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Correspondence

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Use of seclusion in Scotland

SIR: Angold (*Journal*, April 1989, **154**, 437–444) provides a very useful review of the present state of knowledge about seclusion, and rightly emphasises the need for further research into its use. It is perhaps worth reporting that during 1985 the Mental Welfare Commission for Scotland undertook a review of the use of seclusion in psychiatric practice in Scotland, and for the purposes of its enquiry defined seclusion as: "removing a patient during daylight hours from the company of his fellow patients and staff and placing him, against his will, alone, in some form of constraining environment from which he cannot, of his own wish, remove himself".

The findings, described in the Commission's Annual Report, showed that in seven NHS psychiatric hospitals, containing some 4500 beds, seclusion was permitted, while in 14 psychiatric hospitals, containing some 9200 beds, seclusion was not permitted. The Commission made a variety of recommendations regarding the use of seclusion policies by Health Boards and the recording and reporting of incidents of seclusion.

In the following years it became apparent that hospitals were changing their policies and their use of seclusion, to the extent that when a further review was carried out in 1988, four of the hospitals previously using seclusion were no longer doing so, one hospital had seen only one episode of seclusion during the 3 years, and in only two hospitals was seclusion still made use of in any regular way. More recently still, Commissioners have met clinicians and Health Board representatives from these two hospitals, and it seems that a stage has been reached where in one of these hospitals seclusion is no longer being used, and in the other the practice of seclusion is being carefully re-examined.

Following its initial enquiry, the Commission found it hard to understand why seclusion should be used frequently in some psychiatric hospitals while in others, dealing with similar clinical problems, seclusion should have fallen into total disuse. The virtual disappearance of seclusion from all Scottish mental illness hospitals, with the exception of the State Hospital, makes it evident that this procedure is no longer a necessary part of the care of patients in ordinary psychiatric hospitals.

W. D. BOYD
Mental Welfare Commission for Scotland
25 Drumsheugh Gardens
Edinburgh EH3 7RB

Attitudes to seclusion in Virginia

SIR: Angold (*Journal*, April 1989, **154**, 437–444) states that it appears that the majority of patients dislike being locked up on their own. In a recent study (Wise *et al*, 1988) 111 current psychiatric patients were queried about their attitudes towards the use of seclusion rooms; 70% stated that it was a safe and secure room. Only 19% indicated that such rooms are torture, while the majority agreed that such rooms are helpful to patients in them. It is of interest that patients without a history of seclusion indicated stronger adverse feelings. In a follow-up study of 191 subjects (Wise *et al*, 1989), comparing patients on a unit with sequestered seclusion rooms with those on a unit with integrated seclusion rooms, patients in the latter group were more likely to agree that patients are often cured in such rooms. Both studies concluded that patients generally had positive attitudes about the utilisation of such treatment, and endorsed fairly realistic attitudes towards the experience.

It would be useful to discuss the role of seclusion with all patients during their orientation to the unit; this should reduce the distortions and fears of