INPLASY

Contributors to seclusion use in adult mental health inpatient units across Organization for Economic Cooperation and Development (OECD) countries: a systematic literature review

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ADMINISTRATIVE INFORMATION

Support - No funding for this project has been sought.

Review Stage at time of this submission - Completed but not published.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 15 August 2025 and was last updated on 15 August 2025.

INTRODUCTION

Review question / Objective This project aimed to identify factors that contribute to seclusion use in adult psychiatric inpatient units among OECD nations through a systematic appraisal of available literature.

Rationale The detrimental effects of seclusion on both mental health service users and mental health practitioners are widely documented, and there have been widespread campaigns internationally regarding the need to minimize or, if possible, eliminate its use. Only a few studies have specifically examined the factors contributing to the wide variability of seclusion use in adult inpatient facilities, with most available studies focusing broadly on restrictive or coercive practices. A systematic data synthesis from the review of literature may delineate the clinical, socio-demographic, organizational, and political factors that contribute to seclusion use in adult mental health inpatient units across OECD countries.

Condition being studied Seclusion use in adult mental Mental Health.

METHODS

Search strategy Studies were identified from the Emcare, Medline, PsycINFO, and Embase databases using the keywords (seclusion) AND (mental health OR mental-health OR psychiatr*) AND (adult) AND (inpatient OR in-patient OR admi*), following the PRISMA 2020 guidelines.20 The same search strategies were used in Ovid MEDLINE, Ovid Embase, Ovid Emcare and PsycINFO, with comprehensive translation of controlled vocabulary and databases syntax. There was an independent co-reviewer during the literature search, selection, and data collection and screening stages in line with PRISMA guidelines.

All available studies were uploaded to the Covidence software, which automatically removed all duplicates for the selected studies. Reviewers also searched for and manually removed any

duplicates. This was followed by a rigorous title and abstract screening. Conflicts arising from the literature selection by the two independent reviewers were resolved through discussion, re-evaluation of the inclusion criteria, and a re-screening exercise. Studies published until 28 February 2025 were included to capture different era of psychiatric care. The references for all studies resulting from the search were also checked for further studies.

Participant or population Please refer to inclusion Criteria.

Intervention Not applicable.

Comparator Not applicable.

Study designs to be included Please refer to inclusion and eligibility criteria.

Eligibility criteria Studies were included if the participants were adults aged 18-65 years; the setting was an adult psychiatric inpatient unit in an OECD country; the outcome variable was seclusion or restrictive practice including seclusion; published research in a peer-reviewed journal; studies with an English language version; full text availability; original studies; focusing on seclusion or restrictive interventions (with seclusion clearly and separately assessed). All studies until 28 February 2025 were included, irrespective of publication date.

Information sources Please refer to search strategy and inclusion criteria above.

Main outcome(s) Seclusion use in adult inpatient units.

Additional outcome(s) Not applicable.

Data management Data was securely stored on servers managed by Monash Health, Melbourne, Victoria, and was password-protected. Data did not leave the secure server and was not copied onto any portable memory device for use outside the service, except for access that was granted to co-authors. Ethics approval was not required because the study did not involve human subjects, and anonymous published materials were used.

Quality assessment / Risk of bias analysis The systematic literature review was conducted according to the PRISMA 2020 guidelines. There was a critical appraisal and methodological quality assessment of all selected studies, using the Joanna Briggs Institute (JBI) assessment tool that

applied to the type of study being examined. The tool evaluated the quality of studies across domains, including appropriate and clear questions, study design, methodology, data analysis, and strategies used to address selection bias, confounders, dropouts, conflict of interest and publication bias. An overall rating of quality was assigned to each study, with a "high" score for studies for which 3 or more out of the 5 major domains were assessed by both reviewers as having good quality. Studies that had less than 3 out of the five major domains assessed as having good quality returned "low "overall rating scores. Disagreements were resolved through discussions.

Strategy of data synthesis Studies were identified from the Emcare, Medline, PsycINFO, and Embase databases using the keywords (seclusion) AND (mental health OR mental-health OR psychiatr*) AND (adult) AND (inpatient OR in-patient OR admi*), following the PRISMA 2020 guidelines. The same search strategies were used in Ovid MEDLINE, Ovid Embase, Ovid Emcare and PsycINFO, with comprehensive translation of controlled vocabulary and databases syntax.

There was an independent co-reviewer during the literature search, selection, and data collection and analysis stages in line with PRISMA guidelines.

All available studies were uploaded to the Covidence software, which automatically removed all duplicates for the selected studies. Reviewers also searched for and manually removed any duplicates. This was followed by a rigorous title and abstract screening. Conflicts arising from the literature selection by the two independent reviewers were resolved through discussion, re-evaluation of the inclusion criteria, and a re-screening exercise. Studies published until 28 February 2025 were included to capture different era of psychiatric care. The references for all studies resulting from the search were also checked for further studies.

Subgroup analysis A qualitative analysis of data was carried out, focusing on systematically identifying clinical, socio-demographic, organizational, and political factors that contribute to seclusion events. In-depth statistical or quantitative analysis of variables was not the objective of this exercise, and therefore, no meta-analysis was conducted. To address the heterogeneity of included studies, a subgroup analysis was conducted, where data were categorized based on the sample population characteristics. Data were extracted and analysed using Covidence software. Covidence was used to

assess the quality and reliability of evidence by facilitating risk of bias assessment and analysing the credibility of evidence presented in included studies. Covidence also facilitated the summarization of themes and patterns.

Sensitivity analysis Not applicable.

Language restriction On studies with English Language versions were included.

Country(ies) involved Australia.

Other relevant information Exclusion criteria
Studies where participants' primary diagnosis was not a mental health condition as specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD). Papers without original or empirical data, such as systematic/scoping reviews, opinion pieces, or editorials, were also excluded.

Keywords seclusion, mental health, adult, inpatient.

Dissemination plans The results were nitially disseminated within my local service, in consultation with service leaders. I intend to subsequently publish the project in an appropriate peer-reviewed journal so that it finds wider clinical relevance in other services.

Contributions of each author
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