PREDICTORS OF THE USE OF RESTRAINT AND SECLUSION IN PUBLIC PSYCHIATRIC HOSPITALS

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ABSTRACT: The authors report on the replication of a 1984 study of the use of restraint and seclusion at psychiatric hospitals operated by the New York State Office of Mental Health. The results of this study confirm the earlier finding that the hospital itself was the greatest predictor of the use of these interventions, when controlling for patient characteristics associated with the use of restraint and seclusion, such as age, gender, ethnicity, legal status, length of stay, and diagnosis. Recent and current attention to these findings has already resulted in reduced rates at high-rate New York State facilities.

The use of restraint and seclusion at inpatient psychiatric facilities has received much attention from both staff and patients. There have been numerous articles voicing professional support (Cotton, 1989; Fitzgerald & Long, 1973; Gair, 1980; Grigson, 1984; Gutheil, 1978;) and concern (Guirguis, 1978; Irwin, 1987; Pilette, 1978) for the use of these interventions. Additionally, the voice of patients who have been restrained or secluded has been added to the debate (Blanch & Parrish, 1994; Norris & Kennedy, 1992; Saks, 1986). In New York State, past surveys of the use of restraint and seclusion found over 800 patients at 31 state operated adult, children's, and forensic psychiatric centers restrained or secluded during a one month period (Way, 1986; Way & Banks, 1990).

In response to questions in the field and issues raised in the media regarding the use of restraint and seclusion with psychiatric inpatients, the
New York State Office of Mental Health conducted a survey of its 31 hospitals in July 1992 to ascertain the extent of current use of these restrictive measures. The design was a replication of a survey conducted during a four week (February 15–March 15) period in 1984 (Way, 1986), in order to compare use over time. The forms, methods, and data analysis used in 1984 were replicated in the 1992 study. As part of the data analysis, a logit regression completed on the 1984 data was replicated on the 1992 data, using the same groupings and methods used in 1984.

METHODS

Information on the use of restraint or seclusion was gathered using a form (Way, 1986; Way & Banks, 1990) which was completed every time a person was placed in seclusion or restraint during July 1992. A ward staff person at each hospital completed the survey instrument. Oversight of the survey training and data collection were provided by a liaison to Central Office; Central Office staff provided additional oversight of the process, including the review and correction of data after they were submitted for key punching and data analysis. Demographic data were available on all patients placed in restraint or seclusion as well as all other patients residing at the psychiatric centers during the study month in 1984 and in 1992, from a related data base maintained by the agency. This provided a total study population of 13,133 patients at the 22 adult facilities in 1992, compared to a total of 23,596 persons residing at 23 psychiatric centers in 1984. While the 1984 data had been analyzed using the logit procedure, its duplication in 1992 was performed with logistic regression, not available in standard statistical packages in 1984.

The categorization of data reported for the 1984 analysis was duplicated in 1992 (even though it was not required by the logistic regression procedure) in order to compare 1992 and 1984 results. Thus the arbitrary division of age into three categories: less than 26 years, 26 to 35 years old, and 36 years or older; of length of stay into three categories: 29 days or less, 30 to 365 days, and one year or longer; and of legal status into voluntary or involuntary was duplicated for the logistic regression in 1992.

As in 1984, the hospitals were divided into three groups based on their rates of restraint or seclusion. Low rates (found in eight hospitals) ranged from 0 to 3.3 patients in restraint or seclusion per 100 patients, medium rates (found in nine hospitals) ranged from 3.9 to 6.7 per 100 patients, and high rates (found in five hospitals) ranged from 7.6 to 19 per 100 patients. Because of changes in rates at some of the hospitals, hospitals included in each category changed from 1984 to 1992. In 1992 the placement of hospitals in the “high” category was also based on reported rates of restraint