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The Use of Restrictive Practices in Approved Centres : Seclusion, Mechanical Restraint and Physical Restraint: Activities Report 2016

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The Use of Restrictive Practices in Approved Centres

**Seclusion, Mechanical Restraint and Physical Restraint:
Activities Report 2016**

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Glossary

Approved centre is a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder, which is registered pursuant to the Mental Health 2001 Act (as amended). The Mental Health Commission establishes and maintains the Register of Approved Centres pursuant to the 2001 Act (as amended).

Community Healthcare Organisations were established by the Health Services Executive in 2015 to deliver health services at a local level across both statutory and voluntary sectors in the community setting, in partnership with the National Primary Care, Social Care, Mental Health and Health and Wellbeing Divisions. A list of approved centres by each of the nine CHOs is available in Appendix 2.

Mechanical means of bodily restraint is defined in the *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* as “the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient’s body” (MHC, 2009a). Version 2 of the Rules specifies that “The use of cot sides or bed rails to prevent a patient from falling or slipping from his or her bed does not constitute mechanical means of bodily restraint under these Rules” (MHC, 2009a).

Part 5 of the Rules state that mechanical means of bodily restraint for enduring risk of harm to self or others ordered under Rule 21.3 is not required to be entered on the Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others. Such episodes of mechanical restraint are not reported to the Mental Health Commission or included in this activity report (MHC, 2009a).

Physical restraint is defined in the *Code of Practice on the Use of Physical Restraint in Approved Centres* as “the use of physical force (by one or more persons) for the purpose of preventing the free movement of a resident’s body when he or she poses an immediate threat of serious harm to self or others” (MHC, 2009b).

Resident is a person receiving care and treatment in an approved centre.

Restrictive interventions/restrictive practices, for the purpose of this report, includes the use of mechanical means of bodily restraint to prevent immediate threat to self or others, physical restraint and seclusion.

Seclusion is defined in the *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* as “the placing or leaving of a person in any room alone, at any time, day or night, with the exit door locked or fastened or held in such a way as to prevent the person from leaving” (MHC, 2009a).

Abbreviations

CAMHS: Child and Adolescent Mental Health Service

CHO: Community Health Organisation

Independent: Independent Service Provider

MHC: Mental Health Commission

NFMHS: National Forensic Mental Health Service (Central Mental Hospital)

NIDS: National Intellectual Disability Service (St Joseph’s Intellectual Disability Service)

Summary of findings

- Restrictive practices, including physical restraint and/or seclusion, were used in the majority (**79%**) of in-patient mental health services (approved centres) in 2016.
- In total there were **5000** episodes of restrictive practices reported to the Mental Health Commission in 2016.
- When the Commission started reporting on restrictive practices in 2008, there were **4765** episodes of physical restraint and seclusion.
- In December 2014, the Commission published a *Seclusion and Restraint Reduction Strategy* setting out a framework for the reduction of restrictive practices in approved centres.

Seclusion

- Seclusion was used in **42%** of approved centres in 2016, this compares to 39% in 2015.
- There were **1475** episodes of seclusion in 2016, this was a decrease from 1485 in 2015.
- **636** people were secluded in 2016.
- The HSE Community Healthcare Organisation (CHO) with the highest rate of episodes of seclusion per population was *CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, and Wexford*.
- The CHO with the lowest rate of episodes of seclusion per population was *CHO 1 Cavan, Donegal, Leitrim, Monaghan and Sligo*.
- More male residents than female residents were secluded (**64%**).
- The majority of residents secluded were under 40 years old (62%).
- There were **213** episodes where a person was locked in seclusion for over **24 hours**.
- There were **43** episodes where a person was locked in seclusion for over **72 hours**.
- There was considerable variation between approved centres in the average duration of seclusion.

Physical Restraint

- Physical restraint was used in **79%** of approved centres in 2016, this compares to 75% of approved centres in 2015.
- There were **3525** episodes of physical restraint in 2016, this was an increase from 3267 in 2015.
- **1155** people were physically restrained in 2016.
- The CHO with the highest rate of episodes of physical restraint per population was *CHO 3: Clare, Limerick, North Tipperary/East Limerick*.
- The CHO with the lowest rate of episodes of physical restraint per population was *CHO 8: Laois/Offaly, Longford/West Meath, Louth/Meath*.
- More male residents than female residents were physically restrained (**54%**).
- Over 90% of episodes of physical restraint lasted less than **15 minutes**.
- The highest proportion of episodes of physical restraint were initiated between 10am and 11am.
- **1 in 4** people restrained were aged between 18 and 29.

Introduction

The Mental Health Commission ('the Commission') is the regulator for mental health services in Ireland. The Commission is an independent statutory body established in 2002. The Commission's main functions are to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to protect the interests of persons admitted and detained under the Mental Health Act 2001 .

One of the core elements of the Commission's mission is to report independently on the quality and safety of mental health services in Ireland. Certain restrictive practices are regulated by the 2001 Act through statutory Rules and Codes of Practice. This report provides information on the use of restrictive practices, the services using them, the people affected, and the quality and safety of the interventions.

This is the Commission's eighth annual report on the use of seclusion, mechanical means of bodily restraint and physical restraint in approved centres.

The Use of Restrictive Practices in Approved Centres; Seclusion, Mechanical Restraint and Physical Restraint: Activities Report 2016 is based on data that were collected by approved centres in accordance with the *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* (MHC, 2009a) and the *Code of Practice on the Use of Physical Restraint in Approved Centres* (MHC, 2009b), which regulate the use of seclusion, mechanical restraint and physical restraint in approved centres.

The Commission has an oversight role to ensure that restrictive interventions are only used where strictly necessary and that any interventions are undertaken, safely and in line with specified rules and codes of practice.



Any intervention employed which compromises a person's liberty should be the safest and least restrictive option necessary to manage the immediate situation. It must be proportionate to the assessed risk, and employed for the shortest possible duration.

This report presents 2016 data, with 2015 included for context. The report describes the use of seclusion, mechanical restraint and physical restraint in 2016 nationally, by sector (by CHOs and independent service providers) and by individual approved centres. Previous data (2008 - 2014) can be accessed on our website at www.mhcirl.ie/publications.

The Commission would like to thank staff in approved centres for their ongoing co-operation in relation to the collation and return of data which has enabled this report to be completed. In the absence of a national mental health information system, the collation of this data is a manual process and the Commission appreciates the local commitment required to report this data on an annual basis.

1. About the data

1.1 Data coverage

Data are presented for all approved centres which were entered on the Register of Approved Centres during 2016 (66) and 2015 (64). Table 1 reflects the number of approved centres on the Register at any time during the reporting year, including new registrations and closures. A full list of approved centres open during 2016 is provided in Appendix 2.

Table 1: Number of approved centres

	2015	2016
Approved centres	64	66

1.2 Data collection

Approved centres are required to return aggregate data on the use of seclusion, mechanical restraint and physical restraint on an annual basis, in templates specified by the Commission.

Further information on data collection procedures and data collection templates are included in Appendix 1.

1.3 Data limitations

Data collection on the use of restrictive interventions is manual and this limited what the Commission could reasonably request.

Approved centres varied in size, bed capacity and in the type of service they deliver. Therefore, comparative analysis between approved centres should be undertaken with caution.

International experience suggests that the variation between services can be due to a number of factors including:

- Differing practices and cultures.

- The range of de-escalation techniques available and employed within a service.
- Variations in the prevalence and acuity of mental illness.
- Services in some areas treating more acute residents.
- Ward design factors, such as the availability of intensive care and low-stimulus facilities.
- Staff numbers, experience and training.
- The use of sedating psychotropic medication.
- The frequent or prolonged seclusion or restraint of one resident, distorting figures.

Given the current level of data available, it is not feasible for inferences to be drawn on causality for variation in use of restrictive interventions between individual services.

2. Use of seclusion

Seclusion is defined in the Rules as “the placing or leaving of a person in any room alone, at any time, day or night, with the exit door locked or fastened or held in such a way as to prevent the person from leaving” (MHC, 2009a).

Data are presented on the number of seclusion episodes, residents placed in seclusion, gender and age breakdown and seclusion duration. Data are presented for 2016 at a national level, with comparative data included from 2015.

Information in relation to use of seclusion in individual approved centres is presented in Appendix 4.

Table 2 shows that in 2016, **27** approved centres (41%) reported **1,475** episodes of seclusion. In 2015, 25 approved centres (39%) reported 1,485 episodes of seclusion.

Seclusion was used in approved centres across all nine CHOs. The total number of episodes of seclusion and rate per 100,000 population was highest in CHO 5, while the lowest number was in CHO 1 and lowest rate in CHO 4. The NFMHS (Central Mental Hospital) and St Joseph’s Intellectual Disability Service (NIDS) reported using seclusion in 2016. It was also used in one approved centre in the independent sector and in two CAMHS units.

Table 2: Use of seclusion by CHO/service provider

CHO/service provider	2015				2016			
	Census 2011	Episodes	Rate ¹	Approved centres	Census 2016	Episodes	Rate ¹	Approved centres
CHO 1	389,048	53	13.6	1	394,333	68	17.2	1
CHO 2	445,356	149	33.5	3	453,109	143	31.6	3
CHO 3	379,327	35	9.2	1	384,998	104	27	1
CHO 4	664,534	53	8.0	2	690,575	75	10.9	2
CHO 5	497,578	360	72.4	2	510,333	293	57.4	2
CHO 6	364,464	60	16.5	0 ²	388,297	120	30.9	1 ²
CHO 7	674,071	169	25.1	3	702,586	109	15.5	2
CHO 8	592,388	176	29.7	4	616,229	168	27.3	5
CHO 9	581,486	301	51.8	5	621,405	279	44.9	5
Independent	n/a	17	n/a	1	n/a	14	n/a	1
CAMHS	n/a	7	n/a	1	n/a	35	n/a	2
NFMHS	n/a	60	n/a	1	n/a	45	n/a	1
NIDS	n/a	45	n/a	1	n/a	22	n/a	1
Total	4,588,252	1,485	32.4	25	4,761,865	1,475	31	27

1. Rate equals rate per 100,000 population. Census 2011 data were used to calculate rates for 2015 and Census 2016 data were used to calculate rates for 2016. Rates are not included for the Independent, CAMHS, NFMHS and NIDS as they provide national services.

2. The Cluain Mhuire catchment area in CHO 6 admits to St John of God Hospital Limited, an approved centre in the independent sector; the HSE purchases in-patient places in this facility for Cluain Mhuire admissions. For the purpose of this table St John of God Hospital is counted as one approved centre but episodes of seclusion that relate to public residents are reported under CHO 6.

2.1 Residents placed in seclusion

In 2016, **636** residents were placed in seclusion **1,475** times.

Rates of seclusion per resident

The rate of seclusion was **2.3** episodes per resident in both 2015 and 2016.

The number of episodes of seclusion and residents secluded varied across approved centres and in some cases the rate was skewed by frequent use in relation to a small number of residents. A breakdown of this rate in individual approved centres in 2016 is available in Appendix 4.

Gender and age

Figure 1 shows that in 2016, more males (64%) than females were secluded.

Figure 2 provides an overview of the age of residents secluded. The highest proportion of residents secluded were between the ages of 18-29. The age groups with the lowest proportion of seclusion were the under 18 and over 70 groups (2% and 1% respectively).

Figure 1: Gender of residents placed in seclusion

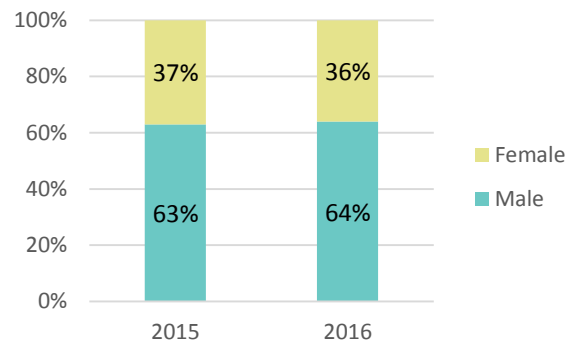
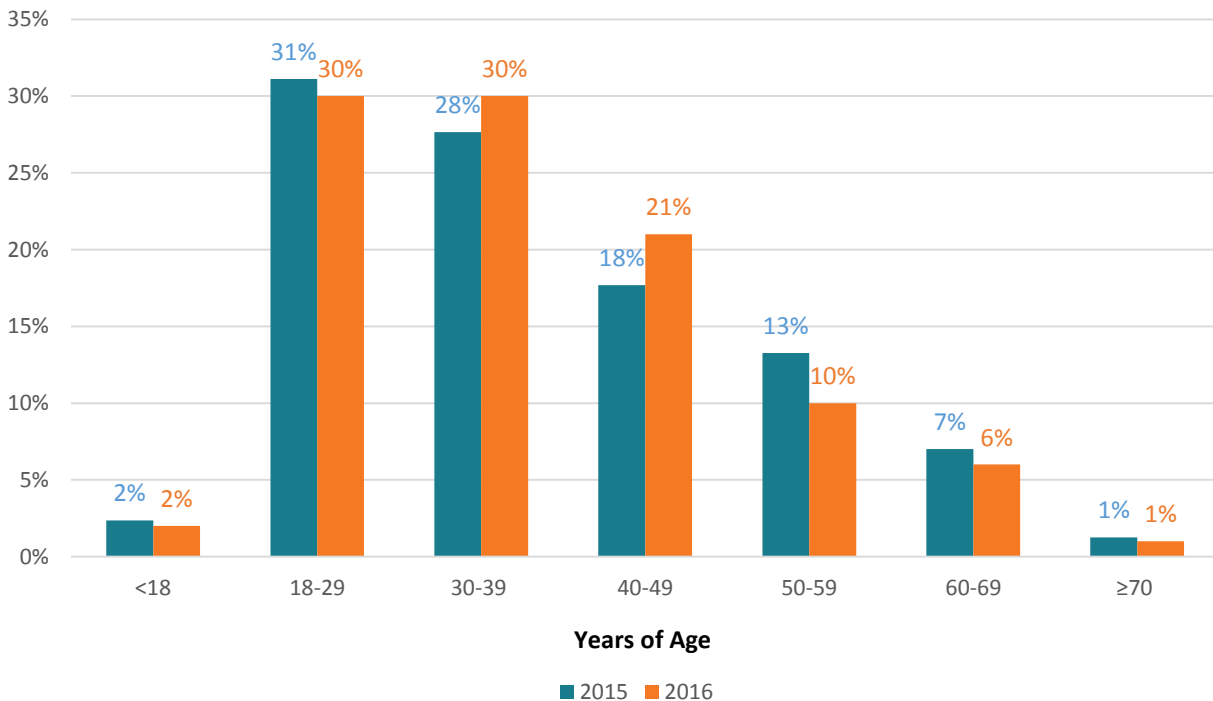


Figure 2: Age of residents placed in seclusion



2.2 Duration of seclusion and time commenced

The *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint*, states that: “A seclusion order must not be made for a period of time longer than eight hours from the commencement of the seclusion episode” (MHC, 2009a). However, an episode of seclusion may be extended by an order made by a doctor for further periods and on very rare occasions can last for more than 72 hours.

The use of seclusion must not be prolonged beyond the period strictly necessary to prevent immediate and serious harm to the resident or others. This is a key principle underpinning the use of seclusion.

Total episodes of seclusion are only one measure of the use of seclusion. The duration of seclusion is also an important factor to consider. Infrequent but extended episodes of seclusion can result in higher total hours of seclusion.

Table 3 shows that in 2016, a total of 24,402.65 hours of seclusion was reported nationally. The duration for a single episode of seclusion ranged from one minute to 1,916.5 hours.

Table 3: Total duration of seclusion

Year	Hours and minutes		
	Total hours	Shortest episode	Longest episode
2015	25,341:40	00:02	1,945:55
2016	24,402:39	00:01	1,916:30

The average duration of an episode of seclusion in 2016 was 13.1 hours. The average in 2015 was 12.2 hours. Both of these averages exclude the episodes from the Central Mental Hospital (NFMHS). The average duration in the Central Mental Hospital in 2016 was 124.7 hours. The

average duration of seclusion reported by each approved centre in 2016 is included in Appendix 4.

In six services the average duration of seclusion was greater than 24 hours:

- Central Mental Hospital (124.7)
- DOP Midland Regional Hospital Portlaoise (43.8)
- Newcastle Hospital (36.7)
- DOP University Hospital Galway (29.6)
- St Aloysius Ward, Mater Hospital (35.2)
- DOP Roscommon University Hospital (29.5)

For reporting purposes duration of seclusion was grouped into six categories:

- Less than 4 hours
- >4 - 8 hours
- >8 - 24 hours
- >24 - 48 hours
- >48 - 72 hours
- Over 72 hours

Figure 3 shows that the highest proportion of seclusion in 2016 (38%) lasted for less than four hours. The next most frequent duration was between four to eight hours (26%).

In 2015 and 2016, 3% of episodes lasted over 72 hours. In 2016, twelve approved centres recorded seclusion which exceeded 72 hours.

Figure 3: Seclusion duration breakdown

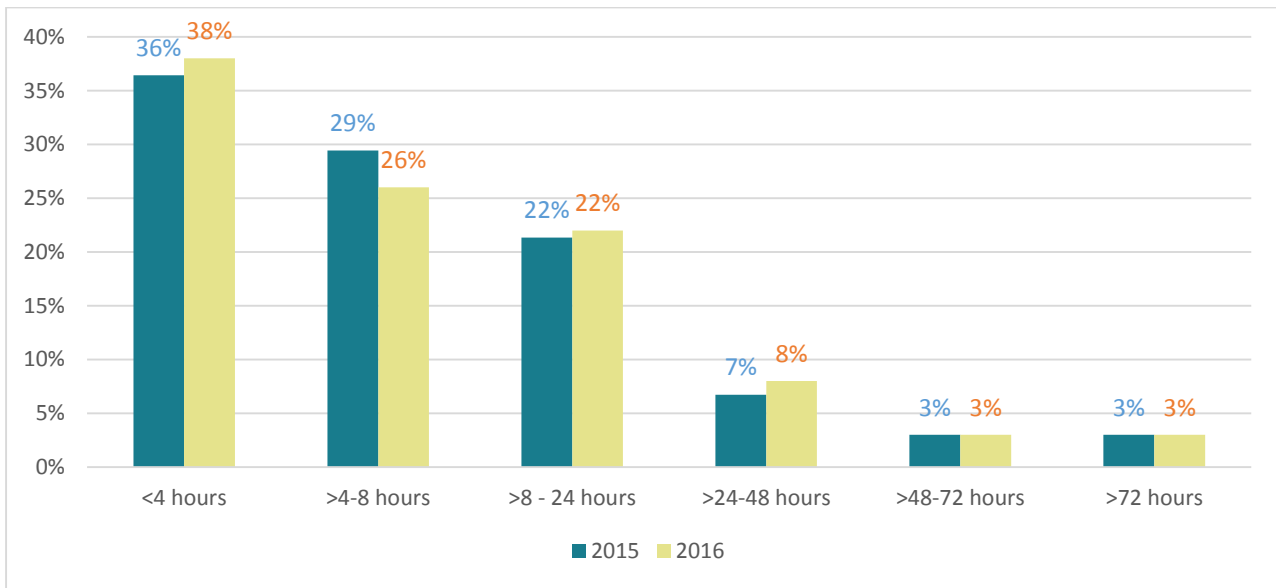


Figure 4 provides a breakdown of duration across CHOs/service provider in 2016. It shows there was variation in the duration of seclusion across areas. CHO 5, which had the highest number of episodes of seclusion, reported that 77% of episodes lasted for eight hours or less. In contrast, for residents in CHO 6, the majority of seclusion lasted for longer than eight hours in 2016 (61%).

An overview of the duration of seclusion in individual approved centres is provided in Appendix 4. Figure 5 provides a breakdown by hour of when seclusion episodes were commenced. The highest proportion of episodes of seclusion commenced between 5pm and 7pm. Only 17% of episodes commenced between 12am and 8am.

Figure 4: Seclusion duration breakdown by CHO / service provider

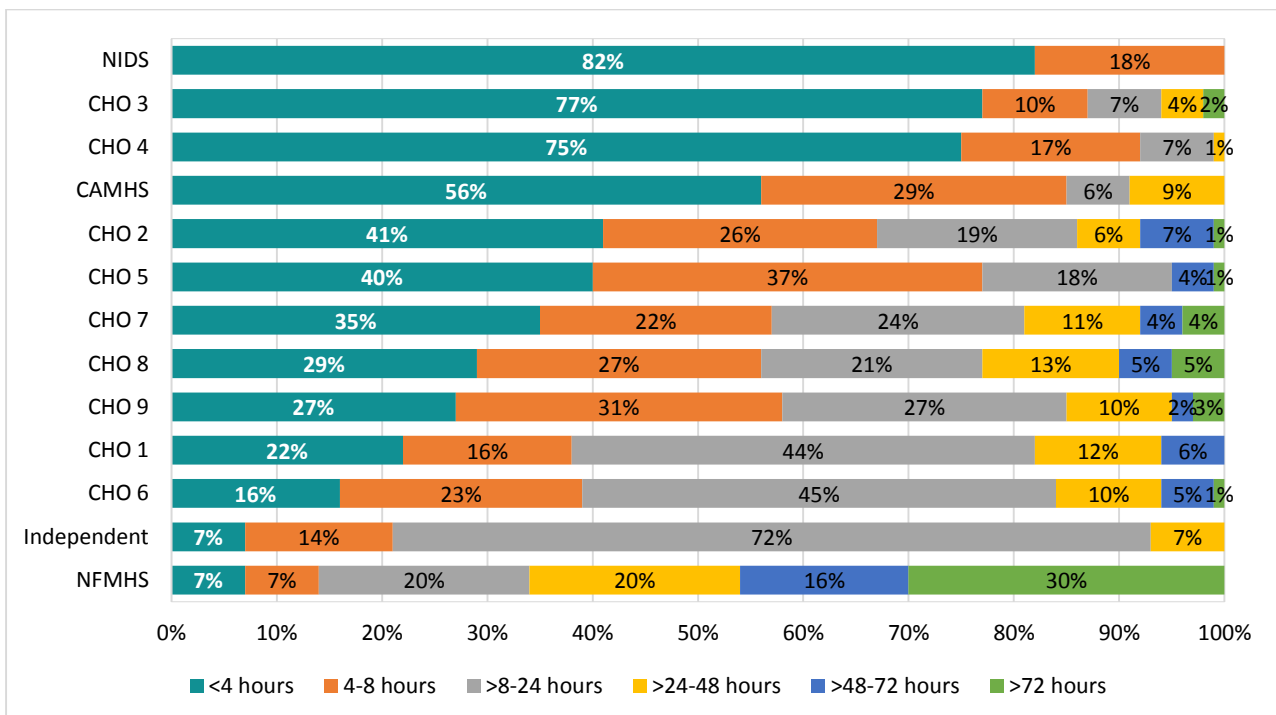
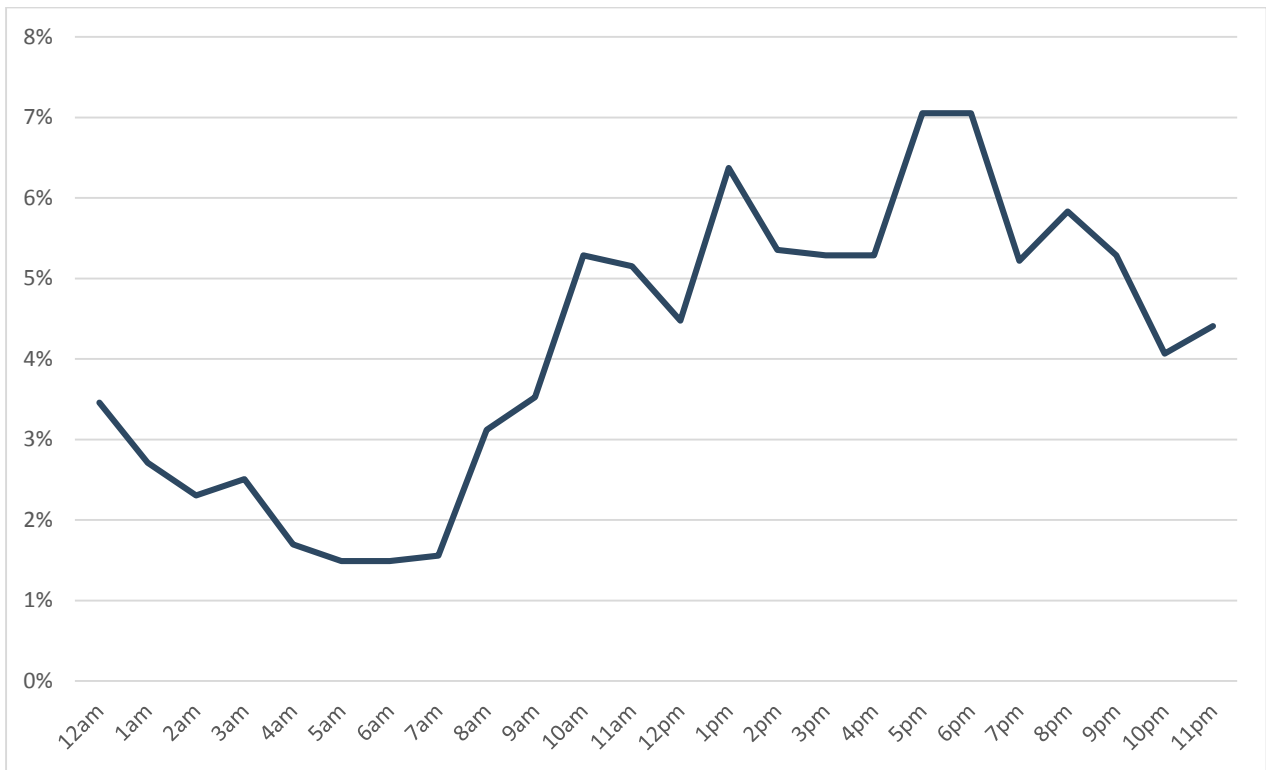


Figure 5: Commencement time of seclusion



3. Use of mechanical restraint

Mechanical restraint is defined in the Rules as “the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient’s body” (MHC, 2009a).

Only mechanical restraint to prevent immediate threat to self or others is required to be recorded in the Register for Mechanical Restraint, reported to the Commission and included in this report. Services may also use mechanical restraint for enduring risk of harm to self or others. This type of restraint is recorded as a contemporaneous

note in the resident’s clinical file which is reviewed as part of the regulatory inspection process. Table 4 shows that use of mechanical restraint to prevent immediate threat to self or others was low in 2016. One approved centre, the Central Mental Hospital (NFMHS), reported use of mechanical restraint, these episodes involved the use of handcuffs.

Due to the small numbers of mechanical restraint use and the potential to identify individuals, further information is not provided.

Table 4: Use of mechanical means of bodily restraint by CHO/service provider

CHO/service provider	2015		2016	
	Episodes	Approved centres	Episodes	Approved centres
CHO 1	0	0	0	0
CHO 2	0	0	0	0
CHO 3	0	0	0	0
CHO 4	0	0	0	0
CHO 5	0	0	0	0
CHO 6	0	0	0	0
CHO 7	0	0	0	0
CHO 8	0	0	0	0
CHO 9	0	0	0	0
Independent	0	0	0	0
CAMHS	0	0	0	0
NFNMS	<5	1	<5	1
NIDS	0	0	0	0
Total	<5	1	<5	1

Note: Given the sensitive nature of the data, if less than five episodes of mechanical restraint were reported by an approved centre “<5” is used in the table. Some calculations have been omitted as a result.

4. Use of physical restraint

Physical restraint is defined in the *Code of Practice on the Use of Physical Restraint in Approved Centres* as “the use of physical force (by one or more persons) for the purpose of preventing the free movement of a resident’s body when he or she poses an immediate threat of serious harm to self or others” (MHC, 2009b).

In 2016, **52** approved centres (79%) reported **3,525** episodes of physical restraint. In 2015, 48 approved centres (75%) reported 3,267 episodes of physical restraint.

Table 5 shows that physical restraint was used in approved centres in all nine CHOs.

The number of episodes was highest in CHO 9 and lowest in CHO 5. The rate of physical restraint per 100,000 population was highest in CHO 3 and lowest in CHO 8.

Four approved centres in the independent sector used physical restraint in 2016. The NFMHS and the NIDS also reported using physical restraint. Physical restraint was used in all CAMHS units. A full breakdown of the use of physical restraint in individual approved centres in 2016 is provided in Appendix 5.

Table 5: Use of physical restraint by CHO/service provider

CHO/service provider	2015				2016			
	Census 2011	Episodes	Rate ¹	Approved centres	Census 2016	Episodes	Rate ¹	Approved centres
CHO 1	389,048	317	81.5	3	394,333	266	67.5	4
CHO 2	445,356	247	55.5	5	453,109	354	78.1	6
CHO 3	379,327	151	39.8	2	384,998	402	104.4	3
CHO 4	664,534	339	51.0	7 ²	690,575	375	54.3	6
CHO 5	497,578	175	35.2	3	510,333	180	35.3	4
CHO 6	364,464	174	47.7	1 ³	388,297	197	51	2 ³
CHO 7	674,071	364	54.0	4	702,586	316	45	3
CHO 8	592,388	276	46.6	6	616,229	206	33.4	7
CHO 9	581,486	686	118.0	5	621,405	609	98	6
Independent	n/a	337	n/a	4	n/a	259	n/a	4
CAMHS	n/a	90	n/a	6 ⁴	n/a	287	n/a	5
NFMHS	n/a	53	n/a	1	n/a	33	n/a	1
NIDS	n/a	58	n/a	1	n/a	41	n/a	1
Total	4,588,252	3,267	71.2	48	4,761,865	3,525	74	52

1. Rate equals rate per 100,000 population. Rates are not included for independent service providers, CAMHS, NFMHS and NIDS as they provide national services.
2. South Lee Mental Health Unit, Cork University Hospital closed on 5 August 2015 and the service transferred to the Acute Mental Health Unit, Cork University Hospital. The two approved centres are counted separately in the total number of approved centres.
3. The Cluain Mhuire catchment area in CHO 6 admits to St John of God Hospital Limited, an approved centre in the independent sector; the HSE purchases in-patient places in this facility for Cluain Mhuire admissions. For the purpose of this table St John of God Hospital is counted as one approved centre but episodes of physical restraint that relate to public residents are reported under CHO 6.
4. Linn Dara Child & Adolescent In-patient Unit closed on 17 December 2015 and the service transferred to Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard. The two approved centres are counted separately in the total number of approved centres.

4.1 Residents physically restrained

In 2016, **1,155** residents were physically restrained **3,525** times.

Rates of physical restraint per resident

The rate of restraint was **3.1** episodes per resident in both 2015 and 2016.

The number of episodes of physical restraint and residents restrained varied across approved centres and in some cases the rate was skewed by frequent use in relation to a small number of residents. A breakdown of this rate in individual approved centres is available in Appendix 5.

Gender and age

Figure 6 shows that slightly more males than females were physically restrained in 2016 (**54%**).

Figure 7 shows that the highest proportion of residents restrained in 2016 were in between 18 and 29 years of age (22%) followed by residents between 30 and 39 years of age (20%). The smallest proportion of residents restrained were children (under 18 years of age), 3% in 2016.

Figure 6: Gender of residents physically restrained

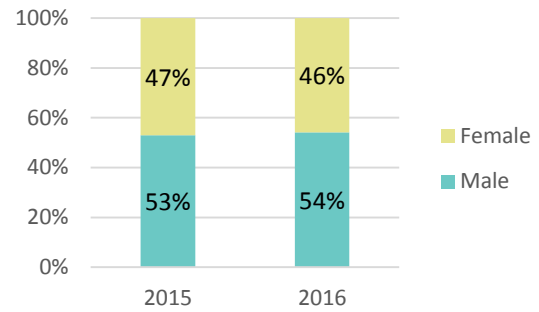
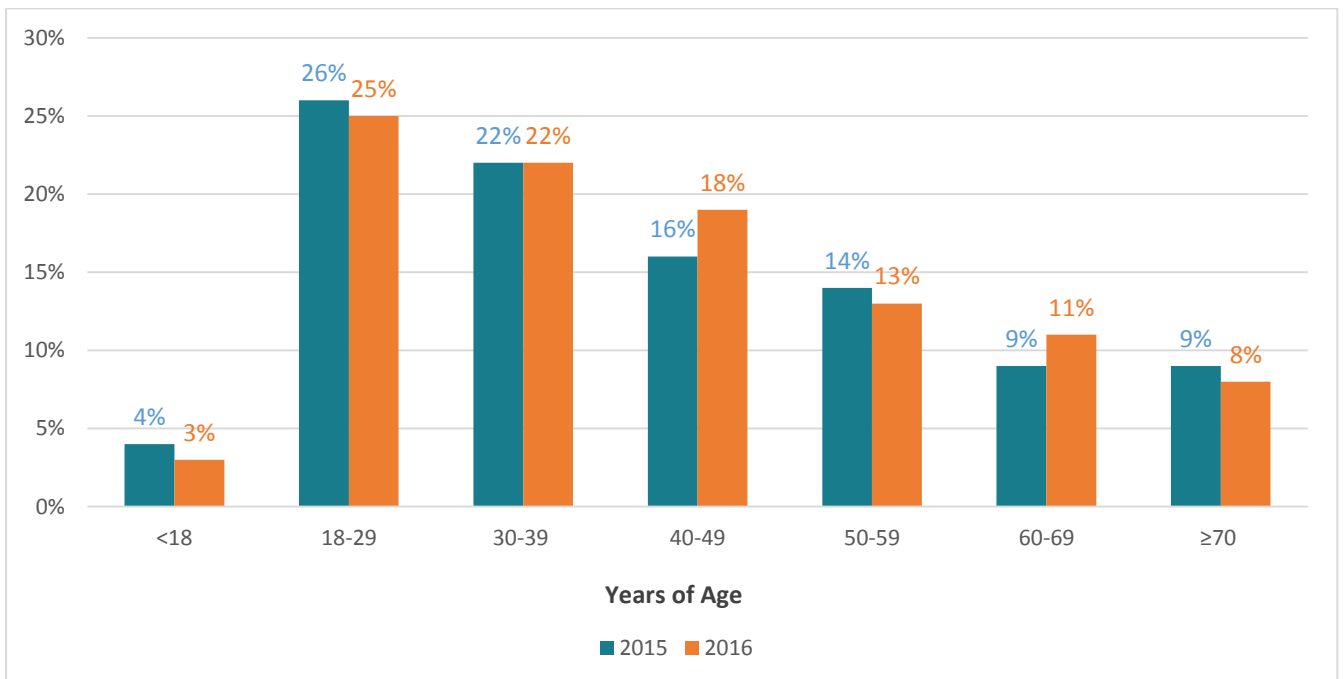


Figure 7: Age of residents physically restrained



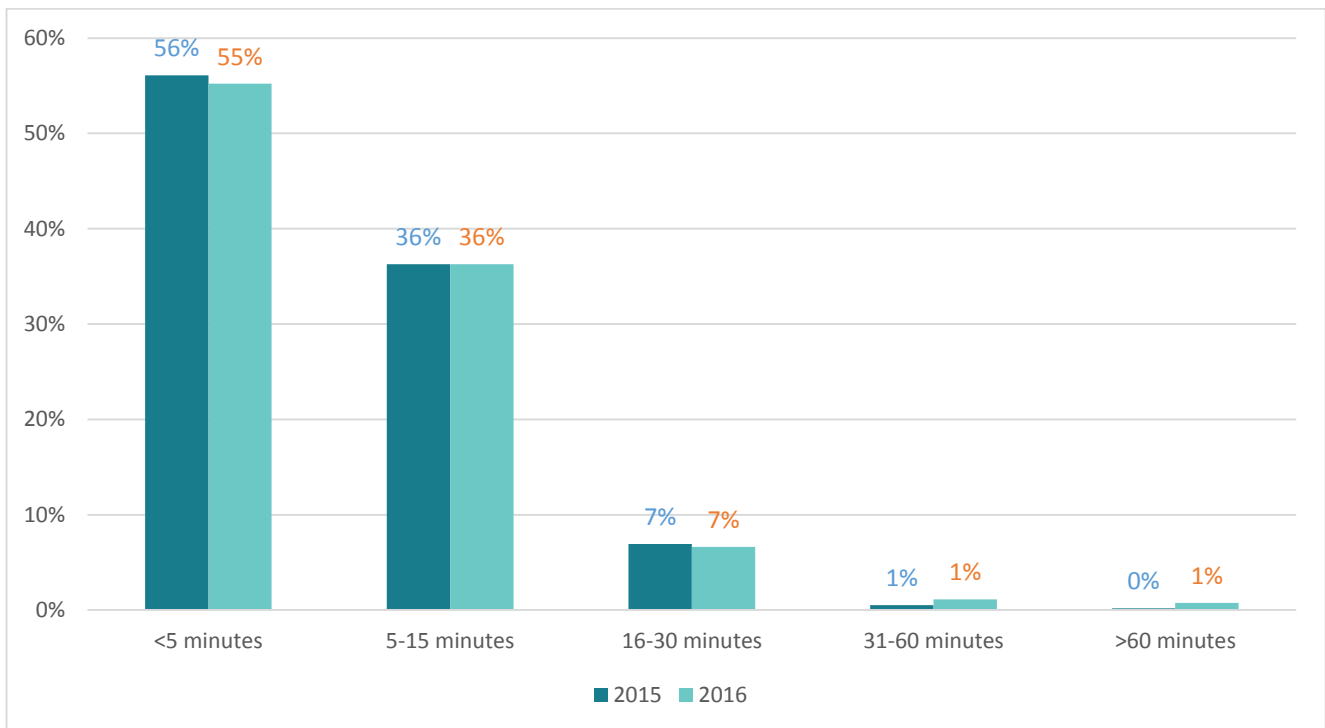
4.2 Duration of physical restraint and time commenced

The *Code of Practice on the Use of Physical Restraint in Approved Centres* states that “An order for physical restraint shall last for a maximum of 30 minutes” and that “An episode of physical restraint may be extended by a renewal order made by a registered medical practitioner following an examination, for a further period not exceeding 30 minutes.” (MHC, 2009b).

Figure 8 shows that the majority (55%) of physical restraint in 2016 lasted for less than five minutes. The next most common duration (36%) was between five to 15 minutes. A very small percentage (1%) lasted for 60 minutes or more.

Figure 9 provides a breakdown by hour of when physical restraint episodes were commenced. The highest proportion of physical restraint commenced between the hours of 10am and 11am. Only 12% of episodes commenced between 12am and 8am.

Figure 8: Physical restraint duration breakdown



Note: 2015 data is based on 3,265/3,267 records as the duration for two records was not available.

Figure 9: Commencement time of physical restraint



5. Restrictive interventions by approved centre

This section examines use of all restrictive interventions; seclusion and physical restraint. The use of mechanical restraint is excluded due to low numbers. In 2016, there was a total of **5,000** episodes of seclusion and physical restraint recorded nationally which involved **1,291** residents of approved centres. This equates to a rate of **3.9** episodes per resident.

Physical restraint was the most frequently used restrictive intervention. It was used in the majority of approved centres and accounted for almost **70%** of all interventions. Seclusion accounted for almost 30% of restrictive interventions.

All approved centres that used seclusion also used physical restraint. In the majority of approved centres that used both seclusion and physical restraint the number of episodes of physical restraint was higher than episodes of seclusion. Appendix 3 provides an overview of use of seclusion and physical restraint in individual approved centres.

The Commission first published a report in 2009 on the use of seclusion and restraint in 2008 (MHC, 2009c). Figure 10 shows the change in use of seclusion and physical restraint in the period from 2008 to 2016.

Overall, there has been an increase in physical restraint episodes over the nine years from 2,123 (2008) to 3,525 (2016). There has been a decrease in episodes of seclusion from 2,642 in 2008 to 1,475 in 2016. The number of episodes of seclusion decreased notably from 2008 to 2011, however the total number since 2012 has remained relatively stable with minor increases and decreases year on year.

While there has been an overall decrease in the total episodes of seclusion, the duration of seclusion also needs to be considered.

Figure 11 shows that in 2008 services reported that 12% of episodes lasted for longer than eight hours in comparison to 36% in 2016. In other words, there were less episodes of seclusion in 2016, in comparison to 2008, but a higher proportion of episodes lasted for longer periods of time in 2016.

Both the number of times an intervention is used and how it is used (e.g. duration, frequency of use for individual residents) need to be considered when comparing use between services and over time.

Figure 10: Seclusion and physical restraint 2008 to 2016

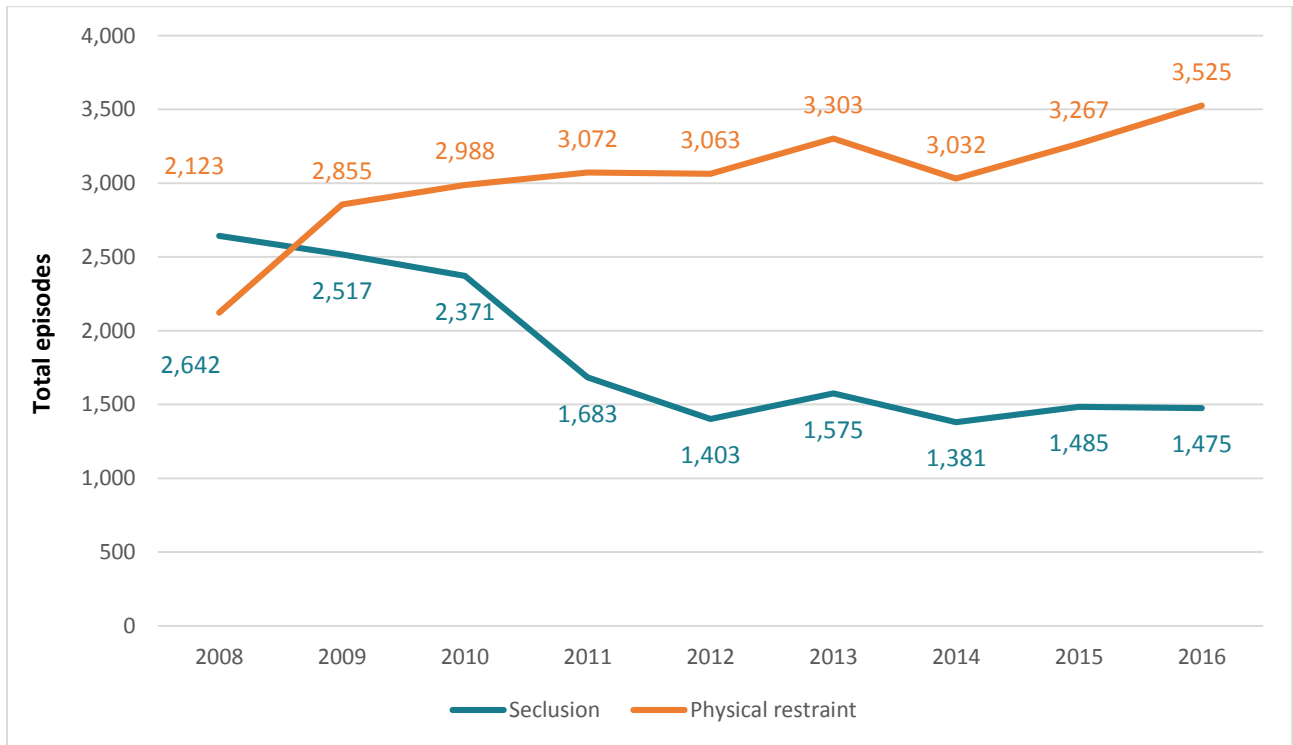
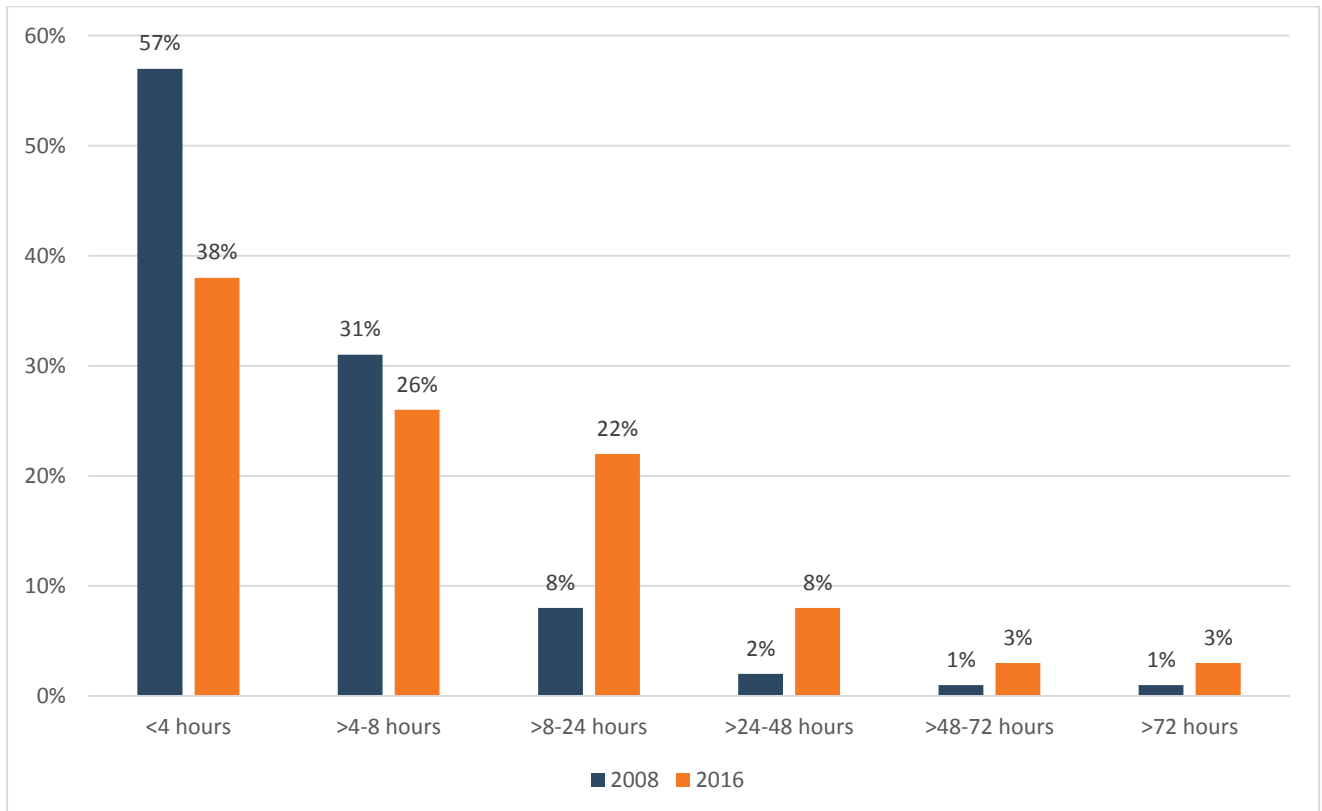


Figure 11: Seclusion duration 2008 and 2016



6. Discussion and conclusion

The report shows that use of restrictive interventions varies between approved centres and CHOs/service providers. At a national level, physical restraint is used more frequently and widely than seclusion. Mechanical restraint to prevent immediate threat to self or others is rarely used.

Since 2008, the use of physical restraint has increased in terms of the total number of episodes reported. The total number of episodes of seclusion has decreased, but the average duration has increased.

In 2014, the Commission published a *Seclusion and Restraint Reduction Strategy* (MHC, 2014) for the purposes of achieving significant reductions in the use of seclusion and physical restraint while also ensuring resident and staff safety.

This strategy presents a framework through which a sustainable programme of seclusion and restraint reduction can be achieved and a structure through which service providers can demonstrate their efforts to accomplish this goal.

The strategy noted that there is no evidence of a therapeutic benefit associated with the use of restrictive practices such as seclusion and physical restraint. There is also limited evidence of restrictive practices reducing behaviours of violence and aggression. However, most approved centres do not have access to a psychiatric intensive care unit and in a situation where de-escalation techniques are not effective, can be left with last resort options of seclusion, physical restraint or rapid tranquilisation.

The Commission strongly advocates for the use of de-escalation measures over restrictive practices. For these to be successful it is essential that staff are appropriately trained in de-escalation and in clinical risk management. In 2017, the Commission set mandatory training for all healthcare professionals in approved centres to be trained in the prevention and management of violence and aggression. We are hopeful that increased training levels will contribute to the reduction of restrictive practices and will continue to monitor the situation closely.

The *Strategy* also highlighted the use of data as one of the eight key interventions. Services should use the data in this report to benchmark their service in the national context and conduct additional analysis on use in their own service to identify opportunity for reduction.

The currently available data enables the rates of and trends in the use of seclusion and physical restraint to be tracked nationally by CHO and in individual approved centres, and to be measured over time. However, it does not allow the further analysis necessary to identify the reasons for variation in usage between individual services. More detailed data on the residents involved (e.g. legal status, diagnosis) and the services (e.g. resident cohort, physical structure) would facilitate more comprehensive analysis of these restrictive interventions and enable comparisons with international experience.

The manual data collection process limits what is reasonable to request from services. A national mental health information system would facilitate enhanced data collection and reporting nationally.

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Appendix 1: Data collection procedures and templates

The *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* state that all uses of both seclusion and mechanical restraint must be clearly recorded, as soon as is practicable, on their respective registers (MHC, 2009a).

Likewise, the *Code of Practice on the Use of Physical Restraint in Approved Centres* states that all uses of physical restraint should be clearly recorded, as soon as is practicable, on the Clinical Practice Form for Physical Restraint (MHC, 2009b).

The data used to inform this report is taken from information collected in these registers. Nominated staff in approved centres returned to the Commission one annual report using prescribed MS Excel templates which are included in this section

Following data cleaning, a draft report for each approved centre, based on information received in the annual returns, was sent to Clinical Directors in approved centres for verification, sign off and an opportunity to comment regarding the use of restrictive interventions in their approved centre.

Data collection templates

Template for report on the use of seclusion in approved centres

Approved Centre Name:							Year:	
1. Form ID # (s)	2. Patient Initials	3. Date of Birth	4. Gender	5. Date seclusion commenced	6. Time seclusion commenced	7. Date seclusion ended	8. Time seclusion ended	9. Duration of episode of seclusion

Template for report on the use of mechanical means of bodily restraint to prevent immediate threat to self or others in approved centres

Approved Centre Name:							Year:		
1. Form ID # (s)	2. Patient Initials	3. Date of Birth	4. Gender	5. Date MR commenced	6. Time MR commenced	7. Date MR ended	8. Time MR ended	9. Duration of episode of MR	10. Type of MR used

Template for report on the use of physical restraint in approved centres

Approved Centre Name:							Year:	
1. Form ID # (s)	2. Patient Initials	3. Date of Birth	4. Gender	5. Date PR commenced	6. Time PR commenced	7. Date PR ended	8. Time PR ended	9. Duration of episode of PR

Appendix 2: List of approved centres

Table 6: Approved centre, area/sector, geographical location and bed numbers

Area/sector	Geographical location	Bed number*	Approved centre [name as registered]
CHO Area 1	Cavan, Donegal, Leitrim, Monaghan and Sligo	25	Acute Psychiatric Unit, Cavan General Hospital
		34	Department of Psychiatry, Letterkenny General Hospital
		20	Rehab and Recovery Mental Health Unit, St John's Hospital Campus
		34	Sligo/Leitrim Mental Health In-patient Unit
		20	St Davnet's Hospital - Blackwater House
CHO Area 2	Galway, Mayo and Roscommon	32	Adult Mental Health Unit, Mayo University Hospital
		22	An Coillín
		16	Clonfert Ward, St Brigid's Healthcare Campus, Ballinsaloe**
		22	Department of Psychiatry, Roscommon University Hospital
		45	Department of Psychiatry, University Hospital Galway
		12	St Anne's Unit, Sacred Heart Hospital
		16	Creagh Suite, St Brigid's Healthcare Campus
		10	Teach Aisling
CHO Area 3	Clare, Limerick and North Tipperary	50	Acute Psychiatric Unit 5B, University Hospital Limerick
		39	Acute Psychiatric Unit, Ennis Hospital
		34	Cappahard Lodge
		21	Tearmann Ward, St Camillus' Hospital
CHO Area 4	Cork and Kerry	50	Acute Mental Health Unit, Cork University Hospital
		18	Carraig Mór Centre
		18	Centre for Mental Health Care and Recovery, Bantry General Hospital
		32	O'Connor Unit, St Finan's Hospital
		29	Owenacurra Centre
		39	Sliabh Mis Mental Health Admission Unit, University Hospital Kerry

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		21	St Catherine's Ward, St Finbarr's Hospital
		50	St Michael's Unit, Mercy University Hospital
		93	Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital
CHO Area 5	Carlow, Kilkenny, South Tipperary, Waterford and Wexford	44	Department of Psychiatry, St Luke's Hospital
		44	Department of Psychiatry, University Hospital Waterford
		40	Grangemore Ward & St Aidan's Ward, St Otteran's Hospital
		40	Haywood Lodge
		20	Selskar House, Farnogue Residential Healthcare Unit
		20	St Gabriel's Ward, St Canice's Hospital
CHO Area 6	Dun Laoghaire, Dublin South East and Wicklow	55	Avonmore and Glenree Units, Newcastle Hospital
		39	Elm Mount Unit, St Vincent's University Hospital
		52	Le Brun House & Whitethorn House, Vergemount Mental Health Facility
CHO Area 7	Dublin South City, Dublin South West, Dublin West, Kildare and West Wicklow	52	Acute Psychiatric Unit, Tallaght Hospital
		51	Jonathan Swift Clinic
		29	Lakeview Unit, Naas General Hospital
CHO Area 8	Laois, Longford, Louth, Meath, Offaly and Westmeath	44	Admission Unit and St Edna's Unit, St Loman's Hospital
		46	Department of Psychiatry, Midland Regional Hospital, Portlaoise
		25	Department of Psychiatry, Our Lady's Hospital, Navan**
		46	Drogheda Department of Psychiatry
		30	Maryborough Centre, St Fintan's Hospital
		42	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre
		20	St Ita's Ward, St Brigid's Hospital
CHO Area 9	Dublin North City and County	44	Ashlin Centre
		47	Department of Psychiatry, Connolly Hospital
		25	O'Casey Rooms, Fairview Community Unit
		54	Phoenix Care Centre
		15	St Aloysius Ward, Mater Misericordiae University Hospital
		46	St Vincent's Hospital, Fairview

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		25	Sycamore Unit, Connolly Hospital
Independent	All located in Dublin	114	Bloomfield Hospital
		110	Highfield Hospital
		7	Lois Bridges
		52	St Edmundsbury Hospital
		183	St John of God Hospital (includes Cluain Mhuire beds)^
		241	St Patrick's University Hospital
CAMHS	Dublin, Galway and Cork	12	Adolescent In-patient Unit, St Vincent's Hospital, Dublin
		20	Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital, Galway
		20	Eist Linn Child and Adolescent In-patient Unit, Cork
		24	Linn Dara Child and Adolescent Mental Health In-patient Unit, Cherry Orchard, Dublin
		14	Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin
National Specialist Services	All located in Dublin	93	Central Mental Hospital – National Forensic Mental Health Service
		124	St Joseph's Intellectual Disability Service

*Bed numbers: registered beds as at time of closure or as at 31 December 2016. CHO = Community Health Organisation, Health Service Executive. CAMHS = Child and Adolescent Mental Health Service.

** Denotes an approved centre that closed during 2016.

^ The Cluain Mhuire catchment area in CHO 6 admits to St John of God Hospital, an approved centre in the independent sector; the HSE purchases in-patient places in this facility for Cluain Mhuire admissions. For the purpose of this table the figures for both centres have been combined.

Appendix 3: Use of restrictive practices in approved centres

This section includes information on the total use of restrictive interventions (physical restraint and seclusion) in individual approved centres. Table 7 ranks individual approved centres from highest to lowest by the number of episodes of restrictive practices. All approved centres that were open in 2016 are included in the table; 14 approved centres did not use physical restraint or seclusion. Table 7 shows that four approved centres (Central Mental Hospital, DOP University Hospital Waterford, DOP Portlaoise and DOP St Luke's Hospital) used more seclusion than physical restraint. Fourteen approved centres did not use either physical restraint or seclusion.

Table 7: Approved centres ranked by total number of episodes of restrictive practices

Approved centre	Beds	Seclusion	Physical restraint	Total episodes
Acute Psychiatric Unit, Ennis Hospital	39	104	238	342
Phoenix Care Centre	54	71	226	297
Department of Psychiatry, St Luke's Hospital, Kilkenny	44	151	114	265
Adult Mental Health Unit, Mayo University Hospital	32	92	160	252
Ashlin Centre	44	81	160	241
St John of God Hospital (includes Cluain Mhuire beds)	183	95	117	212
Department of Psychiatry, University Hospital Waterford	44	142	57	199
Department of Psychiatry, Connolly Hospital	47	80	116	196
Acute Psychiatric Unit, Tallaght Hospital	52	60	125	185
St Patrick's University Hospital	241	0	171	171
Acute Psychiatric Unit 5B, University Hospital Limerick	50	0	161	161
Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	20	26	126	152
Department of Psychiatry, Letterkenny General Hospital	34	0	150	150
Sligo/Leitrim Mental Health In-patient Unit	34	68	74	142
Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	39	46	96	142
Department of Psychiatry, Midland Regional Hospital, Portlaoise	46	68	67	135
Linn Dara Child & Adolescent In-patient Unit	24	0	135	135
Lakeview Unit, Naas General Hospital	29	49	73	122
Admission Unit & St Edna's Ward, St Loman's Hospital	44	54	68	122
Jonathan Swift Clinic, St James's Hospital	51	0	118	118
St Vincent's Hospital, Fairview	46	29	81	110
Avonmore & Glenree Units, Newcastle Hospital	55	39	66	105
Teach Aisling	10	0	100	100
AMHU, Cork University Hospital	50	0	93	93
Department of Psychiatry, University Hospital Galway	45	26	66	92
St Michael's Unit, Mercy University Hospital	50	0	78	78
Central Mental Hospital	93	45	33	78
Carraig Mór Centre	18	29	39	68

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St Joseph's Intellectual Disability Services	124	22	41	63
Elm Mount Unit, St Vincent's University Hospital	39	0	56	56
Department of Psychiatry, Roscommon University Hospital	22	25	26	51
St Ita's Ward, St Brigid's Hospital, Ardee	20	21	28	49
Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital	93	0	47	47
St Aloysius Ward, Mater Misericordiae University Hospital	15	18	23	41
Bloomfield Hospital	114	0	39	39
Acute Psychiatric Unit, Cavan General Hospital	25	0	38	38
Department of Psychiatry, Our Lady's Hospital, Navan	25	16	21	37
Drogheda Department of Psychiatry	46	9	16	25
Adolescent In-patient Unit, St Vincent's Hospital	12	9	15	24
Centre for Mental Health Care & Recovery, Bantry General Hospital	18	0	22	22
Eist Linn Child & Adolescent In-patient Unit	20	0	10	10
Highfield Hospital	110	0	7	7
Grangegorman Ward & St Aidan's Ward, St Otteran's Hospital	40	0	6	6
St Davnet's Hospital – Blackwater House	20	0	4	4
St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	42	0	4	4
Tearmann Ward, St Camillus's Hospital	21	0	3	3
St Gabriel's Ward, St Canice's Hospital	20	0	3	3
O'Casey Rooms, Fairview Community Unit	25	0	3	3
Maryborough Centre, St Fintan's Hospital	30	0	2	2
An Coillín	22	0	1	1
Wood View	21	0	1	1
Willow Grove Adolescent Unit	14	0	1	1
St Anne's Unit, Sacred Heart Hospital	12	0	0	0
Clonfert Ward, St Brigid's Hospital, Ballinasloe	16	0	0	0
Rehab and Recovery Mental Health Unit, St John's Hospital Campus	20	0	0	0
Creagh Suite, St Brigid's Healthcare Campus	16	0	0	0
Cappahard Lodge	34	0	0	0
Owenacurra Centre	29	0	0	0
St Catherine's Ward, St Finbarr's Hospital	21	0	0	0
O'Connor Unit St Finan's Hospital	32	0	0	0
Haywood Lodge	40	0	0	0
Selskar House, Farnogue Residential Healthcare Unit	20	0	0	0
LeBrun House & Whitethorn House, Vergemount Mental Health Facility	52	0	0	0
Sycamore Unit, Connolly Hospital	25	0	0	0
Lois Bridges	7	0	0	0
St Edmundsbury Hospital	52	0	0	0
Total	2832	1475	3525	5000

Appendix 4: Use of seclusion in approved centres

This section includes information on the use of seclusion in individual approved centres. Table 8 ranks individual approved centres from highest to lowest by the number of episodes of seclusion. Only approved centres that reported using seclusion in 2016 are included.

Table 8 includes the number of episodes used in 2015 for context and to demonstrate the variations between the two years. Factors such as frequent use of seclusion in relation to a small number of residents in a given year can result in increases or decreases from one year to the next. Detailed analysis of year-on-year variation in individual approved centres is not included in this report but usage is monitored by the Commission in the context of the regulatory process.

Table 8 also shows the rate of episodes of seclusion in relation to the number of residents secluded in individual approved centres in 2016. It provides the rate of seclusion episodes in 2015 for context. Section 2.1 in the main report highlighted that the national rate of episodes to residents was 2.3. In some approved centres where a small number of residents were secluded or some residents were frequently secluded the rate of seclusion per resident was higher.

As highlighted earlier, episodes of seclusion are only one measure and the total hours of seclusion should also be considered. Table 8 therefore also provides information on the average duration of seclusion episodes in each approved centre in 2016. The Central Mental Hospital (NFMHS) recorded the highest average duration of seclusion in 2016. Given the nature of the service as the national forensic mental health service, the total average duration is calculated both inclusive

and exclusive of the Central Mental Hospital, as it has a significant impact on the average duration.

It is worth noting that the Department of Psychiatry, St Luke's Hospital in Kilkenny recorded the highest number of episodes of seclusion (151), but were lower than the overall average duration of seclusion episodes (8.9 hours compared to the overall average of 12.9 hours).

In contrast, the Department of Psychology, Midland Regional Hospital reported the second highest average duration of seclusion (44.0 hours) across 68 episodes.

This data suggests that some approved centres use frequent seclusion for shorter periods of time and this may result in a higher number of episodes. In contrast, other approved centres use seclusion less frequently but for longer periods of time.

Figure 12 provides a breakdown of the duration of episodes of seclusion in approved centres in 2016. Section 2.2 of the main report identified that 38% of all episodes of seclusion nationally lasted for less than four hours and a further 26% lasted for between four to eight hours, while 3% lasted for more than 72 hours. Over 75% of seclusion episodes lasted for eight hours or less in nine services. Seclusion exceeding 72 hours was reported by 12 approved centres. The duration of these episodes ranged from 72.42 hours to 1,916.50 hours (NFMHS).

Table 8: Seclusion – ranked by number of episodes of seclusion 2016

Rank	Approved centre	Sector	# Beds	# Episodes of seclusion			# Residents secluded			Seclusion rate episodes/residents			Average duration		
				2015	2016	Change	2015	2016	Change	2015	2016	Change	2015	2016	Change
1	DOP St Luke's Hospital Kilkenny	CHO 5	44	137	151	+	58	56	-	2.4	2.7	+	10.1	8.9	-
2	DOP University Hospital Waterford	CHO 5	44	223	142	-	62	54	-	3.6	2.6	-	6.7	7.5	-
3	Acute Psychiatric Unit, Ennis Hospital	CHO 3	39	35	104	+	14	15	+	2.5	6.9	+	2.0	5.7	+
4	St John of God Hospital (Cluain Mhuire)*	INDP/CHO6	183	77	95	+	36	50	-	2.1	1.9	-	16.1	15.3	-
5	AMHU, Mayo University Hospital	CHO 2	32	20	92	+	16	30	+	1.3	3.1	+	4.7	4.7	+
6	Ashlin Centre	CHO 9	44	67	81	+	21	30	+	3.2	2.7	-	8.0	12.5	+
7	DOP Connolly Hospital	CHO 9	47	98	80	+	46	39	-	2.1	2.1	~	6.1	8.3	+
8	Phoenix Care Centre	CHO 9	54	72	71	-	23	21	-	3.1	3.4	+	21.6	17.5	-
9	DOP Midland Regional Hospital Portlaoise	CHO 8	46	69	68	-	44	36	-	1.6	1.9	+	40.0	44.0	+
10	Sligo Leitrim Mental Health Inpatient Unit	CHO 1	34	53	68	+	30	34	+	1.8	2.0	+	16.5	16.2	+
11	Acute Psychiatric Unit Tallaght Hospital	CHO 7	52	35	60	+	22	34	+	1.6	1.8	+	8.3	5.5	+
12	St Loman's Hospital	CHO 8	44	47	54	+	28	24	-	1.7	2.3	+	5.1	5.1	+
13	Lakeview Unit Naas General Hospital	CHO 7	29	101	49	-	35	27	-	2.9	1.8	-	15.3	18.1	-
14	Sliabh Mis University Hospital Kerry	CHO 4	39	32	46	+	13	27	-	2.5	1.7	-	9.0	4.1	-
15	Central Mental Hospital	NFMHS	93	60	45	-	31	19	-	1.9	2.4	+	132.0	124.7	-
16	Newcastle Hospital	CHO 7	55	33	39	+	23	28	+	1.4	1.4	~	30.9	36.7	+
17	St Vincent's Hospital	CHO 9	46	43	29	-	24	18	-	1.8	1.6	-	13.0	17.0	-
18	Carraig Mor Centre	CHO 4	18	21	29	+	10	8	-	2.1	3.6	+	4.4	3.1	-
19	Merlin Park University Hospital	CAMHS	20	0	26	+	0	5	+	0	5.2	+	0	6.05	+
20	DOP University Hospital Galway	CHO 2	45	64	26	-	26	21	-	2.5	1.2	-	17.6	36.6	+
21	DOP Roscommon University Hospital	CHO 2	22	65	25	-	14	7	-	4.6	3.6	-	6.1	29.5	+
22	St Joseph's Intellectual Disability Service	NIDS	124	45	22	-	6	6	~	7.5	3.7	-	1.7	2.2	-
23	St Ita's Ward St Brigid's Hospital Ardee	CHO 8	20	47	21	-	24	12	-	2.0	1.8	-	10.6	20.0	-
24	St Aloysius Ward Mater Hospital	CHO 9	15	21	18	-	12	12	~	1.8	1.5	-	16.4	35.1	+
25	DOP Our Lady's Hospital Navan**	CHO 8	25	13	16	+	11	13	+	1.2	1.2	~	15.4	14.2	+
26	AIPU St Vincent's Hospital	CAMHS	12	7	9	+	3	3	~	2.3	3.0	+	21.0	9.12	-
27	Drogheda DOP^	CHO 8	46	N/A	9	N/A	N/A	7	+	N/A	1.3	+	N/A	14.4	N/A
Total	All applicable approved centres		1272	1485	1475	-	632	636	+	2.3	2.3	~	17.1	16.5	-
	Excluding Central Mental Hospital		1179	1454	1456	+	601	617	+	2.4	2.4	~	11.9	12.9	-

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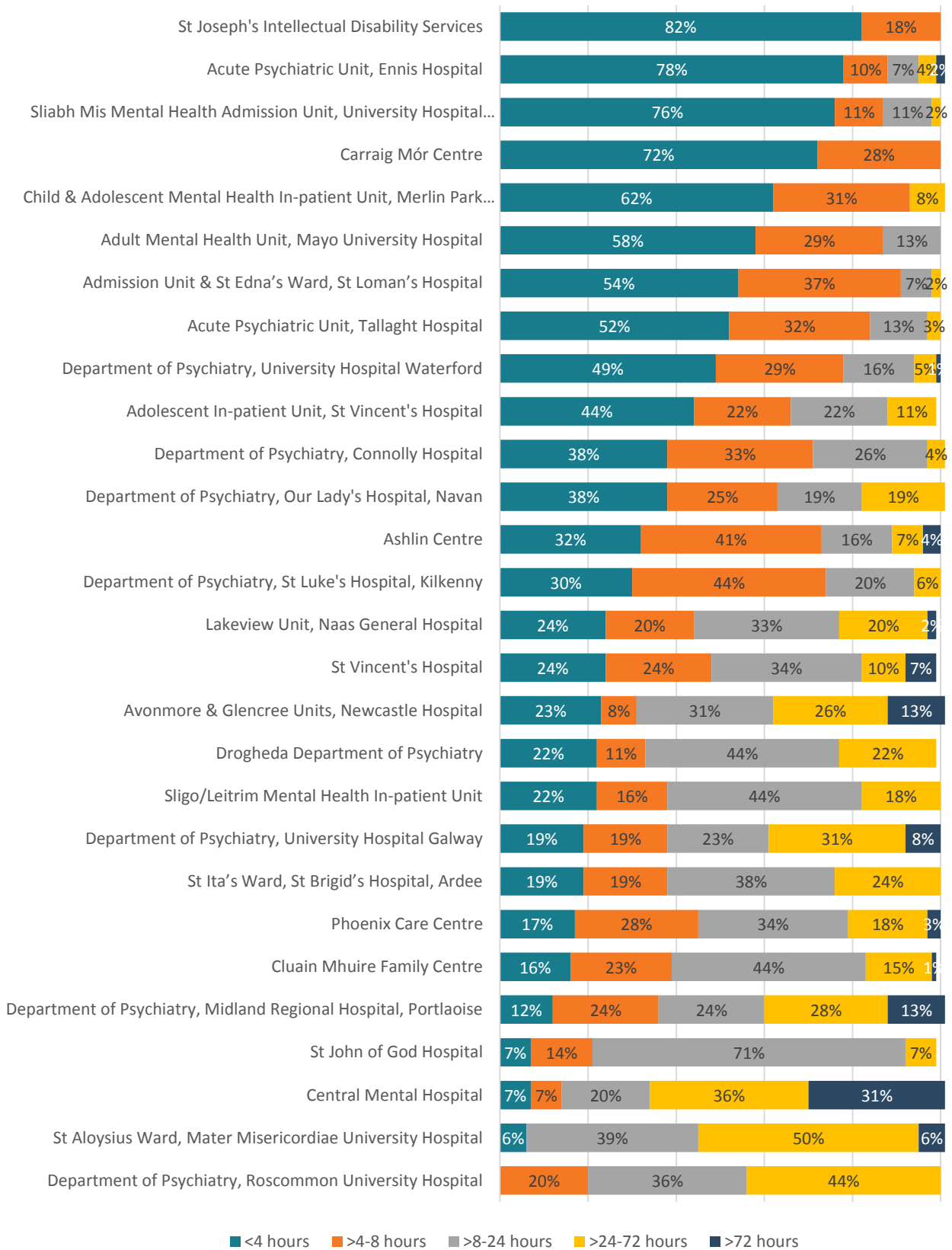
**St John of God Hospital's figures includes Cluain Mhuire, which comprises HSE funded beds from the CHO 6 catchment within St John of God Hospital.*

***Department of Psychiatry, Our Lady's Hospital, Navan closed September 2016.*

^Drogheda Department of Psychiatry opened in September 2016

N/A is used if the figure is not applicable, due to a service not being open in the reporting year.

Figure 12: Duration of seclusion by approved centre ranked by highest to lowest percentage of <4 hours



Note: Standard zero decimal rounding was applied to the % duration in Figure 12. As such, the sum total percentage duration for some approved centres is 99%-101%.

Appendix 5: Use of physical restraint in approved centres

This section includes information on use of physical restraint in individual approved centres. Table 9 ranks individual approved centre from highest to lowest by total number of episodes of physical restraint.

Only approved centres that reported using physical restraint in 2016 are included in the information provided.

Table 9 presents the number of episodes of physical restraint used in 2016. It provides the number of episodes used in 2015 for context. It indicates the change in use between the two years.

The bed numbers for each approved centre are provided as context for the total number of episodes of restraint. The profile of the resident cohort (in particular age and acuity), may also have an impact on the use of physical restraint. Detailed analysis based on service type and resident profile is not included in this report.

Factors such as frequent use of physical restraint in relation to a small number of residents in a given year can result in notable increases or decreases from one year to the next. Detailed analysis of year-on-year variation in individual approved centres is not included in this report but usage is monitored in the context of the regulatory process.

Table 9 also shows the rate of episodes of physical restraint to residents restrained in individual approved centres in 2016. It provides the rate of restraint in 2015 for context. It indicates the change in rate between the two years.

Section 4.1 in the main report highlighted that the national rate was 3.1 episodes per resident restrained. The rate of restraint may be skewed in some approved centres where a small number of residents were frequently restrained.

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Table 9: Physical restraint – ranked by number of episodes of physical restraint 2016

Rank	Approved centre	Sector	# Beds	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate		
				2015	2016	Change	2015	2016	Change	2015	2016	Change
1	APU Ennis Hospital	CHO 3	39	90	238	+	37	40	+	2.4	6	+
2	Phoenix Care Centre	CHO 9	54	175	226	+	17	21	+	10.3	10.8	+
3	St Patrick's University Hospital	INDP	241	170	171	+	52	43	-	3.3	4.0	+
4	APU 5B University Hospital Limerick	CHO 3	50	61	161	+	20	30	+	3.1	5.4	+
5	AMHU Mayo University Hospital	CHO 2	32	81	160	+	30	47	+	2.7	3.4	+
6	Ashlin Centre	CHO 9	44	120	160	+	38	50	+	3.2	3.2	~
7	DOP Letterkenny General Hospital	CHO 1	34	129	150	+	33	37	+	3.9	4.1	+
8	Linn Dara*	CAMHS	24	36	135	+	9	10	+	4.4	13.5	+
9	Merlin Park University Hospital	CAMHS	20	29	126	+	13	9	-	2.2	14	+
10	APU Tallaght Hospital	CHO 7	52	103	125	+	40	49	+	2.6	2.6	~
11	Jonathan Swift Clinic St James's Hospital	CHO 7	51	89	118	+	45	47	+	2.0	2.5	+
12	St John of God Hospital (Cluain Mhuire)**	INDP	183	103	117	~	44	51	+	2.3	2.2	-
13	DOP Connolly Hospital	CHO 9	47	111	116	+	52	48	-	2.1	2.4	+
14	DOP St Luke's Hospital Kilkenny	CHO 5	44	76	114	+	44	55	+	1.7	2.1	+
15	Teach Aisling	CHO 2	10	53	100	+	1	4	+	53.0	25.0	-
16	Sliabh Mis University Hospital Kerry	CHO 4	39	129	96	-	45	46	+	2.9	2.1	-
17	AMHU Cork University Hospital (South Lee MHU Cork)^	CHO 4	50	96	93	-	40	43	+	2.4	2.2	-
18	St Vincent's Hospital	CHO 9	46	266	81	-	43	32	-	6.2	2.5	-
19	St Michael's Unit Mercy University Hospital	CHO 4	50	39	78	+	27	40	+	1.4	2	+
20	Sligo Leitrim Mental Health Inpatient Unit	CHO 1	34	57	74	+	29	30	+	2	2.5	+
21	Lakeview Unit Naas General Hospital	CHO 7	29	121	73	-	33	35	+	3.7	2.1	-
22	St Loman's Hospital	CHO 8	44	48	68	+	26	24	-	1.8	2.8	+
23	DOP Midland Regional Hospital Portlaoise	CHO 8	46	55	67	+	35	35	~	1.6	1.9	+
24	DOP University Hospital Galway	CHO 2	45	82	66	-	44	40	-	1.9	1.7	-
25	Newcastle Hospital	CHO 6	55	51	66	+	25	30	+	2	2.2	+
26	DOP University Hospital Waterford	CHO 5	44	93	57	-	42	35	-	2.2	1.6	-
27	Elm Mount Unit St Vincent's University Hospital	CHO 6	39	113	56	-	36	29	-	3.1	1.9	-

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28	St Stephen's Hospital	CHO 4	93	34	47	+	17	15	-	2	3.1	+
29	St Joseph's Intellectual Disability Service	NIDS	124	58	41	-	13	13	~	4.5	3.2	-
30	Carraig Mor Centre	CHO 4	18	30	39	+	19	14	-	1.6	2.8	+
31	Bloomfield Hospital	INDP	114	119	39	-	12	9	-	9.9	4.3	-
32	APU Cavan General Hospital	CHO 1	25	131	38	-	30	17	-	4.4	2.2	-
33	Central Mental Hospital	NFMHS	93	53	33	-	18	16	-	2.9	2.1	-
34	St Ita's Ward St Brigid's Hospital Ardee	CHO 8	20	69	28	-	27	18	-	2.6	1.6	-
35	DOP Roscommon University Hospital	CHO 2	22	30	26	-	15	13	-	2	2	~
36	St Aloysius Ward Mater Hospital	CHO 9	15	14	23	+	10	11	+	1.4	2.1	+
37	Bantry General Hospital	CHO 4	18	11	22	+	6	13	+	1.8	1.7	-
38	DOP Our Lady's Hospital Navan~	CHO 8	25	98	21	-	23	14	-	4.3	1.5	-
39	Drogheda DOP^	CHO 8	46	N/A	16	N/A	N/A	11	+	N/A	1.5	+
40	AIPU St Vincent's Hospital	CAMHS	12	11	15	+	5	5	~	2.2	3	-
41	Eist Linn	CAMHS	20	6	10	+	2	2	~	3	5	+
42	Highfield Hospital	INDP	110	6	7	+	2	5	+	3	1.4	-
43	St Otteran's Hospital	CHO 5	40	0	6	+	0	4	+	0	1.5	+
44	Cluain Lir Care Centre	CHO 8	42	5	4	-	4	4	~	1.3	1	-
45	St Davnet's Blackwater House	CHO 1	20	0	4	+	0	1	+	0	4	+
46	O'Casey Rooms Fairview Community Unit	CHO 9	25	0	3	+	0	1	+	0	3	+
47	Tearmann Ward St Camillus' Hospital	CHO 3	21	0	3	+	0	1	+	0	3	+
48	St Gabriel's Ward St Canice's Hospital	CHO 5	20	6	3	-	4	3	-	1.5	1	-
49	Maryborough Centre	CHO 8	30	1	2	+	1	2	+	1	1	~
50	Willow Grove St Patrick's University Hospital	CAMHS	14	8	1	-	2	1	-	4	1	-
51	An Coillin	CHO 2	22	0	1	+	0	1	+	0	1	+
52	Wood View	CHO 2	21	N/A	1	N/A	N/A	1	+	N/A	1	+
55	St Anne's Unit Sacred Heart Hospital	CHO 2	12	1	0	-	1	0	-	1	0	-
Totals			2878	3267	3525	+	1111	1155	+			

*Department of Psychiatry, Our Lady's Hospital, Navan closed September 2016.

**St John of God Hospital's figures includes Cluain Mhuire, which comprises HSE funded beds from the CHO6 catchment within St John of God Hospital.

^South Lee Mental Health Unit, Cork University Hospital closed on 5 August 2015 and the service transferred to the Acute Mental Health Unit, Cork University Hospital. All 2015 episodes of physical restraint for the two approved centres are reported together.

~ Drogheda Department of Psychiatry opened in September 2016.

N/A is used if the figure is not applicable, due to a service not being open in the reporting year.

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Mental Health Commission
Coimisiún Meabhair-Shláinte
Waterloo Exchange
Waterloo Road
Dublin 4

Telephone: 01 636 2400
Fax: 01 636 2440
Email: info@mhcirl.ie
Web: www.mhcirl.ie

