

The Transformation Center
Restraint and Seclusion Elimination Initiative

Position Statements
Drafted by Peer Restraint/Seclusion Policy Summit
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On June 5 and 6, 2008 Massachusetts peer advocates from around the state met for the first time to discuss our vision for restraint and seclusion elimination. That group of 30 leaders, many of whom have personally experienced restraint or seclusion, concluded that the mental health system can enact many changes that will ensure no one is harmed by these practices again. Moreover, it is not enough to simply refrain from harm; the system must transform itself so that people are helped – consistently and always.

Transformation and culture change embraces people with mental health conditions as the experts. Creating meaningful partnerships at all levels of the system is the stepping off point for creating therapeutic environments based on mutuality, choice, respect and hope. In this way, approaches focused on control, coercion and risk management can be left behind.

These are big changes; not the kind that can be tacked on as an afterthought or built upon a crumbling foundation. The first and most important step to implementation is to partner with people with lived experience at all levels of the system; this includes hiring people in recovery as administrators, consultants, policy experts, advocates, trainers, clinicians, direct care staff, and in specialized Peer roles.

Outside peer advocates, that is people not employed directly by the system, also have an important role to play because they are free of the constraints and conflicts that all employees mental health services of experience. Such persons must be respectfully paid for their time and in a way that reflects the importance of their contribution.

The following position statements are supported by the peer leaders and advocates who met in June:

Position Statements

- Restraints, seclusion, forced medication, locked hospitals, and excessive/un-necessary rules are harmful and traumatizing to both people using services and employees.
- In order to eliminate restraint and seclusion and halt other coercive practices, system transformation is necessary.
- A changed culture and transformed system is peer-driven, meaning persons using services are the experts, having the power and right to choose their own path to recovery, and the details of each step towards goals of their choosing.

- A transformed system is based on genuine partnerships between persons who use services, peer advocates, and persons employed by the system at all service delivery levels. This includes hiring people in recovery as administrators, trainers, clinicians, direct care staff, specialized Peer roles, on governing boards, and other decision-making committees.
- Fair and equitable partnerships are ones where persons with lived experience are respectfully paid for their time, and in a way that reflects the importance of their contribution.
- A transformed system assumes that recovery is possible for all and focuses on quality of life (housing, meaningful work, health and wellness, social connections, hope), self-determination, community integration, and is trauma informed. For many people spirituality and complementary/alternative healthcare approaches play a key role in recovery.
- A trauma informed system recognizes that almost all people receiving services have gone through extreme difficulties in life. Trauma informed care creates conditions for healing, not fixing people. People with lived experience must be the leaders in this effort.
- Alternatives to hospitalization, including peer-run respite and prevention and intervention, before and during crises, must play a central role in system transformation. Crisis prevention includes statewide, accessible services in the community that focus on housing of one's choice, adequate supports, and decreasing prejudice and attitudinal barriers both in and out of the system.
- Private hospitals must undergo similar training, data collection, monitoring and level of expectation regarding restraint/seclusion reduction that the Department of Mental Health has done with state facilities. Licensing agreements must reflect this expectation and must include adequate monitoring and oversight.
- Transparency and information sharing is necessary for ongoing restraint and seclusion reduction and system change. This must include ensuring data is shared with the peer community as a matter of course through online monthly posting of data and information.
- A transformed system is culturally competent and linguistically accessible to all, including the Deaf/hard of hearing community.