

Seclusion & Restraint should be used in rare and exceptional circumstances only, according to Mental Health Commission

Mental Health Commission publishes reports on the use of Seclusion & Restraint in 2010

Wednesday 29th February 2012. Seclusion and restraint should be used in rare and exceptional circumstances and only in the best interests of patients when they pose an immediate threat of serious harm to themselves or to others, according to the Mental Health Commission which published a report on the use of the interventions during 2010, today.

Commenting on the publication of the report, Ms Patricia Gilheaney, Chief Executive at the MHC said, "There has been little change in the overall use of seclusion, mechanical restraint and physical restraint in approved centres during 2010. However, we know that quality improvement initiatives can help services to reduce the use of these interventions."

Two approved centres, St Joseph's Intellectual Disability Services in Portrane and St Brendan's Hospital in Grangegorman, accounted for more than half (50.5%) of all seclusion episodes in 2010. However it is important to put these figures into context, particularly when we identify some approved centres as using the interventions more than others. Some approved centres which record high numbers of restrictive interventions often manage more challenging behaviour than in other approved centres. St Brendan's Hospital serves as a secure unit for the greater Dublin area for example. It is also important to look at the duration of episodes of restrictive interventions. While St Joseph's Intellectual Disability Services recorded the highest number of seclusion episodes, almost all (99.7%) seclusion episodes there lasted for less than four hours which is typically less than other approved centres.

Of the three restrictive interventions, namely seclusion, mechanical restraint and physical restraint that are reported to the Commission, physical restraint continues to be the most frequently used. In total there were 5,370 restrictive intervention episodes recorded during 2010 compared to 5,387 in 2009. In 2010, there were 2,985 physical restraint episodes, 2,371 seclusion episodes and 14 mechanical restraint episodes.

There was a slight decrease of 146 in the number of seclusion episodes between 2009 and 2010 and the number of physical restraint episodes increased by 130 from 2009 to 2010. Mechanical restraint is rarely used in approved centres and accounts for 0.3% of all restrictive interventions reported to the Commission.

Physical restraint is also used in more approved centres than the other restrictive interventions. In 2010, 52 (77.6%) approved centres recorded episodes of physical restraint, 29 (43.3%) approved centres recorded episodes of seclusion, and 3 approved centres (4.5%) recorded episodes of mechanical restraint.

St Joseph's Intellectual Disability Services also recorded the highest number of physical restraint episodes, having used the intervention 616 times during the year.

There has been a fall in the duration of physical restraint. While 86.8% of episodes lasted for between 0 and 15 minutes in 2009, the proportion of episodes lasting for this length of time increased to 91.7% in 2010. There was also a reduction in the number of physical restraint episodes recorded with a long duration. Forty-three episodes lasted for longer than 30 minutes in 2010 compared to 98 episodes that lasted for longer than 30 minutes in 2009. Four episodes lasted for more than one hour which is substantially less than the 42 episodes of physical restraint that lasted for longer than one hour in 2009.

The decline in the duration of physical restraint was welcomed by the Commission, "Reducing the time a patient spends restrained is very much welcomed. It is the Commission's view that the use of seclusion and restraint should be minimised as much as possible. We believe that a change to the *Code of Practice on the Use of Physical Restraint in Approved Centres*, introduced by the Commission in 2010, which specifies the maximum duration of an order for physical restraint to be 30 minutes, has assisted services in achieving these reductions," said Ms Gilheaney.

ENDS

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NOTES TO EDITOR

A "centre" means. An "approved centre" is a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder that is registered pursuant to the Mental Health Act 2001. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the 2001 Act.

The Commission has produced *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* and a *Code of Practice on the Use of Physical Restraint in Approved Centres*, which regulate the use of seclusion and restraint in approved centres.