

Restraints and Seclusion: Schools

NAMI Public Policy Position



Where We Stand:

NAMI believes that no one should be subject to practices that can cause or worsen mental health symptoms. NAMI supports the elimination of restraints and seclusion in schools.

Why We Care:

The use of restraints and seclusion are practices that were once viewed as therapeutic treatment methods for people with mental health and substance use disorders. Restraints are generally defined as the restriction of someone's ability to move their torso, arms or head freely by using physical maneuvers, mechanical restraints or other equipment. Seclusion is generally defined as confinement in any area without the ability to leave.

In schools, it is estimated that [thousands of students](#) are subject to restraints and seclusion every year with devastating results. While some school administrators defend the use of these methods as safety measures for both students and staff, in contrast it is widely accepted by mental health professionals that their use is traumatizing practice. [Studies](#) in mental health inpatient settings show that the use of seclusion and restraints can result in psychological harm, physical injuries and even death to both the people subjected to and the staff applying these methods.

In most cases, restraints and seclusion are used in schools, not as a tool of last resort but as punishment --- [disproportionately used](#) against students with disabilities (including children with social emotional disturbance/mental illness) and children of color. They are also generally ineffective in reducing students [negative or problematic behavior](#). Data from the U.S. Department of Education (ED) has worked to collect data on the use of restraints and seclusion in schools, but a 2019 [Government Accountability Office \(GAO\) report](#) suggests that many schools are inaccurately reporting data, making it difficult to understand the full

scope of this problem. The Substance Abuse and Mental Health Services Administration (SAMHSA) has worked to reduce the use of these methods [for children](#) in clinical settings, and ED has [developed resources](#) to support schools in reducing their use.

NAMI supports the elimination of restraints and seclusion in schools.

Nearly [17%](#) of youth aged 6-17 experience a mental health disorder each year, and spend much of their productive time in educational settings. Despite these facts, [millions of young people](#) attend schools where there are no support staff, such as counselors, nurses, psychologist or social workers. Without these resources, teachers and school administrators have few options to support students with mental health conditions, especially those who might be experiencing a crisis or more severe symptoms of their conditions while in school. Schools and policymakers should focus efforts on providing engagement-based interventions, early identification and linkages to care, school-linked mental health services, and integrating access to the community's crisis [continuum of care](#) instead of relying on the harmful practices of restraints and seclusion.

To learn more about NAMI's work on this issue, visit
www.nami.org/Advocacy/Policy-Priorities