FIRST, DO NO HARM-ELIMINATING THE USE OF SECLUSION AND RESTRAINT

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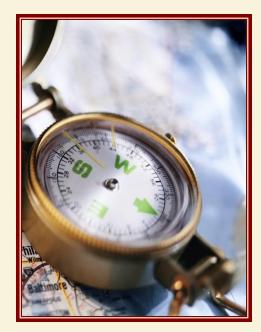
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SAMHSA'S Mission and Roles

➔ **Mission**: to reduce the impact of substance abuse and mental illness on America's communities

➔ **Roles**:

- Voice and leadership
- Funding - service capacity development
- Information and communications
- Regulation and standard setting
- Practice improvement

SAMHSA'S Strategic Initiatives

AIM: Improving the Nation's Behavioral Health (1-2)

AIM: Transforming Health Care in America (3-6)

AIM: Achieving Excellence in Operations (7-8)

1. Prevention	2. Trauma and Justice	3. Health Reform	4. Military Families	5. Recovery Support	6. Health Information Technology	7. Data, Outcomes & Quality	8. Public Awareness & Support

History of SAMHSA'S Involvement in Seclusion and Restraint

- 1998: Hartford Courant Series

- 2000: Children's Health Act – language re S&R for inpatient and community-based facilities

- 2003: SAMHSA - along with NASMHPD - convened a national summit with 200 stakeholders and issued a Call to Eliminate S&R in Behavioral Healthcare

- 2003: A *National Action Plan* identified the need for a multifaceted approach including: training and technical assistance, data collection, evidence-based practices and guidelines, leadership and partnership development, and rights protection

- **PA MH/SA Commissioner received Innovations in American Government Award**

- **Decreased seclusion from 93,000 hours in 1990 to less than 100 hours in 2003**

- **Decreased mechanical restraint from 140,000 hours in 1994 to fewer than 1,100 in 2002**

- **2 hospitals seclusion-free and 1 restraint-free for over 3 years; forensic unit restraint-free for over 1 year**

Promise to Reality:
Transforming Mental Health Care in America

Reduce the Use of Seclusion and Restraint

• "The Commissioner notes that professionals agree that the best way to reduce restraint deaths and injuries is to minimize restraint use as much as possible. High restraint rates are seen as evidence of treatment failure."

• Recommends that States report deaths and injuries, investigate these incidents and track use patterns.

• Endorses development of guidelines, technical assistance, staff training, consumer involvement along with sharing of model programs and best practices.

SAMHSA National Action Plan

- **Vision**
  To Reduce & Ultimately Eliminate S&R in Mental Health & Substance Use Care

- **Long-Term Goals**
  1. A reduction in deaths & injuries from S&R
  2. A reduction in S&R use & work toward its elimination

- **Initial Outcomes**
  1. Increased ability of consumers, providers, facilities, advocates, States, & others to prevent, monitor, & reduce S&R use for all ages

  2. Increased # of States and facilities adopting best practices to prevent and reduce S&R

SAMHSA National Action Plan

- **Leadership and Partnership Development**

- **Data Collection**

- **Rights Protection**

- **Training and Technical Assistance**

- **Evidence-Based Practices and Guidelines**

Timeline

2000 - **Children's Health Act**
DHHS required to draft registration under *Title V* of PHS for use of Seclusion and Restraint in Medical and residential non-medical facilities

2002 - **SAMHSA development of Six-Core Strategic Model**
(2013) now included in NREPP, National Registry of Evidence Based Program and Practices

2007- 2010 - SAMHSA's State Incentive Grants (SIGs) Signed to Build Capacity for Alternatives to Seclusion and Restraint
- *SAMHSA's NCTIC*
- Merged in 2012

2009 - Secretary of Education encourages local State School Offices to review its current policies and guidelines on the use of Seclusion and Restraint

2009 - **GAO Report**
HHS & Education Collaborate to frame 15 principals

2010 - **Congressional Research Services (CRS) issued a report**
Legal Issues Related to the use of Seclusion and Restraint in Public Schools

2013 - **SAMHSA Promoting Alternatives to Seclusion & Restraint Through Trauma Informed Practices (Promoting Alternatives)**

Timeline

The Six Core Strategies

1. Leadership Toward Organizational Changes

2. The Use of Data To Inform Practice

3. Workforce Development: In Service Training, Supervision, Mentoring

4. Use of Primary Prevention Tools

5. Supporting Roles for Personal Services and Advocates in Programs

6. Debriefing Tools

Strategic Initiative #3: Trauma and Justice

Objective:

Reducing the pervasive, harmful, and costly health impact of violence and trauma especially, Seclusion and Restraint, by integrating trauma-informed approaches through health, behavioral health, and related systems and addressing the behavioral health needs of people involved in, or at risk of involvement in, the criminal and juvenile justice systems.

Key Facts:

- Trauma is strongly associated with mental and substance use disorders.

- More than 6 in 10 U.S. youth have been exposed to violence within the past year, including witnessing a violent act, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly 1 in 10 was injured.

- An estimated 754,000 children were victims of maltreatment in 2010.

- Adverse childhood experiences (e.g., physical, emotional, and sexual abuse, as well as family dysfunction) are associated with mental illness, suicidality, and substance abuse.

- A lifetime history of sexual abuse among women in childhood or adulthood ranges from 15 to 25 percent. The prevalence of domestic violence among women in the United States ranges from 9 to 44 percent, depending on definitions.

Strategic Initiative #3: Trauma and Justice

- The cost of intimate partner violence, which disproportionately affects women and girls, was estimated to be $8.3 billion in 2003. This total includes the costs of medical care, mental health services, and lost productivity.

- In a 2008 study by RAND, 18.5 percent of service members returning from the conflicts in Afghanistan and Iraq had symptoms consistent with post-traumatic stress disorder (PTSD) or depression.

- More than half of all prison and jail inmates (people in State and Federal prisons and local jails) meet criteria for having mental health problems, 6 in 10 meet criteria for a substance use problem, and more than a third meet criteria for having both a substance abuse problem and a mental health problem.

- The use of seclusion and restraint on persons with mental and substance use disorders has resulted in deaths and serious physical injury and psychological trauma. In 1998, the Harvard Center for Risk Analysis estimated deaths due to such practices at 150 per year across the Nation.

- Racial incidents can be traumatic and have been linked to PTSD symptoms among people of color.

- Evidence suggests that some communities of color have higher rates of PTSD than the general population.

- LGBT individuals experience violence and PTSD at higher rates than the general population.

Strategic Initiative #3: Trauma and Justice

- In the United States, 18.9 percent of men and 15.2 percent of women reported a lifetime experience of a natural disaster

- In 2008, and estimated 4.8 percent of American males under the age of 18 experienced victimization in the past year, and an estimated 7.5 percent experienced sexual victimization in their lifetime.

Goals

Goal 2.1: Develop a comprehensive public health approach to trauma.

Goal 2.2: Make screening for trauma and early intervention and treatment common practice.

Goal 2.3: Reduce the impact of trauma and violence on children, youth and families.

Goal 2.4: Address the needs of people with mental disorders, substance use disorders, co-occurring disorders, or a history of trauma in the criminal and juvenile justice systems.

Goal 2.5: Reduce the impact of disasters on the behavioral health of individuals, families, and communities.

SAMHSA WORKING GROUP

SR Matrix Work Group Action Plan Goal

- To provide training, technical assistance, and other support to States, providers, facilities, consumers, and families in order to reduce, and ultimately, eliminate seclusion and restraint in mental health and substance abuse care and other service settings

Performance Goals: Long Term Measures

- Reduce, and work toward eliminating, the use of seclusion and restraint in mental health and substance use services and other service settings

SAMHSA's Concept of Trauma

Trauma:

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically and/or emotionally harmful or threatening and that has lasting adverse **effects** on the individual's functioning and/or physical, social, emotional, or spiritual well-being

A program, organization or system that is trauma-informed

<u>realizes</u> the widespread impact of trauma and understands potential paths for recovery; <u>recognizes</u> the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

<u>resists</u> retraumatization, and

<u>responds</u> by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

Principles of a
Trauma-Informed Approach
(Fallot & Harris)

Safety: throughout the organization, staff and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

Trustworthiness and transparency: organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization. Trauma-informed peer support and mutual self-help are key vehicles for establishing safety, building trust, enhancing collaboration, and maximizing empowerment.

Collaboration and mutuality: there is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators; there is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach; one does not have to be a therapist to be therapeutic.

Empowerment: throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization fosters a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma; builds on what clients, staff and communities have to offer rather than responding to their perceived deficits.

Voice and choice: the organization aims to strengthen the clients', family members', and staff's experience of choice and recognize that every person's experience is unique and requires an individualized approach. The organization addresses cultural, historical, and gender issues; the organization actively moves past cultural stereotypes and biases, offers gender responsive services, Promotes the value of cultural connections, and recognizes and addresses historical trauma.

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Guidance for a Trauma-Informed Approach

1. **Governance and leadership**
2. **Policy**
3. **Engagement and involvement of people in recovery, trauma survivors, consumers, and family members of children receiving services**
4. **Cross sector collaboration**
5. **Trauma-specific screening, assessment, and interventions**
6. **Training and workforce development**
7. **Organizational protocols**
8. **Quality assurance**
9. **Financing**
10. **Evaluation**
11. **Physical environment of the organization**

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TA Effort: Promoting Alternatives to Seclusion and Restraints Through Trauma-Informed Practices

- During the first two years of this contract, provided on-site and off-site training and consultation to more than 20,000 people in 33 states.

- It is increasingly evident that ***trauma-informed culture and practice change strategies are essential*** to sustaining specific seclusion and restraint reduction efforts, such as the Six Core Strategies.

- Approaching seclusion and restraint issues with our Federal and other partners through the lens of trauma-informed care is bringing great interest and enhanced responsiveness to the issues.

- ***Involvement and integration of consumers/survivors/peers MUST be the cornerstone of TA***: by the TA provider in designing and delivering TA and by the TA recipient in implementing trauma-informed change strategies.

Service System Briefings On Elimination Of Seclusion & Restraint Through Trauma Informed Care

- Mental Health
- Substance Use
- Inpatient/Hospital
- Emergency Room/Hospital
- Criminal Justice - Jail, Prison, Courts
- Advocacy Organizations
- Residential Program
- Co-occurring Treatment Facility
- Outpatient Services

- Homeless/Housing Program
- Peer Run/Peer Services
- Domestic Violence Organizations
- Developmental Disabilities Programs
- Veterans, VSOP
- Health Centers
- Forensic Services
- Public Health/Prevention
- Child Welfare Programs

Concerns and Issues

- Data Challenges

- Dissemination and uptake of effective approaches to reducing and eliminating SR

- For children: proliferation of unlicensed/unregulated residential treatment centers that move across state boundaries

- Expansion into schools and older adult settings; work with Federal partners, Federation of Families

Concerns and Issues (cont):

- Coordination with CMS around regulatory actions

- Strengthen linkage with trauma-informed care approaches

- Coordinate with other Strategic Initiative and other work groups (e.g. workforce development)

Resources

Virtual Training

- Webinar Series followed by dialogue held through SAMHSA's BHTalk web site: http://www.bhtalk.org/Groups.aspx

- 1st Series Titled: *Promoting Alternatives to Seclusion and Restraint Across Diverse Populations and Settings*, consisting of six webinars

- 2nd Series Titled: *Developing a Shared Vision: Preventing Seclusion and Restraint Across Systems through Peer Provider Partnerships*, consisting of three webinars.

Resources

- **Resource:**

  NCTSN, National Child Traumatic Stress Initiative
  - **http://www.NCTSN.org**

- **Resource:**

  NCTIC, National Center for Trauma-Informed Care
  - **http://www.samhsa.gov/NCTIC**

SAMHSA National Action Plan

No topic is more
  fundamental to people
  with psychiatric disabilities
  than their human rights…
  Protecting human rights
  promotes recovery and
  facilitates engagement in mental health treatment. People are more likely to recover…
  when they are treated with fairness and respect. Conversely, when human rights are ignored or neglected, the preconditions for recovery are undermined."

—New Freedom Commission on Mental Health
Subcommittee on Rights and Engagement

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Thank you! Questions?

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