to least restricted practice.

2. Identify gaps in the alignment between the *Six Core Strategies©* framework with local and international literature related to least restricted practice.

3. Outline recommendations to inform the future direction of *Six Core Strategies©* in New Zealand's inpatient mental health services.

Method

This literature review included two key sources of information: i) international literature and ii) New Zealand literature.

International literature related to least restrictive practice was based on *Alternatives to Coercion in Mental Health Settings: A Literature Review* by Gooding et al. (2018). This systematic review identified the key international literature themes around least restrictive practice published since 1990.[2] The review by Gooding et al. (2018) was commissioned by the United Nations Office to inform the United Nations Special Rapporteur on the Rights of Persons with Disabilities. The review of international literature included 121 empirical research papers (73 quantitative; 26 qualitative; 17 mixed methods; and 5 case studies). The international literature themes identified by Gooding et al. (2018) reflect current best practice around least restrictive practice and provide a point of comparison to guide the future direction of *Six Core Strategies©* in New Zealand's inpatient mental health services.

---

[2] Whilst Gooding et al. (2018) covered a range of coercive practices, this current report will focus on the reduction of seclusion, which has been a key priority for New Zealand mental health services since 2009. For more information about the current themes in literature identified by Gooding et al. (2018), the paper is available at https://socialequity.unimelb.edu.au/

New Zealand literature related to least restrictive practice was identified through a search for local publications from recent years (since 2015). This search was undertaken via EBSCO, Google Scholar and Google.

The search included the following key terms:

- New Zealand
- Mental health
- Seclusion, restraint, *Six Core Strategies*, trauma-informed
- Aggression, violence, substance intoxication, withdrawal[3]
- Cultural approaches, Māori, indigenous, Pasifika.

A total of 40 publications were identified in the search. Twelve were journal articles and 28 were grey literature publications. News articles and media reports were included if they related to the project's objectives. Relevant publications were categorised based on the international literature themes identified by Gooding et al. (2018). Some local publications aligned with more than one literature theme, see Appendix C.

---

[3] Keywords based on local media reports and anecdotal evidence from clinical perspectives.

Key findings

Themes in the least restrictive practice literature

This section summarises the international literature themes outlined by Gooding et al. (2018) and describes alignment with the local context and literature in recent years. This includes:

- overarching themes in the literature
- other themes (that are not overarching, but apply to both inpatient and community settings)
- inpatient-based themes
- community-based themes.

Overarching themes

Table 1 outlines the five overarching approaches or themes in reducing restrictive practices identified in the international literature (Gooding et al., 2018). These are central themes that are relevant to both inpatient and community mental health services.

There were 12 local grey publications that aligned with these overarching themes, see Appendix C. Local literature aligned with themes about a human rights and trauma-informed care approach (five publications), national policies/projects (four), and peer-led initiatives (four). This likely reflects the recent focus on national-level leadership and the development of nationwide programmes to reduce seclusion, such as the Health Quality and Safety Commission's Mental Health and Addiction Quality Improvement programme.

The negative impact of seclusion on the human rights was highlighted as a common theme amongst media reporting. Some of these news stories are likely related to the media reporting around *He Ara Oranga* and the independent UN report about local forensic mental health services (Shalev, 2017).

Table 1. *Overarching Themes in the International Least Restrictive Practice Literature*

Overarching themes	Key findings from international literature	Recent NZ clinical context and literature
Policies and practices promoting human rights, recovery and trauma-informed support	Human rights, recovery-orientated support, and trauma-informed approaches are prominent in the literature.	*He Ara Oranga* supports a shift towards trauma-informed approaches and a focus on wellbeing. This overarching theme has the most recent local publications. Publications highlight support for human rights, recovery and trauma-informed care.
National policies	Research that focused on government policies have shown nationwide reductions in restrictive practices.	*Zero seclusion: towards eliminating seclusion by 2020* is a national project launched in 2018. National programmes/initiatives are a common theme in recent local publications. Publications highlight nationwide projects and DHB policies

Overarching themes	Key findings from international literature	Recent NZ clinical context and literature
		that continue to support the nationwide reduction of seclusion.
Laws designed to reduce, end or prevent coercion	Literature shows many countries are guided by the UNCRPD. Research has highlighted examples of legislative changes around compulsory treatment and the use of restrictive practices, and in some cases, it has led to reductions in rates of restrictive practices.	Seclusion reduction continues to be mandated by the UNCRPD and New Zealand's Health and Disability Services (Restraint Minimisation and Safe Practice) Standards. *He Ara Oranga* recommended a reform of the Mental Health Act (1992).
'Peer-led' initiatives and research	There is a wide range of initiatives and research led by people and peer networks with lived experience of accessing mental health services.	Peer leadership is a key aspect of the *Six Core Strategies©*. Consumer advisors are located at each DHB to inform local initiatives. Safe Practice Effective Communication (SPEC) training programme involves consumer trainers. This is a common theme in recent local publications. Publications provide examples of the availability of peer services and peer-led alternative services that support people accessing services.
Providing family-based support when responding to crises and support needs	Several studies have focused on family-based support, such as Family Group Conferencing, as a tool for reducing restrictive practices.	A brochure was developed for whānau to support their understanding of compulsory treatment and seclusion, and where to find more information. Some DHBs actively involve whānau members in the admission process.

Note. Literature themes were identified by Gooding et al. (2018). See Appendix C for more details about the recent New Zealand publications identified in the literature search.

Other themes that are not overarching

Gooding et al. (2018) identified six themes in the literature that are not overarching but apply to both inpatient and community settings. These themes are described in Table 2.

New Zealand themes applicable to both inpatient and community settings were demonstrated in peer-reviewed journal articles (seven) and grey literature (seven). The most common local theme was culturally appropriate pathways through mental health services with 11 publications (five peer-reviewed journal articles and six grey publications). This included information highlighting the importance of acknowledging trauma, tikanga Māori and pūrākau (creation narratives).[4] This reflects New Zealand mental health services' commitment to reducing seclusion for Māori and Pasifika

---

[4] Pūrākau (Māori creation and custom narratives) help people to interpret and better understand their experiences through stories of ancestral footsteps and archetypal characters of the Atua (Gods) (Rangihuna, Kopua, & Tipene-Leach, 2018).

peoples, as well as the development of cultural approaches. Concerns about safety continue to be a common challenge amongst mental health workers in New Zealand. This likely reflects a wider systemic issue of higher service use not being matched by more staff resources, right staff mix and in some cases facility capacity. Examples of assaults on staff and concerns about safety amongst staff were highlighted in the local literature (two journal articles, one grey publication and four news stories). Staff attitudes towards restrictive practices contributes to the organisational culture of mental health services; another common theme discussed in a later section.

It is important to note the search did not yield any recent local publications about advocacy or low-medication approaches in relation to least restrictive practice. These less common themes may reflect current areas for improvement. For example, there is a need for national consistency in advocacy in mental health settings, as well as regular monitoring and data reporting of PRN[5] medication use.

Table 2. *Other Themes in the International Least Restrictive Practice Literature*

Other themes in the literature	Key findings from international literature	Recent NZ clinical context and literature
Advance planning to improve crisis responses	Joint crisis plans and advance directives provides people with an opportunity to express treatment preferences.	Advance directives are outlined in *Six Core Strategies©*.
Using non-legal advocacy to avoid coercion	The literature describes advocacy through peer networks and self-help groups. There is a need for more literature about individual advocacy.	Advocacy is available through the Nationwide Health and Disability Advocacy Service. There is no national consistency in advocacy in mental health settings. Local literature about advocacy in relation to restrictive practices may be scarce, as no publications were identified in the search.
Reducing fear of coercion	Studies show dissatisfaction with services associated with experiences of restrictive practices. Research also examined the attitudes of mental health workers. Mental health workers often disagree or feel conflicted about the use of seclusion.	DHBs are encouraged to share data about incidents and injuries with staff members. In a survey of mental health workers in New Zealand, only 61% agreed that reporting incidents in their service is encouraged and valued (Health Quality & Safety Commission, 2018a). Reducing fear of coercion is a common theme in the local literature. The Mental Health Foundation of New Zealand have expressed concerns that media and news reporting of assaults and staff injuries contributes to stigma

---

[5] PRN medication: 'pro re nata' which means medicines that are taken 'as needed/when necessary'.

Other themes in the literature	Key findings from international literature	Recent NZ clinical context and literature
		towards people who experience mental health issues.
Culturally appropriate pathways through mental health services	Grey literature highlights the differences between ethnic groups and indicates this may be related to different help-seeking behaviours and access rates. Ways of addressing cultural needs were described, such as crisis and home support services for ethnic communities and other minority groups.	Reducing compulsory treatment and seclusion rates for Māori people is a key priority for mental health services. Some DHBs have implemented cultural welcoming practices (e.g., mihi whakatau). Welcoming tāngata whai ora into inpatient units with culturally responsive practices can lead to reductions in restrictive practices. This theme has the highest overall number of peer reviewed journal articles. The literature highlighted the disproportionate rates of seclusion among Māori and Pasifika peoples, and provide discussions around culturally appropriate strategies to address this issue, such as acknowledgement of trauma, tikanga Māori and creation narratives. The related grey literature was largely driven by *He Ara Oranga*.
Supported decision-making	The literature provides case study examples of policies and practice for supported decision-making. There were few studies about the use of supported decision-making in mental health services.	*He Ara Oranga* supports a shift towards people-centred care and involving people and their whānau in decision-making.
Providing low-medication and/or no-medication approaches	Some research indicates the reduction of seclusion may be associated with an increase in forced medications. However, more research is needed.	*He Ara Oranga* supports a shift towards low medication approaches and increasing access to other options, such as talking therapies. On the contrary, local research shows the use of PRN medication may increase following the implementation of *Six Core Strategies©.* Risk sharing approach to support people in safely stopping their medications. Local literature about low-medication approaches in relation to restrictive practices may be scarce, as no publications were identified in the search.

Note. Literature themes were identified by Gooding et al. (2018). See Appendix C for more details about the recent New Zealand publications identified in the literature search.

Themes specific to inpatient settings

Table 3 describes the nine international literature themes related to inpatient mental health settings, which is where most seclusion reduction efforts are focused in New Zealand. Therefore, the local literature aligns most strongly with international themes related to hospital-based strategies. There is a large amount of grey literature (15) related to hospital-based strategies, and a relatively smaller number of journal articles (five). Most literature describes to people's sociodemographic profile (three journal and seven grey articles) and staffing numbers and characteristics (one journal and three grey articles). These themes are likely to reflect the priority challenges in clinical practice and/or research, such as reducing Māori seclusion and increased workloads.

In addition to the international themes, New Zealand has a unique focus on improving organisational culture, the contributing risk of substance use, and the utilisation of sensory modulation in community mental health services. Organisational culture has been a key focus for services, but this is not necessarily specific to the Safewards model which is centred around addressing factors that lead to seclusion or restraint episodes (Bowers, 2014). Rather, the local research has focused on how staff attitudes, perceptions, and training influences organisational culture, particularly about staff safety concerns and attitudes towards Māori people accessing services.

Table 3. *Themes Specific to Inpatient Mental Health Settings in the International Least Restrictive Practice Literature*

Hospital-based strategies	Key findings from international literature	Recent NZ clinical context and literature
Reducing seclusion and restraint	A large proportion of the current literature is focused on the prevention and reduction of seclusion and/or restraint in mental health settings.	Reducing the use of seclusion and restraint has been a key priority for inpatient mental health services since 2009.
Six Core Strategies© to reduce the use of seclusion and restraint	The use of *Six Core Strategies©* has been examined in different mental health settings across different countries. These studies suggest the framework may help to reduce seclusion and restraint. Leadership is the most commonly examined strategic domain. In contrast, the involvement of consumer roles is not widely incorporated into projects.	*Six Core Strategies©* continues to be widely used in inpatient mental health services.
Open door policies	Studies have compared locked vs. unlocked door policies in mental health services. Findings indicate locked doors may not prevent suicide, absconding, or aggressive behaviours compared to open wards. Service satisfaction is higher in open wards.	A local case study found an open ward reduced seclusion hours even after an initial rise in absconding (Beaglehole et al., 2017).
Creating 'Safewards', changing the physical environment and improving service culture	Safewards can help support a reduction in the use of seclusion.	Safewards is utilised in some DHBs, however there are no evaluations reported.

Hospital-based strategies	Key findings from international literature	Recent NZ clinical context and literature
		Safewards as a model, requires significant adaptation to effectively support reduction goals in a contemporary and recovery focused New Zealand best practice setting.
Emphasising 'environmental factors' within hospitals	Research indicates sensory-based approaches, physical design of the environment, crowding, and staff experience or skills mix has an influence on the use of restrictive practices.	Sensory modulation has been a major focus in the seclusion reduction initiatives in New Zealand.

Some DHBs have repurposed seclusion rooms into sensory rooms.

The new mental health facility at Counties Manukau DHB incorporates a new ward which was co-designed with people with lived experiences of mental health and addiction issues.

This is a common theme in the local literature. |
| Examining the relationship between people's characteristics and coercion | Research indicates sociodemographic factors (e.g., minority ethnic groups) are associated with restrictive practices. However, these studies also show that both the characteristics of people and services contribute to the use of restrictive practices. For example, studies in the US and UK show minority ethnic groups experience higher rates of restrictive practices (Gooding et al., 2018). | Routinely collected data shows Māori people are more likely to be secluded, and HoNOS clinician-ratings[6] are associated with the use of seclusion.

This inpatient theme has the most recent local publications. Publications highlight demographic differences in seclusion use; local data showed people who are male, Māori, Pasifika, and younger were more likely to be secluded in mental health services. |
| The number/ratio of staff to people, and staff characteristics | Research indicates staff-people ratio, male-female staff ratio, variability in staff experience may influence restrictive practices. For example, some studies show more female nurses, and less variability in work experience may be barriers to reducing seclusion rates. | The Care Capacity Demand Management (CCDM) programme and Safe Staffing Health Workplace Unit at Central TAS (SSHW) work is now mandated for all DHB's under the latest nursing Multi-Employer Elective Agreement (MECA). The CCDM programme is a set of tools and processes that help DHBs better match the capacity to care with service demand (see https://www.ccdm.health.nz/). |

---

[6] Health of the Nation Outcomes Scales (HoNOS) is a clinician administered tool that provides an overview of a person's behaviour, impairment, clinical symptoms and social functioning.

Hospital-based strategies	Key findings from international literature	Recent NZ clinical context and literature
		This is a common theme in the local literature. Publications highlight the importance of workforce mix, capacity and capability. For example, Drown (2017) indicated the ethnic mix of nursing staff have an influence on the frequency of seclusion amongst Māori men.
Existence of registries/reporting	Relatively little research about reporting measures. Several countries have established comprehensive measures to monitor restrictive practices.	Key performance measures for the use of seclusion in mental health services have been standardised and monitored regularly. This is reflected in local publications that report on seclusion data every 6-12 months.
De-escalation techniques	Research indicated de-escalation techniques and alternative strategies have an impact on reducing restrictive practices. However, more high-quality research and the use of direct outcome measures is needed.	Safe Practice Effective Communication (SPEC) training programme has a strong emphasis on prevention and therapeutic communication skills and strategies aimed at reducing restrictive practices.

Note. Literature themes were identified by Gooding et al. (2018). See Appendix C for more details about the recent New Zealand publications identified in the literature search.

Themes specific to community settings

Compared to inpatient settings, community settings have not been a priority area for least restrictive practice developments in New Zealand. Themes specific to community settings are outlined in Table 4. The international literature suggests residential support can be a viable alternative to hospitalisation, which aligns with the findings of the New Zealand evaluation of Tupu Ake peer-led acute alternative service (Te Pou o te Whakaaro Nui, 2017b). The literature search did not identify any recent New Zealand publications about community crisis support or restrictive practices in housing and independent living services. There is a need to understand the availability of community crisis support. Earlier and more effective responses to distress through community services are required to help reduce seclusion, especially for Māori people (McLeod, King, Stanley, Lacey, & Cunningham, 2017).

Table 4. *Themes Specific to Community Mental Health Settings in the International Least Restrictive Practice Literature*

Community-based alternatives	Key findings from international literature	Recent NZ clinical context and literature
Residential programmes for people in acute crisis as alternatives to hospitalisation	There are many examples of different models of alternatives to inpatient hospitalisation. These tend to offer overnight accommodation in a home-like environment by providing acute care for a small number of people. This includes crisis or respite houses, some of which are peer led.	Tupu Ake and Te Ao Mārama provided by Pathways, and Piri Pono provided by Connect Supporting Recovery are peer-led acute alternative services.
Community crisis resolution and home support	There are examples of non-hospital, non-residential crisis response services, particularly in the UK.	Some DHBs provide home-based crisis support.
Addressing coercive practices in housing and independent living services	Research highlights that accommodation services need to consider the person's own preferences. Housing First is an overseas example of an initiative that provides housing support with no requirement for people to adhere to mental health care.	Housing First Auckland works closely with the Auckland City Mission and other services that provides housing and/or mental health support.

Note. Literature themes were identified by Gooding et al. (2018). See Appendix C for more details about the recent New Zealand publications identified in the literature search.

Summary

Overall, the review indicates New Zealand's local context and literature aligned with international literature themes and current best practice (see Figure 2).

The local context and literature demonstrated alignment in the following areas:

- national projects/initiatives
- human rights and trauma-informed
- culturally appropriate pathways
- staff concerns about safety in services
- demographics and characteristics
- staffing numbers and characteristics.

In contrast, gaps in the local context and literature included:

- availability of community crisis support
- advocacy and supported decision-making
- low-medication approaches
- providing family-based support when responding to crisis and supporting needs.

Four themes were unique to New Zealand:

- improving organisational culture
- responsiveness to co-existing problems
- raising public awareness of the impact of seclusion
- environmental factors in non-hospital settings, for example, sensory modulation in community mental health services.

Mapping the themes onto the *Six Core Strategies©* domains

One of the key objectives of this review was to identify gaps in the alignment between the *Six Core Strategies©* framework with local and international literature related to least restrictive practice, see Figure 4. This will help inform the future direction of the *Six Core Strategies©* in New Zealand's inpatient mental health services.

Six Core Strategies© domains	Current themes in literature
1. Leadership toward organisational change	• National policies and projects (e.g. Zero Seclusion and SPEC) • Policies and practices promoting human rights, recovery and trauma-informed support • Laws designed to reduce, end or prevent coercion • 'Peer-led' initiatives and research
2. Use of data to inform practice	• Examining the relationship between people's characteristics and coercion • Existence of registries/reporting
3. Workforce development	• Staff concerns about safety in services • The number/ratio of staff to people, and staff characteristics • Creating 'Safewards', changing the physical environment and improving service culture • Improving organisational culture* • Substance use and co-existing problems*
4. Use of reduction tools	• Open door policies • Culturally appropriate pathways through mental health services • Emphasising 'environmental factors' within hospitals • De-escalation techniques • Providing low-medication and/or no-medication approaches • Residential programmes for people in acute crisis as alternatives to hospitalisation • Community crisis resolution and home support • Addressing coercive practices in housing and independent living services • Environmental factors (including sensory modulation) in non-hospital mental health settings*
5. Inclusion of people, whānau and consumer roles	• Providing family-based support when responding to crises and support needs • Advance planning to improve crisis responses • Using non-legal advocacy to avoid coercion • Supported decision-making • Raising public awareness around the impact of seclusion on people accessing services*
6. Debriefing techniques	No international literature themes mapped onto this domain.

Figure 4. International literature themes in least restrictive practice (since 1990) mapped onto the *Six Core Strategies©* domains.

Note. Literature themes were identified by Gooding et al. (2018). * Indicates a New Zealand specific theme.

Summary

In relation to the *Six Core Strategies©,* local and international literature themes mapped onto five of the six domains. A large number of literature themes were related to the use of reduction tools or de-escalation techniques that help to reduce people's distress. Literature themes also aligned to leadership, workforce development and inclusion of people, whānau and consumer roles. Less alignment was observed around the use of data, and there has been little focus in the literature around debriefing or other postvention techniques.

Discussion

Looking at the New Zealand literature in relation to the *Six Core Strategies©,* current strengths include leadership, use of data, workforce development and reduction tools. These areas likely reflect the recent priorities amongst local inpatient mental health services, and where most research and implementation activities have occurred. In contrast, key gaps the New Zealand literature in relation to the *Six Core Strategies©* are the inclusion of people and whānau in decision-making; involvement of peer workforce roles, and debriefing techniques. These findings are in line with recent DHB case studies showing peer workforce development and debriefing techniques are areas of improvement within services (McKenna et al., 2018). The findings of this literature review will help inform the future direction of *Six Core Strategies©* in New Zealand's inpatient mental health services.

Leadership toward organisational change

A large proportion of literature themes mapped onto the leadership strategic domain. This emphasises the ongoing importance of leadership and organisational change in reducing the use of seclusion. Similarly, Gooding et al. (2018) concluded:

> [An] important theme in the research is that both top-down *and* local-level leadership are important in order to create and maintain culture change toward reducing, ending and preventing coercion. There is some indication that leadership should include peer involvement for ultimate effectiveness, for which a human rights imperative also exists. (Gooding et al., 2018, p. 116)

In New Zealand, national-level leadership for the reduction of seclusion is evident in the local context and publications. At the policy level, *He Ara Oranga* recommends leadership and system transformation, and Mental Health Act reform. Potential policy changes or priority areas in the upcoming years are likely to shift services towards a greater focus on wellbeing, trauma-informed approaches, earlier access to services, and peer workforce development. At the practice level, DHBs across the country have been engaged in Health Quality and Safety Commission's quality improvement programme which includes the *Zero Seclusion: towards eliminating seclusion by 2020* project. This provides a continued and coordinated focus on the shared goal of eliminating seclusion. Another example is the Safe Practice Effective Communication (SPEC) training programme which is driven by nursing leadership; the national implementation of this programme has been led by the

Directors of Mental Health Nursing (DOMHNs). SPEC provides training in restraint minimisation, communication, de-escalation, collaborative ways of working, as well as national consistency in the teaching of personal restraint and breakaway techniques. SPEC is also supported by Te Pou, who continues to have a national role to support organisations in reducing the use of seclusion and restraint.

A recent case-study evaluation found that one DHB reported the *Six Core Strategies©* has been a central component to their plans for reducing seclusion, and another DHB indicated the framework had the most influence around leadership (McKenna et al., 2018). Moreover, peer leadership at the local-level has been a common focus in the New Zealand context and literature. This highlights co-production and peer workforce development as a priority for mental health services. It is important to continue the focus on peer leadership and workforce development as these roles provide the following benefits (Scholz, Bocking, & Happell, 2017):
- drawing on lived experience can be very influential in shaping service delivery
- provides insights in ways that other people would not be able to
- enhances the power and voice of people accessing services
- positively influences the organisational reputation
- opens access to external networks.

An international systematic review of consumer leadership identified that research activities have focused on organisational resources and structures, determinants of leadership, and outcomes of consumer leadership, whilst more research is still needed to understand and support the integration of consumer leadership (Scholz, Gordon, & Happell, 2017). In other countries, resistance and stigma from other staff is a major barrier for the integration of consumer leadership (Gordon, 2005; Scholz, Bocking, et al., 2017). To address this, staff perspectives from Australia have suggested a need for a better definition of consumer leader roles, clearer organisational core beliefs and values about consumer leadership, and alternative models of hierarchy to prevent the formation of a 'glass ceiling' for consumer leadership roles (Scholz, Bocking, et al., 2017).

Use of data to inform practice

In line with international literature themes, New Zealand has a steady focus on establishing registries or reporting to monitor changes in the use of seclusion. Seclusion was introduced as a key performance indicator (KPI) for adult mental health services in 2014/15, and seclusion data is reported to each DHB every 6 months. Local researchers have demonstrated the use of PRIMHD[7] seclusion data to better understand practices that can support further reductions. In particular, New Zealand research has examined the demographic and clinical factors amongst people who have been secluded, as well as the variation in DHB seclusion rates (Jury et al., 2019; Lai et al., 2019; McLeod et al., 2017).

In contrast, there is relatively less information available about how local DHBs actively use seclusion data to inform staff and clinical practices. A previous example from one DHB showed that user-

---

[7] Programme for the Integration of Mental Health Data (PRIMHD) is a national mental health and addiction database about service activity and outcomes data.

friendly graphs were important for communicating data to staff and contributed to the reduction in seclusion (Waitemata District Health Board, 2011). More case-studies examples about data use can help to encourage and facilitate DHBs to develop innovative ways of sharing data with staff. There is also a gap in national data collection and reporting around the use of personal restraint and PRN medications as these measures are yet to be standardised across the sector.

Workforce development

Overall, the international literature themes showcase a variety of alternative approaches that support least restrictive practice, many of which have implications for local workforce learning and development. Literature themes also highlight a recent emphasis on workforce mix and ratios, as well as staff attitudes and perceptions. Local research found general staffing issues were a major barrier to reducing seclusion (Drown et al., 2018), and the ethnic mix of nursing staff appears to have an effect on the frequency of seclusion of Māori men (Drown, 2017). Having more Māori staff can help to facilitate lower rates of seclusion through increasing workforce capability to provide cultural support (Drown, 2017).

Staff perceptions and media reporting frequently highlight concerns about safety in mental health services. This is likely to influence the way staff relate to people accessing services and overall organisational culture. Potential ways to address staff concerns about safety and organisational culture include the utilisation of safe staffing approaches such as Care Capacity Demand Management (CCDM), positive language to help facilitate changes in attitudes (Riahi, Thomson, & Duxbury, 2016), ensuring staff have professional support available and undergo best practice training such as SPEC and sensory modulation.

Also specific to New Zealand, concerns about workforce capability in responding to co-existing problems have been highlighted. Substance use has been attributed as a major reason for the continued use of seclusion rooms. This highlights an increasing need for workforce development that targets capacity and capability to effectively respond to people who experience co-existing problems. Similar concerns have been observed in Australia, where research shows methamphetamine use is associated with an almost eight times greater likelihood of restrictive practices (McKenna et al., 2017).

Use of reduction tools

Developing and providing empathic and relational alternatives are an important part of moving towards least restrictive practice (Duxbury, Thomson, et al., 2019). Seclusion reduction tools identified in the literature themes included de-escalation techniques, culturally appropriate pathways, environmental factors, and community crisis support to help reduce distress. This includes sensory modulation and therapeutic communication which have been key features in local initiatives to reduce seclusion.

Culturally appropriate pathways through mental health services was one of the most common themes in the New Zealand context and literature. This reflects the ongoing priority to reduce seclusion for Māori and Pasifika peoples, and the development of culturally responsive approaches. Building culturally appropriate services will require acknowledgement of trauma, tikanga Māori and

creation narratives; seeking advice from cultural advisors; prioritising Māori leadership; inclusion of whānau; and seeking feedback from Māori tāngata whai ora (Pihama et al., 2017; Rangihuna et al., 2018; Wharewera-Mika et al., 2016). McLeod and colleagues also suggested that improving outcomes for Māori tāngata whai ora will require better cultural responsiveness from community mental health services to help reduce the need for inpatient admission (McLeod et al., 2017). One DHB has further adapted the checklist tool through the addition of a seventh strategic domain which focused on improving responsiveness to Māori tāngata whai ora (McKenna et al., 2018).

Sensory modulation has been a key approach in reducing seclusion in New Zealand. Some overseas research has shown that sensory modulation helps reduce the use of seclusion, restraint, and forced medication (Andersen, Kolmos, Andersen, Sippel, & Stenager, 2017; Lloyd, King, & Machingura, 2014). Sensory modulation promotes empowerment, creates a positive care environment, and facilitates the establishment of therapeutic relationships with staff (Björkdahl, Perseius, Samuelsson, & Lindberg, 2016; Sutton & Nicholson, 2011). In New Zealand, additional resources about trauma-informed approaches and sensory modulation have been developed to support the implementation of *Six Core Strategies©*. The *Six Core Strategies©* resources have helped some DHBs to legitimise the approach for staff (McKenna et al., 2018). Moreover, participation in sensory modulation activities based on cultural practices such as kapa haka groups is beneficial for Māori people accessing services (Hollands, Sutton, Wright-St. Clair, & Hall, 2015). Overseas research has examined the utility of sensory modulation in other mental health settings such as adolescent services and forensic services (West, Melvin, McNamara, & Gordon, 2017; Wiglesworth & Farnworth, 2016). Similarly, local research indicates sensory modulation can significantly reduce anxiety and improve occupational participation amongst people accessing community mental health services (Wallis, Sutton, & Bassett, 2018).

The physical environment has been a common international literature theme in recent years. In New Zealand, staff perspectives indicate the facility environment can be a major barrier to reducing seclusion in some services (Drown et al., 2018). Local services have piloted alternative approaches to improve the environment, including open door policies and cultural welcoming practices (e.g., mihi whakatau). A local case-study found an open ward design positively contributed to a less restrictive environment even after an initial rise in absconding (Beaglehole, Beveridge, Campbell-Trotter, & Frampton, 2017). When the service shifted from a locked door setting to open wards, significant reductions in seclusion hours were observed, and adaptations to nursing practice were able to mitigate the initial rise in absconding (Beaglehole et al., 2017).

Inclusion of people, whānau and consumer roles

Inclusion of whānau and people with lived experience of mental health and addiction issues is an important part of service delivery and design, as well as managing distress (Kontio, Lantta, Anttila, Kauppi, & Välimäki, 2017). International literature themes included advocacy, advance planning, supported decision-making, and family-based support. However, these *were not* common themes in the New Zealand context and literature. Local research found that service providers and people accessing services both support the use of advanced directives, and the involvement of peer support workers to help facilitate this process (Lenagh-Glue et al., 2018).

The poor alignment of these themes with the local context and literature indicates the inclusion of people accessing services and their whānau is an area that needs significant improvement. Similarly, an Australian study has shown that people and their supporters perceive a need to improve advocacy, complaints processing, and the inclusion of people, whānau and peer support (Brophy, Roper, Hamilton, Tellez, & McSherry, 2016).

Debriefing techniques

Debriefing continues to be an important part of the *Six Core Strategies©* framework for reducing seclusion. However, Gooding et al. (2018) and the local literature search did not identify any themes that were explicitly related to debriefing processes. This may reflect a strengthened emphasis in the literature towards early preventative strategies rather than postvention or may be a result of the literature search strategies used.

While debriefing was not identified as an international literature theme, there has been some research in this area in recent years. For example, Goulet and colleagues examined the utility of post seclusion and/or restraint debriefing (Goulet & Larue, 2016; Goulet, Larue, & Lemieux, 2018). Their international literature review and Canadian pilot study showed that debriefing:

- helps to better understand people's experiences
- re-establishes therapeutic relationships
- informs future plans for treatment and care
- demonstrates organisational commitment
- promotes collaborative problem solving and creative thinking
- can be informal and unstructured
- some people may continue to feel unheard or unresolved.

Conclusion

The aim of this literature review was to inform the future direction of the Six Core Strategies© in New Zealand's inpatient mental health services. Overall, the *Six Core Strategies©* framework aligns with current international literature themes in least restrictive practice, indicating the strategic domains continue to reflect current best practice for inpatient mental health services. Therefore, it will be beneficial for New Zealand's inpatient mental health services to continue implementation of *Six Core Strategies©* to support their seclusion reduction initiatives, along with trauma-informed approaches and seclusion reduction tools.

Implications for the continued implementation of *Six Core Strategies©* in New Zealand

Current best practice in least restrictive practice encompasses a wide range of alternative practices, policies and reduction tools. This finding reinforces the importance of taking a whole-of-system approach towards reducing seclusion and restraint. As highlighted by Gooding et al. (2018), it will be beneficial for services to consider the range of least restrictive alternatives available in the international literature:

> A broad suite of practices, policies and interventions exist, which can be implemented at local, national and regional levels. […] No single country or national region has implemented the broad range of measures outlined in this review. This invites consideration of what might happen if countries or regions did so. (Gooding et al., 2018, p. 116)

A key limitation of this review is that the New Zealand literature does not capture the full picture of the activities occurring in services. While DHBs have many initiatives that support reduction in seclusion, this information is not often shared publicly. Consultation with sector stakeholders will help to capture a better picture around existing challenges and gaps in practice. It is important to capture all the perspectives involved in mental health, including service managers, mental health workers, people who have accessed services and their whānau.

The *Six Core Strategies© checklist: New Zealand adaptation* (Te Pou o te Whakaaro Nui, 2013) has been one of the key instruments in supporting the implementation of *Six Core Strategies©* in New Zealand. Thus, the future direction of the *Six Core Strategies©* needs to be reflected in the checklist tool to guide mental health leaders and managers. A refresh of the *Six Core Strategies©* checklist tool will provide an opportunity to address the current challenges and gaps in practice, and promote evidence-informed practice and continuous quality improvement.

Recommendations

Based on the findings of this review, recommendations for the future direction of the *Six Core Strategies©* in New Zealand's mental health services are outlined below.

1. Continue to strengthen the implementation of *Six Core Strategies©* within New Zealand's inpatient mental health services to support seclusion reduction initiatives, given the alignment of the framework with international literature and current best practices.

2. Consultation with local stakeholders to help further identify what is working well and areas for improvement in New Zealand to inform the future direction of the *Six Core Strategies©*. Consultation should include service managers, mental health workers and the professional organisations that represent them, people who have accessed services, their whānau and peer leaders, advocates, support and development organisations.

3. A refresh of the *Six Core Strategies© checklist: New Zealand adaptation* to help guide mental health leaders and managers in addressing areas for improvement identified through the local literature and consultation with stakeholders, and to support continued implementation of *Six Core Strategies©* within New Zealand's inpatient mental health services.

Appendix A: The implementation of *Six Core Strategies©* across IIMHL countries

Table 5 provides a brief overview of the use of *Six Core Strategies©* and trauma-informed approaches across countries which are part of the International Initiative for Mental Health Leadership (IIMHL).

Table 5. *Summary for the Use of Six Core Strategies© and Trauma-Informed Approaches Across Countries*

	New Zealand	**Australia**	**UK**	**US**	**Canada**
Six Core Strategies© planning tools	*Six Core Strategies© checklist: New Zealand adaptation* (2013)	(not found)	*Reducing Restrictive Practices Checklist* (2017)	*Six Core Strategies© planning tool* (revised in 2008)	(not found)
Implementation of *Six Core Strategies©*	Individual services supported by Te Pou	Beacon Project (11 services, ended in 2009) supported by government agencies	REsTRAIN YOURSELF (7 wards, ended in 2016) supported by RRN and AQuA	Individual services supported by SAMHSA and NASMHPD	Individual services (support unclear)
Implementation of trauma-informed approaches	Resources, training, and support provided by Te Pou	Led by MHCC and National Trauma-Informed Care and Practice Advisory Working Group	Resources, training, and support provided by CPI	Developed and led by SAMHSA, who also provides training and resources	Resources developed by provincial organisations, and the Centre for Addiction and Mental Health

Note. This table has been adapted from Te Pou o te Whakaaro Nui (2018b) and is based on information that is publicly available.

Appendix B: Effectiveness of *Six Core Strategies©*

Table 6. *Effectiveness of Six Core Strategies© in Reducing Seclusion and Restraint*

Country	Key publications	Key findings
New Zealand case study	An evaluation of the efficacy of the *Six Core Strategies©* intervention to reduce seclusion and restraint episodes in an acute mental health unit (Wolfaardt, 2013)	Seclusion reduced from 40 per cent of people admitted to 9.8 per cent after one-year post-intervention, and 0.4 per cent in the second year. The use of restraint had also reduced in the first-year post-intervention, resulting in an average of 1.52 episodes per person. In the second year, the number of restraints increased to an average of 2.31 episodes per person (pre-intervention average was 2.59).
Australia's Beacon Project	*A Case for Change: Position Paper on Seclusion, Restraint and Restrictive Practices in Mental Health Services* (National Mental Health Commission, 2015) *Seclusion and Restraint Project: Report* (Melbourne Social Equity Institute, 2014)	Substantial reductions in the use of seclusion and restraint across 11 services (no specific figures found).
UK's REsTRAIN YOURSELF project	Minimising the use of physical restraint in acute mental health services: The outcome of a restraint reduction programme ('REsTRAIN YOURSELF') (Duxbury, Baker, et al., 2019)	An average of 22% reduction in use of restraints across seven wards that implemented *Six Core Strategies©* during the six-month period.
Finland's cluster-RCT study	Cluster-Randomized Controlled Trial of Reducing Seclusion and Restraint in Secured Care of Men With Schizophrenia (Putkonen et al., 2013)	Number of days with seclusion, restraint, or room observation reduced from 30% to 15% and seclusion-restraint hours reduced from 110 to 56 hours per 100 patient-days. This reduction in seclusion and restraint was significant when compared to the control wards.
US case studies	Effectiveness of *Six Core Strategies©* based on trauma-informed care in reducing seclusion and restraint at a child and adolescent psychiatric hospital (Azeem, Aujla, Rammerth, Binsfeld, & Jones, 2011) Successful seclusion and restraint prevention effort in child and adolescent programs (Caldwell et al., 2014)	Azeem et al. (2011) found prior to the implementation the service had 93 seclusion and restraint events, and in the last six months of the study it reduced to 31 events. Caldwell et al. (2014) described three individual child- and family-serving programs that successfully implemented *Six Core Strategies©* to reduce restrictive practices. Wieman et al. (2014) found the services had significantly reduced the percentage of people secluded by 17%, seclusion hours by 19%, and proportion restrained by 30%. The reduction in restraint hours was 55% but nonsignificant (p=.08).

	Multisite study of an evidence-based practice to reduce seclusion and restraint in psychiatric inpatient facilities (Wieman, Camacho-Gonsalves, Huckshorn, & Leff, 2014) The New York State Office of Mental Health Positive Alternatives to Restraint and Seclusion (PARS) Project (Wisdom, Wenger, Robertson, Van Bramer, & Sederer, 2015)	Wisdom et al. (2015) found the use of restraint and seclusion was significantly reduced at all three sites over the course of the project (trend decrease ranged from 62% to 86%).
Canadian case study	Implementation of the *Six Core Strategies*© for restraint minimization in a specialized mental health organization (Riahi, Dawe, Stuckey, & Klassen, 2016)	Over a three-year period, the total number of mechanical restraint and seclusion incidents decreased by 19.7%. The average length of a mechanical restraint or seclusion incident decreased 38.9%.

Note. This table has been adapted from Te Pou o te Whakaaro Nui (2018b).

Appendix C: Recent New Zealand literature

This section presents recent New Zealand publications related to least restrictive practice since 2015. This includes 12 journal articles and 29 grey literature publications. These local publications were aligned to the international literature themes identified by Gooding et al. (2018). Some literature aligns to more than one theme therefore is duplicated within the table.

Table 7. *Recent New Zealand Literature Related to Least Restrictive Practice (Since 2015)*

Theme	Authors	Year	Type of study	Title	Key findings
Overarching themes					
'Peer-led' initiatives and research	Anna Jane Jackman for Mad in Aotearoa	2018	Interview	Ending Seclusion in Tairawhiti: An interview with Guy Baker from Te Kupenga Net Trust	Te Kupenga Net Trust is a mental health and addictions peer support and advocacy service. Seclusion is a traumatising experience and the facility are looking at changing the environment to allow people to de-stress and de-escalate the situation without the need for seclusion, including involving whānau in the process.
	Kerri Butler & Dr Roz Sorensen	2018	Conference abstract – Healthy Futures Conference	From seclusion to inclusion: informed by lived experience	The national collaborative between HQSC and Te Pou includes lived experiences and whanau as well as Māori and Pasifika people. This collaborative is generating ideas to reduce and eventually eliminate seclusion.
	Te Pou	2017	Qualitative - interviews	Evaluation of Tupu Ake: A peer-led acute alternative mental health service	This report describes a peer-led admission alternative which effectively supported people experiencing mental health issues.

Theme	Authors	Year	Type of study	Title	Key findings
Laws designed to reduce, end or prevent coercion	Ministry of Health	2017/ 2018	Discussion document	Mental health and human rights: A discussion document	Discussion of the impacts of the Mental Health Act 1992 on people and what would improve the opportunities for people who come under the Mental Health Act to have a good life. Includes a section on seclusion and restraint in NZ and different rates among DHBs.
Policies and practices promoting human rights, recovery and trauma-informed support	End Seclusion Now (ESN)	2019	Report to the UN convention against torture	'End Seclusion Now' Shadow Report	ESN is a mental health campaigning organisation. This report makes a case to bring an end to solitary confinement in all New Zealand hospitals.
	Kirsty Dempster-Rivett	2018	Discussion of implementation of training	Development and implementation of trauma-informed training for women's corrections facilities in Aotearoa New Zealand	The ability to recognise trauma in women in a prison setting and respond in a trauma informed way can help to deescalate situations and teach emotion regulation skills
	Mental Health Commissioner	2018	Monitoring and advocacy report	New Zealand's mental health and addiction services: The monitoring and advocacy report of the Mental Health Commissioner	Seclusion has been reducing over time but is now steadying, and Māori continue to experience higher rates of seclusion. Seclusion can be highly traumatising for both people accessing services and staff. Differences in seclusion use is due to organisational culture/practice.
	Judge Peter Boshier (Chief Ombudsman)	2016	Inpatient unit case study	Report on an unannounced visit to Wahi Oranga Mental Health Inpatient Unit Under the Crimes of Torture Act 1989	Discussion of findings at the Wahi Oranga mental health inpatient unit related to human rights and seclusion. The seclusion conditions were not satisfactory (no access to fresh air daily) and often new people were put into seclusion after entering the service for no good reason.

Theme	Authors	Year	Type of study	Title	Key findings
	Te Pou	2015	Report	Towards restraint-free mental health practice: Supporting the reduction and prevention of personal restraint in mental health inpatient settings	Guidance on ways to reduce or prevent restraint
Providing family-based support when responding to crises and support needs	Anna Jane Jackman for Mad in Aotearoa	2018	Interview	Ending Seclusion in Tairawhiti: An interview with Guy Baker from Te Kupenga Net Trust	Te Kupenga Net Trust is a mental health and addictions peer support and advocacy service. Seclusion is a traumatising experience and the facility are looking at changing the environment to allow people to de-stress and de-escalate the situation without the need for seclusion, including involving whānau in the process.
National policies	Kerri Butler & Dr Roz Sorensen	2018	Conference abstract – Healthy Futures Conference	From seclusion to inclusion: informed by lived experience	The national collaborative between HQSC and Te Pou includes lived experiences and whanau as well as Māori and Pasifika people. This collaborative is generating ideas to reduce and eventually eliminate seclusion
	Te Pou	2018	Report/ brief literature review	Reducing and Eliminating Seclusion in Mental Health Inpatient Services: An evidence review for the Health Quality & Safety Commission New Zealand	Literature review on the seclusion and restraint reduction literature to provide information for the national mental health and addiction quality improvement programme. Described the nationwide use of Six Core Strategies© and provided an overview of existing data sets and reporting.
	Nelson Marlborough DHB	2016	Policies	Restraint minimisation and safe practice	Policy for restraint minimisation and safe practice which highlights the definitions of restrictive practices and outlines the appropriate procedures.

Theme	Authors	Year	Type of study	Title	Key findings
	Hutt Valley DHB	2016	Policy	Restraint minimisation and safe practice	Workplace policies to minimise the use of restraint and ensure when it is used, ethical considerations, procedures, safety, culture and dignity.
Other themes in the literature (that are not overarching but apply to both inpatient and community settings)					
Reducing fear of coercion	Shaun Robinson	2019	Statement from the Mental Health Foundation (news)	Patient assaults on staff in mental health units – statement	Media around violent incidents in hospitals leading to staff injuries is concerning, however the way media reports are worded contributes to old stereotypes about people experiencing mental health issues. The overuse of compulsory treatment in mental health services creates an environment with high levels of distrust and anger.
	Drown et al	2018	Journal article about a qualitative survey for nursing staff in 11 DHBs and quantitative seclusion data analysis	Nurse perceptions of the use of seclusion in mental health inpatient facilities: Have attitudes to Māori changed?	Barriers to reducing seclusion were staffing issues, management, medical resistance and facility environment. Staff were concerned about safety in the unit. Between 2007-2014 number and per cent of total people secluded declined, but there was little change in Māori people.
	Te Pou	2017	News article	Sensory modulation research- now and into the future	Sensory modulation is increasingly being used to help manage anxiety and as a tool to reduce seclusion and restraint.
	Cecile Meier (Stuff)	2017	News article	Canterbury DHB 'extremely concerned' at increasing assaults on mental health staff	A third of mental health staff in one unit in Canterbury have been assaulted by people accessing their services in 2017.

Theme	Authors	Year	Type of study	Title	Key findings
	McKenna, B	2016	Editorial/discussion (journal publication)	Reducing Restrictive Interventions: The Need for Nursing to Drive Change	Over the last 20 years there has been a shift in attitudes towards use of seclusion and restraint, however positive changes are still limited despite government and policy level approaches.
	Judge Peter Boshier (Chief Ombudsman)	2016	Inpatient unit case study	Report on an unannounced visit to Wahi Oranga Mental Health Inpatient Unit Under the Crimes of Torture Act 1989	Discussion of findings at the Wahi Oranga mental health inpatient unit related to human rights and seclusion. The seclusion conditions were not satisfactory (no access to fresh air daily) and often new people were put into seclusion after entering the service for no good reason.
	Harrison Christian	2016	News story	Reducing seclusion in mental health units 'unrealistic'	Worker at Lakes DHB says reducing/removing seclusion is putting a strain on resources. Attacks on staff are frequent.
Culturally appropriate pathways through mental health services	Government Inquiry into mental health and addiction	2019	Report of Māori voices towards the Government Inquiry	Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction	A disproportionately higher number of Māori are subject to seclusion, treatment does not consider tikanga Māori and whānau expertise is excluded.
	Government Inquiry into mental health and addiction	2019	Report of Pacific voices towards the Government Inquiry	Mental Health Inquiry Pacific Report	High seclusion in Pacific people is related to discrimination and lack of understanding of their culture.

Theme	Authors	Year	Type of study	Title	Key findings
	Drown et al	2018	Journal article about a qualitative survey for nursing staff in 11 DHBs and quantitative seclusion data analysis	Nurse perceptions of the use of seclusion in mental health inpatient facilities: Have attitudes to Māori changed?	Barriers to reducing seclusion were staffing issues, management, medical resistance and facility environment. Staff were concerned about safety in the unit. Between 2007-2014 number and per cent of total people secluded declined, but there was little change in Māori people.
	Rangihuna et al	2018	Journal article describing a cultural approach for Māori mental health	Mahi a Atua: a pathway forward for Māori mental health	Culturally appropriate service capabilities are lacking - creation narratives can help to better understand and interpret experiences according to Māori culture.
	Le Va	2018	News article	Mental health fono spotlights high seclusion rates for Pasifika peoples	Pasifika peoples are twice as likely than NZ European and Asian people to be secluded.
	Government Inquiry into mental health and addiction	2018	Report	He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction	The use of the compulsory treatment act and seclusion and restraint is too high. The use is even higher in Māori and Pacific people. The state of seclusion rooms are poor.
	Te Pou	2018	Report to inform the Government Inquiry into mental health and addiction	Workforce stocktake: Final report to the Government Inquiry into Mental Health & Addiction, June 2018. New Zealand mental health and addiction workforce: challenges and solutions	Work is needed to further progress initiatives co-designed by people who access services; to support wider implementation of the Six Core Strategies© for reducing seclusion and restraint; and better understand and respond to the higher rates of seclusion for Māori and Pacific peoples

Theme	Authors	Year	Type of study	Title	Key findings
	Mental Health Commissioner	2018	Monitoring and advocacy report	New Zealand's mental health and addiction services: The monitoring and advocacy report of the Mental Health Commissioner	Seclusion has been reducing over time but is now steadying, and Māori continue to experience higher rates of seclusion. Seclusion can be highly traumatising for both people accessing services and staff. Differences in seclusion use is due to organisational culture/practice.
	McLeod et al.	2017	Journal article about a quantitative analysis of PRIMHD data from 9 DHBs	Ethnic disparities in the use of seclusion for adult psychiatric inpatients in New Zealand	Māori are more likely than non-Māori, non-Pacific to experience seclusion
	Pihama et al.	2017	Journal article featuring interviews and regional hui.	Investigating Māori approaches to trauma informed care	There is a need for culturally appropriate health services and practices that acknowledge Māori are impacted by trauma in specific/unique ways.
	Chris Drown	2017	Master thesis about qualitative exploratory research	An Exploration into the Reasons Why Māori Men (Tāne) are Secluded in Acute Mental Health Services in New Zealand More Frequently than Men of Other Ethnicities	Inability to meet cultural needs of Māori men contributes to their higher seclusion rates – the ethnic mix of nursing staff appears to have an effect on the frequency of seclusion of Māori men
	Wharewera-Mika et al.	2016	Journal article about a qualitative study based on a hui with Māori clinical, cultural and lived experience perspectives	Strategies to reduce the use of seclusion with tāngata whai i te ora (Māori mental health service users).	Potential strategies to facilitate prevention/reduction of seclusion in Māori align with the six core strategies and include access to a Māori worldview, transforming practice, and leadership, power and control.

Theme	Authors	Year	Type of study	Title	Key findings
Advance planning to improve crisis responses	Lenagh-Glue et al.	2018	Journal article about data on advance directive preferences	A MAP to mental health: the process of creating a collaborative advance preferences instrument	Both service providers and people accessing services support the use of advanced directives, but there was a disagreement between the two groups on the use of seclusion, which was viewed unfavourably by people accessing services.
Supported decision making	Government Inquiry into mental health and addiction	2019	Report of Māori voices towards the Government Inquiry	Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction	A disproportionately higher number of Māori are subject to seclusion, treatment does not consider tikanga Māori and whānau expertise is excluded.
Hospital based strategies					
Examining the relationship between people's characteristics and coercion	Jury et al.	2019	Journal article about an analysis of PRIMHD data	People who experience seclusion in adult mental health inpatient services: An examination of health of the nation outcome scales scores	Overactive, aggressive, disruptive, or agitated behaviour; problem drinking or drug-taking; and problems with hallucinations and delusions are associated with seclusion
	Lai et al.	2019	Journal article about an analysis of PRIMHD data	Variation in seclusion rates across New Zealand's specialist mental health services: Are sociodemographic and clinical factors influencing this?	Sociodemographic and clinical factors of people did not sufficiently explain the variation in seclusion rates between DHBs
	Royal Australian and New Zealand College of Psychiatrists	2016	Position statement	Minimising the use of seclusion and restraint in people with mental illness	Position statement outlining RANZCP's commitment to reducing the use of seclusion and restraint.
	Le Va	2018	News article	Mental health fono spotlights high seclusion rates for Pasifika peoples	Pasifika peoples are twice as likely than NZ European and Asian people to be secluded.

Theme	Authors	Year	Type of study	Title	Key findings
	Health Quality & Safety Commission for Kai Tiaki nursing journal	2018	Discussion paper	Nurses key to solving challenge of seclusion	Nurses are key to reducing seclusion and restraint. Other alternative approaches that have worked include SPEC, Safewards and a Māori approach. Substance use complicates de-escalation approaches.
	Government Inquiry into mental health and addiction	2018	Report	He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction	The use of the compulsory treatment act and seclusion and restraint is too high. The use is even higher in Māori and Pacific people. The state of seclusion rooms are poor.
	Mental Health Commissioner	2018	Monitoring and advocacy report	New Zealand's mental health and addiction services: The monitoring and advocacy report of the Mental Health Commissioner	Seclusion has been reducing over time but is now steadying, and Māori continue to experience higher rates of seclusion. Seclusion can be highly traumatising for both people accessing services and staff. Differences in seclusion use is due to organisational culture/practice.
	Ministry of Health	Every year	Annual report	Office of the Director of Mental Health and Addiction Services Annual Report	In 2016, the use of seclusion in adult inpatient units steadied in the context of a seven-year decline. Males, Māori and people aged 20-24 years were more likely to be secluded than females, non-Māori and those in other age groups.
	Sharon Shalev	2017	Review of practice in NZ forensic mental health settings	Thinking outside the box? A review of seclusion and restraint practices in New Zealand	High use of seclusion and restraint in NZ, overrepresentation in ethnic minority groups, and women were more likely than men to be secluded and for longer periods of time in the prison setting. Facilities did not always provide access to necessities

Theme	Authors	Year	Type of study	Title	Key findings
	Galletly et al.	2016	Guidelines published in the Australian and New Zealand Journal of Psychiatry	Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders	Seclusion is rarely required for people experiencing psychosis – if used it should be used for as short a time as possible and the person should be offered the opportunity to debrief about their experience.
	Judge Peter Boshier (Chief Ombudsman)	2016	Inpatient unit case study	Report on an unannounced visit to Wahi Oranga Mental Health Inpatient Unit Under the Crimes of Torture Act 1989	Discussion of findings at the Wahi Oranga mental health inpatient unit related to human rights and seclusion. The seclusion conditions were not satisfactory (no access to fresh air daily) and often new people were put into seclusion after entering the service for no good reason.
The number/ratio of staff to people's, and staff characteristics	Drown et al	2018	Journal article about a qualitative survey for nursing staff in 11 DHBs and quantitative seclusion data analysis	Nurse perceptions of the use of seclusion in mental health inpatient facilities: Have attitudes to Māori changed?	Barriers to reducing seclusion were staffing issues, management, medical resistance and facility environment. Staff were concerned about safety in the unit. Between 2007-2014 number and per cent of total people secluded declined, but there was little change in Māori people.
	Te Pou	2017	Report about a survey into the implementation of sensory modulation across DHBs	Implementation of Sensory Modulation within DHB Mental Health Services: 2017 Stocktake	Sensory modulation has a positive impact on people accessing services but is limited by resources, time and dedicated staff.
	Chris Drown	2017	Master thesis about qualitative exploratory research	An Exploration into the Reasons Why Māori Men (Tāne) are Secluded in Acute Mental Health Services in New Zealand More Frequently than Men of Other Ethnicities	Inability to meet cultural needs of Māori men contributes to their higher seclusion rates – the ethnic mix of nursing staff appears to have an effect on the frequency of seclusion of Māori men.

Theme	Authors	Year	Type of study	Title	Key findings
	New Zealand Psychological Society	2016	Submission/ recommendations to the Human Rights Commission	Seclusion and restraint in mental health and educational facilities: A submission on behalf of the New Zealand Psychological Society to the Human Rights Commission	Workforce issues are central to the issue of seclusion and restraint in mental health, educational and justice settings.
	Harrison Christian (Newshub)	2016	News story	Reducing seclusion in mental health units 'unrealistic'	Worker at Lakes DHB says reducing/removing seclusion is putting a strain on resources. Attacks on staff are frequent.
Emphasising environmental factors within hospitals	Drown et al	2018	Journal article about a qualitative survey for nursing staff in 11 DHBs and quantitative seclusion data analysis	Nurse perceptions of the use of seclusion in mental health inpatient facilities: Have attitudes to Māori changed?	Barriers to reducing seclusion were staffing issues, management, medical resistance and facility environment. Staff were concerned about safety in the unit. Between 2007-2014 number and per cent of total people secluded declined, but there was little change in Māori people.
	Anna Jane Jackman for Mad in Aotearoa	2018	Interview	Ending Seclusion in Tairawhiti: An interview with Guy Baker from Te Kupenga Net Trust	Te Kupenga Net Trust is a mental health and addictions peer support and advocacy service. Seclusion is a traumatising experience and the facility are looking at changing the environment to allow people to de-stress and de-escalate the situation without the need for seclusion, including involving whānau in the process.
	Checkpoint – Lisa Owen (Radio NZ)	2018	News story	Inside New Zealand's newest seclusion rooms	This story and video report described the new Tiaho Mai unit which has two seclusion rooms. The interview with the head of acute services at the DHB indicated substance use is the main reason for the continued need for seclusion rooms.

Theme	Authors	Year	Type of study	Title	Key findings
	Government Inquiry into mental health and addiction	2018	Report	He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction	The use of the compulsory treatment act and seclusion and restraint is too high. The use is even higher in Māori and Pacific people. The state of seclusion rooms are poor.
	Te Pou	2017	News article	Sensory modulation research- now and into the future	Sensory modulation is increasingly being used to help manage anxiety and as a tool to reduce seclusion and restraint.
Open door policies	Beaglehole et al	2017	Journal article about an inpatient service that had changed from locked to unlocked wards	Unlocking an acute psychiatric ward: the impact on unauthorised absences, assaults and seclusions	Changing to an unlocked environment significantly increased unauthorised absences but resulted in reduced seclusion hours.
De-escalation techniques	Health Quality & Safety Commission for Kai Tiaki nursing journal	2018	Discussion paper	Nurses key to solving challenge of seclusion	Nurses are key to reducing seclusion and restraint. Other alternative approaches that have worked include SPEC, Safewards and a Māori approach. Substance use complicates de-escalation approaches.
	Te Pou - Angela Gruar	2016	News story	Successful launch of the national Safe Practice Effective Communication training programme	SPEC training launched in NZ in November 2016 to ensure respect, safety and dignity for staff and people when restraint needs to be used.
Creating Safewards, changing the physical environment and improving service culture	Health Quality & Safety Commission for Kai Tiaki nursing journal	2018	Discussion paper	Nurses key to solving challenge of seclusion	Nurses are key to reducing seclusion and restraint. Other alternative approaches that have worked include SPEC, Safewards and a Māori approach. Substance use complicates de-escalation approaches.

Theme	Authors	Year	Type of study	Title	Key findings
Six core strategies to reduce the use of seclusion and restraint	Brian McKenna	2018	Unpublished report	The role of Te Pou o te Whakaaro Nui in assisting mental health services to reduce restrictive practices: A case study	Case study of Te Pou's work and the implementation of Six Core Strategies approach in reducing seclusion in mental health services
	Te Pou	2018	Report to inform the Government Inquiry into mental health and addiction	Workforce stocktake: Final report to the Government Inquiry into Mental Health & Addiction, June 2018. New Zealand mental health and addiction workforce: challenges and solutions	Work is needed to further progress initiatives co-designed by people who access services; to support wider implementation of the Six Core Strategies© for reducing seclusion and restraint; and better understand and respond to the higher rates of seclusion for Māori and Pacific peoples
	Te Pou	2018	Report/ brief literature review	Reducing and Eliminating Seclusion in Mental Health Inpatient Services: An evidence review for the Health Quality & Safety Commission New Zealand	Literature review on the seclusion and restraint reduction literature to provide information for the national mental health and addiction quality improvement programme. Described the nationwide use of Six Core Strategies© and provided an overview of existing data sets and reporting.
Existence of registries/reporting	Te Pou	Every 6 months	Unpublished reports to the director of Mental Health Nursing at each DHB (quantitative seclusion data)	n/a	Seclusion and restraint data to inform quality improvement at DHB and national level.
	Ministry of Health	Every year	Annual report	Office of the Director of Mental Health and Addiction Services Annual Report	In 2016, the use of seclusion in adult inpatient units steadied in the context of a seven-year decline. Males, Māori and people aged 20-24 years were more likely to be secluded than females, non-Māori and those in other age groups.

Theme	Authors	Year	Type of study	Title	Key findings
	Te Pou	2018	Report/ brief literature review	Reducing and Eliminating Seclusion in Mental Health Inpatient Services: An evidence review for the Health Quality & Safety Commission New Zealand	Literature review on the seclusion and restraint reduction literature to provide information for the national mental health and addiction quality improvement programme. Described the nationwide use of Six Core Strategies© and provided an overview of existing data sets and reporting.
Community based alternatives					
Residential programmes for people in acute crisis as alternatives to hospitalisation	Te Pou	2017	Qualitative - interviews	Evaluation of Tupu Ake: A peer-led acute alternative mental health service	This report describes a peer-led admission alternative which effectively supported people experiencing mental health issues.
Other themes relevant to the New Zealand context (not specifically outlined in Gooding et al. 2018)					
Substance use	Jury et al.	2019	Journal article about an analysis of PRIMHD data	People who experience seclusion in adult mental health inpatient services: An examination of health of the nation outcome scales scores	Overactive, aggressive, disruptive, or agitated behaviour; problem drinking or drug-taking; and problems with hallucinations and delusions are associated with seclusion
	Health Quality & Safety Commission for Kai Tiaki nursing journal	2018	Discussion paper	Nurses key to solving challenge of seclusion	Nurses are key to reducing seclusion and restraint. Other alternative approaches that have worked include SPEC, Safewards and a Māori approach. Substance use complicates de-escalation approaches.

Theme	Authors	Year	Type of study	Title	Key findings
	Checkpoint – Lisa Owen (Radio NZ)	2018	News story	Inside New Zealand's newest seclusion rooms	This story and video report described the new Tiaho Mai unit which has two seclusion rooms. The interview with the head of acute services at the DHB indicated substance use is the main reason for the continued need for seclusion rooms.
Organisational culture/climate **(not specific to Safewards)**	Lai et al.	2019	Journal article about an analysis of PRIMHD data	Variation in seclusion rates across New Zealand's specialist mental health services: Are sociodemographic and clinical factors influencing this?	Sociodemographic and clinical factors of people did not sufficiently explain the variation in seclusion rates between DHBs
	Drown et al	2018	Journal article about a qualitative survey for nursing staff in 11 DHBs and quantitative seclusion data analysis	Nurse perceptions of the use of seclusion in mental health inpatient facilities: Have attitudes to Māori changed?	Barriers to reducing seclusion were staffing issues, management, medical resistance and facility environment. Staff were concerned about safety in the unit. Between 2007-2014 number and per cent of total people secluded declined, but there was little change in Māori people.
	Mental Health Commissioner	2018	Monitoring and advocacy report	New Zealand's mental health and addiction services: The monitoring and advocacy report of the Mental Health Commissioner	Seclusion has been reducing over time but is now steadying, and Māori continue to experience higher rates of seclusion. Seclusion can be highly traumatising for both people accessing services and staff. Differences in seclusion use is due to organisational culture/practice.
	Te Pou	2017	Report about a survey into the implementation of sensory modulation across DHBs	Implementation of Sensory Modulation within DHB Mental Health Services: 2017 Stocktake	Sensory modulation has a positive impact on people accessing services but is limited by resources, time and dedicated staff.

Theme	Authors	Year	Type of study	Title	Key findings
	New Zealand Public Service Association	2016	Submission/recommendations to the Human Rights Commission	Seclusion and Restraint Review PSA submission to the Human Rights Commission	Recommendations to engage with service providers of mental health in acute and forensic services to understand their context and limitations, and how restraint and seclusion can be best managed.
Environmental factors in non-hospital settings	Wallis, Sutton & Bassett	2018	Journal article about the effectiveness of a sensory modulation approach for reducing anxiety and improving occupational participation.	Sensory Modulation for People with Anxiety in a Community Mental Health Setting	In a single subject case design, sensory modulation significantly reduced anxiety and improved occupational participation.
	Andrea Dempsey	2016	Master thesis about sensory modulation for people experiencing anxiety in community mental health services	An evaluation of a brief sensory modulation intervention for people presenting with anxiety in a community mental health service	A sensory modulation intervention had beneficial effects in reducing anxiety in people in a community mental health service. [This thesis is likely to be related to the journal article above by Wallis et al., 2018]
Impact on people accessing services	Western Institute of Technology	2018	Online essays from student nurses	Nurses' essays	The essays discuss the role of seclusion and restraint in mental health nursing in contributing to stigma and trauma.
	Te Pou	2018	Report	Reducing and Eliminating Seclusion in Mental Health Inpatient Services: An evidence review for the Health Quality & Safety Commission New Zealand	Literature review on the seclusion and restraint reduction literature to provide information for the national mental health and addiction quality improvement programme.
	Te Pou - Robyn Shearer (Radio NZ)	2017	News/Radio interview	Group highlights better alternative to seclusion, restraint	Seclusion and restraint results in poor outcomes for people

Theme	Authors	Year	Type of study	Title	Key findings
	Otago Daily Times	2017	News story	UN report slams NZ's use of solitary confinement	Story on the report by Dr Sharon Shalev – puts NZ in a bad light in its use of seclusion which is high compared to other countries and in breach of international standards. Highlights the case of Ashley Peacock
	Shane Cowlishaw (Newsroom)	2017	News story	Report paints shocking picture of 'medieval' NZ restraint practices	Story on the report by Dr Sharon Shalev – NZ practices of seclusion compared to medieval practices.
	Hilary Stace (Public Address)	2016	Blog/news story/case study	Fighting seclusion with collective activism	Case of Ashley Peacock in Porirua Hospital who has been in long term seclusion.
	Paul Gibson - Disability Rights Commissioner (NZ Herald)	2016	News story	Ending seclusion should be at top of DHB lists	Focus on the Ashley Peacock case, NZ needs to prioritise ending seclusion

Note. Themes are based on the scoping review by Gooding et al. (2018).

References

Andersen, C., Kolmos, A., Andersen, K., Sippel, V., & Stenager, E. (2017). Applying sensory modulation to mental health inpatient care to reduce seclusion and restraint: A case control study. *Nordic Journal of Psychiatry*, 1-4. doi: 10.1080/08039488.2017.1346142

Angela Gruar. (2016). *Successful launch of the national Safe Practice Effective Communication training programme*. Retrieved from https://www.tepou.co.nz/news/successful-launch-of-the-national-safe-practice-effective-communication-training-programme/913

Anna Jane Jackman. (2018). *Ending Seclusion in Tairawhiti: An interview with Guy Baker from Te Kupenga Net Trust*. Retrieved from https://madinaotearoa.nz/2017/02/28/dear-readers-anna-jane-jackman/

Azeem, M. W., Aujla, A., Rammerth, M., Binsfeld, G., & Jones, R. B. (2011). Effectiveness of six core strategies based on trauma informed care in reducing seclusions and restraints at a child and adolescent psychiatric hospital. *Journal of Child and Adolescent Psychiatric Nursing, 24*(1), 11-15. doi: 10.1111/j.1744-6171.2010.00262.x

Beaglehole, B., Beveridge, J., Campbell-Trotter, W., & Frampton, C. (2017). Unlocking an acute psychiatric ward: the impact on unauthorised absences, assaults and seclusions. *BJPsych bulletin, 41*(2), 92-96. doi: 10.1192/pb.bp.115.052944

Björkdahl, A., Perseius, K.-I., Samuelsson, M., & Lindberg, M. H. (2016). Sensory rooms in psychiatric inpatient care: Staff experiences. *International Journal of Mental Health Nursing, 25*(5), 472-479. doi: 10.1111/inm.12205

Bowers, L. (2014). Safewards: a new model of conflict and containment on psychiatric wards. *Journal of Psychiatric and Mental Health Nursing, 21*(6), 499-508. doi: 10.1111/jpm.12129

Brophy, L. M., Roper, C. E., Hamilton, B. E., Tellez, J. J., & McSherry, B. M. (2016). Consumers' and their supporters' perspectives on barriers and strategies to reducing seclusion and restraint in mental health settings. *Australian Health Review, 4*, 599-604. doi: 10.1071/ah15128

Caldwell, B., Albert, C., Azeem, M. W., Beck, S., Cocoros, D., Cocoros, T., . . . Reddy, B. (2014). Successful seclusion and restraint prevention effort in child and adolescent programs. *Journal of Psychosocial Nursing and Mental Health Services, 52*(11), 30-38. doi: 10.3928/02793695-20140922-01

Cecile Meier. (2017). *Canterbury DHB 'extremely concerned' at increasing assaults on mental health staff*. Retrieved from https://www.stuff.co.nz/national/health/98212886/canterbury-dhb-extremely-concerned-at-increasing-assaults-on-mental-health-staff

Dempsey, A. (2016). *An evaluation of a brief sensory modulation intervention for people presenting with anxiety in a community mental health service.* (Master of Health Science), Auckland University of Technology, Auckland. Retrieved from https://openrepository.aut.ac.nz/handle/10292/9844

Drown, C. (2017). *An Exploration into the Reasons Why Māori Men (Tāne) are Secluded in Acute Mental Health Services in New Zealand More Frequently than Men of Other Ethnicities.* (Master of Health Science), Eastern Institute of Technology, Hawke's Bay.

Drown, C., Harding, T., & Marshall, R. (2018). Nurse perceptions of the use of seclusion in mental health inpatient facilities: have attitudes to Māori changed? *The Journal of Mental Health Training, Education and Practice, 13*(2), 100-111.

Duxbury, J., Baker, J., Downe, S., Jones, F., Greenwood, P., Thygesen, H., . . . Whittington, R. (2019). Minimising the use of physical restraint in acute mental health services: The outcome of a restraint reduction programme ('REsTRAIN YOURSELF'). *International Journal of Nursing Studies*. doi: https://doi.org/10.1016/j.ijnurstu.2019.03.016

Duxbury, J., Thomson, G., Scholes, A., Jones, F., Baker, J., Downe, S., . . . McKeown, M. (2019). Staff experiences and understandings of the REsTRAIN Yourself initiative to minimize the use of

physical restraint on mental health wards. *International Journal of Mental Health Nursing, 0*(0). doi: 10.1111/inm.12577

End Seclusion Now. (2019). *Shadow Report: Submitted for consideration under the United Nations Committee Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment*. Wellington: End Seclusion Now.

Galletly, C., Castle, D., Dark, F., Humberstone, V., Jablensky, A., Killackey, E., . . . Tran, N. (2016). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. *Australian & New Zealand Journal of Psychiatry, 50*(5), 410-472.

Gooding, P., McSherry, B., Roper, C., & Grey, F. (2018). Alternatives to Coercion in Mental Health Settings: A Literature Review. *Melbourne: Melbourne Social Equity Institute, University of Melbourne*.

Gordon, S. (2005). The role of the consumer in the leadership and management of mental health services. *Australasian Psychiatry, 13*(4), 362-365. doi: 10.1080/j.1440-1665.2005.02215.x

Goulet, M.-H., & Larue, C. (2016). Post-Seclusion and/or Restraint Review in Psychiatry: A Scoping Review. *Archives of Psychiatric Nursing, 30*(1), 120-128. doi: 10.1016/j.apnu.2015.09.001

Goulet, M.-H., Larue, C., & Lemieux, A. J. (2018). A pilot study of "post-seclusion and/or restraint review" intervention with patients and staff in a mental health setting. *Perspectives in Psychiatric Care, 54*(2), 212-220. doi: 10.1111/ppc.12225

Government Inquiry into Mental Health and Addiction. (2018). *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington, New Zealand: Crown copyright New Zealand 2018.

Harrison Christian. (2016). *Reducing seclusion in mental health units 'unrealistic'*. Retrieved from https://www.newshub.co.nz/home/health/2016/07/reducing-seclusion-in-mental-health-units-unrealistic.html

Health and Disability Commission. (2018). *New Zealand's mental health and addiction services: The monitoring and advocacy report of the Mental Health Commissioner*. Wellington, New Zealand: Health and Disability Commission.

Health Quality & Safety Commission. (2018a). *Ngā Poutama Oranga Hinengaro: Quality in Context survey of mental health and addiction services. National report: December 2018*. Wellington: Health Quality & Safety Commission.

Health Quality & Safety Commission. (2018b). Nurses key to solving challenge of seclusion. *Kai Tiaki: Nursing New Zealand, 24*(8), 30-31.

Hilary Stace. (2016). *Fighting seclusion with collective activism*. Retrieved from https://publicaddress.net/access/fighting-seclusion-with-collective-activism/

Hollands, T., Sutton, D., Wright-St. Clair, V., & Hall, R. (2015). Māori mental health consumers' sensory experience of kapa haka and its utility to occupational therapy practice. *New Zealand Journal of Occupational Therapy, 62*(1), 3-11.

Hutt Valley DHB. (2016). *Restraint Minimisation & Safe Practice*. Lower Hutt: Hutt Valley DHB.

Inquiry into Mental Health and Addiction. (2018a). *Mental Health Inquiry Pacific Report*. Wellington: Department of Internal Affairs.

Inquiry into Mental Health and Addiction. (2018b). *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Department of Internal Affairs.

Inquiry into Mental Health and Addiction. (2019). *Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction*. Wellington: Department of Internal Affairs.

Jury, A., Lai, J., Tuason, C., Koning, A., Smith, M., Boyd, L., . . . Gruar, A. (2019). People who experience seclusion in adult mental health inpatient services: An examination of health of the nation outcome scales scores. *International Journal of Mental Health Nursing, 28*(1), 199-208. doi: 10.1111/inm.12521

Kerri Butler, & Roz Sorensen. (2018). *From seclusion to inclusion: Informed by lived experience (Healthy Futures Conference abstract)*. Retrieved from

http://www.cmnzl.co.nz/assets/pdf/HealthyFutures/WebAbstracts/From%20seclusion%20to%20inclusion%20informed%20by%20lived%20experience.pdf

Kirsty Dempster-Rivett. (2018). *Development and implementation of trauma-informed training for women's corrections facilities in Aotearoa New Zealand*. New Zealand: Department of Corrections.

Kontio, R., Lantta, T., Anttila, M., Kauppi, K., & Välimäki, M. (2017). Family Involvement in Managing Violence of Mental Health Patients. *Perspectives in Psychiatric Care, 53*(1), 55-66. doi: 10.1111/ppc.12137

Lai, J., Jury, A., Long, J., Fergusson, D., Smith, M., Baxendine, S., & Gruar, A. (2019). Variation in seclusion rates across New Zealand's specialist mental health services: Are sociodemographic and clinical factors influencing this? *International Journal of Mental Health Nursing, 28*(1), 288-296. doi: 10.1111/inm.12532

Le Va. (2018). *Mental health fono spotlights high seclusion rates for Pasifika peoples*. Retrieved from https://www.leva.co.nz/news/mental-health-fono-spotlights-high-seclusion-rates-for-pasifika-peoples

Lenagh-Glue, J., O'Brien, A., Dawson, J., Thom, K., Potiki, J., Casey, H., & Glue, P. (2018). A MAP to mental health: the process of creating a collaborative advance preferences instrument. *The New Zealand Medical Journal, 131*(1486), 18-26.

Lisa Owen. (2018). *Checkpoint: Inside New Zealand's newest seclusion rooms*. Retrieved

Lloyd, C., King, R., & Machingura, T. (2014). An investigation into the effectiveness of sensory modulation in reducing seclusion within an acute mental health unit. *Advances in Mental Health, 12*(2), 93-100. doi: 10.1080/18374905.2014.11081887

McKenna, B. (2016). Reducing Restrictive Interventions: The Need for Nursing to Drive Change. *Journal of Forensic Nursing, 12*(2), 47-48. doi: 10.1097/jfn.0000000000000108

McKenna, B., McEvedy, S., Kelly, K., Long, B., Anderson, J., Dalzell, E., . . . Furness, T. (2017). Association of methamphetamine use and restrictive interventions in an acute adult inpatient mental health unit: A retrospective cohort study. *International Journal of Mental Health Nursing, 26*(1), 49-55. doi: 10.1111/inm.12283

McKenna, B., Sutton, D., Sweetman, L. E., & Miner-Williams, W. (2018). *The role of Te Pou o te Whakaaro Nui in assisting mental health services to reduce restrictive practices: A case study (unpublished)*. Auckland: Te Pou o te Whakaaro Nui.

McLeod, M., King, P., Stanley, J., Lacey, C., & Cunningham, R. (2017). Ethnic disparities in the use of seclusion for adult psychiatric inpatients in New Zealand. *The New Zealand Medical Journal, 130*(1454), 30-39.

Melbourne Social Equity Institute. (2014). *Seclusion and Restraint Project: Report*. Melbourne: University of Melbourne.

Mental Health Commissioner. (2018). *New Zealand's Mental Health and Addiction Services: The Monitoring and Advocacy Report of the Mental Health Commissioner*. Wellington: The Office of the Health and Disability Commissioner.

Ministry of Health. (2016). *Office of the Director of Mental Health Annual Report 2015*. Wellington: Ministry of Health.

Ministry of Health. (2017). *Mental health and human rights: A discussion document*. Wellington: Ministry of Health.

Ministry of Health. (2019). *Office of the Director of Mental Health and Addiction Services Annual Report 2017*. Wellington: Ministry of Health.

National Association of State Mental Health Program Directors. (2008). Six Core Strategies to Reduce Seclusion and Restraint Use. *NASMHPD Publications*, Retrived from https://www.nasmhpd.org/content/six-core-strategies-reduce-seclusion-and-restraint-use.

National Mental Health Commission. (2015). *A Case for Change: Position Paper on seclusion, restraint and restrictive practices in mental health services*: National Mental Health Commission.

Nelson Marlborough DHB. (2016). *Restraint minimisation and safe practice*. Nelson: Nelson Marlborough DHB.

New Zealand Psychological Society. (2016). *A submission on behalf of the New Zealand Psychological Society to the Human Rights Commission*. Wellington: New Zealand Psychological Society.

New Zealand Public Service Association. (2016). *Seclusion and Restraint Review PSA submission to the Human Rights Commission*. Wellington: New Zealand Public Service Association.

Otago Daily Times. (2017). *UN report slams NZ's use of solitary confinement*. Retrieved from https://www.odt.co.nz/news/national/un-report-slams-nzs-use-solitary-confinement

Paul Gibson. (2016). *Ending seclusion should be at top of DHB lists*. Retrieved from https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11653081

Peter Boshier. (2016). *Report on an unannounced visit to Wahi Oranga Mental Health Inpatient Unit Under the Crimes of Torture Act 1989*. Auckland: Office of the Ombudsman.

Pihama, L., Smith, L. T., Te Nana, R., Cameron, N., Mataki, T., Skipper, H., . . . Southey, K. (2017). Investigating Māori approaches to trauma-informed care. *Journal of Indigenous Wellbeing, 2*(3), 18-31.

Putkonen, A., Kuivalainen, S., Louheranta, O., Repo-Tiihonen, E., Ryynänen, O.-P., Kautiainen, H., & Tiihonen, J. (2013). Cluster-Randomized Controlled Trial of Reducing Seclusion and Restraint in Secured Care of Men With Schizophrenia. *Psychiatric Services, 64*(9), 850-855. doi: 10.1176/appi.ps.201200393

Rangihuna, D., Kopua, M., & Tipene-Leach, D. (2018). Mahi a Atua: A pathway forward for Māori mental health? *The New Zealand Medical Journal, 131*(1471), 79-83.

Riahi, S., Dawe, I. C., Stuckey, M. I., & Klassen, P. E. (2016). Implementation of the Six Core Strategies for Restraint Minimization in a Specialized Mental Health Organization. *Journal of Psychosocial Nursing and Mental Health Services, 54*(10), 32-39. doi: 10.3928/02793695-20160920-06

Riahi, S., Thomson, G., & Duxbury, J. (2016). An integrative review exploring decision-making factors influencing mental health nurses in the use of restraint. *Journal of Psychiatric and Mental Health Nursing, 23*(2), 116-128. doi: 10.1111/jpm.12285

Robyn Shearer. (2017). *Morning Report: Group highlights better alternative to seclusion, restraint*. Retrieved from https://www.rnz.co.nz/national/programmes/morningreport/audio/201841673/group-highlights-better-alternative-to-seclusion,-restraint

Royal Australian and New Zealand College of Psychiatrists. (2016). *Minimising the use of seclusion and restraint in people with mental illness*. Retrieved from https://www.ranzcp.org/news-policy/policy-submissions-reports/document-library/minimising-the-use-of-seclusion-and-restraint-in-p

Scholz, B., Bocking, J., & Happell, B. (2017). Breaking through the Glass Ceiling: Consumers in Mental Health Organisations' Hierarchies. *Issues in Mental Health Nursing, 38*(5), 374-380. doi: 10.1080/01612840.2017.1280106

Scholz, B., Gordon, S., & Happell, B. (2017). Consumers in mental health service leadership: A systematic review. *International Journal of Mental Health Nursing, 26*(1), 20-31. doi: 10.1111/inm.12266

Shalev, S. (2017). *Thinking Outside the Box: A Review of Seclusion and Restraint Practices in New Zealand* Auckland: New Zealand Human Rights Commission.

Shane Cowlishaw. (2017). *Report paints shocking picture of 'medieval' NZ restraint practices*. Retrieved from https://www.newsroom.co.nz/2017/04/26/20697/report-paints-shocking-picture-of-restraint-practices

Shaun Robinson. (2019). *Patient assaults on staff in mental health units – statement*. Retrieved from https://www.mentalhealth.org.nz/home/news/article/235/patient-assaults-on-staff-in-mental-health-units-statement

Standards New Zealand. (2008). *Health and Disability Services (Restraint Minimisation and Safe Practice) Standards: NZS 8134.2:2008*. Wellington, New Zealand: Ministry of Health.

Sutton, D., & Nicholson, E. (2011). *Sensory modulation in acute mental health wards: A qualitative study of staff and service user perspectives*. Auckland, New Zealand: Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui. (2013). *Six Core Strategies© checklist: New Zealand adaptation*. Auckland, New Zealand: Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui. (2015). *Towards restraint-free mental health practice: Supporting the reduction and prevention of personal restraint in mental health inpatient settings*. Auckland: Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui. (2017a). *Sensory modulation research- now and into the future*. Retrieved from https://www.tepou.co.nz/news/sensory-modulation-research--now-and-into-the-future/1054

Te Pou o te Whakaaro Nui. (2017b). *Evaluation of Tupu Ake: A peer-led acute alternative mental health service*. Auckland: Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui. (2017c). *Implementation of Sensory Modulation within DHB Mental Health Services: 2017 Stocktake* Auckland: Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui. (2018a). *Workforce stocktake: Final report to the Government Inquiry into Mental Health & Addiction, June 2018. New Zealand mental health and addiction workforce: challenges and solutions*. Auckland: Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui. (2018b). *Reducing and eliminating seclusion in mental health inpatient services : An evidence review for the Health Quality & Safety Commission New Zealand* Auckland: Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui. (2019). *DHB adult mental health and addiction workforce: 2018 provider arm services*. Auckland: Te Pou o te Whakaaro Nui.

Waitemata District Health Board. (2011). *Seclusion reduction: Implementing and tracking progress of a seclusion reduction strategy in an adult in-patient mental health service*. Retrieved

Wallis, K., Sutton, D., & Bassett, S. (2018). Sensory Modulation for People with Anxiety in a Community Mental Health Setting. *Occupational Therapy in Mental Health, 34*(2), 122-137. doi: 10.1080/0164212X.2017.1363681

West, M., Melvin, G., McNamara, F., & Gordon, M. (2017). An evaluation of the use and efficacy of a sensory room within an adolescent psychiatric inpatient unit. *Australian Occupational Therapy Journal, 64*(3), 253-263. doi: 10.1111/1440-1630.12358

Western Institute of Technology. (2018). *Nurses' Essays*. Retrieved from https://www.witt.ac.nz/About-Witt/News-and-Events/Nurses'-essays

Wharewera-Mika, J., Cooper, E. P., Wiki, N. R., Field, T. R., Haitana, J., Toko, M., . . . McKenna, B. R. (2016). Strategies to reduce the use of seclusion with tangata whai i te ora (Maori mental health service users). *International Journal of Mental Health Nursing, 25*(3), 258-265. doi: 10.1111/inm.12219

Wieman, D. A., Camacho-Gonsalves, T., Huckshorn, K. A., & Leff, S. (2014). Multisite study of an evidence-based practice to reduce seclusion and restraint in psychiatric inpatient facilities. *Psychiatric Services, 65*(3), 345-351. doi: 10.1176/appi.ps.201300210

Wiglesworth, S., & Farnworth, L. (2016). An Exploration of the Use of a Sensory Room in a Forensic Mental Health Setting: Staff and Patient Perspectives. *Occupational Therapy International, 23*(3), 255-264. doi: 10.1002/oti.1428

Wisdom, J. P., Wenger, D., Robertson, D., Van Bramer, J., & Sederer, L. I. (2015). The New York State Office of Mental Health Positive Alternatives to Restraint and Seclusion (PARS) Project. *Psychiatric Services, 66*(8), 851-856. doi: 10.1176/appi.ps.201400279

Wolfaardt, T. (2013). *An Evaluation of the Efficacy of the Six Core Strategies Intervention to Reduce Seclusion and Restraint Episodes in an Acute Mental Health Unit.* (Honours Dissertation), Auckland University of Technology, Auckland, New Zealand.