



## Case Report

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# Argumentative Essay Paper on Seclusion Usage Among Aggressive Patients in Psychiatric Sitting

Qusai Mohammed Harahsheh\*

School of Nursing, The Hashemite University, Jordan

\*Corresponding author: Qusai Mohammed Harahsheh, School of Nursing, The Hashemite University, Jordan.

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## Introduction

Every person in our world adapt with live challenges in different way, but some people cannot develop ways to cope with this challenge which resulted to mental disorders among this person as a chain of destructive behaviors images. In general, mental illness are inability to cope with different stressors which developed by environment internally or externally, this failure of coping reflected as incongruent feelings, thoughts and behaviors with norms which used locally or culturally, on the same time this maladaptive interfere with people function socially, physically and occupationally [1]. Mental and psychiatric science developed many methods to control this destructives behaviors such as medication, technique, and seclusion, the point here about using seclusion from legal and ethical dimensions, is it acceptable or not?. Seclusion defined as involuntary isolation of patient in specific room, this room named as seclusion room, and has many characteristics focusing on non-stimulating place, it must be locked, supervised by window, and contain the safety measurements as a hole (Health Care Commission, 2008), On the other hand the mental health commission defined the seclusion as a place has locked door designed in way which prevent going outside, this person stay in this room alone and on a specific time.

Furthermore the argumentative essay defined as a type of writing that need from the author to define a position on specific topic depend on evidence such as articles, personal experience, historical examples and litterers to support author viewpoint (Sweat, 2003). Although many opinions focusing on the harm effect of using seclusion related to break the autonomy, humanity and many other principles, many studies shown that seclusion as one of the most important measurement used in close units for

mental health patient as a result of aggressive behaviors which may affect patient his self-integrity, other patients and health care provides safety who working on this settings (Happell & Harrow, 2010), moreover the number of seclusion episode varied from 3.7 – 110/1000 in patient/day in USA and Netherlands and 1.3 – 1517/1000 patient/day in Australia, Belgium [2]. Actually ethical consideration against seclusion are not newly identified, in 1839 the British Psychiatrist John Connolly advocate to eliminate the seclusion from treatment, because it's penetrate many of most important patient rights. On the other hand, the failure of using the psychotropic agent in 1950 to control aggression behaviors pushed health care providers to use seclusion as essential elements to treat mentally ill patient (Guthrie, 1978) The current author strongly against using seclusion among mentally ill in-patients, who has destructive behaviors in psychiatric sittings. The purpose of this essay is to clarify a holistic overview related to using seclusion among mentally ill in-patients and discuss many opinions which focused on use or not use seclusion among mentally ill in-patients from legal and ethical dimensions, followed by summary and conclusion.

## Case Study

Sami was a 37 years old single man, involuntary admitted to hospital for severe depression with psychotic features, including hallucination, within the first day of admission the patient became aggressive and he try to harm other patients in the department, when the nurse try to claiming patient down, patient push him to the door angel, and trying to harm himself by metal patient chart, other nurse rapidly force the patient and put him in the seclusion room, however sami refused that and this action against

his autonomy, on the other hand the nurse trying to protect sami, health staff and other patient in the department.

The current author recognized this paper as following; introduction of literature review which divided to legal argument and ethical argument, every part contain opponent and proponent studies, policies and acts, summary and conclusion of literature followed by argumentative essay, acknowledgment and references.

## Background

This literature review will explain and clarify the legal and ethical principles which related to stopping or encourage using of seclusion among psychiatric sittings, and describe the opponents and proponent studies which agree and disagree with seclusion from ethical and legal dimensions. Actually many studies and institutions fight to encourage of using seclusion among mentally ill patient depend on legal and ethical powers which accept their ideas. On the other hand a lot of studies advocate to prevent usage of seclusion among mentally ill patients depend on ethical principles such as patient rights to refuse treatment, autonomy, humanity, and dignity. The purpose of this literature review is to clarify the legal and ethical dimensions which related to using or prevent using seclusion among aggressive psychiatric patients in psychiatric sitting.

## Legal Argument

Actually every patient has the right to refuse treatment this right cover psychiatric patient also, more over when we consider the seclusion as important type of treatment, here patient has the right to refuse if as a hole, but as the current author searching in huge area, there is no specific law prevent using seclusion among psychiatric patients.

## Proponent studies

The international recommendations considered the seclusion as emergency measures provided to prevent any incidence of violence or injuries for staff and patients [3]. Furthermore a study about the legal and ethical aspect of seclusion which done in Australia concluded that seclusion must be used to managed the aggressive behaviors for patient in psychiatric sittings [4] Hoekstra et al. 2004, Kuosmanen et al. 2007). Actually, seclusion used as emergency measures to prevent any incidence of violence or injuries for others were recommended by international recommendation [3].The current author get a policy about seclusion from King Abdullah University Hospital, developed in 2013, this policy conclude specific concern and recommendation for seclusion, it's aimed to provide specific guidelines related to therapeutic using of seclusion for psychiatric patient in any psychiatric sitting, moreover its recognized special cases which need seclusion especially in the argent cases.

## Opponent studies

Actually, there is no specific law prevents using of seclusion, on the same time and regarding to mental health patient right association which placed in Quebec, hospitals ordered to take stock of seclusion practice advised to use other alternative measures [5]. On the same time the Qubec government developed guidelines

(MSSS 2002 a, b) which aimed to decrease or even eliminating resort to seclusion and passed legislations to that effect.

## Ethical Argumentative

Most of studies and polices truing to minimize using of seclusion among psychiatric patients, on the other hand studies which agree with using seclusion rationalized there agreement to safety measurements, the current author classified these studies as a following:

### Proponent studies

Using seclusion still a large ethical dilemma because its acting against patient autonomy [6], on the same time using seclusion considered as distractive of patient rights to make personal dissection or choose the preferred way of treatment [7], furthermore some patient considered seclusion as unnecessary, extra intervention and sometimes it may has not any benefits for them [3]. On the same time seclusion may cause emotional trauma and distress for patient and staff [8] the most important point which can prevent any staff to seclude any patient is that nursing and medical ethics working together on respect the dignity and autonomy of patient by providing choices, not by paternalistic practice (Holmes et al., 2004).On the same dimension the failure of using the psychotropic agent in 1950 to control aggression behaviors pushed health care provider to use seclusion as essential element to treat mentally ill patient (Guthrie, 1978).Moreover the WHO recommended involving patients in caring process under concordance concept by let him to choose the type of treatment, which finally increases the quality of life of patient [9].

### Opponent studies

Ethical consideration against seclusion are not newly identified, in 1839 the British psychiatrist John Connolly advocate to eliminate the seclusion for treatment because it's penetrate many of patients' rights (Colonize, 2005).About quality of life seclusion is not affect patient quality of life but the negative mode which resulted from seclusion may decrease the patient quality of life [3]. Furthermore around 62% of seclusion incidence occurred as a result of actually threating violence (El-Badri & Mellso, 2002); on this point using seclusion is recommended for this emergency situation (Tardiff & Lion, 2008).

Furthermore using of seclusion must be done depending on empirical knowledge and objective behaviors [10,11], to protect patient and staff safety on the same time. On the other hand (O'Hagen et al. 2008) shown agreement with seclusion intervention for immediate debriefing technique but it must be followed by formal incident of debriefing intervention.

## Summary and Conclusion of Literature

The main reason to use seclusion is to protect patient and others safety as most of studies mentioned, on the other hand there are many other alternatives may use to meet this goal. To be more specific there is no specific and clear law to prevent using seclusion in psychiatric sittings as the current author searching process, but there are huge studies advocate to decrease using seclusion related to ethical considerations. Finally the new science direction is

focusing on providing trainings and courses about communication skills de-escalating techniques and other alternative measure for staff who are working on psychiatric field to decrease using of seclusion.

### Argumentative Statement

The current author strongly disagree with using seclusion procedure for psychiatric patients psychiatric sittings regarding to protect patient autonomy and saving human dignity which considered as the basic goal of medical and nursing impression, on the same time there are many emotional trauma and distress resulted to patients and staff in psychiatric sittings regarding using seclusion [8] which may decrease job satisfaction for staff on hand and increase patient relapse on the other hand. Furthermore health care provider will be failed to involve patients in treatment process if they use seclusion as a reason of missing the trust relationship especially when seclusion is involuntary procedure, this point working against the WHO recommendations [9]. Currently the science developing day by day especially when we taking about medical science, this point defense to use the alternative methods to control psychiatric aggressive behaviors in psychiatric sittings and take stock using seclusion [5].

### Recommendations

Seclusion ethical dilemma which discussed in this paper guide the current author to develop important recommendation should be followed in the near future especially in Jordan, the first one focused on staff education about communication skills and de-escalating technique to eliminate all factors which push the staff to use seclusion. The second one focused on pharmacological education for staff to use a a-typical antipsychotic medication rather than seclusion on the same time provide courses about signs of agitation and aggressiveness of patients to take the correct precautions and interventions to prevent increasing symptoms severity which considered the only rational to use seclusion. Finally the new science focused on providing training and courses for staff who working on psychiatric field to enhance their ability to use other measurement with psychiatric patient especially with aggressive and violated patients to decrease seclusion usage in psychiatric sittings.

### Summary and Conclusion

The purpose of this essay was to clarify a holistic overview related to using seclusion among mentally ill in-patients and discuss many opinions which focused on use or not use seclusion among mentally ill in-patients from legal and ethical dimensions.

Despite of seclusion affect patient autonomy and penetrate human rights, on the other hand the main goal in the psychiatric setting as priority to enhance safety precaution and preventing harm of self and others and enhance the quality of life. As reviewed in literature, studies found that most of studies against using seclusion with reducing this practice and enhance using another proper way to reduce and avoid seclusion.

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### References

1. Townsend MC (2006) Essentials of psychiatric mental health nursing: Concepts of care in evidence-based practice (4<sup>th</sup>edn.), F.A. Davis, Philadelphia, Pennsylvania, USA.
2. Janssen WA, Noorthoorn EO, De Vries W J, Hutschemakers G JM, Lendemeijer H H G M, et al. (2008) The use of seclusion in the Netherlands compared to countries in and outside Europe. *International Journal of Law and Psychiatry* 31(6):463-470.
3. Soininen P, Välimäki M, Noda T, Puukka P, Korkeila J, et al. (2013) Secluded and restrained patients' perception of their treatment *Int J Ment Health Nurs* 22(1):47-55.
4. Muir Cochrane EC & Holmes CA (2001) Legal and ethical aspects of seclusion Australian Perspective. *Journal of Psychiatric and Mental Health Nursing* 8(6): 501-506.
5. AGIDD (1999) Actes du colloque internationauxur l'isolement et la contention: Pours'en sortirets'en défaire. AGIDD-SMQ, Montréal, Québec.
6. Prinsen EJ, Van Delden J (2009) Can we justify eliminating coercive measures in psychiatry? *Journal of Medical Ethics* 35(1): 69-73.
7. Finlex (2009a) Laki potilaan asemasta ja oikeuksista. Act on the status and rights of patient.
8. Frueh BC, Knapp RG, Cusack KJ, Sauvageot JA, Cousins VC, et al (2005) 'Patients' reports of traumatic or harmful experiences within the psychiatric setting'. *Psychiatric Services* 56(9): 1123 - 1133.
9. World Health Organization (2009) Policies and practices for mental health inEurope-meeting the challenges. Denmark: WHO Regional Office for Europe.
10. Schreiner GM, Crafton CG, Sevin JA (2004) 'Decreasing the use of mechanical restraints and locked seclusion', in *Administration and Policy in Mental Health* 31960:449-463.
11. Mental Health Commission (2011a) Annual Report 2010 including Report of the Inspector of Mental Health Services (Dublin: MHC, O Hagan M, Divis M & Long J (2008) Best practice in the reduction and elimination of seclusion and restraint; Seclusion: time for change. (Auckland: Te Pou Te Whakaaro Nui: the National Centre of Mental Health Research, Information and Workforce Development).