

School Seclusion & Restraint Ban Should Extend to Psychiatric Facilities

Legislators call for ban on seclusion rooms/restraint use on schoolchildren, but CCHR says it must extend to physical/chemical restraint use in psych facilities

LOS ANGELES, CALIFORNIA, UNITED STATES, January 29, 2020 /EINPresswire.com/ -- U.S. senators and 10 members of the House of Representatives, all but one from Illinois, have called for a nationwide ban on the use of seclusion and physical restraints on students. They've asked Secretary of Education Betsy DeVos to issue federal guidance to prohibit physical restraints for dealing with challenging behavior. This followed a Chicago Tribune-ProPublica Illinois investigation that found most of the children who were secluded had intellectual or behavioral disabilities. Reporters also found children being physically restrained, sometimes face down on the floor.[1]



Legislators are calling for a ban on seclusion rooms and restraint use on schoolchildren, but CCHR says it must extend to all physical and chemical restraint use in psychiatric facilities, as children are assaulted and dying

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State legislatures and Congress need to enact effective and accountable state- and federal-oversight systems, ban the use of physical and chemical restraints and those violating this made accountable.”

Jan Eastgate, President CCHR International

The situation is grave and the ban necessary, but the mental health industry watchdog, [Citizens Commission on Human Rights International \(CCHR\)](#), says this should not be limited to schools, when teens across the country are being restrained in behavioral facilities, assaulted and killed from restraints. “Add to this, the chemical restraints using psychotropic drugs and there is a need for a nationwide investigation into behavioral ‘care’ for children and teens,” says Jan Eastgate, president of CCHR International.

In 2002, Charles G. Curie, former administrator of the US Substance Abuse and Mental Health Services Administration called for the elimination of both restraints and seclusion in psychiatric hospitals and stated:

“Seclusion and restraint – with their inherent physical force, chemical or physical bodily immobilization and isolation – do not alleviate human suffering. They do not change behavior...They can serve to re-traumatize people who already have had far too much trauma in their lives.”

This followed a series of articles by The Hartford Courant that found up to 150 restraint deaths occurred each year in the U.S, of which nearly 10% were children, some as young as six.[2] In

1999, a Federal Hearing was held into the “alarming number of deaths resulting from physical restraints in psychiatric facilities,” pointing out there was no requirement for reporting deaths from physical restraints.[3]

A US government report “found conclusively that children are especially targeted by facility staff for this unsafe practice (restraints), and are at greater risk of injury and death.”[4] The potential for adverse effects during restraint can also increase for patients receiving psychotropic or other drugs.[5]

Federal regulations were passed restricting the use of physical and chemical restraints in hospitals receiving federal funding. These also ordered a “national reporting system” to be implemented and for government funding to be cut to any facility that did not comply.[6]



In 2010, restraint use still was not being effectively monitored.[7] The Centers for Medicare and Medicaid Services database does not include restraint with sedatives and is limited to psychiatric patients in general hospitals and freestanding psychiatric hospitals.[8]

“With the lack of effective oversight of psychiatric facilities—especially in the for-profit/private area—violent restraints continue, with children injured and some dying. While there is a call for a ban on school use only of restraints, it should be universal. Any patient death from restraints should be investigated and potentially prosecuted,” Eastgate recommends.

CCHR suggests the Illinois legislators look at restraint use in behavioral facilities. In April, 2015, Rock River Academy in Illinois closed after the facility was found to have the highest rate of youths manually restrained by staff among the 52 residential treatment centers measured by state authorities—nearly eight times the median for all Illinois facilities.[9]

A sample of recent restraint abuses include:

- 2017: Internal surveillance videos from Shadow Mountain Behavioral Health in Oklahoma showed children being repeatedly physically restrained, including a 9-year-old boy that a mental health technician grabbed by the neck, pushed against a wall and slammed to the ground.[10] The facility has since closed.
- 2019: A 10-year old boy was held in restraints for an hour at the now closed Desert Hills psychiatric facility and then injected with and overdosed on the antipsychotic, Haldol.[11]
- November 2019: Video footage at Sequel Pomegranate in Columbus, Ohio, showed a nurse wrapping her left arm around a patient’s neck, taking the patient to the floor, “kicked,” and “appeared to strike the patient five times with a closed fist in the face/head region.”[12]
- December 2019: The New York Times reported Piney Ridge Treatment Center in Fayetteville,

Arizona was using chemical injections to restrain young people in seclusion.[13] In January the facility claimed to have stopped chemical restraint use.[14]

Eastgate says, "State legislatures and Congress need to enact effective and accountable state- and federal-oversight systems, ban the use of physical and chemical restraints and those violating this made accountable both civilly and criminally."

Read the full article here: <https://www.cchrnt.org/2020/01/28/school-seclusion-restraint-ban/>

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