

Seclusion and Psychiatric Intensive Care Evaluation Study (SPICES): combined qualitative and quantitative approaches to the uses and outcomes of coercive practices in mental health services

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Plain English summary

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Plain English summary

Patients admitted to acute psychiatric wards can be very disturbed and may behave in ways that severely harm them or people around them. When patients behave in these ways, staff act to prevent that harm and to contain the person safely. Two methods used at some hospitals are either locking the patient by themselves in a robust room (seclusion) or transferring the patient to a specialist robust ward with small numbers of other patients and lots of staff [a psychiatric intensive care unit (PICU)]. We used the patient records in one NHS trust to compare patients who did and did not receive seclusion or PICU care (study 1). We found that those who were subject to these interventions were more likely to be aggressive again afterwards and also that their care tended to be more expensive; however, the way our research was carried out means that this does not necessarily mean that seclusion and PICU increased aggression and costs of care. We also interviewed and tested nurses at a number of hospitals that did and did not have seclusion rooms or on-site PICUs (study 2). Without access to seclusion, nurses were slower to manually restrain patients, but were more likely to calm patients using sedating drugs by injection and to use other potentially risky management methods. Our results were not strong enough to make definitive recommendations, but it was clear that there are no easy courses of action in these difficult circumstances. However, any hospital considering increasing access to seclusion or a PICU should do so with great caution.

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