Patient seclusion/restraint is a major issue in psychiatric care and it causes plenty of ethical problems. Seclusion/restraint is discovered to being relation on long-term trauma even after inpatient care. International and national guidelines emphasizes reduction of coercion and developing more human intervention.

Aim of this study was to describe experiences concerning seclusion/restraint, of people who had been secluded/restrained during acute psychiatric inpatient care. Second aim was to explore alternatives or suggestions on how to develop practice. Setting of this study was qualitative and material was collected with a semi-structured interview (N=30). Interviews carried out at six acute psychiatric ward of two psychiatric hospitals located in Southern Finland. Analysis was executed with content analysis.

Results of this study highlighted that patients experiences were mostly negative. Patients were experienced plenty of negative feelings during seclusion/restraint process and interaction between nursing staff and patient were defective. There were also negative experience of excessive power when secluded/restrained. Patients highlighted the lack of attention of their basic physical needs during seclusion/restraint. Positive experiences related to feeling of safety and that seclusion/restraint effect calming patient. Patients hoped for more human treatment, patient-friendly seclusion/restraint environment and using seclusion/restraint to last resort. Alternatives which substitutes seclusion/restraint were suggested earlier interference without power and also more human interventions, such as strengthened medication, more activities and special area where calm down.

Based on this study can highlighted that psychiatric patients experiences of their seclusion/restraint were quite permanent. Results are similar than earlier and also later studies concerning a same issue. There is a need for change in nurses attitudes toward seclusion/restraint and change for practices. In the future has to pay attention of research and develop more human and least restrictive interventions. Results of this study were increased nursing personnels understand of psychiatric patients seclusion/restraintexperiences. Results can also benefit when developed patientfreindly and more human interventions substitute to seclusion/restraint.

Keywords: seclusion/restraint, acute psychiatric care, user involvement, semi-structured interview