

STATE HOSPITAL SECLUSION AND RESTRAINT ANALYSIS OF DATA

State hospitals collect data regarding the use of seclusion, restraint, and walking restraint.¹ The State Department of Mental Health reports this data by quarter. This report summarizes the data collected and reported for the fourth quarter (October – December) of 2005 through the fourth quarter (October – December) of 2006 for Atascadero, Coalinga, Metropolitan, Napa and Patton State Hospitals.

All hospitals used seclusion and restraint and all hospitals except for Napa used walking restraint during the time analyzed. Overall, the five state hospitals used restraint roughly three times as often as seclusion and walking restraint. On average, there were one thousand three hundred eighty-eight (1,388) episodes of restraint, four hundred seventy-eight (478) episodes of seclusion and three hundred one (301) episodes of walking restraint per quarter.

Overall, the five state hospitals used restraint for more total hours than seclusion and walking restraint. Individuals were in restraint for twice as many total hours than in seclusion and five times as many total hours than in walking restraint. Seclusion was used for roughly twice as many total hours as walking restraint. On average, state hospitals used restraint for a total of ten thousand fifty-two (10,052) hours, seclusion for a total of four thousand four hundred thirty-seven (4,437) hours, and walking restraint for a total of one thousand nine hundred seventy-three (1,973) hours per quarter.

Finally, the five state hospitals used restraint for more hours per episode than seclusion and walking restraint, but the differences were small. On average, individuals were placed in restraint for nine (9) hours per episode, seclusion for seven (7) hours per episode, and walking restraint for six (6) hours per episode.

I. Restraints

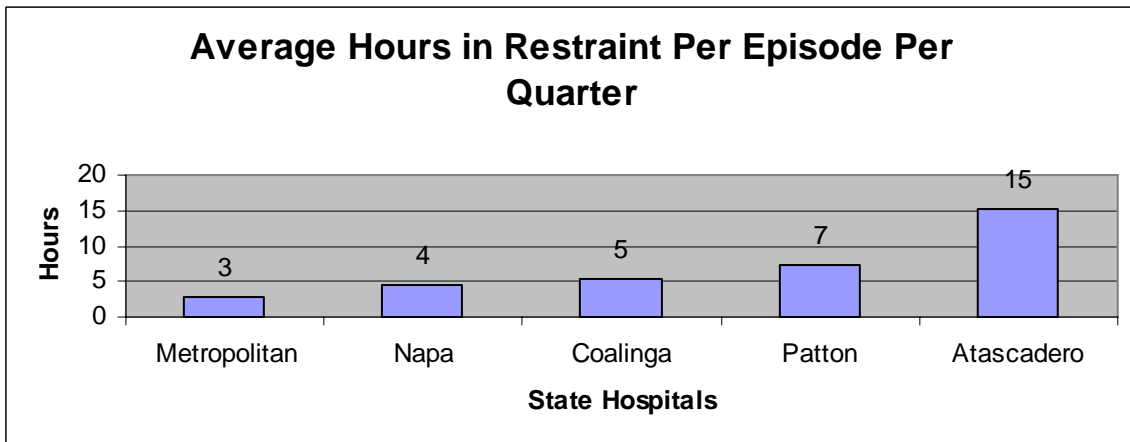
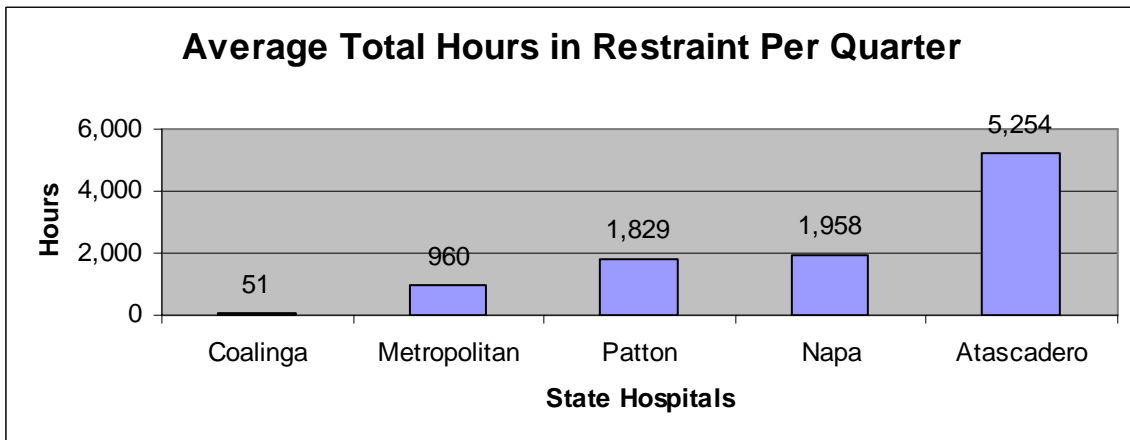
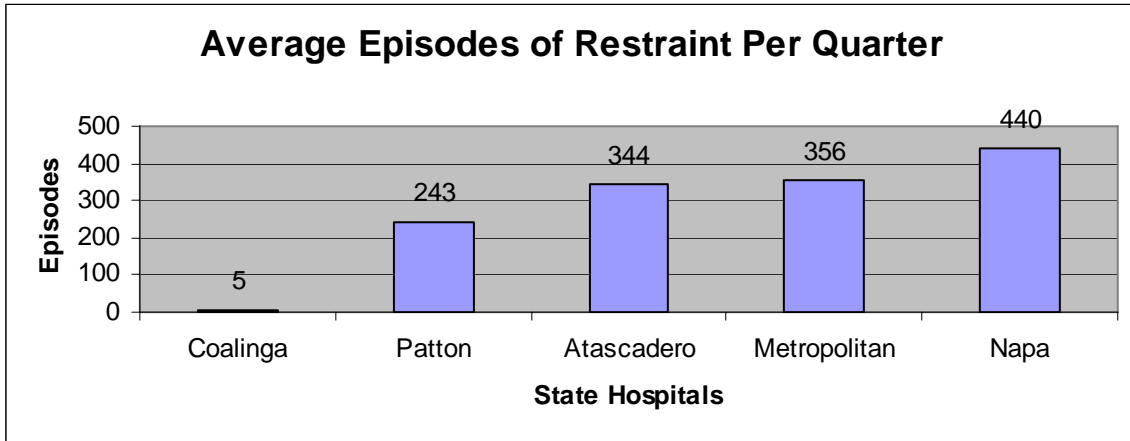
On average, the five state hospitals tended to use restraints more frequently, for more total hours and for more hours per episode than seclusion and walking restraint. Using data collected from the fourth quarter of 2005 through the fourth quarter of 2006, this section discusses each state hospital's average use of restraint and change in use of restraint over time.

Average Use of Restraint

On average, Napa and Metropolitan State Hospitals used restraint more frequently than the other state hospitals, but individuals in those state hospitals spent much less time in restraint compared to the other state hospitals. While

¹ Walking restraint is defined as "partial" restraints that allow an individual limited mobility but still prevent harm to self or others (also referred to as an ambulatory restraint).

Patton and Atascadero used restraint less often, individuals spent more time in restraint per episode. On average, Coalinga used restraint infrequently and individuals spent less time in restraint than Patton and Atascadero. The following charts display the average episodes of restraint per quarter, average total time people spent in restraint per quarter, and the average number of hours per episode of restraint per quarter.

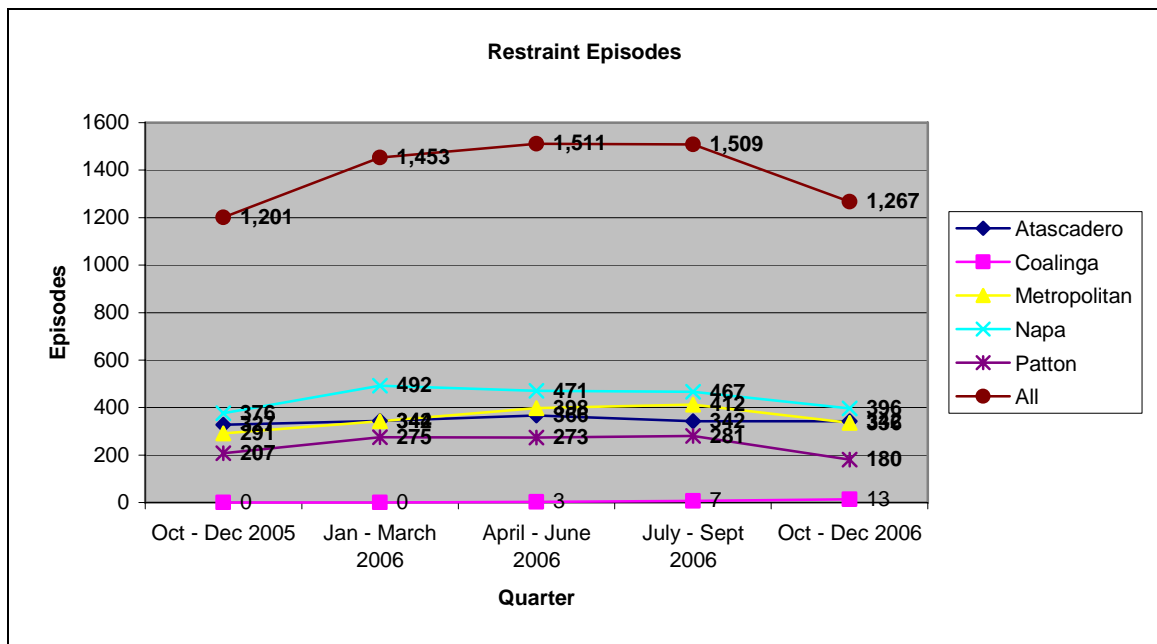


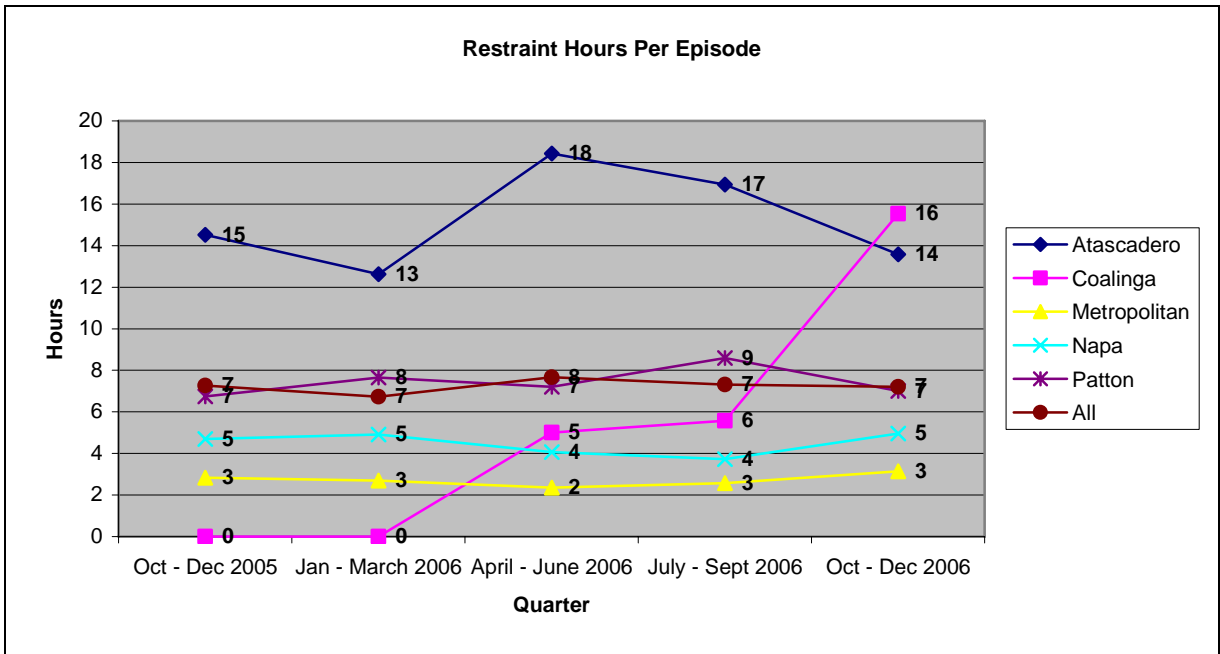
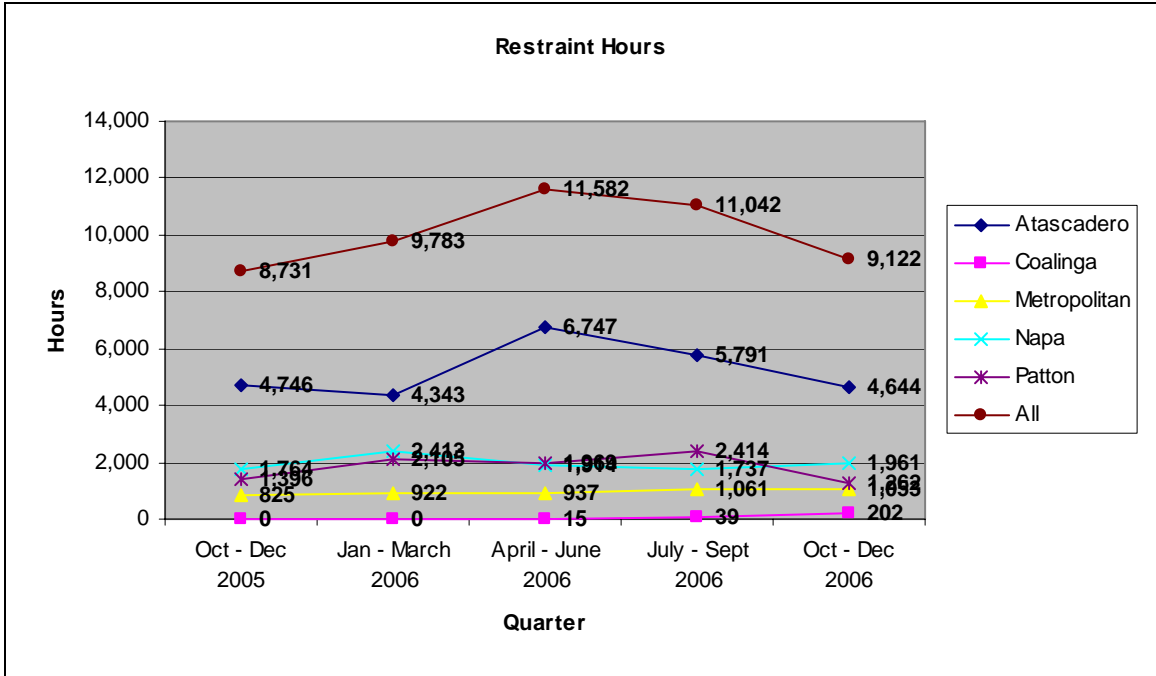
Changes in Use of Restraint

Overall, restraint episodes rose from the fourth quarter of 2005 through the second quarter of 2006. Episodes remained fairly flat in the third quarter of 2006 and fell slightly in the fourth quarter of 2006. Episodes of restraint followed a similar trajectory for each of the state hospitals, except for Coalinga, which has not used restraint very frequently.

Overall, the total number of hours people spent in restraints followed a trajectory similar to that of restraint episodes. The total hours increased from the fourth quarter of 2005 through the second quarter of 2006, and then declined through the fourth quarter of 2006. Atascadero State Hospital used restraint for far more hours than the other state hospitals, but those hours have been declining since the second quarter of 2006. Coalinga, Metropolitan, Napa and Patton were fairly consistent in the number of hours people were in restraint over time.

Overall, the number of hours people remained in restraint per episode remained fairly flat over the five quarters. Hours per episode were flat for all the state hospitals except for Atascadero and Coalinga as well. Atascadero State Hospital placed individuals in restraint for far more hours per episode than the other state hospitals. Hours per episode at Atascadero peaked at eighteen (18) in the second quarter of 2006 and has declined to fourteen (14) in the fourth quarter of 2006. Hours per episode at Coalinga have increased from five (5) in the second quarter of 2006 to sixteen (16) in the fourth quarter of 2006. The following charts display each state hospital's use of restraint, total hours in restraint, and hours in restraint per episode over five quarter, beginning with the fourth quarter of 2005.



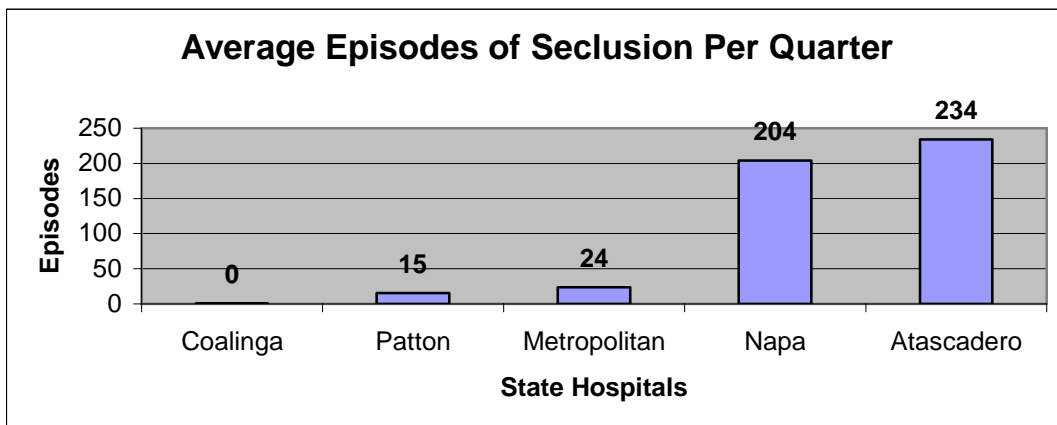


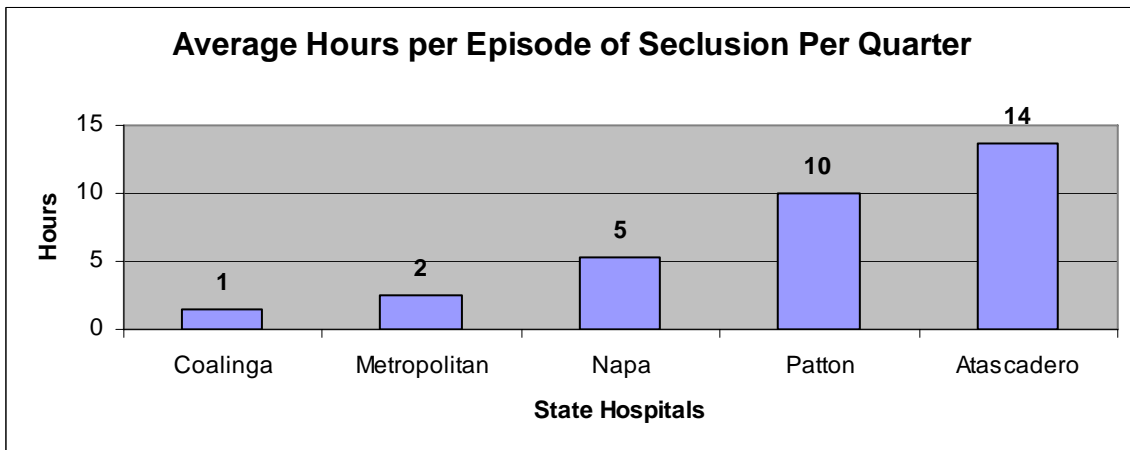
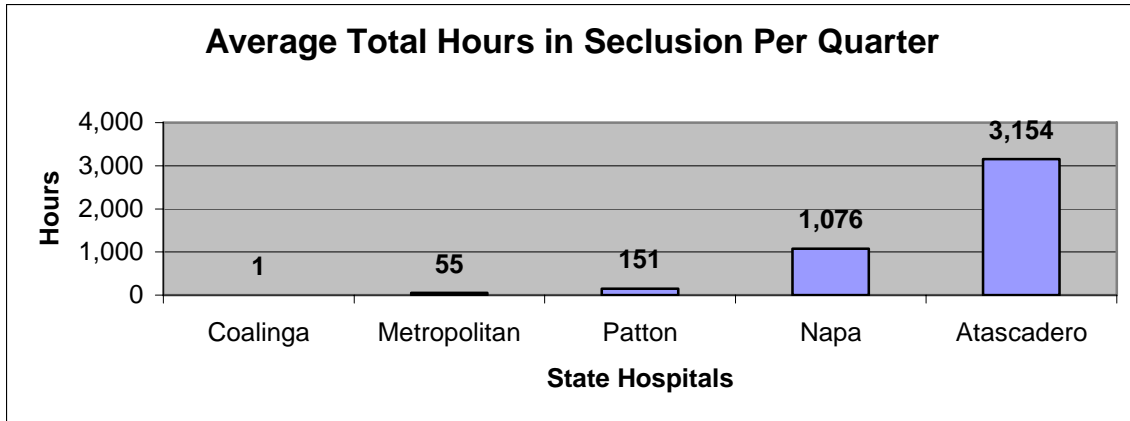
II. Seclusion

On average, the five state hospitals tend to use seclusion less frequently than restraint, but more frequently than walking restraint. Using data collected from the fourth quarter of 2005 through the fourth quarter of 2006, this section discusses each state hospital's average use of seclusion and change in use of seclusion over time.

Average Use of Seclusion

On average, Atascadero State Hospital used seclusion more often and for more hours per episode than the other four (4) state hospitals. Napa State Hospital used seclusion almost as often as Atascadero, but for much less time per episode. While Patton State Hospital used seclusion less often than Napa, people remained in seclusion for twice as much time. Metropolitan and Coalinga State Hospitals used seclusion less often and for less time than Napa and Atascadero. The five state hospitals average use of seclusion, total hours people spent in seclusion, and hours per episode of seclusion are displayed in the following charts.





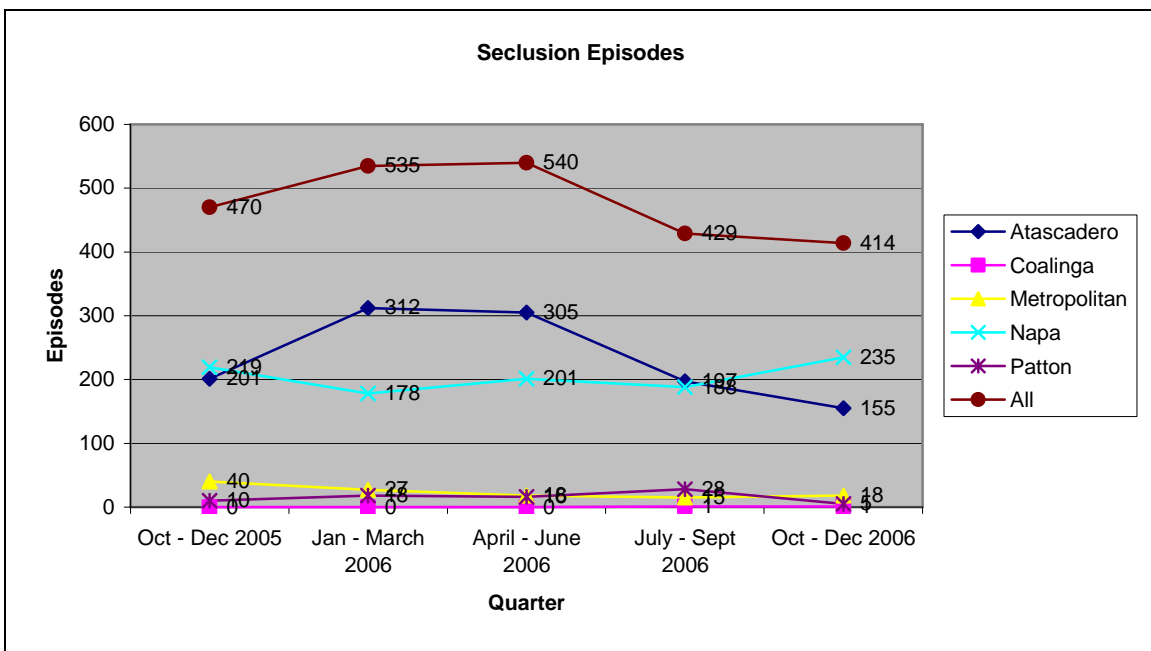
Changes in Use of Seclusion

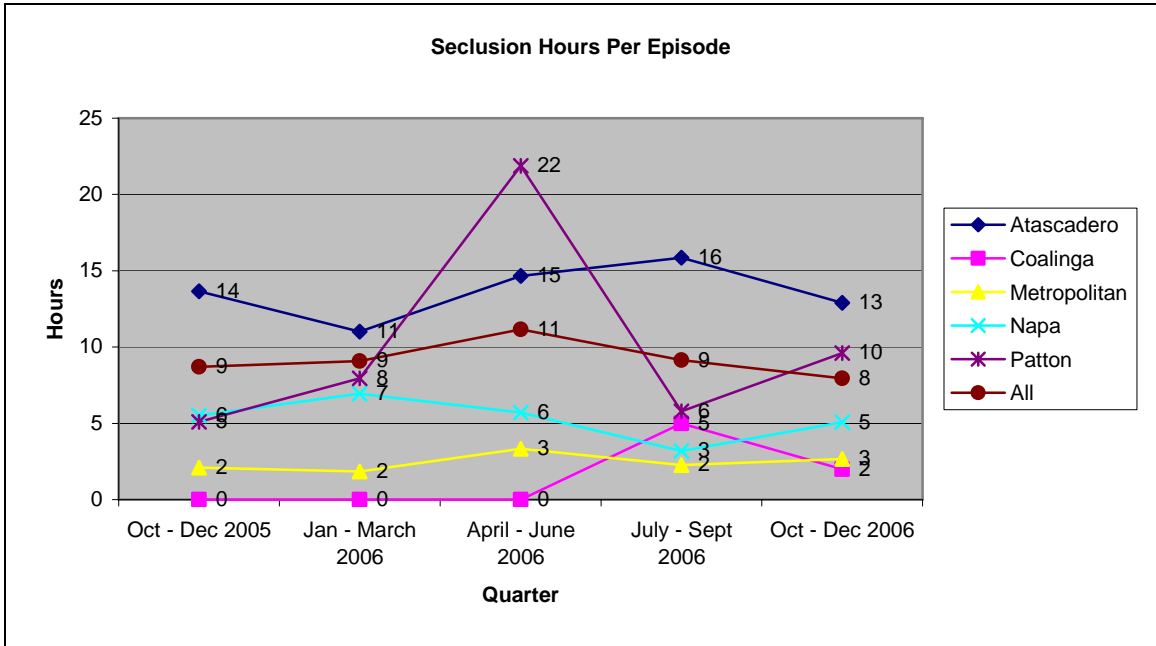
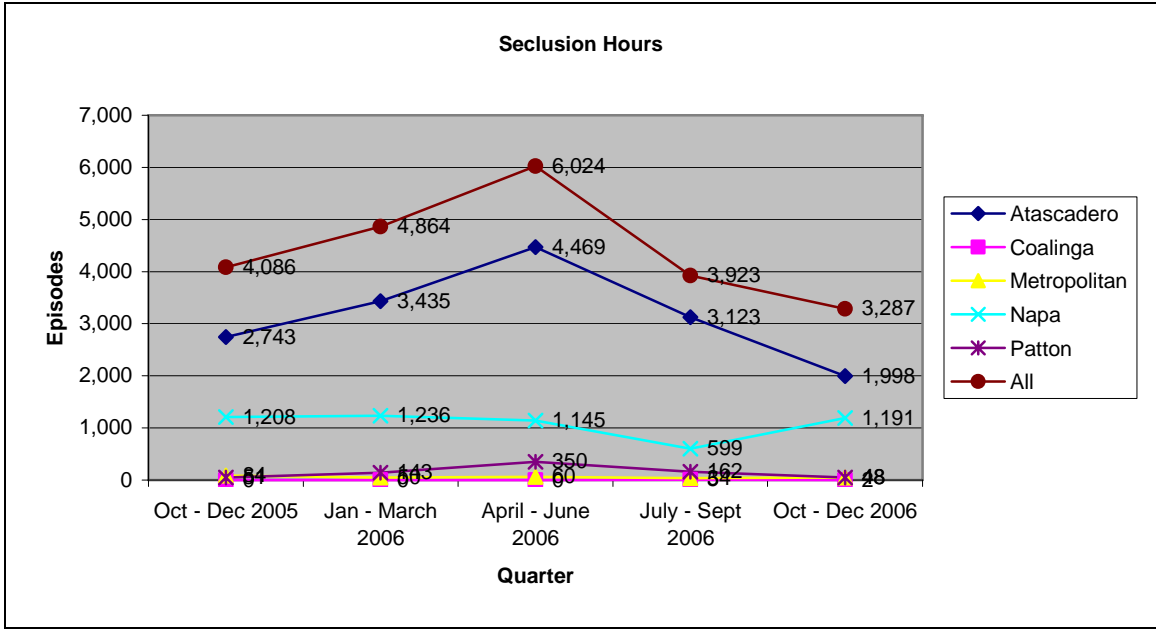
Overall, the total episodes of seclusion increased from the fourth quarter of 2005 through the second quarter of 2006 and declined from the second quarter of 2006 through the fourth quarter of 2006. Total episodes in the fourth quarter of 2006 were lower than the total episodes in the fourth quarter of 2005. Total episodes of seclusion at Atascadero mirrored the trend overall. While total episodes of seclusion at Atascadero have been declining since the first quarter of 2006, total episodes at Napa have been steadily increasing. Total episodes of seclusion at Metropolitan declined from the fourth quarter of 2005 through the second quarter of 2006 and remained fairly flat through the fourth quarter of 2006. Total episodes at Patton remained fairly flat from the fourth quarter of 2005 through the second quarter of 2006, spiked in the third quarter of 2006 and declined to the lowest point in the fourth quarter of 2006.

Overall, total hours in seclusion followed the same trajectory as total episodes of seclusion. Even though Napa exceeded Atascadero in total episodes of seclusion, it remained below Atascadero in total hours people spent in seclusion

during the fourth quarter of 2006. Total hours in seclusion at Metropolitan steadily increased each quarter through the third quarter of 2006 and declined slightly in the fourth quarter of 2006. Total hours in seclusion at Patton moved up and down slightly each quarter. Coalinga did not use seclusion until the third quarter of 2006 and the number of hours in seclusion has been fairly low and consistent since that time.

Overall, the number of hours in seclusion per episode remained fairly flat, except for a small spike in the second quarter of 2006. The small spike appears to have been caused by Metropolitan State Hospital, where individuals spent an average of twenty-two (22) hours in seclusion per episode.





III. Walking Restraint

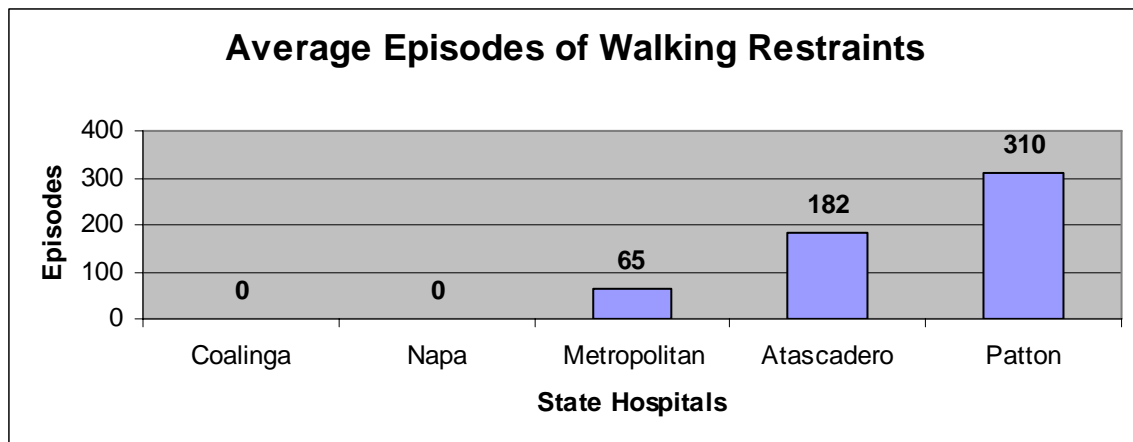
Atascadero, Metropolitan, and Patton State Hospitals used walking restraint during the period of time covered in this report. On average, these three state hospitals used walking restraint less frequently than restraint and seclusion. Using data collected from the fourth quarter of 2005 through the fourth quarter of 2006, this section discusses each state hospital's average use of walking restraint and change in use of walking restraint over time.

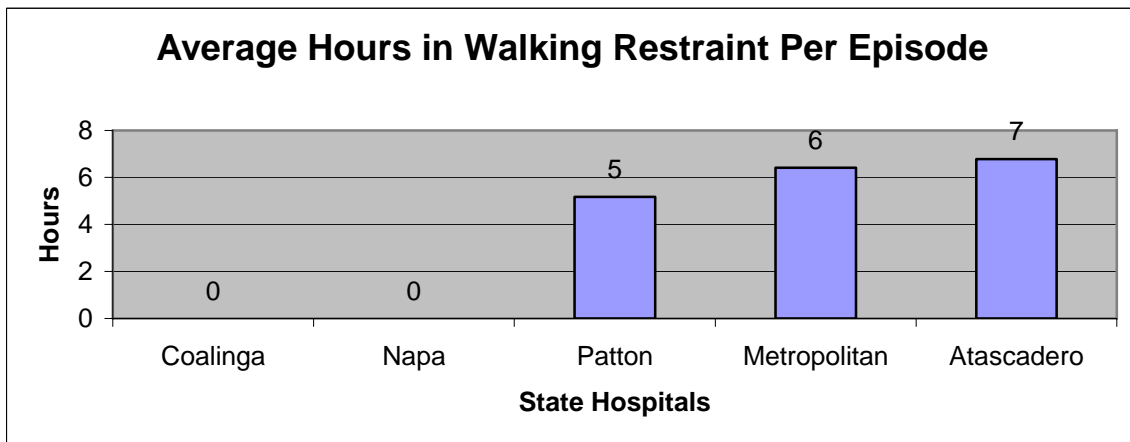
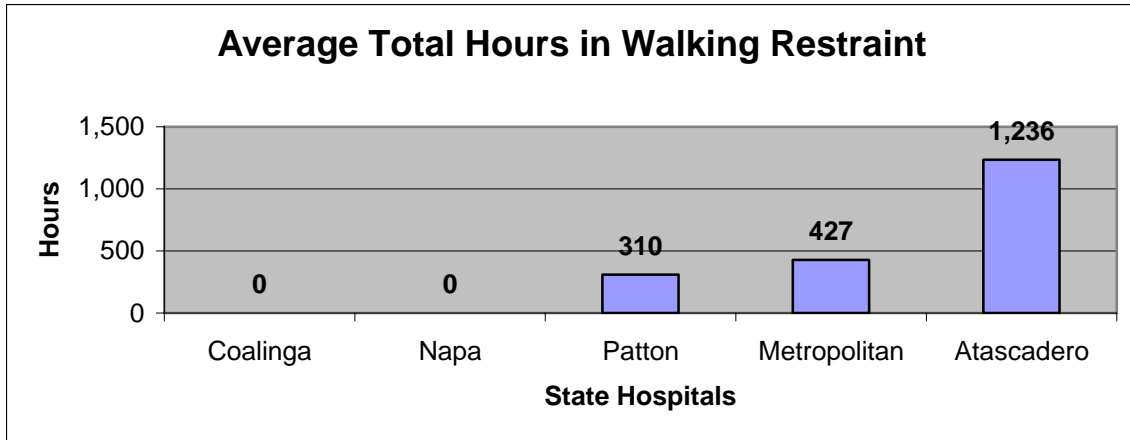
Average Use of Walking Restraint

On average, Patton State Hospital uses walking restraint more frequently than Atascadero and Metropolitan. Patton used walking restraint seventy percent (70%) more frequently than Atascadero and almost four (4) times as often as Metropolitan. Atascadero State Hospital used walking restraint approximately three (3) times as often as Metropolitan.

While Patton used walking restraint more frequently than Atascadero and Metropolitan, individuals were in walking restraint for much less time at Patton. Atascadero placed individuals in walking restraints for almost three times as long as Patton and almost twice as long as Metropolitan. Metropolitan placed individuals in walking restraint approximately thirty percent (30%) more time than Patton.

The following charts display the average episodes of walking restraint, average total hours in walking restraint, and the average hours per episode of walking restraint for each state hospital.





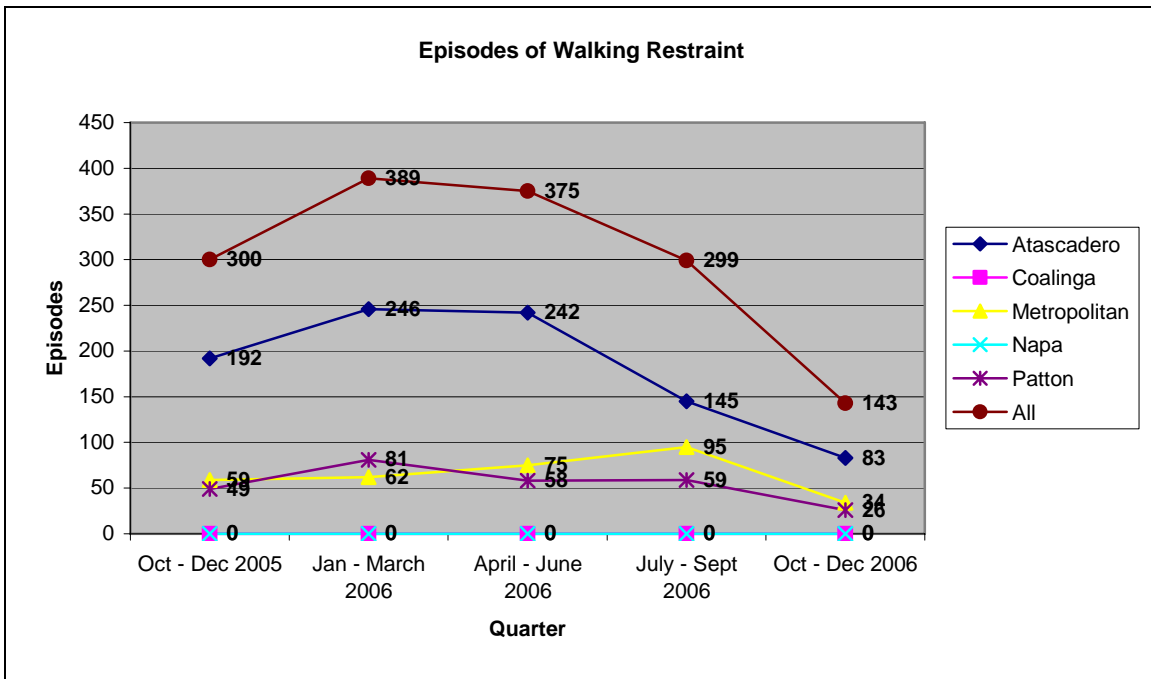
Changes in Use of Seclusion

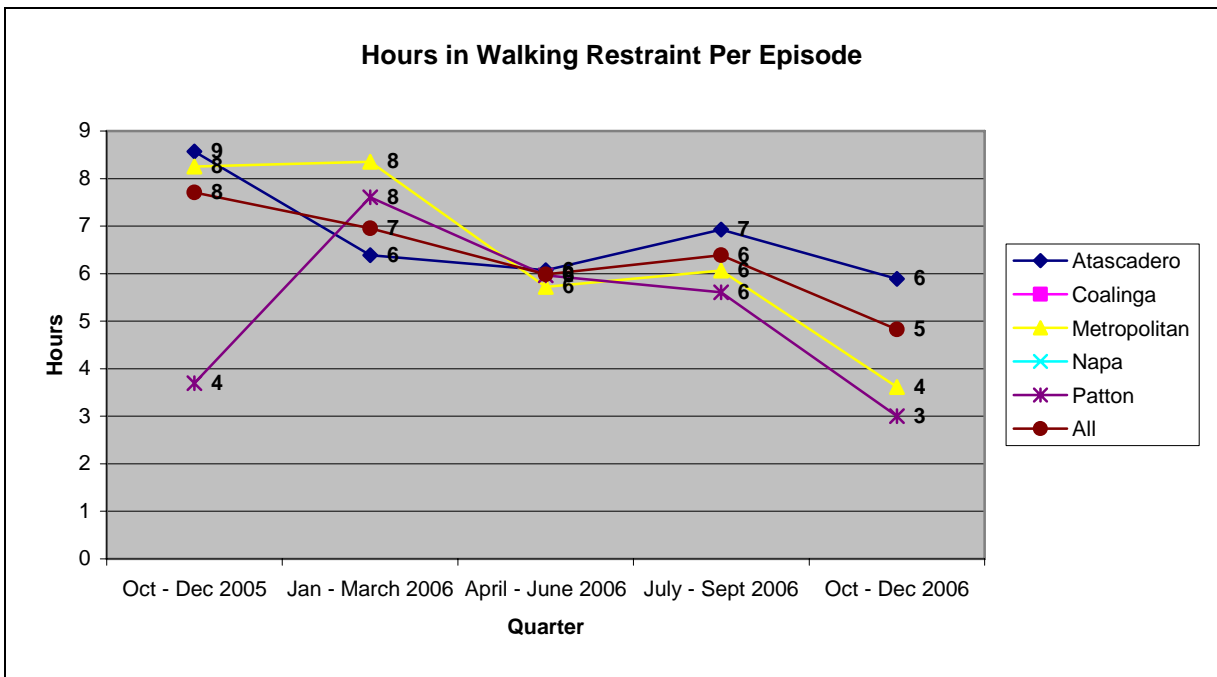
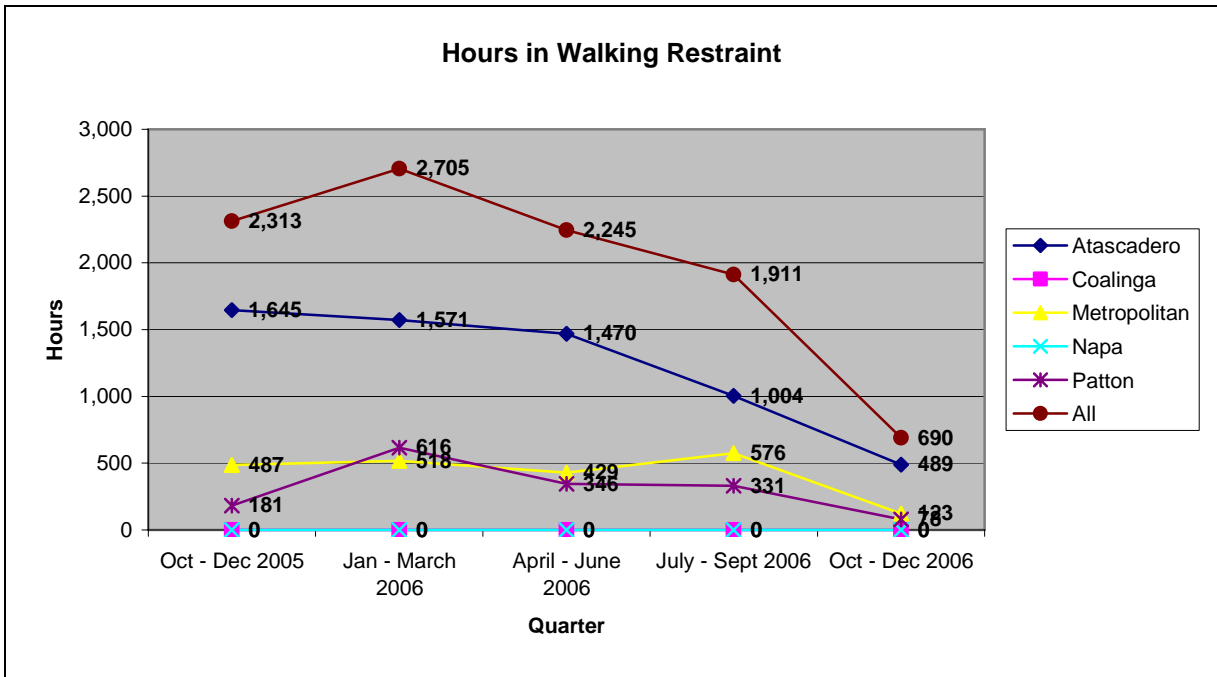
Overall, episodes of walking restraint declined sharply from the first quarter of 2006 through the fourth quarter of 2006 to roughly one-half the number of episodes on the fourth quarter of 2005. The trajectory at Atascadero State Hospital, the largest user of walking restraint, mirrors the overall trajectory. The use of walking restraint at Metropolitan State Hospital steadily increased through the third quarter of 2006 and then sharply declined in the fourth quarter of 2006 to roughly one-half the number of episodes in the fourth quarter of 2005. Patton State Hospital's use of walking restraint remained fairly flat through the third quarter of 2006 and sharply declined in the fourth quarter of 2006 to roughly one-half the number of episodes in the fourth quarter of 2005.

Similarly, total hours of walking restraint declined sharply from the first quarter of 2006 through the fourth quarter of 2006. Total hours of walking restraint at Atascadero declined in each quarter. Patton State Hospital reduced the total hours of walking restraint from the first quarter of 2006 through the fourth quarter of 2006. Total hours of walking restraint at Metropolitan remained fairly flat

through the third quarter of 2006 and declined sharply in the fourth quarter of 2006.

Overall, the number of hours an individual remains in walking restraint per episode steadily declined from the fourth quarter of 2005 through the fourth quarter of 2006. Atascadero and Metropolitan State Hospitals followed a similar trend. The number of hours an individual remained in walking restraints at Patton State Hospital was relatively low in the fourth quarter of 2005, increased sharply in the first quarter of 2006 and declined through the fourth quarter of 2006 to a level lower than the fourth quarter of 2005.





IV. Questions for the Department

The data raise a number of questions that the California Mental Health Planning Council (Planning Council) might pose to the California Department of Mental Health (Department). These questions are discussed below.

The data indicates that state hospitals use restraint much more often than seclusion. On average, state hospitals use restraint almost three times as often as seclusion. The Council might ask the Department to explain why this is the case.

The data indicates that Atascadero state hospital uses restraint and seclusion more often than the other state hospitals. While Atascadero didn't use restraint more often than Metropolitan and Napa State Hospitals, each episode of restraint at Atascadero lasted for more than twice as long. Atascadero used seclusion more often than the other state hospitals for longer periods of time. The Council might ask the Department to explain why Atascadero's use of restraint and seclusion seems to be so much more than the other state hospitals.

Finally, the data indicates that all the indicators have been declining since the second quarter of 2006. The Council might ask the Department to explain why these indicators were declining over the last three quarters.