In 2012 I did some research on 3 locked wards for women on an NHS secure unit for people with learning disabilities in England. People are sent to these units under the Mental Health Act if they have broken the law, or if their behaviour is a risk to themselves or others.

I was sad when I saw the seclusion rooms. There was one on each unit. The rooms have a bed which is joined to the floor. The door has a window where staff look through at the person.

Seclusion is often used in learning disability units. There is not much research with people with learning disabilities who have been secluded. I wanted to ask women about being secluded so I could tell staff and people who are in charge of the services. The women told me how they felt about being secluded in the different units they had stayed in.

The Mental Health Act Code of Practice says that people should only be secluded if their behaviour is going to cause harm to others. But, some of the
women told me that they had been secluded to stop them from self-harming, or for disturbing others.

The Code of Practice says that seclusion should not be used as a punishment or a threat, or because of a shortage of staff. It should not form part of a treatment programme.

One of my participants, Wendy (a staff member), told me that seclusion is for the safety of the staff. She said ‘some of these ladies, they come in and they’ve been in other services and they’ve had bad times.’

Most of the women I talked to described how upset they felt in seclusion. Some said they remembered being locked in rooms as a child or in previous services. Kate said ‘I was really scared I actually peed myself through being frightened. I wet myself!’

People get angry when they are locked up and staff should listen to them and understand their feelings. People with learning disabilities should have a say in their treatment plans.

Families are often scared when they hear about seclusion. Sometimes it is helpful to ask people’s family members to be involved. Staff should work together with residents and families to stop seclusion happening.

Bonnie told me that people can work together:
Bonnie: If there’s another room away from seclusion, you know like a calm down room, I reckon that they should talk to us and say ‘How do you feel, what can we do to help you?’ and that.

Bonnie said that women want more contact with staff, to talk about what is bothering them. This is what services are there for – to work with people rather than against them.

All treatment should start with respect. We need more positive, helpful and supportive environments. Service should listen to the people who have been in these locked wards. Family members should be included too because they often know a lot about the person. The voices and wishes of disabled people and their families should be heard and respected.

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Pictures used are from CHANGE www.changepeople.org


You can read the article here: https://www.sjdr.se/articles/10.16993/sjdr.59/