

Topic

Addressing disparities in forensic mental healthcare for BIPOC (Black, Indigenous, and People of Colour)

Key question

How do BIPOC and hospital staff in forensic inpatient settings describe their experiences with restraint and seclusion, and the factors that lead to their use?

Project aims

BIPOC face disparities in mental health care delivery and outcomes, including more frequent use of restraint and seclusion. Restraint and seclusion practices are traumatic and stigmatizing. Yet BIPOC patients' experiences and views on the factors contributing to restraint and seclusion have rarely been described. Mental health providers view restraint and seclusion as essential to their workplace safety.

This study illuminates the stories of BIPOC patients who have been restrained and/or secluded. We explore patients' perceptions of what contributes to restraint and seclusion. We also hear the perspectives of hospital staff. The study generates new knowledge to develop continuing professional development and quality improvement interventions for Waypoint. The goal is to reduce restraint and seclusion and provide culturally sensitive, trauma-informed care for BIPOC.

Activities

- Listening to BIPOC patients' stories and firsthand experiences of restraint and seclusion in forensic settings.
- Interviewing patients and staff to understand why patients are restrained and/or secluded.
- Co-developing a professional development plan for staff to help achieve more therapeutic and recovery-oriented care for BIPOC.

Helpful terms

- **BIPOC:** Black, Indigenous, and People of Colour
- **Restraint:** Methods used to manage the behaviour of patients who are a risk to themselves or others. Restraints can be physical or chemical (medication).
- **Seclusion:** Procedures to isolate a patient from others.

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Project funder: Royal College of Physicians and Surgeons of Canada

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