Evidence Review

Comfort / Sensory Rooms as Alternatives to Seclusion

Key messages

- 'Sensory room' / comfort room is an umbrella term used to describe a range of therapeutic spaces that are designed to relax or stimulate the senses and provide an immersive environment to promote self-organisation and self-regulation. **[2]**
- Sensory rooms were originally constructed in the 1960s to provide therapeutic sensory stimulation for individuals living with severe disabilities and learning difficulties. However, their application has since been expanded to dementia care, school settings, and most recently, psychiatric care. **[3]**
- There is some evidence for the use of sensory rooms—mostly emerging from small-scale studies, **[2, 3, 4, 5, 6]** or as one small part of large-scale multi-intervention studies. **[1]** What direct data is available tends to be qualitative, leading to hypothesis generation rather than to concrete measures of efficacy.
- De-escalation is a key theme in alternatives to seclusion in the literature: behavioural support; post-seclusion review; retraining of staff; improved communication techniques; sensory modulation; open-door policy on wards; and early identification of patients at risk of seclusion. However, such alternatives attempt to reduce seclusion rather than offer a viable alternative for its eradication. **[7]**

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You asked

Could we please have a review of evidence on alternatives to seclusion, use of comfort rooms and safe spaces.

The Evidence

1. **Dike, C. C., Lamb-Pagone, J., Howe, D., Beavers, P., Bugella, B. A., and Hillbrand, M. (2020) 'Implementing a program to reduce restraint and seclusion utilization in a public-sector hospital: Clinical innovations, preliminary findings, and lessons learned. *Psychological Services*. http://dx.doi.org/10.1037/ser0000502**

This paper reports on a complex range of 11 interventions deployed in an American psychiatric hospital over an eight-year period. Researchers identified a number of evidence-based strategies that might effect reduction in restraint and seclusion: change in policy or leadership, external review or debriefing, use of data to inform practice, staff training, consumer/patient and family involvement, increase in staff-to-patient ratio, use of crisis response teams, and changes in program elements, in particular use of violence prevention tools.

One element was comfort rooms. These softly lit rooms contain comfortable seating options including a rocking chair, murals, a CD player, a waterfall sound machine, and a panoply of other sensory modulation tools (e.g., squeeze balls). Patients experiencing distress were encouraged to use the room at any time to assist them in managing their symptoms and behaviour, thereby preventing a situation that may result in the use of restraint or seclusion.

Several indices of patient violence diminished over the course of the study period, including hours in restraint, incidents of violence, and costs. However, it is not possible to infer the specific impact of comfort rooms from this paper.

Dike et al - Implementing a Progr

2. **Davies, R., Murphy, K., and Sethi, F. (2019) 'Sensory room in a psychiatric intensive care unit.'** ***Journal of Psychiatric Intensive Care*****, 16(1), pp. 23-28.**

This paper reports on the development of a sensory room in a female psychiatric intensive care unit in the UK. Feedback from patients using the sensory room revealed themes of patients enjoying and valuing the practice and highlighted the need for patient-centred choice in its provision.

A sensory room was commissioned and installed for this project, and a clinical protocol was developed to provide the PICU multidisciplinary clinical team with a guide for the safe and effective use of the sensory room.

Over a period of 18 months PICU sensory room became part of standard clinical practice in the PICU, and in 2019 it was used on an almost daily basis. Over the course of 18 months this equates to hundreds of uses. Of the sensory room uses, most were initiated by individualised joint care planning with a patient, and a significant proportion of these were driven by patients self-requesting the clinical intervention; possibly over two-thirds were self-requested. In this time period, nearly 30 clinical staff from the PICU multidisciplinary team were trained to use the sensory room; the majority of staff were psychiatric nurses.

The impact of the sensory room on patient care and experience in the PICU was reviewed using anonymised feedback forms for a six-week period. Seven feedback forms were obtained. Patients reported positive experiences, but this is from a very small sample.

Davies et al - Sensory Room in a Psychiatric

3. **Barbic, S.P., Chan, N., Rangi, A., Bradley, J., Pattison, R., Brockmeyer, K., Leznoff, S., Smolski, Y., Toor, G., Bray, B., Leon, A., Jenkins, M., and Mathias, S. (2019) 'Health provider and service-user experiences of sensory modulation rooms in an acute inpatient psychiatry setting.'** ***PLOS One,*** **14(11). DOI: 10.1371/journal.pone.0225238**

This paper reports on semi-structured interviews with ten service users and nine health providers (four occupational therapists and five nurses) regarding their experiences of the sensory modulation rooms (SMR) located on three acute inpatient units in a large urban tertiary care hospital in Canada.

The most prevalent theme amongst both service user and health provider interviews was utilising the SMR to empower patients and enable self-management strategies to enhance their care experience.

Another key theme was the use of the SMR as an alternative to physical and chemical restraints and/or seclusion. Service users described an intense environment of healing and how it can often be difficult to gather their thoughts and focus on wellness and health. Most service user participants identified that the SMR added value to the care experience by offering another mechanism to manage high levels of anxiety or stress on the unit. Some experienced health provider participants reported that service users were learning to advocate for the use of the room itself–specifically to present the argument to staff that the SMR can be an alternative to medications when appropriate.

The results suggest overall positive experiences with SMRs in acute tertiary inpatient psychiatry units to enhance care and the service user experience. However, there is no specific evidence about reduction in seclusion.

Barbic et al - Health Provider and Service-l

4. **Novak, T., Scanlan, J., McCaul, D., MacDonald, N., and Clarke, T. (2012) 'Pilot study of a sensory room in an acute inpatient psychiatric unit.' *Australasian Psychiatry*, 20(5), pp. 401-406.**

This study examined the outcomes associated with the introduction of a sensory room in an acute inpatient psychiatric unit in Australia. Service users rated distress and staff rated a variety of disturbed behaviours before and after each use of the room. Items used during each episode were recorded.

Use of the room was associated with significant reductions in distress and improvements in a range of disturbed behaviours. Those individuals who used the weighted blanket reported significantly greater reductions in distress and clinician-rated anxiety than those who did not. No changes were noted in rates of seclusion or aggression.


Novak et al - Pilot Study of a Sensory Ro

5. **Sivak, K. (2012) 'Implementation of Comfort Rooms to reduce seclusion, restraint use, and acting-out behaviors.' *Journal of Psychosocial Nursing*, 50(2), pp. 24-34.**

This reports on the introduction of comfort rooms in each of the female and male inpatient admission units of a small, rural, tertiary mental health hospital in the United States.

In the year prior to the comfort rooms being introduced, the hospital recorded five occurrences of mechanical restraint. In the year of trialling the comfort rooms, there was no use of mechanical restraint. Although patient perspectives were sought via Likert-scale instruments, there is a lack of detailed data reported in this paper. This lack is also true of whether or how staff were supported to make best, safe use of the rooms.


Sivak - Implementation of Cor

6. **Cummings, K.S., Granfield, S.A., and Coldwell, C.M. (2010) 'Caring with Comfort Rooms: reducing seclusion and restraint use in psychiatric facilities.'** ***Journal of Psychosocial Nursing*****, 48(6), pp. 26-30.**

This paper reports on a trial of comfort rooms in an American acute public psychiatric facility for children and adults.

In response to staff anxiety at the introduction of comfort rooms, the hospital retained seclusion rooms as an intervention option while adding comfort rooms.

For a 3-month period, patients were asked to subjectively rate their level of distress with a 5-point Likert scale before and after they used the comfort room. All responses were voluntary. A total of 105 patients participated in the evaluation process. 89% of patients reported a reduction in distress.

After each use of the room, staff documented the date the room was used and whether the use of the room was considered effective. The room was considered effective if patients did not progress to needing seclusion or restraint and if they reported a decrease in distress. Data showed that 12% of interventions were followed by a restrictive measure. The comfort room was not an effective intervention for select high-risk patients who accounted for a disproportionate segment of restrictive measure use in the institution.

Cummings et al - Caring with Comfort R

7. **Allikmets, S., Marshall, C., Murad, O., and Gupta, K. (2020) 'Seclusion: a patient perspective.'** ***Issues in Mental Health Nursing*****. DOI: 10.1080/01612840.2019.1710005**

This investigation was a service evaluation appraising inpatients' perspective of processes occurring before (information, communication), during (review, care), and after (debrief, reflection) seclusion in a psychiatric intensive care unit (PICU). In this phenomenological study, qualitative data were gathered using a questionnaire in a structured interview. All patients had been nursed in seclusion during admission to a male PICU at South London and the Maudsley NHS Foundation Trust. Ten patients were interviewed over 4 months. The central theme was perceived lack of communication in the patient-professional relationship, which manifested itself as (i) violence against patients, (ii) lack of psychological support, and (iii) the need for alternatives.

Allikmets et al - Seclusion A Patient Pe

Indicative search strategy

seclusion OR seclude* AND alternative*
AND
(comfort OR safe OR serenity) AND (space* OR room* OR refuge*)

Sources searched

PsycINFO; Medline; BNI

A structured public domain search for unpublished research.

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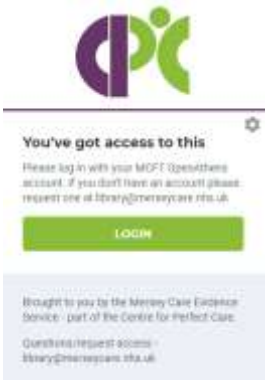
This review is a summary of the best available evidence that has been selected using expert searching in order to answer a specific query. It may not be representative of the entire body of evidence available. No responsibility can be accepted for any action taken on the basis of the information presented herein.

BMJ Best Practice
Clinical decision making tool and app



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