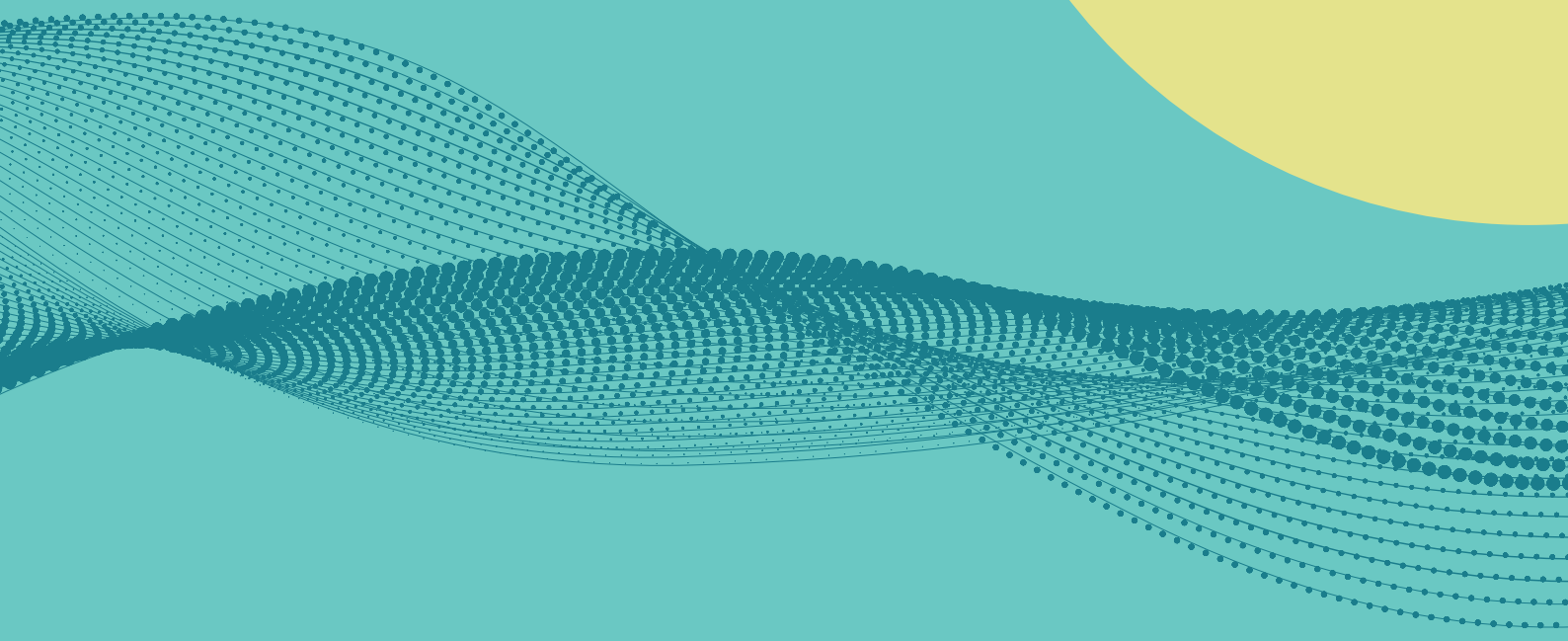
Coimisiún Meabhair-Shláinte | Mental Health Commission

THE USE OF RESTRICTIVE PRACTICES IN APPROVED CENTRES

SECLUSION, MECHANICAL RESTRAINT AND PHYSICAL RESTRAINT

DECEMBER 2020



ACTIVITIES REPORT 2019

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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

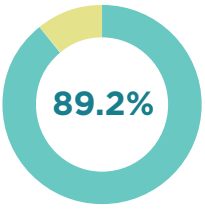
NFMHS: National Forensic Mental Health Service (Central Mental Hospital)

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

Rate: Number of episodes per resident per year

SUMMARY OF FINDINGS

The rate of **episodes of restrictive practices** per 100,000 population was **141.7** in **2019**



Restrictive practices, including physical restraint and/or seclusion, were used in the majority **(89.2%)** of in-patient mental health services (approved centres) in 2019.

In total there were **6,747** episodes of restrictive practices reported to the Mental Health Commission in 2019, with **1,796** people being secluded and/or restrained during that time.

When the Commission started reporting on restrictive practices in 2008, there were **4,765** combined episodes of physical restraint and seclusion.

In December 2014, the Commission published a **Seclusion and Restraint Reduction Strategy**, which set out a framework for the reduction of the use of restrictive practices in approved centres.

Seclusion

The rate of **episodes of seclusion** per 100,000 population was **36.1** in **2019**

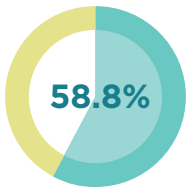
Seclusion was used in **42%** of approved centres in 2019. This remained static from 2018.

There were **1,719 episodes** of seclusion in 2019, **a small decrease** from the **1,799** episodes in 2018.

653 people were secluded in 2019, a reduction from the **760** people secluded in 2018.

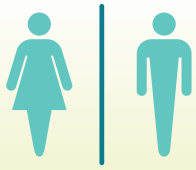
The **HSE Community Healthcare Organisation (CHO)** with the **highest rate of episodes of seclusion** per 100,000 population in 2019 was **CHO 5**: *South Tipperary, Carlow, Kilkenny, Waterford, and Wexford*, as was the case in both 2017 and 2018.

In each of the years between **2017** and **2019**, the CHO with the **lowest rate and number of episodes** of seclusion per 100,000 population was **CHO 3**: *Clare, Limerick, North Tipperary/East Limerick.*



The majority of residents secluded were under **40 years of age** (58.8%). This was a slight reduction from 2018 (64%).

The average age of a resident placed in seclusion in 2019 was **37 years**. This was an incremental increase from 2018 (36 years of age).



In 2019, more male than female residents were secluded (**67%**). Similarly, in 2018, more male residents than female residents were secluded (**65%**).

In 2019, **13.6 % of episodes (225)** involved a person being locked in seclusion for **over 24 hours**. This was a considerable reduction from 2018 (18.5% or 317 episodes).

In 2019, **3.7% of episodes (61)** involved a person being locked in seclusion for **over 72 hours**. This compares with 4.7% of episodes (81) in 2018.

There was **considerable variation** between approved centres in the average duration of seclusion.

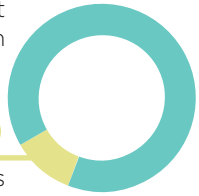
Physical Restraint

The rate of **episodes of physical restraint** per 100,000 population was **105.6** in **2019**

Physical restraint was used in

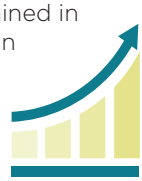
89%

of approved centres in 2019. This compares with **85%** of approved centres in 2018



There were **5,029** episodes of physical restraint in 2019. This was a decrease from **5,665** episodes in 2018.

1,143 people were physically restrained in 2019. This was an increase from **1,207** people in 2018.



In 2019, the CHO with the **highest rate of physical restraint** per 100,000 population and highest number of episodes was **HSE CHO 1**: *Cavan, Donegal, Leitrim, Monaghan, and Sligo*. In 2018, the CHO with the highest rate of episodes of physical restraint per population was *HSE CHO 9: Dublin North, Dublin Central, Dublin North West.*

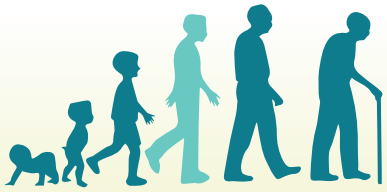
In 2019, the CHO with the **lowest rate of episodes of physical restraint** per 100,000 population was **CHO Area 8**: *Laois, Longford, Louth, Meath, Offaly, and Westmeath*, and the lowest number of episodes were reported in HSE *CHO 3: Clare, Limerick, and North Tipperary.*

More male residents than female

residents were physically restrained (**53.9%** in 2019, a slight increase from **51%** in 2018).

More residents (**50.5%**) were **under the age of 40** in 2019, while more residents (**54.2%**) were **over the age of 40** in 2018.

The average age of an approved centre resident undergoing physical restraint was **41 years of age** in 2019, and **42 years of age** in 2018.



The highest proportion (**26.9%**) of residents restrained in 2019, and in 2018 (**22.8%**), **were aged between 18 and 29.**

88.1%

of episodes of physical restraint in 2019, and **87.6%** in 2018, lasted for **less than 15 minutes**.

The highest proportion of episodes of physical restraint in **2018** and **2019** were initiated between **10am and 11am.**

INTRODUCTION

*The Mental Health Commission (the 'Commission') is the regulator for mental health services in Ireland. The Commission is an independent statutory body that was established in April 2002 under the Mental Health Act 2001 (**MHA 2001**). 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 MHA 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 tenth 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 2019 is composed of 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.

Our Vision

The highest quality mental health and decision support services underpinned by a person's human rights

Our Mission

Regulate and engage to promote support and uphold the rights health and well-being of all people who access mental health and decision support services.

Any intervention which is used, and 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 data from 2019, with data from 2017 and 2018 included for context in certain parts. The report describes the use of seclusion, mechanical restraint and physical restraint in 2019 nationally, by sector (by CHOs and independent service providers) and by individual approved centres. Activity reports comprising previously collected data (2008 - 2018) can be accessed on our website.

The Commission would like to thank staff in approved centres for their ongoing co-operation in relation to the collation and return of the data which has enabled this report to be completed. In the present 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.

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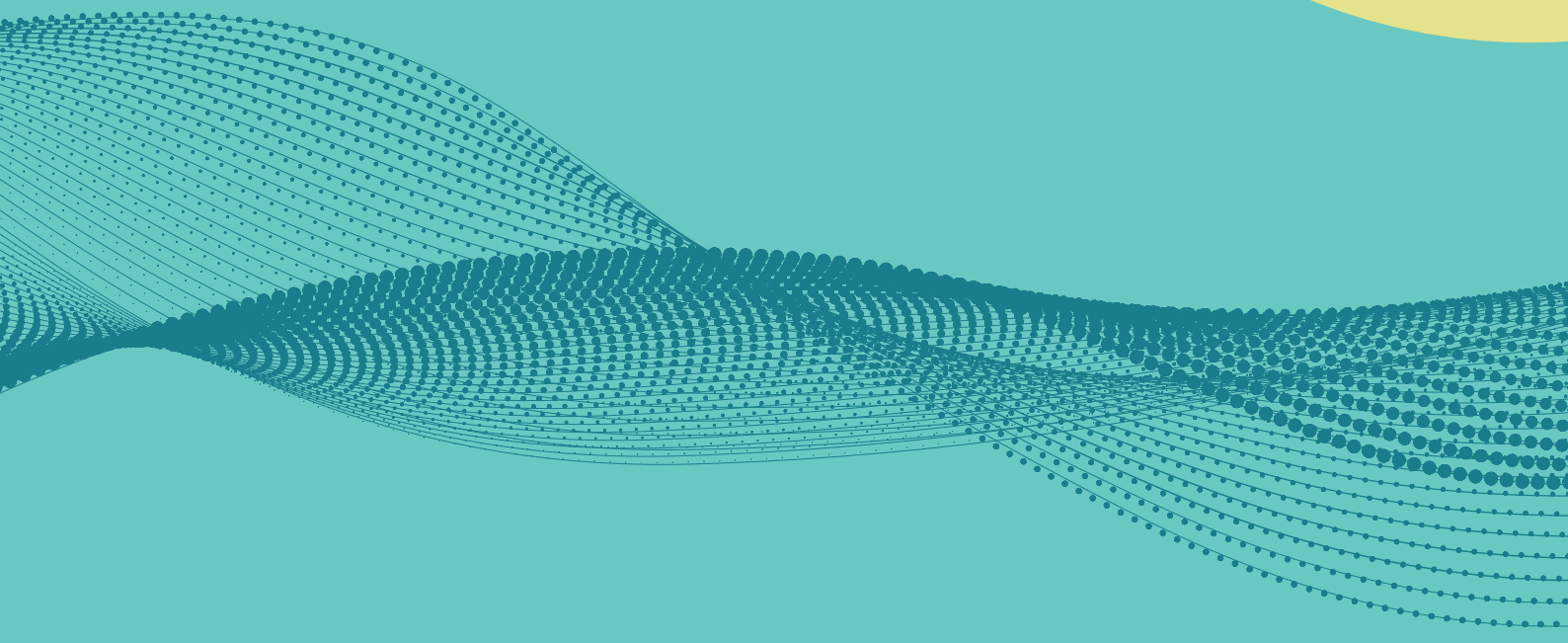
ABOUT THE DATA



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 2017 (64), 2018 (65) and 2019 (65). **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 the approved centres operating during 2018 and 2019 is provided in Appendix 2.

Table 1: *Number of approved centres*

	2017	2018	2019
Approved centres	64	65	**65**

1.2 Data collection

Approved centres are required to return non-identifiable 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, along with data collection templates, are included in Appendix 1.

1.3 Data limitations

Data collection on the use of restrictive interventions is manual, meaning that the Commission was limited in what it could reasonably request from the approved centres.

Approved centres varied in size, bed capacity, and in the type of service they delivered. Therefore, comparative analysis between approved centres should be qualified, and should be undertaken cautiously.

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 to, 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, skills mix, experience, and training.
- The use of sedating psychotropic medication, the use of which is, at present, not regulated by the Commission.
- The frequent or prolonged seclusion or restraint of one resident, which could result in distorted figures.

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

USE OF SECLUSION

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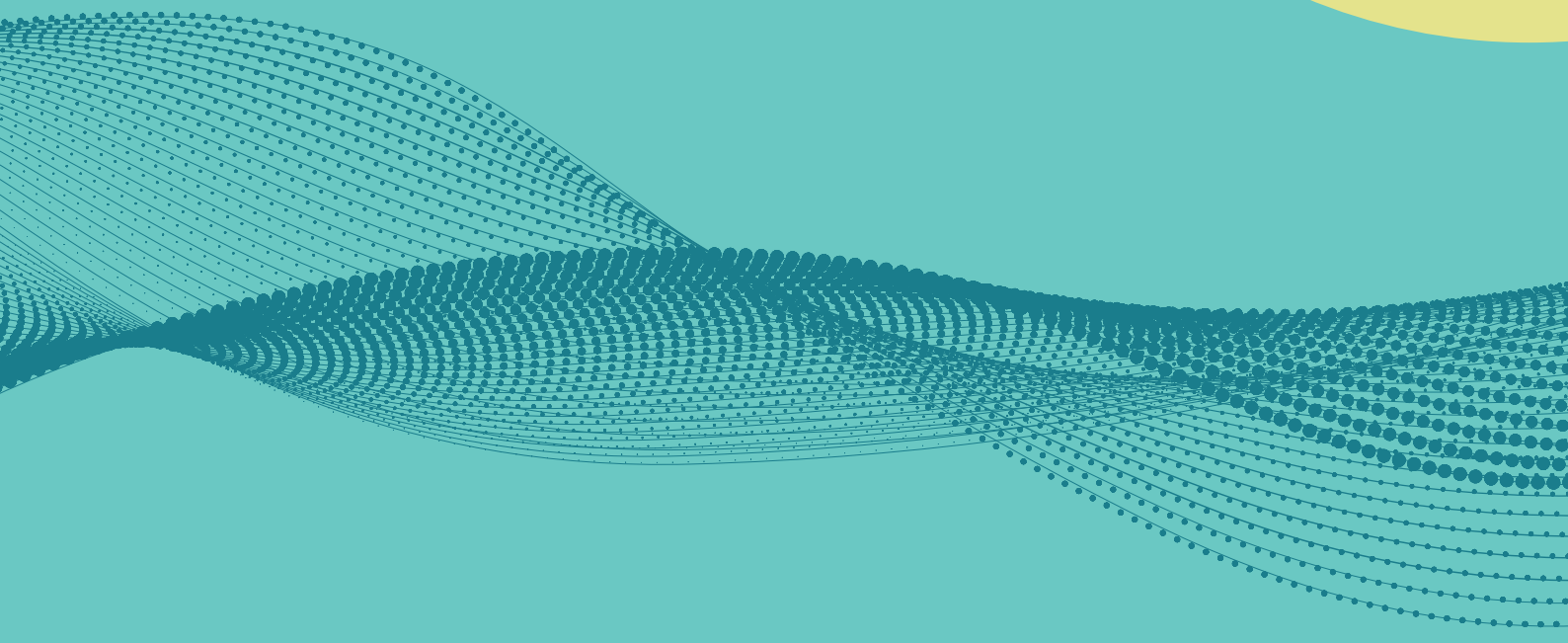

2. USE OF SECLUSION

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 here on the number of seclusion episodes, residents placed in seclusion, gender and age breakdown, and seclusion duration. Data are presented **for** 2018 and 2019 at a national level, with comparative data included from 2017, where relevant. Further information relating to the use of seclusion in individual approved centres is presented in *Appendix 4*.

Table 2 shows that in 2019, 28 approved centres (41.5%) reported 1,719 episodes of seclusion. In 2018, 27 approved centres (41.5%) reported 1,799 episodes of seclusion.

The rate of episodes of seclusion per 100,000 population was 36.1 in 2019.

Seclusion was used in approved centres across all nine CHOs. In 2019, the highest rate (92.5 per 100,000) and number (472) of episodes of seclusion were reported in CHO 5, while the lowest rate (4.2 per 100,000) and number of episodes (16) of seclusion were reported in CHO 3. In 2018, the highest rate of seclusion was reported in CHO 5, while the highest number of episodes was in CHO 9, and the lowest rate and number of episodes was in CHO 3. The Central Mental Hospital (NFMHS) and St Joseph's Intellectual Disability Service (NIDS) both reported using seclusion in 2019. Seclusion was also used in one approved centre in the independent sector, and in three CAMHS units.

Table 2: *Use of seclusion by CHO/service provider, 2018-19*

	2018				2019			
CHO/service provider	**Census 2016**	**Episodes**	**Rate[1]**	**Approved centres**	**Census 2016**	**Episodes**	**Rate[1]**	**Approved centres**
CHO 1	394,333	52	13.2	2	394,333	42	10.7	2
CHO 2	453,109	128	20.8	3	453,109	261	57.6	3
CHO 3	384,998	36	9.4	1	384,998	16	4.2	1
CHO 4	690,575	150	21.7	2	690,575	122	17.7	2
CHO 5	510,333	359	70.3	2	510,333	472	92.5	2
CHO 6[2]	388,297	140	36.1	1	388,297	63	16.2	1
CHO 7	702,586	87	12.4	2	702,586	151	21.5	2
CHO 8	616,229	198	32.1	3	616,229	160	26.0	3
CHO 9	621,405	396	63.7	5	621,405	274	44.1	5
Independent	n/a	31	n/a	1	n/a	22	n/a	1
NIDS	n/a	32	n/a	1	n/a	7	n/a	1
CAMHS	n/a	113	n/a	3	n/a	43	n/a	3
NFMHS	n/a	77	n/a	1	n/a	86	n/a	1
Total	**4,761,865**	**1,799**	**37.8**	**27**	**4,761,865**	**1,719**	**36.1**	**28**

1. Rate equals rate per 100,000 population. The most recent census data (2016) were used to calculate rates for 2018 and 2019. 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 report, St John of God Hospital (including Cluain Mhuire) 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 2019, **653** residents were placed in seclusion a total of **1,719** times. This is a reduction from 2018, where 760 residents were placed in seclusion a total of 1,799 times, but an increase from 2017, where 646 residents were placed in seclusion 1,392 times.

Rates of seclusion per resident

The rate of seclusion was 2.6 episodes per resident secluded in 2019. This is a year-on-year increase from 2018 (2.4) and 2017 (2.2).

The number of episodes of seclusion and residents secluded varied across approved centres: 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 2018 and 2019 is available in *Appendix 4*.

Gender and age

Figure 2 provides an overview of the age of residents secluded. The highest proportion of residents secluded in 2019 were between the ages of 18-29 (32.2%), down from 33% in 2018 and 34.8% in 2017. The age groups with the lowest proportion of seclusion in 2019 were the under 18 (2.6%) and over 70 (2.1%) groups. In 2017, 4.6% of residents secluded were under 18 years of age, and 0.6% were over 70; in 2018 3.7% were under 18 and 1.4% were over 70.

Figure 2 shows that in 2017, 2018 and 2019, more males (62.8%, 65% and 67% respectively) than females were placed in seclusion. This differs from the numbers of residents physically restrained each year, which is roughly 50:50 male to female. Further investigation into the root cause of excess male seclusion should be considered.

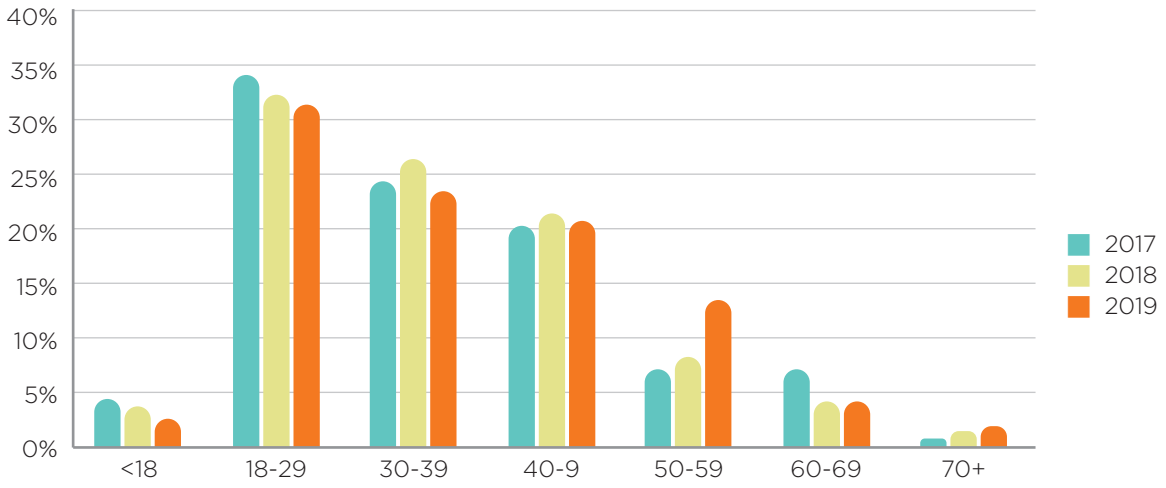

Figure 1: *Age of residents placed in seclusion, 2017-19*

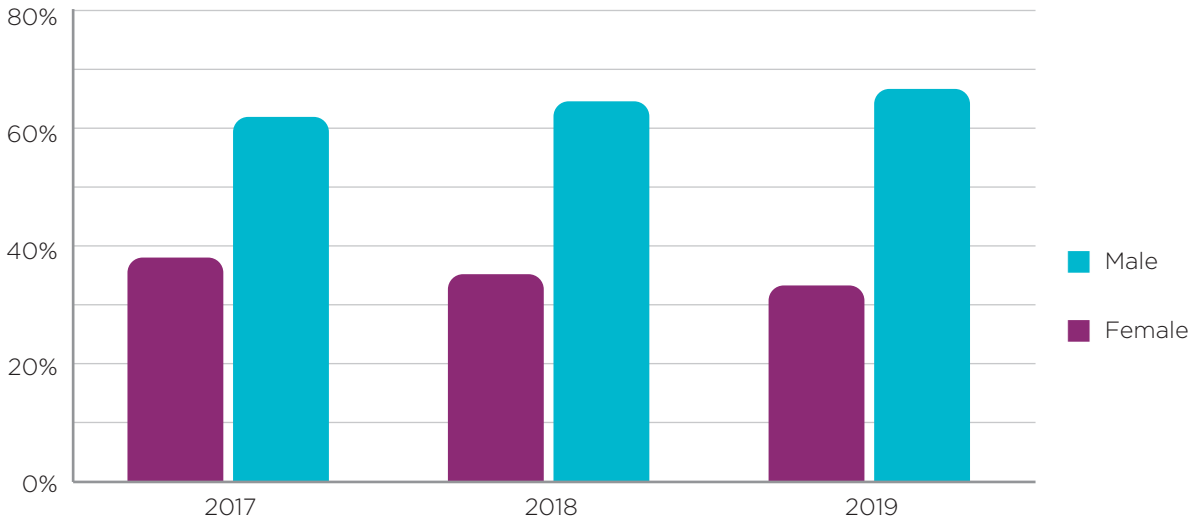

Figure 2: *Gender of residents placed in seclusion*

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, may 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 2019, a total of 30,458 hours of seclusion were reported nationally. In 2017 and 2018, a total of 24,467 and 35,950 hours respectively of seclusion were reported. The duration for a single episode of seclusion in 2019 ranged from 30 seconds to 3,837 hours (160 days). In 2017, episodes ranged in duration from 5 minutes to 2,895 hours, and in 2018, from 5 minutes to 1,708 hours.

Table 3: *Total duration of seclusion*

	Hours and minutes		
Year	**Total hours**	**Shortest episode**	**Longest episode**
2017	24,467	00:05	2,895:00
2018	35,950:16	00:05	1,708:58
2019	**30,458:13:30**	**00:00:30**	**3,837:00**

The average duration of an episode of seclusion was 12 hours in 2019. This was a decrease from 16 hours 8 minutes in 2017, and 15 hours 53 minutes in 2018. These averages exclude the episodes from the Central Mental Hospital. The average duration in the Central Mental Hospital was 126 hours 3 minutes in 2019, an increase from 87 hours 39 minutes in 2017 and 111 hours 23 minutes in 2018. The average duration of seclusion reported by each approved centre in 2018 and 2019 is included in *Appendix 4*.

In 2019, five approved centres reported an average duration of an episode of seclusion of longer than 24 hours, down from six approved centres in 2018:

2019

- **Central Mental Hospital (126 hours)**
- **Phoenix Care Centre (42 hours)**
- **CAMHS Unit, Merlin Park (37 hours)**
- **Avonmore & Glencree Units, Newcastle Hospital (37 hours)**
- **St John of God Hospital (27 hours)**

2018

- Central Mental Hospital (111 hours)
- Phoenix Care Centre (52 hours)
- CAMHS Unit, Merlin Park (36 hours)
- St Aloysius Ward, Mater Misericordiae Hospital (28 hours)
- Drogheda DOP (28 hours)
- DOP Roscommon (24 hours)

For reporting purposes, the 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, in 2019, the highest proportion of seclusion (**29.3%**) lasted for between eight and 24 hours, and the next most frequent duration was for **less than four hours** (28.7%). This is a divergence from 2017, where the highest proportion of seclusion (25.1%) lasted for between four and eight hours, and the next most frequent duration was less than four hours (31.25%). In 2018, the highest proportion of seclusion (32.1%) lasted for between four and eight hours, with the next most frequent duration being for less than four hours (31.5%). In 2019, 3.7% of episodes of seclusion lasted for longer than 72 hours, which was in keeping with 2017 (3.6%), and which figure increased to 4.7% in 2018. In 2019, twelve approved centres recorded episodes of seclusion exceeding 72 hours. This was a reduction from 2017 (16) and 2018 (17).

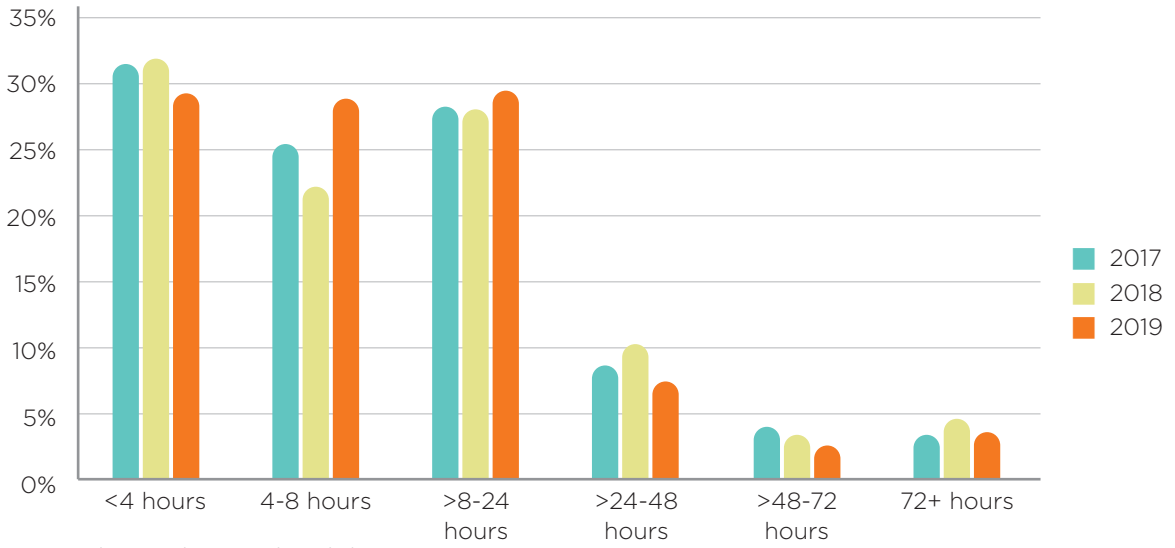

Figure 3: *Seclusion duration breakdown, 2017-2019*

Figure 4 below provides a breakdown of the duration of seclusion episodes across the nine CHO areas, and additional independent services, in 2019. This figure illustrates that there was considerable variation in the duration of seclusion across the different geographic areas. CHO 5, which had the highest number of episodes of seclusion, reported that 100% of episodes of seclusion lasted for 8 hours or less. This compares with 88.9% of episodes in 2017, and 76.8% of episodes in 2018. In contrast, for residents in CHO 6, the majority of seclusion episodes lasted for **longer than eight hours** in 2019 (84.1%), 2017 (72%) and 2018 (66%).

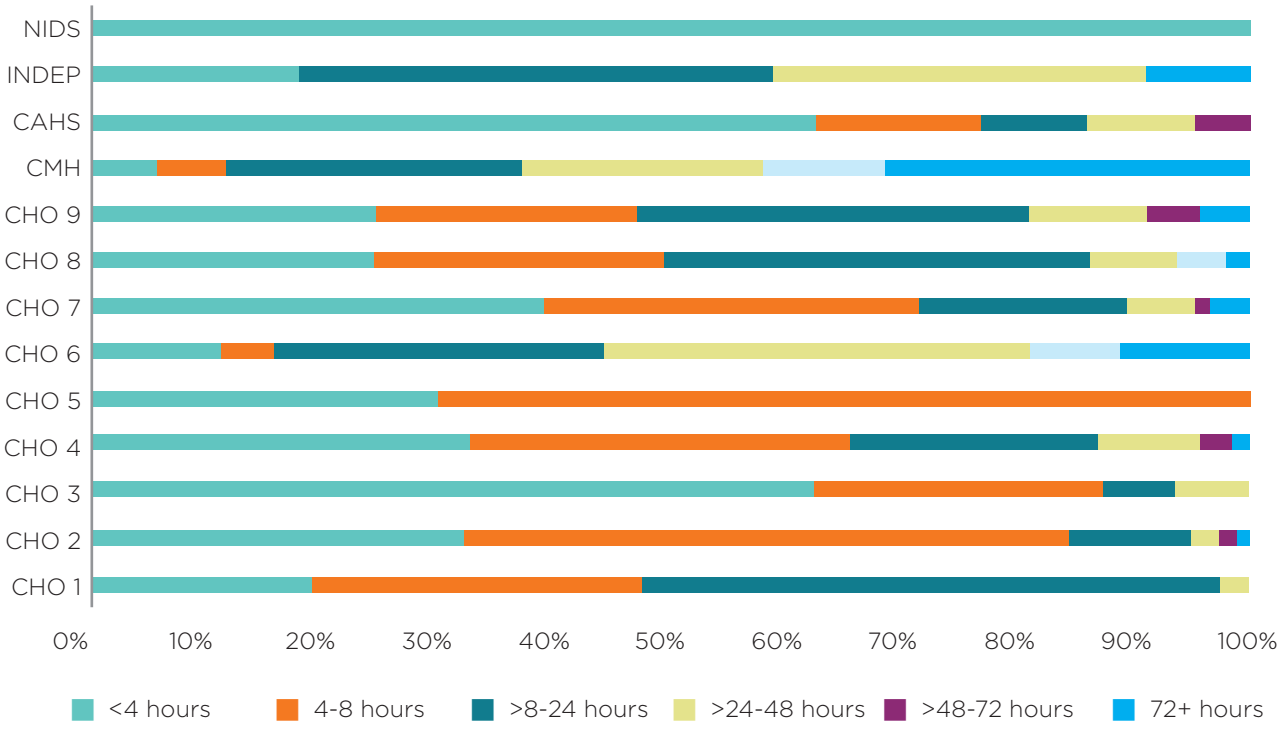

Figure 4: *Seclusion episode duration, by CHO/service area 2019*

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 in 2019 commenced between 4pm and 5pm; in 2017, this occurred between 5pm and 6pm, while in 2018, this occurred between 3pm and 5pm. The lowest proportion of seclusion episodes in 2019 and 2017 commenced between 5am and 6am, and between 6am and 7am in 2018.

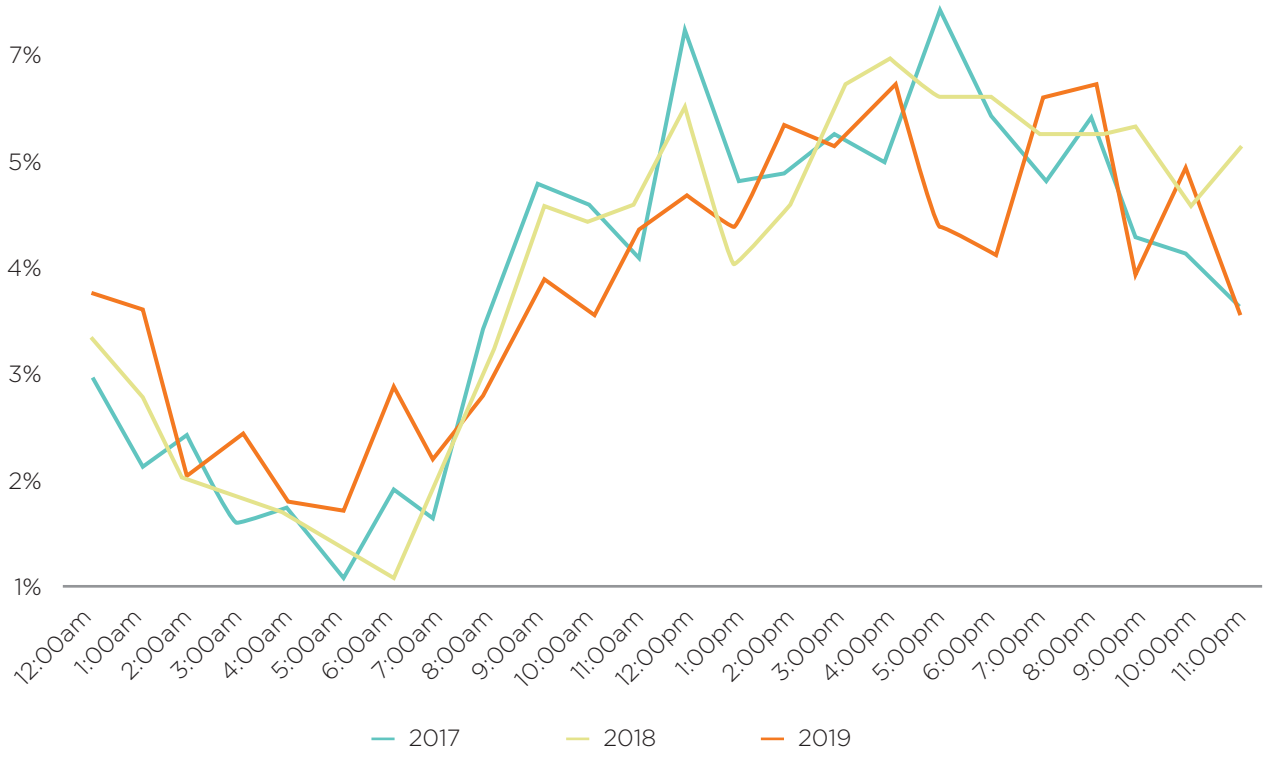

Figure 5: *Commencement time of seclusion, 2017-2019*

USE OF MECHANICAL RESTRAINT

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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 whiich 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 2017 and 2018.

One approved centre, the Central Mental Hospital (CMH), reported use of mechanical restraint. These episodes involved the use of handcuffs.

The rate of episodes of mechanical restraint to prevent immediate harm to the self or others per 100,000 population was 0.38 in 2019.

The total duration of episodes of mechanical restraint to prevent an immediate threat to self or others was **34 hours 58 seconds** in 2019. Due to the small numbers of mechanical restraint use episodes, and the potential of identifying individuals subject to mechanical restraint, further information is not provided.

Table 4: *Use of mechanical means of bodily restraint by CHO/service provider, 2017-2019*

	2017		2018		2019	
CHO/service provider	**Episodes**	**Approved centres**	**Episodes**	**Approved centres**	**Episodes**	**Approved centres**
CHO 1	0	0	0	0	0	0
CHO 2	0	0	0	0	0	0
CHO 3	0	0	0	0	0	0
CHO 4	0	0	0	0	0	0
CHO 5	0	0	0	0	0	0
CHO 6	0	0	0	0	0	0
CHO 7	0	0	0	0	0	0
CHO 8	0	0	0	0	0	0
CHO 9	0	0	0	0	0	0
Independent	0	0	0	0	0	0
CAMHS	0	0	0	0	0	0
CMH	7	1	<5	1	18	1
NIDS	0	0	0	0	0	0
Total	**7**	**1**	**<5**	**1**	**18**	**1**

Note: Given the sensitive nature of the data, if fewer 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.

USE OF PHYSICAL RESTRAINT

4

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 2019, **58** approved centres (**89%**) reported **5,029** episodes of physical restraint. By way of comparison, **55** approved centres (**85%**) reported **5,665** episodes of physical restraint in 2018.

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

The rate of episodes of physical restraint per 100,000 was 105.6 in 2019.

In 2019, both the highest rate of physical restraint per 100,000 population and the highest number of episodes were reported in **CHO Area 1: Cavan, Donegal, Leitrim, Monaghan and Sligo**, while the lowest rate was reported in CHO 8, and the lowest number of episodes was reported in CHO 6. In 2018, the highest rate and number of episodes was reported in CHO 9, and the lowest rate and number of episodes occurred in CHO 3.

Six approved centres in the independent sector used physical restraint in both 2019 and 2018. The NFMHS and NIDS also reported using physical restraint. A high proportion of physical restraint was used in a number of CAMHS units, a further breakdown of which, and of usage in all CHOs and services in 2017 and 2018, is provided in *Appendix 5.*

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

	2018				2019			
CHO/service provider	**Census 2016**	**Episodes**	**Rate**[1]	**Approved centres**	**Census 2016**	**Episodes**	**Rate**[1]	**Approved centres**
CHO 1	394,333	245	62.1	4	394,333	946	239.9	4
CHO 2	453,109	374	82.5	8	453,109	416	91.8	6
CHO 3	384,998	39	10.1	4	384,998	174	45.2	4
CHO 4	690,575	458	66.3	7	690,575	453	65.6	7
CHO 5	510,333	231	45.3	6	510,333	220	43.1	6
CHO 6[2]	388,297	110	28.3	2	388,297	149	38.4	3
CHO 7	702,586	202	28.8	3	702,586	330	47.0	3
CHO 8	616,229	232	37.6	5	616,229	183	29.7	6
CHO 9	621,405	820	132.0	6	621,405	499	80.3	6
Independent	n/a	306	n/a	6	n/a	197	n/a	6
CAMHS	n/a	2,495	n/a	4	n/a	1,166	n/a	5
NFMHS	n/a	100	n/a	1	n/a	279	n/a	1
NIDS	n/a	53	n/a	1	n/a	17	n/a	1
Total	**4,761,865**	**5,665**	**54.8**	**55**	**4,761,865**	**5,029**	**105.6**	**58**

[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] *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 report, St John of God Hospital (including Cluain Mhuire) is counted as one approved centre, but episodes of physical restraint that relate to public residents are reported under CHO 6.*

4.1 Residents physically restrained

In 2019, **1,143** residents were physically restrained **5,029** times. In 2017, **1,125** residents were physically restrained **4,773** times. In 2018, **1,207** residents were physically restrained **5,665** times.

Rates of physical restraint per resident

The rate of restraint was **4.4** episodes per resident physically restrained in 2019. This compares to a rate of **4.1** episodes per resident physically restrained in 2017, and **4.7** episodes per resident physically restrained in 2018.

The number of episodes of physical restraint and residents restrained varied across approved centres; 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 more males than females were physically restrained in 2019 (53.9%), in line with 2017 (53.4%) and 2018 (51.2%). This ratio of male to female residents being physically restrained is in line with the HRB general mental health admissions figures, which are roughly 50:50 each year (HRB, 2019).

Figure 7 shows that the highest proportion of residents restrained in 2019 were between 18 and 29 years of age (26.9%) followed by residents between 30 and 39 years of age (19.5%). The smallest proportion of residents in 2019 were children (under 18 years of age) (4.1%).

The highest proportion of residents restrained in 2018 were between 18 and 29 years of age (24.3%), followed by residents aged between 40 and 49 years of age (20.1%). The smallest proportion of residents restrained were under 18 years of age, 6.6% in 2017 and 5.6% in 2018. In 2017, the highest proportion of residents physically restrained were aged between 18 and 29 (25.4%), followed by residents aged between 30 and 39 (21.3%). As in 2018 and 2019, the lowest proportion of residents restrained in 2017 were under the age of 18 (6.6%).

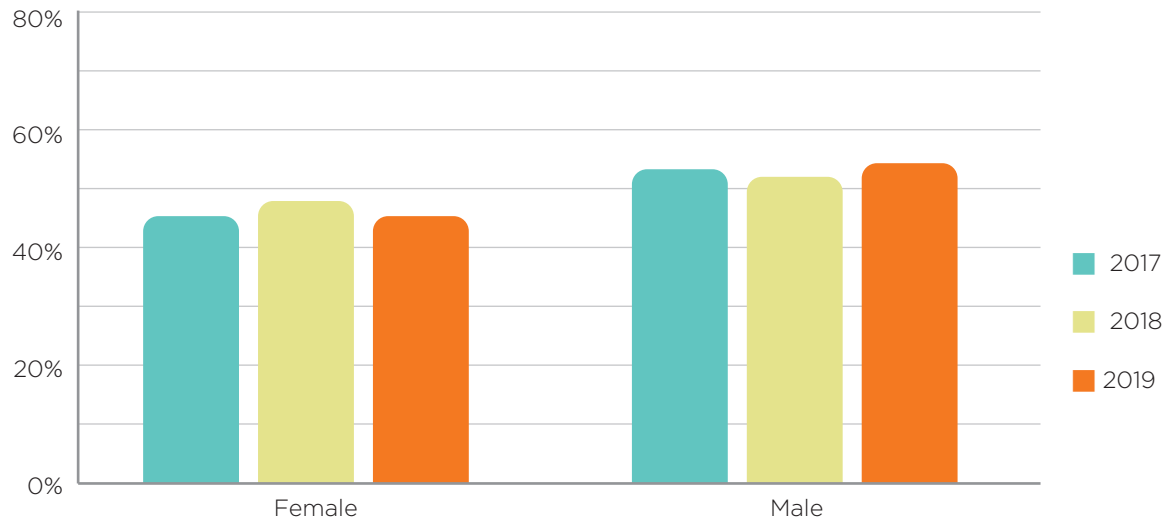


Figure 6: *Gender of residents physically restrained, 2017-2019*

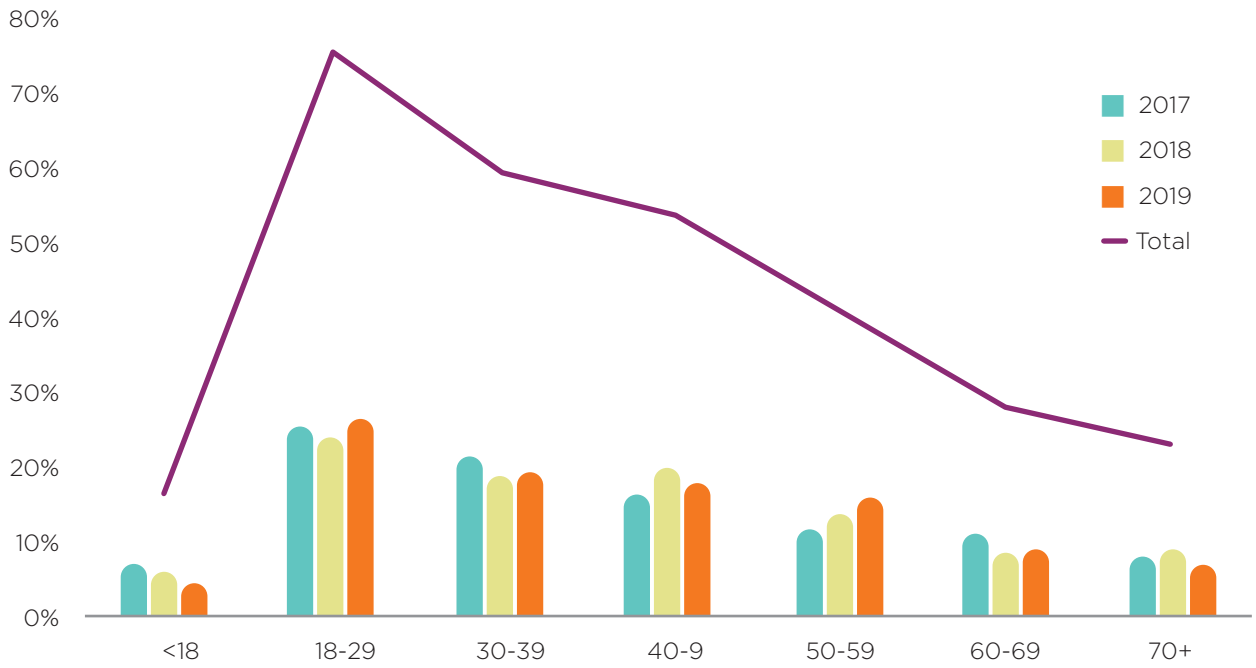


Figure 7: *Age of residents physically restrained, 2017-2019*

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).

As with the use of seclusion, the use of physical restraint must not be prolonged beyond the amount of time strictly necessary to prevent immediate and serious harm to the resident or others.

Table 6 shows that in 2019, a total of **632 hours 53 minutes** of physical restraint was reported nationally, as compared with 564 hours 30 minutes in 2017, and a total of 643 hours 2 minutes in 2018. The duration for a single episode of physical restraint in 2019 ranged from 2 seconds to 2 hours 30 minutes. In 2017, episodes ranged from 7 seconds to 5 hours, and in 2018, from 10 seconds to 3 hours 30 minutes.

Table 6: *Total duration of physical restraint, 2017-2019*

	Hours and minutes		
Year	**Total hours**	**Shortest episode**	**Longest episode**
2017	564:30:51	0:00:07	5:00:00
2018	643:02:45	0:00:10	3:30:00
2019	**632:53:07**	**0:00:02**	**2:30:00**

Figure 8 shows that the majority (48.6%) of episodes of physical restraint lasted for less than 5 minutes. The next most common duration was for between five and 15 minutes (39.5%). In 2017, 54% of episodes of physical restraint lasted for less than five minutes; the next most common duration (36.2%) was between five and 15 minutes. In 2018, the majority (52.7%) of physical restraint episodes lasted for less than five minutes and the next most common duration (38.2%) was between five and 15 minutes. In each of the years between 2017 and 2019, a very small percentage of episodes (0.6%, 0.5% and 0.1% respectively) lasted for more than 60 minutes.

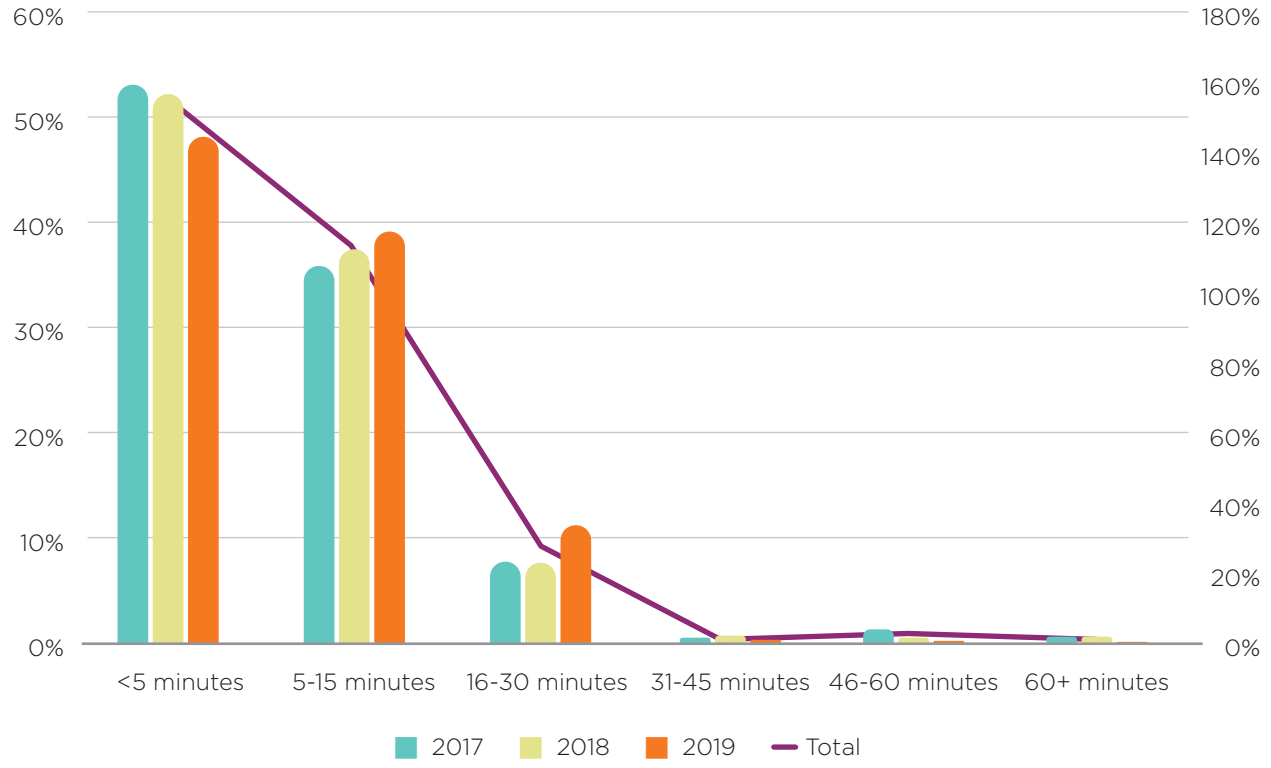


Figure 8: *Physical restraint duration breakdown, 2017-2019*

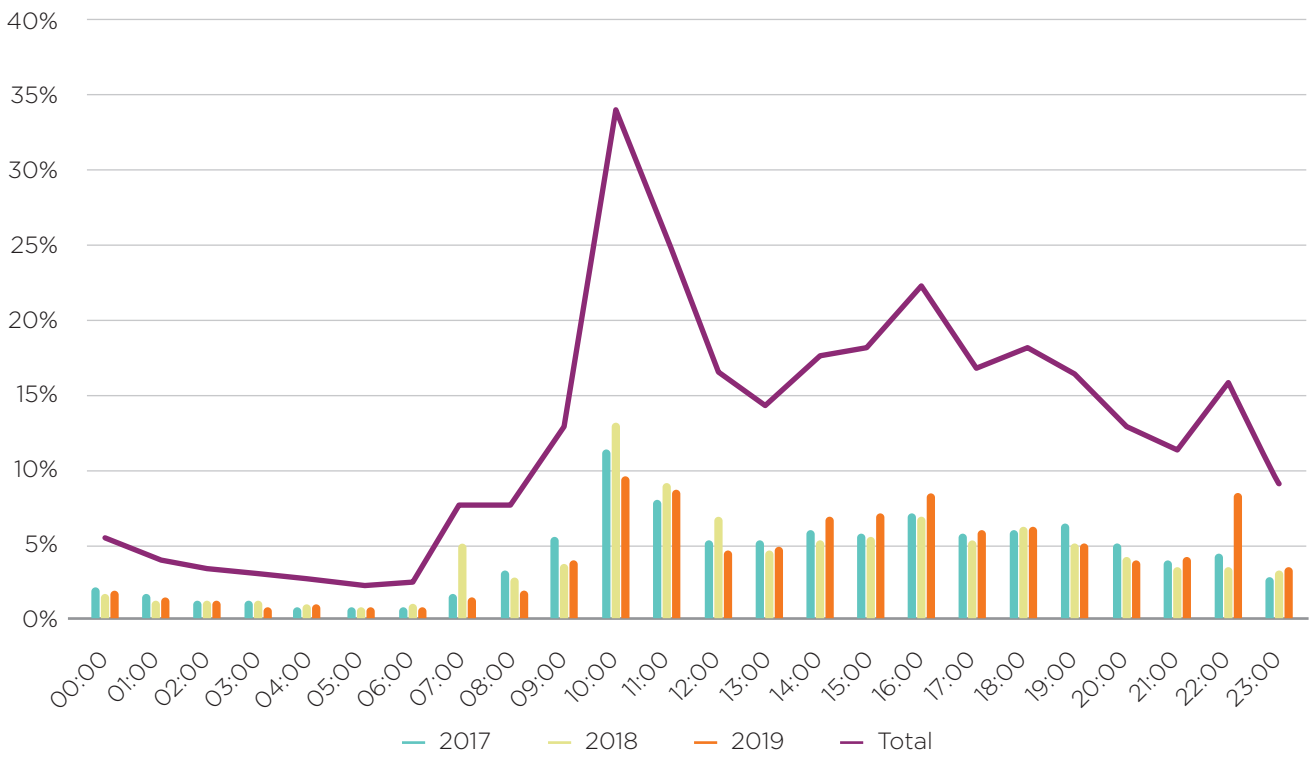


Figure 9: *Commencement time of physical restraint, 2017-2019*

Figure 10 shows a relatively even spread of commencement of episodes of physical restraint across the year 2019, but that the greatest proportion of episodes of physical restraint began in March (10.5%), with the majority of episodes commencing between January and June (51.1%). The smallest number of episodes of physical restraint occurred in February (4.2%).

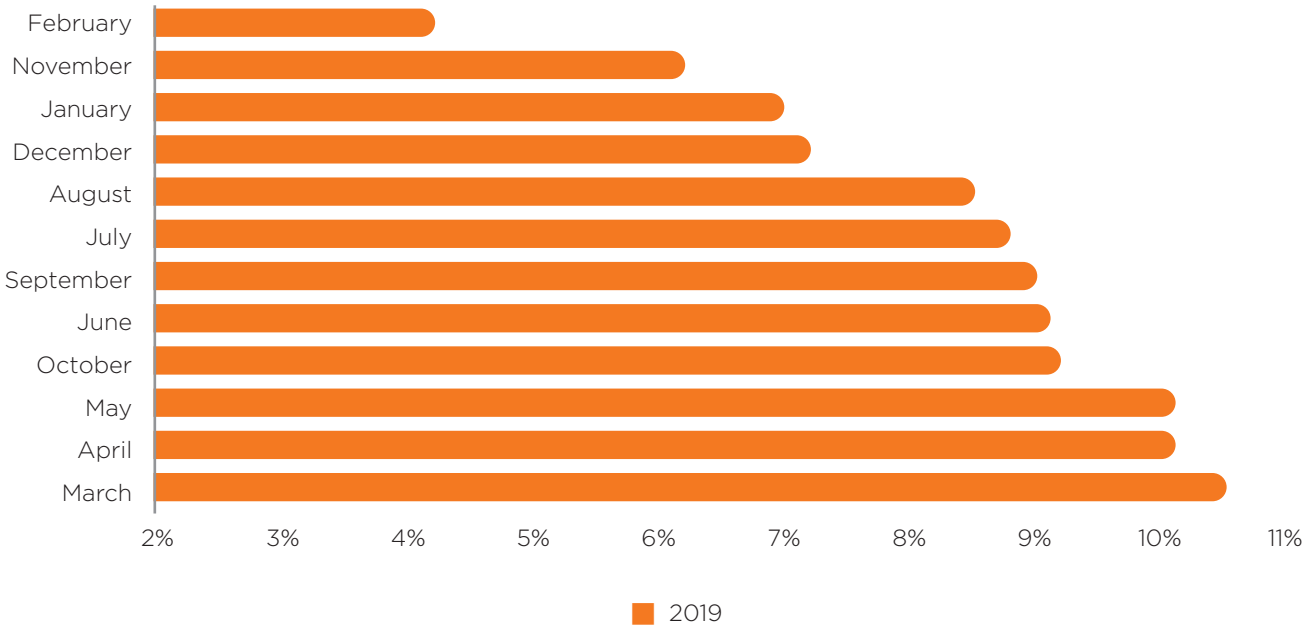


Figure 10: *Monthly breakdown of commencement of episodes of physical restraint, 2019*

5

RESTRICTIVE INTERVENTIONS BY APPROVED CENTRE

5. RESTRICTIVE INTERVENTIONS BY APPROVED CENTRE

This section examines the use of all restrictive interventions, comprising seclusion and physical restraint. The use of mechanical restraint is excluded due to low numbers. In 2019, there were a total of **6,747** combined episodes of seclusion and physical restraint recorded nationally, which involved **1,796** residents of approved centres[1]. This equates to a rate of 3.7 episodes per resident either secluded or physically restrained.

In 2017, there was a total of **6,172** episodes of seclusion and physical restraint recorded nationally which involved **1,771** residents of approved centres. This equates to a rate of **3.5** episodes per resident either secluded or physically restrained. In 2018, there was a total of **7,464** combined episodes of seclusion and physical restraint, involving **1,999** residents. The rate of episodes per resident in 2018 was **3.7**.

Physical restraint was the most frequently used restrictive intervention. It was used in the majority of approved centres and accounted for **75%** of all interventions in 2019, **77.3%** in 2017, and **76%** in 2018. Seclusion accounted for **25%** of restrictive interventions in 2019, **22.6%** in 2017, and **24%** in 2018.

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 the use of seclusion and physical restraint in individual approved centres.

In 2009, the Commission published its first report on the national use of seclusion and restraint in the year 2008 (MHC, 2009c). **Figure 11** shows the change in use of seclusion and physical restraint in the period from 2008 to 2019.

Figure 11: *Seclusion and physical restraint, 2008 to 2019*

[1] There is the potential for overlap or duplication of records between the number of residents secluded and physically restrained in 2019. For this reason, the combined figures for residents subject to restrictive practices should not be used for calculations or comparative analysis.

Overall, there has been an increase in physical restraint episodes over the 11-year period, from 2,123 (2008) to 5,028 (2019). There has been a decrease in the number of episodes of seclusion, from 2,642 in 2008 to 1,719 in 2019. The number of episodes of seclusion decreased notably from 2008 to 2011, however the total number since 2012 has remained relatively stable, with incremental increases and decreases from year to year.

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

Figure 12 shows that in 2008, services reported that 12% of episodes lasted for longer than eight hours in comparison to 39.7% in 2019. In other words, in comparison to 2008, there were fewer episodes of seclusion in 2019, but a greater proportion of episodes lasted for longer periods of time.

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 of restrictive practices between services and over time.

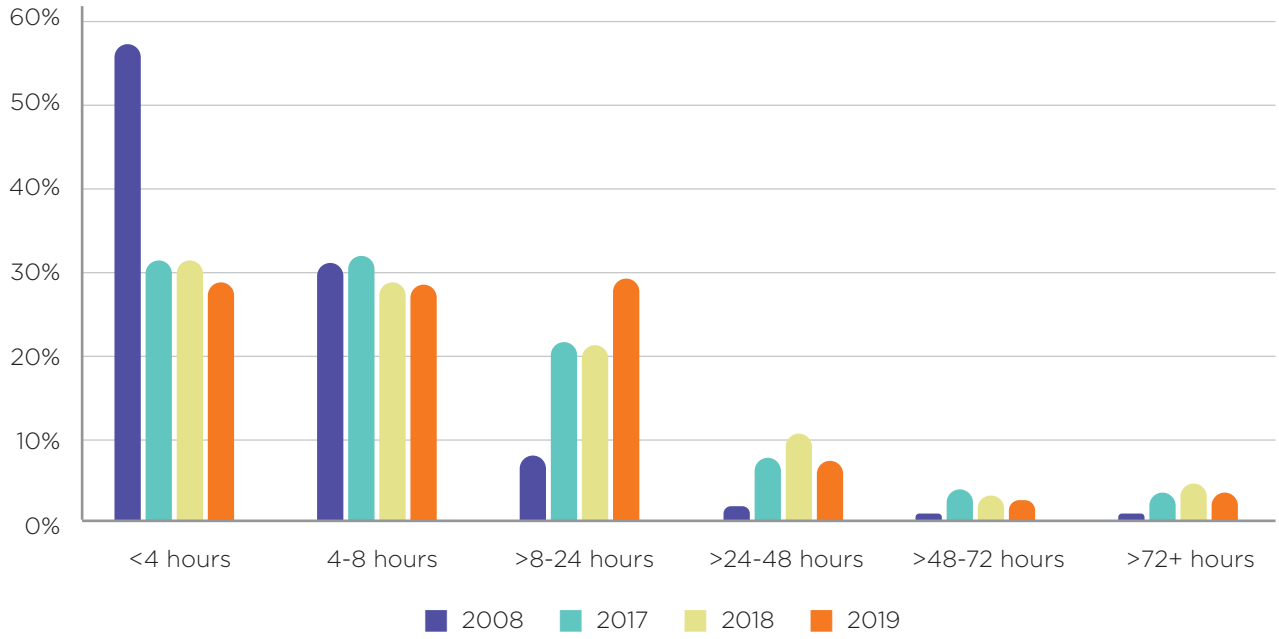


Figure 12: *Seclusion duration 2008, 2017, 2018 and 2019*

TEN-YEAR COMPARISON OF PHYSICAL RESTRAINT AND SECLUSION DATA

6

6. TEN-YEAR COMPARISON OF PHYSICAL RESTRAINT AND SECLUSION DATA

It has been eleven years since the publication of the first *The Use of Restrictive Practices in Approved Centres. Seclusion, Mechanical Restraint and Physical Restraint: Activities Report 2008* (2009). The below graphs have been created to visualise long-term movements in the data collected in each of the preceding figures in order to attempt to understand trends. However, it is submitted that aggregate data is not necessarily a useful indicator of the performance and general service provision of any particular approved centre, or of the service provision in the country generally from year to year, with large numerical differences perhaps being due to a small number of residents requiring a high level of care and attention, for instance. In addition, years which see a reduced number of episodes of restrictive practices being used may be as a result of the pharmacological restraint of more reactive residents.

Figure 13 shows a year-on-year increase in the number of physical restraint episodes, with a slight decrease in 2019, a general decrease in the number of seclusion episodes, and a relatively static number of residents undergoing seclusion, and a steady general increase of residents experiencing physical restraint.

Figure 14 indicates that there has been a fluctuating but steady decrease in the number of seclusion episodes lasting less than eight hours since 2008, with a 10% increase between 2018 and 2019. This may indicate a future trend of more episodes of seclusion lasting for less time, or this may be a deviation from the existing trend.

The least common duration for an episode of seclusion over the ten-year period remained 72 hours or more (ranging from 1% in 2008 to 3.4% in 2019), with the fastest-growing time bracket being between eight and 24 hours (ranging from 7.4% in 2008 at the lowest to 22% in 2015 and 2016 at the peak, with a decrease to 15.1% in 2019).

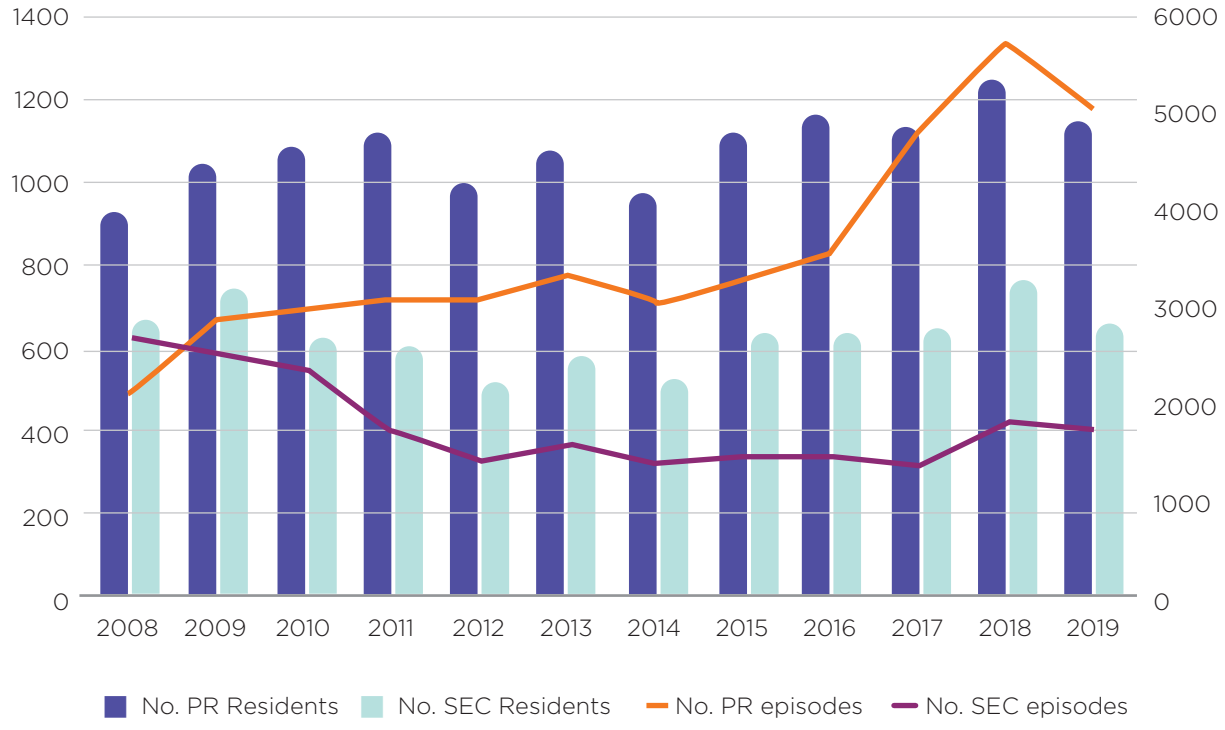


Figure 13: *Number of episodes of physical restraint; episodes of seclusion; residents physically restrained; and residents secluded, 2008-2019*

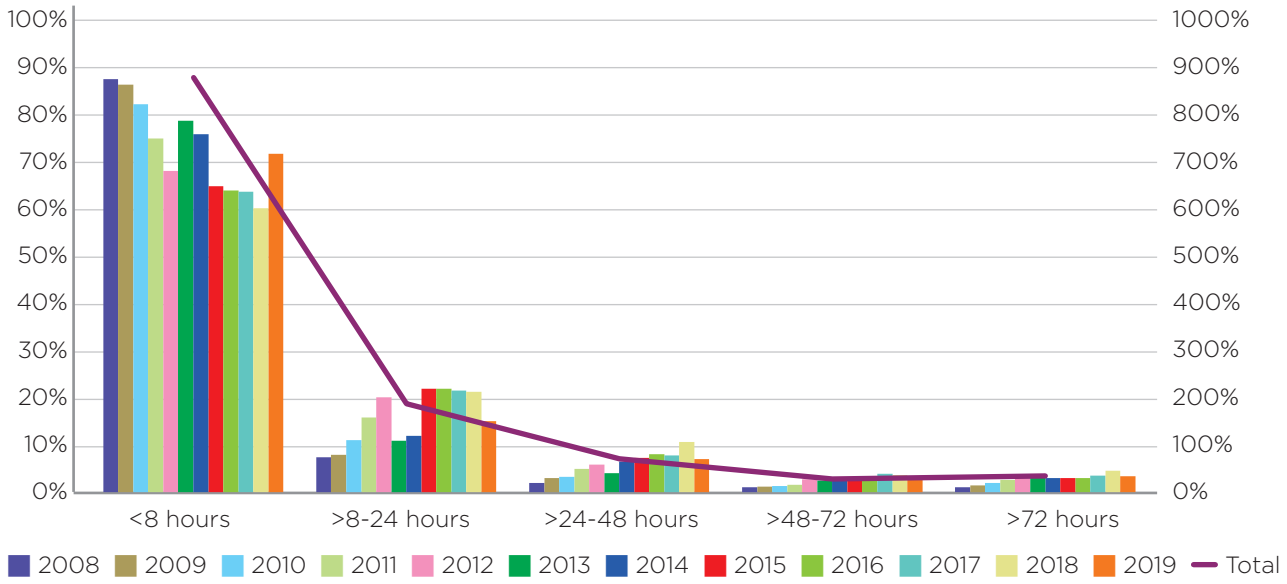


Figure 14: *Duration of episodes of seclusion, 2008-2019*

Note: Figure 14 shows <8 hours as the most granular timeframe, as data for 2014 and 2015 were presented as such. Earlier datasets were broken down to as much as 0-30 minutes, 31-60 minutes etc.

Figure 15 illustrates that the ratio of male to female residents being placed in seclusion between 2008 and 2019 ranged from between 53% to 47% and 66% to 33%, but each year more male than female residents were placed in seclusion.

In 2019, more female residents (41.4% in 2019 as compared with 35% in 2018 and 37.2% in 2017), as compared with the preceding two years, were secluded.

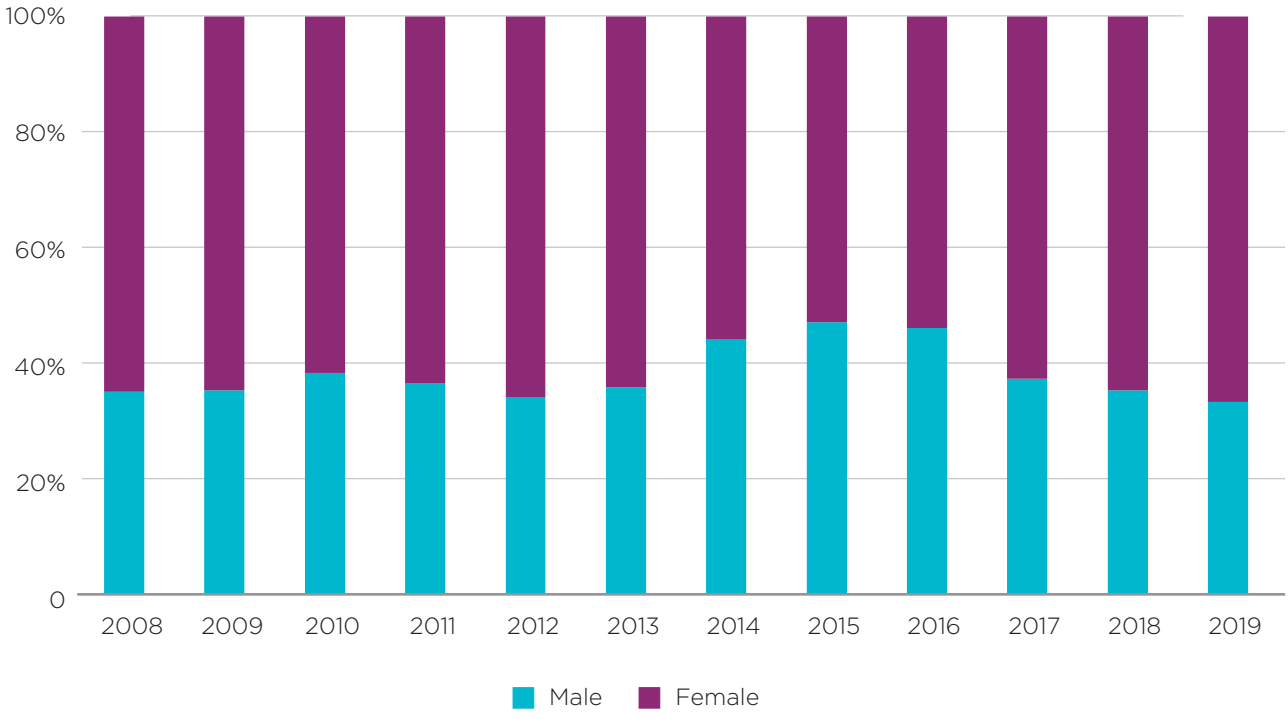


Figure 15: *Gender of residents placed in seclusion, 2008-2019*

Figure 16 shows that the most common age bracket of residents being secluded between 2012 and 2019 was between the ages of 18 and 29 years. [2012 was the first year in which the dates of birth of residents undergoing restrictive practices were collected by approved centres].

The least common age bracket was generally residents under 18 years of age, apart from the years 2013, 2018 and 2019, when the least common age for residents being secluded was over 70 years of age.

Figure 17 indicates that, between 2012 (the first year that approved centres were required to record this information) and 2019, the most common time for the commencement of an episode of seclusion was between 4pm and 12am, with the least common being between 12am and 8am.

While the data collected in certain years provided a more granular breakdown of seclusion commencement times, the years 2012 to 2014 only presented information in three eight-hour blocks, which has limited the extent of comparison.

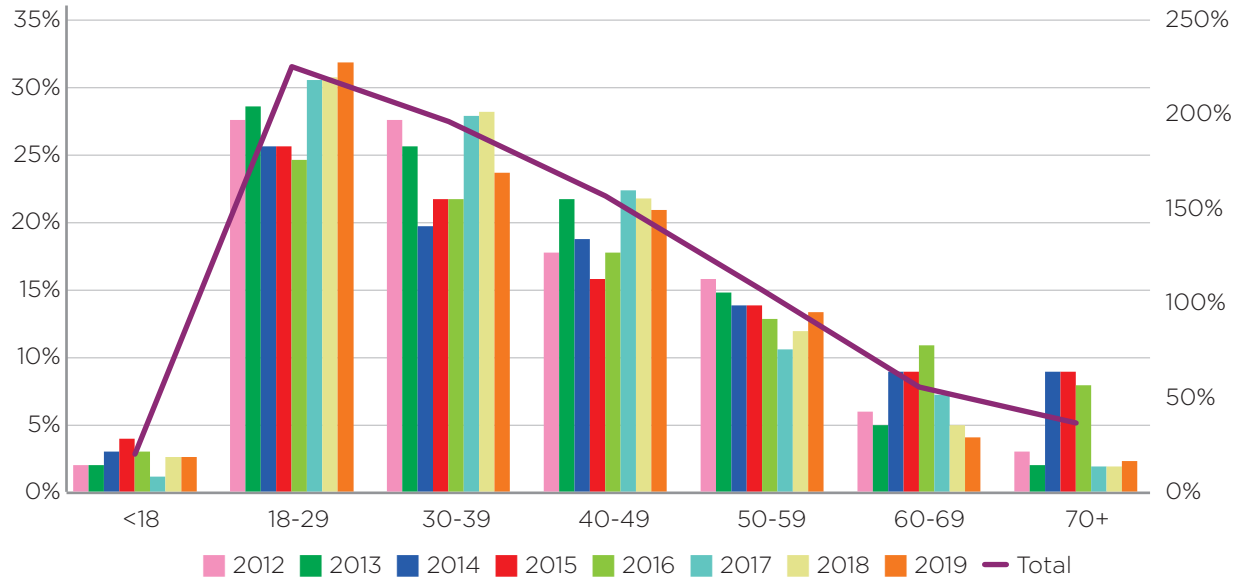


Figure 16: *Age of residents placed in seclusion, 2012-2019*

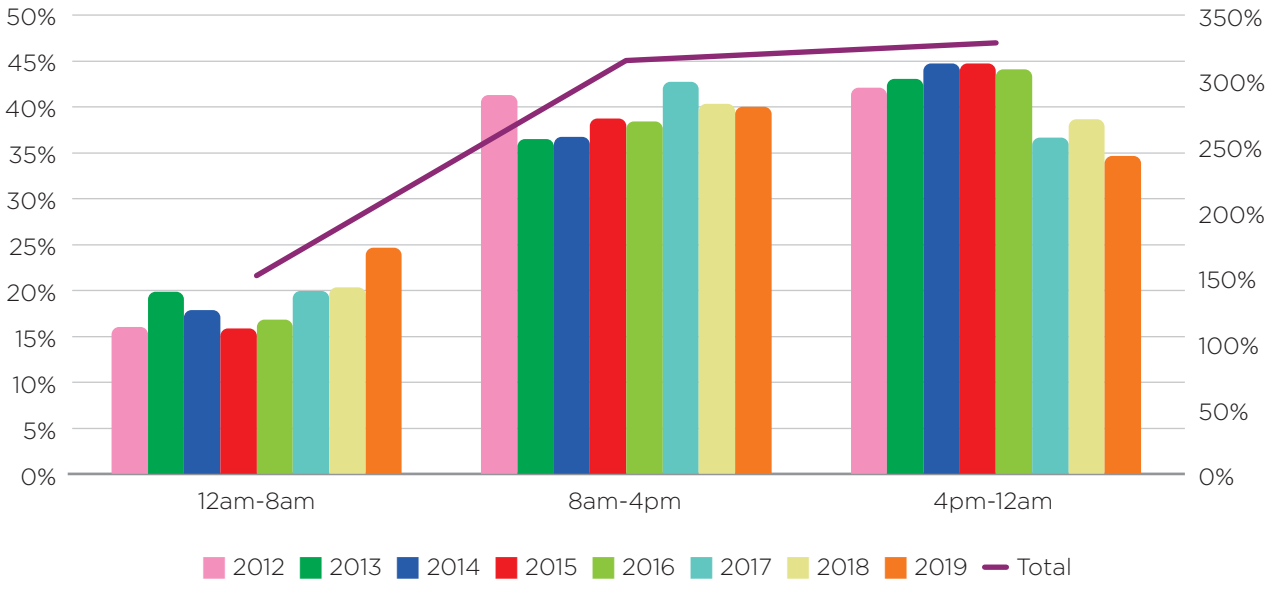


Figure 17: *Commencement time of episode of seclusion, 2012-2019*

Figure 18 shows that the most common age of residents being physically restrained was 18-29 years of age, except for in 2012, when the most common age group was 30-39 years of age.

The least common age group of residents being physically restrained between the years of 2012 and 2019 was consistently the under-18 years of age cohort, with the next least common being the over 70 years of age cohort.

Figure 19 shows that approximately equal numbers of female and male residents were physically restrained between 2008 and 2019, with small fluctuations year-on-year.

This is in line with the similarly equal ratio of female and male residents being admitted to in-patient mental health services (HRB, 2019).

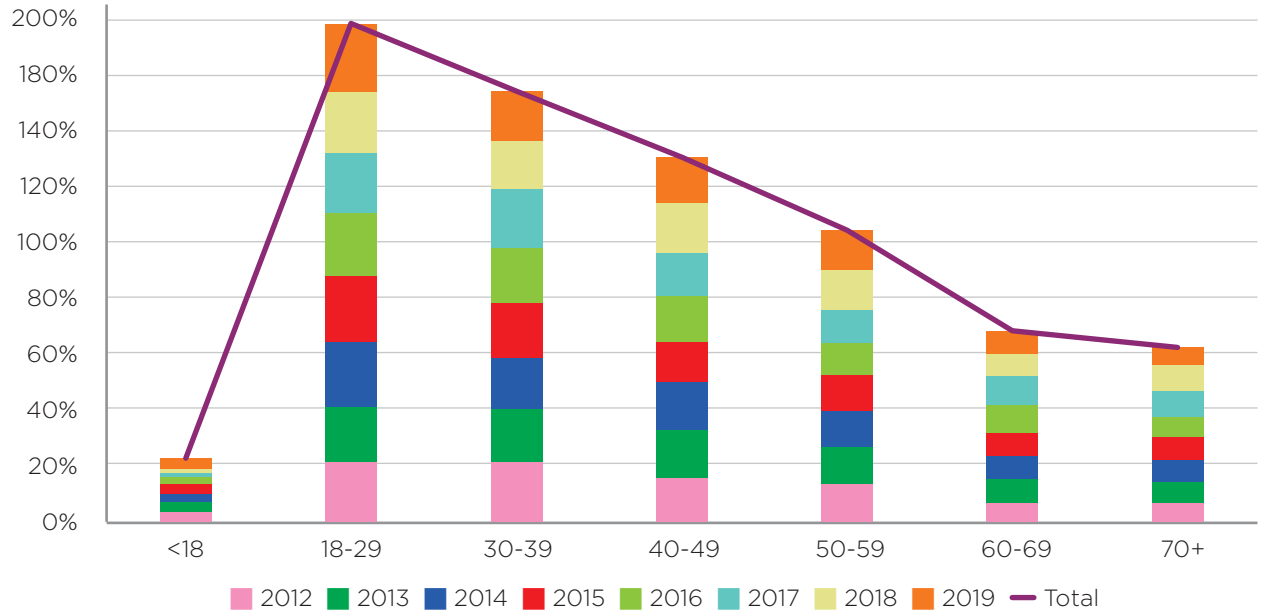


Figure 18: *Age of residents physically restrained, 2012-2019*

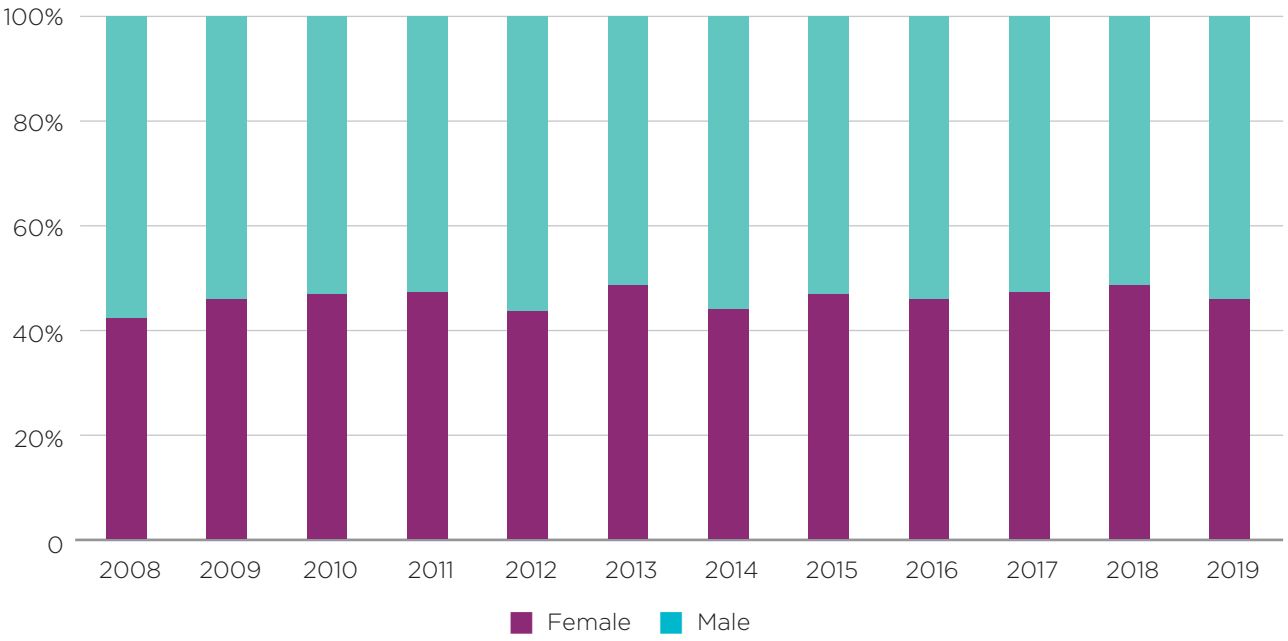


Figure 19: *Gender of residents physically restrained, 2008-2019*

Figure 20 indicates that the vast majority of episodes of physical restraint lasted for less than 15 minutes (ranging from 87% to 92% of episodes).

The least common duration of episodes of physical restraint was for more than 1 hour (ranging from 0.1% to 1.6% of episodes per annum).

Figure 21 shows that the majority of episodes of physical restraint between 2014 and 2018 commenced between 8am and 4pm, with the least common timeframe being between 4pm and 12 am between 2014 and 2016, and between 12am and 8am between 2016 and 2018.

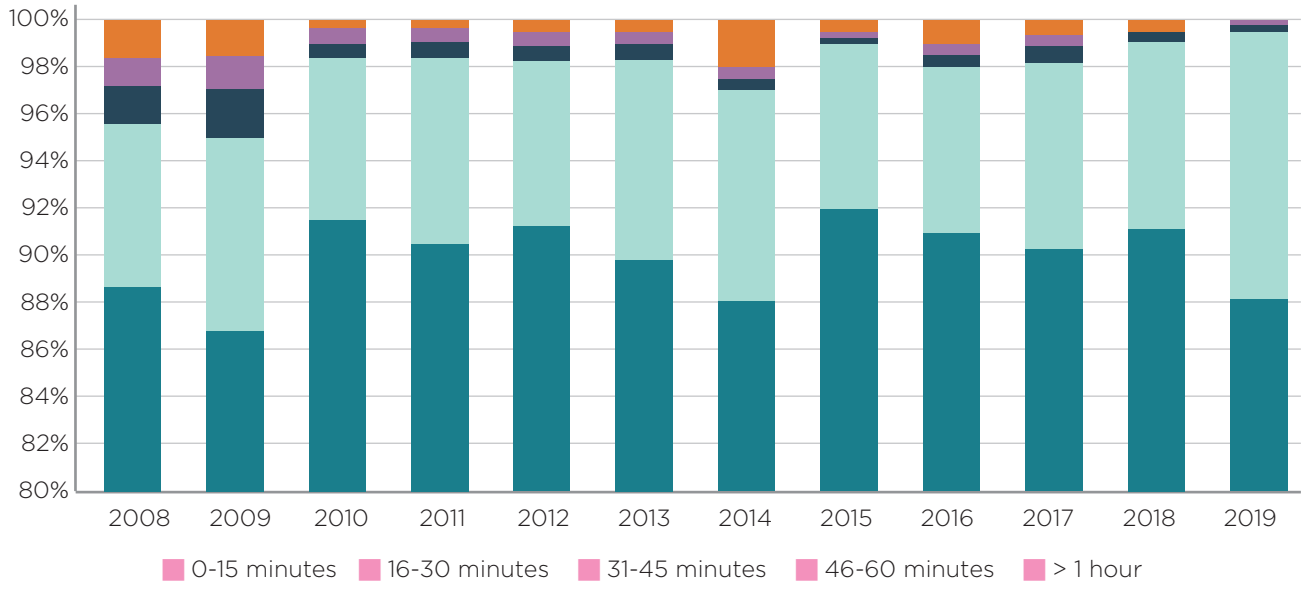


Figure 20: *Duration of physical restraint 2008-2019. Percentage of orders.*

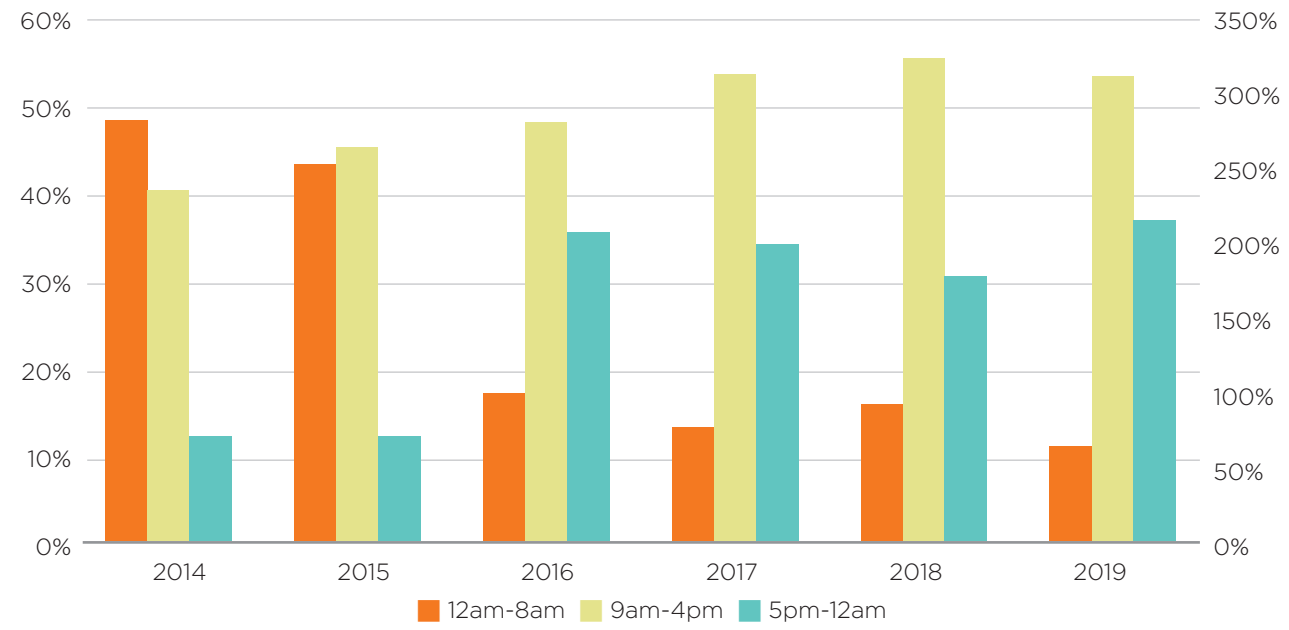
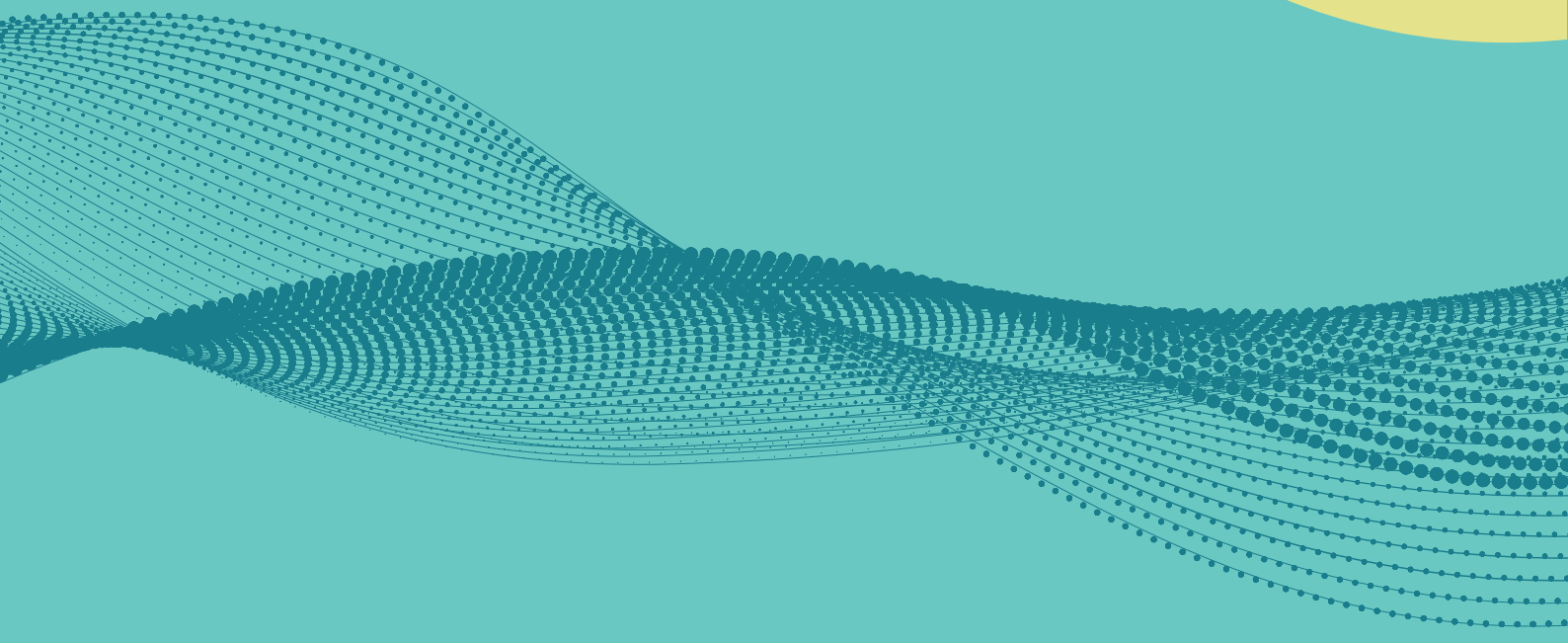


Figure 21: *Commencement time of episode of physical restraint, 2014-2019*

Note: time of commencement of an episode of physical restraint was first required to be recorded by services in 2014.

DISCUSSION AND CONCLUSION

7



7. DISCUSSION AND CONCLUSION

The report shows that the 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 an immediate threat to a resident's self or others is very 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 may 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 measures 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 in the prevention, de-escalation 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 in relation to use in their own service as a way to identify opportunities for reduction strategies.

The data presently available 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. As data were anonymised, there was no way to consider the overlap between or potential duplication of records of residents secluded and physically restrained. Being cognisant of data protection requirements, 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 would enable comparisons with international experience and best practice.

The manual data collection process limits what may be reasonably requested by the Commission from services. A national mental health information system would facilitate enhanced data collection and reporting nationally.

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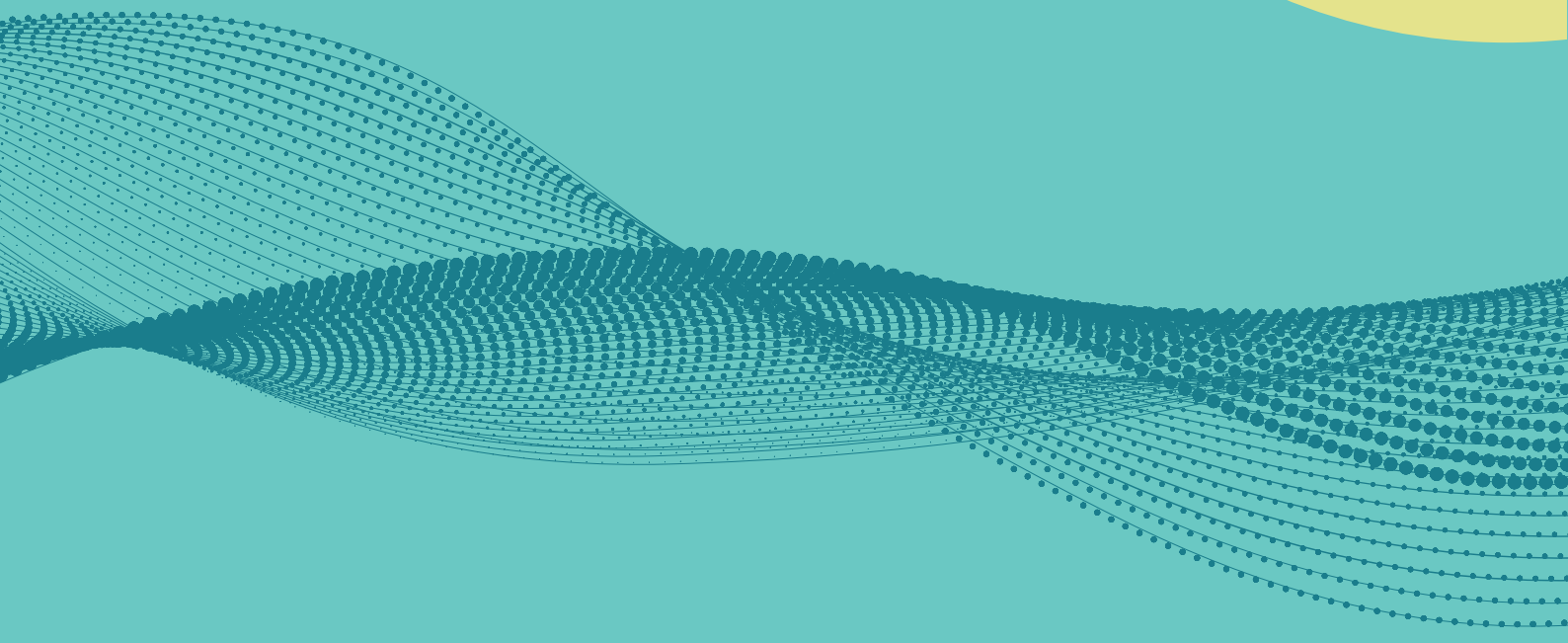

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APPENDICES

APPENDIX 1: DATA COLLECTION PROCEDURES AND TEMPLATES

The *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* states 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 a separate annual report for the year 2019 using the prescribed MS Excel templates, which have been included in this *Appendix 1*.

Following initial data cleaning, any queries the Commission may have are forwarded to the relevant approved centres, who are given the opportunity to validate any inconsistencies.

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 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

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 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

APPENDIX 2: LIST OF APPROVED CENTRES

Table 7: *Approved centre, area/sector, geographical location and bed numbers*

Area/Sector	Grographical location	Bed numbers 2018	Bed numbers 2019	Approved centre [name as registered]
CHO Area 1	Cavan, Donegal, Leitrim, Monaghan and Sligo	25	25	Acute Psychiatric Unit, Cavan General Hospital
		34	34	Department of Psychiatry, Letterkenny General Hospital
		28	32	Sligo/Leitrim Mental Health In-patient Unit
		20	20	St Davnet's Hospital - Blackwater House
CHO Area 2	Galway, Mayo and Roscommon	32	32	Adult Mental Health Unit, Mayo University Hospital
		22	22	An Coillín
		22	22	Department of Psychiatry, Roscommon University Hospital
		50	50	Adult Acute Mental Health Unit (formerly Department of Psychiatry), University Hospital Galway
		12	12	St Anne's Unit, Sacred Heart Hospital
		14	14	Creagh Suite, St Brigid's Healthcare Campus
		10	7	Teach Aisling
		21	16	Wood View
CHO Area 3	Clare, Limerick and North Tipperary	42	42	Acute Psychiatric Unit 5B, University Hospital Limerick
		39	39	Acute Psychiatric Unit, Ennis Hospital
		32	32	Cappahard Lodge
		15	15	Tearmann Ward, St Camillus' Hospital
CHO Area 4	Cork and Kerry	50	50	Acute Mental Health Unit, Cork University Hospital
		18	18	Carraig Mór Centre
		18	18	Centre for Mental Health Care and Recovery, Bantry General Hospital
		24	24	Owenacurra Centre
		34	34	Sliabh Mis Mental Health Admission Unit, University Hospital Kerry
		21	21	St Catherine's Ward, St Finbarr's Hospital
		50	50	St Michael's Unit, Mercy University Hospital
		87	87	Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital
		40	40	Deer Lodge
CHO Area 5	Carlow, Kilkenny, South Tipperary, Waterford and Wexford	44	44	Department of Psychiatry, St Luke's Hospital
		44	44	Department of Psychiatry, University Hospital Waterford
		40	36	Grangemore Ward & St Aidan's Ward, St Otteran's Hospital
		40	40	Haywood Lodge
		20	20	Selskar House, Farnogue Residential Healthcare Unit
		20	20	St Gabriel's Ward, St Canice's Hospital
CHO Area 6	Dun Laoghaire, Dublin South East and Wicklow	52	52	Avonmore and Glencree Units, Newcastle Hospital
		36	39	Elm Mount Unit, St Vincent's University Hospital
		34	52	Le Brun House & Whitethorn House, Vergemount Mental Health Facility

Area/Sector	Grographical location	Bed numbers 2018	Bed numbers 2019	Approved centre [name as registered]
CHO Area 7	Dublin South City, Dublin South West, Dublin West, Kildare and West Wicklow	52	52	Acute Psychiatric Unit, Tallaght Hospital
		47	47	Jonathan Swift Clinic
		29	29	Lakeview Unit, Naas General Hospital
CHO Area 8	Laois, Longford, Louth, Meath, Offaly and Westmeath	44	44	Admission Unit and St Edna's Unit, St Loman's Hospital
		46	46	Department of Psychiatry, Midland Regional Hospital, Portlaoise
		46	46	Drogheda Department of Psychiatry
		30	28	Maryborough Centre, St Fintan's Hospital
		42	42	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre
		20	20	St Ita's Ward, St Brigid's Hospital
CHO Area 9	Dublin North City and County	44	44	Ashlin Centre
		N/A	8	Cois Dalua
		47	47	Department of Psychiatry, Connolly Hospital
		25	25	O'Casey Rooms, Fairview Community Unit
		54	54	Phoenix Care Centre
		15	15	St Aloysius Ward, Mater Misericordiae University Hospital
		45	45	St Vincent's Hospital, Fairview
		25	25	Sycamore Unit, Connolly Hospital
Independent	All located in Dublin	114	15	Bloomfield Hospital
		111	112	Highfield Hospital
		7	7	Lois Bridges
		52	52	St Edmundsbury Hospital
		183	159	St John of God Hospital (includes Cluain Mhuire beds)^
		241	241	St Patrick's University Hospital
CAMHS	Dublin, Galway and Cork	10	12	Adolescent In-patient Unit, St Vincent's Hospital, Dublin-
		20	20	Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital, Galway
		20	16	Eist Linn Child and Adolescent In-patient Unit, Cork
		N/A	12	Ginesa Suite-
		22	24	Linn Dara Child and Adolescent Mental Health In-patient Unit, Cherry Orchard, Dublin
		14	14	Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin
National Specialist Services	All located in Dublin	107	103	Central Mental Hospital – National Forensic Mental Health Service
		126	96	St Joseph's Intellectual Disability Service

**Bed numbers: registered beds as at time of closure or as at 31 December 2019. CHO = Community Health Organisation, Health Service Executive. CAMHS = Child and Adolescent Mental Health Service.*

^ 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.

-While they are not public HSE services, Adolescent In-patient Unit St Vincent's Hospital, and Ginesa Suite, St John of God Hospital, voluntary and private units respectively, treat children and adolescents with mental health disorders, and as such are reported as CAMHS services.

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 each individual approved centre. Table 8 ranks individual approved centres from highest to lowest by the number of episodes of restrictive practices. All approved centres that were open in 2019 were included in the table.

39 approved centres used no seclusion and eight used no physical restraint in 2019. All **eight of the centres that did not use physical restraint also did not use seclusion**. 2018 is also included in the table, during which time **ten approved centres** used neither physical restraint nor seclusion. Table 8 shows that a single approved centre, DOP University Hospital Waterford, used more seclusion than physical restraint. Eight approved centres used neither physical restraint nor seclusion over the two-year period.

Table 8: *Approved centres ranked by total number of episodes of restrictive practices, 2018-19*

Aproved centre	2018				2019				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2018	Beds	Seclusion	Physical restraint	Total episodes 2019	
Linn Dara Child & Adolescent In-patient Unit	**22**	52	2293	**2345**	**24**	33	1054	**1087**	**3432**
Sligo/Leitrim Mental Health In-patient Unit	**28**	37	43	**80**	**32**	32	773	**805**	**885**
Department of Psychiatry, University Hospital Waterford	**44**	229	68	**297**	**44**	222	133	**355**	**652**
Department of Psychiatry, St Luke's Hospital, Kilkenny	**44**	130	148	**278**	**44**	250	77	**327**	**605**
Central Mental Hospital	**107**	77	100	**177**	**103**	86	279	**365**	**542**
Department of Psychiatry, Connolly Hospital	**47**	116	176	**292**	**47**	75	138	**213**	**505**
Adult Acute Mental Health Unit, University Hospital Galway	**50**	53	180	**233**	**50**	78	181	**259**	**492**
St Vincent's Hospital, Fairview	**45**	74	189	**263**	**45**	59	123	**182**	**445**
Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	**34**	129	169	**298**	**34**	49	79	**128**	**426**
Adult Mental Health Unit, Mayo University Hospital	**32**	44	123	**167**	**32**	64	165	**229**	**396**
Drogheda Department of Psychiatry	**46**	99	102	**201**	**46**	92	79	**171**	**372**
Ashlin Centre	**44**	83	113	**196**	**44**	63	91	**154**	**350**
Phoenix Care Centre	**54**	40	151	**191**	**54**	41	94	**135**	**326**
Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	**20**	53	183	**236**	**20**	8	76	**84**	**320**
St John of God Hospital (includes Cluain Mhuire beds)	**183**	129	136	**265**	**159**	22	33	**55**	**320**
St Aloysius Ward, Mater Misericordiae University Hospital	**15**	83	136	**219**	**15**	36	53	**89**	**308**

Aproved centre	2018				2019				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2018	Beds	Seclusion	Physical restraint	Total episodes 2019	
Acute Psychiatric Unit, Tallaght Hospital	**52**	40	71	**111**	**52**	82	86	**168**	**279**
St Patrick's University Hospital	**241**	0	131	**131**	**241**	0	122	**122**	**253**
Lakeview Unit, Naas General Hospital	**29**	47	61	**108**	**29**	69	75	**144**	**252**
Acute Mental Health Unit, Cork University Hospital	**50**	0	107	**107**	**50**	0	139	**139**	**246**
Carraig Mór Centre	**18**	21	33	**54**	**18**	73	119	**192**	**246**
Jonathan Swift Clinic, St James's Hospital	**47**	0	70	**70**	**47**	0	169	**169**	**239**
Department of Psychiatry, Roscommon University Hospital	**22**	31	54	**85**	**22**	119	30	**149**	**234**
Avonmore & Glencree Units, Newcastle Hospital	**52**	42	40	**82**	**52**	63	81	**144**	**226**
Acute Psychiatric Unit, Cavan General Hospital	**25**	0	92	**92**	**25**	0	107	**107**	**199**
Department of Psychiatry, Letterkenny General Hospital	**34**	15	109	**124**	**34**	10	63	**73**	**197**
Department of Psychiatry, Midland Regional Hospital, Portlaoise	**46**	62	55	**117**	**46**	29	43	**72**	**189**
Acute Psychiatric Unit, Ennis Hospital	**39**	36	50	**86**	**39**	16	85	**101**	**187**
Admission Unit & St Edna's Ward, St Loman's Hospital	**44**	37	57	**94**	**44**	39	39	**78**	**172**
St Michael's Unit, Mercy University Hospital	**50**	0	79	**79**	**50**	0	74	**74**	**153**
Elm Mount Unit, St Vincent's University Hospital	**36**	0	70	**70**	**39**	0	67	**67**	**137**
Acute Psychiatric Unit 5B, University Hospital Limerick	**42**	0	38	**38**	**42**	0	86	**86**	**124**
St Joseph's Intellectual Disability Services	**126**	32	53	**85**	**96**	7	17	**24**	**109**
Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital	**87**	0	33	**33**	**87**	0	28	**28**	**61**
Bloomfield Hospital	**114**	0	33	**33**	**115**	0	21	**21**	**54**
Teach Aisling	**10**	0	21	**21**	**7**	0	25	**25**	**46**
Centre for Mental Health Care & Recovery, Bantry General Hospital	**18**	0	20	**20**	**18**	0	13	**13**	**33**
Adolescent In-patient Unit, St Vincent's Hospital	**10**	8	11	**19**	**12**	<5	9	**11**	**30**
An Coillín	**22**	0	15	**15**	**22**	0	13	**13**	**28**
Eist Linn Child & Adolescent In-patient Unit	**20**	0	8	**8**	**16**	0	20	**20**	**28**

Aproved centre	2018				2019				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2018	Beds	Seclusion	Physical restraint	Total episodes 2019	
St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	**42**	0	16	**16**	**42**	0	9	**9**	**25**
Tearmann Ward, St Camillus's Hospital	**15**	0	18	**18**	**15**	0	<5	**<5**	**19**
Willow Grove Adolescent Unit	**14**	0	15	**15**	**14**	0	<5	**<5**	**17**
Maryborough Centre, St Fintan's Hospital	**30**	0	<5	**<5**	**28**	0	12	**12**	**14**
Cois Dalua	**8**	0	0	**0**	**8**	0	12	**12**	**12**
Grangegorman Ward & St Aidan's Ward, St Otteran's Hospital	**40**	0	6	**6**	**36**	0	<5	**<5**	**9**
Haywood Lodge	**40**	0	5	**5**	**40**	0	<5	**<5**	**8**
Highfield Hospital	**111**	0	<5	**<5**	**112**	0	<5	**<5**	**8**
Ginesa Suite	**N/A**	N/A	N/A	**0**	**12**	0	7	**7**	**7**
St Gabriel's Ward, St Canice's Hospital	**20**	0	<5	**<5**	**20**	0	<5	**<5**	**6**
St Edmundsbury Hospital	**52**	0	<5	**<5**	**52**	0	<5	**<5**	**5**
St Davnet's Hospital – Blackwater House	**20**	0	<5	**<5**	**20**	0	<5	**<5**	**<5**
Cappahard Lodge	**32**	0	<5	**1**	**32**	0	<5	**<5**	**<5**
Wood View	**21**	<5	<5	**<5**	**16**	0	<5	**<5**	**<5**
St Anne's Unit, Sacred Heart Hospital	**12**	<5	<5	**<5**	**12**	0	<5	**<5**	**<5**
Creagh Suite, St Brigid's Healthcare Campus	**14**	<5	<5	**<5**	**14**	0	<5	**<5**	**<5**
Deer Lodge	**40**	0	0	**0**	**40**	0	<5	**<5**	**<5**
LeBrun House & Whitethorn House, Vergemount Mental Health Facility	**34**	0	0	**0**	**52**	0	<5	**<5**	**<5**
Selskar House, Farnogue Residential Healthcare Unit	**20**	0	0	**0**	**20**	0	<5	**<5**	**<5**
St Ita's Ward, St Brigid's Hospital, Ardee	**20**	0	0	**0**	**20**	0	<5	**<5**	**<5**
Sycamore Unit, Connolly Hospital	**25**	0	<5	**<5**	**25**	0	0	**0**	**<5**
Lois Bridges	**7**	0	0	**0**	**7**	0	0	**0**	**0**
O'Casey Rooms, Fairview Community Unit	**25**	0	0	**0**	**25**	0	0	**0**	**0**
Owenacurra Centre	**24**	0	0	**0**	**24**	0	0	**0**	**0**
St Catherine's Ward, St Finbarr's Hospital	**21**	0	0	**0**	**21**	0	0	**0**	**0**
Total	**4684**	**1799**	**5700**	**7499**	**2703**	**1719**	**5028**	**6747**	**14246**

NB: Ginesa Suite was registered in 2019, and as such no comparable data were available for 2018.

In the case where fewer than five episodes of either seclusion, physical restraint or both were reported, this is presented as <5 to due to potential identifiability of residents.

APPENDIX 4: USE OF SECLUSION IN APPROVED CENTRES

This section includes information on the use of seclusion in individual approved centres. Table 9 ranks individual approved centres from highest to lowest by the number of episodes of seclusion. Only approved centres that reported using seclusion in 2018 and 2019 are included.

Table 9 includes the number of episodes used in 2018 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 9 also shows the rate of episodes of seclusion in relation to the number of residents secluded in individual approved centres in 2018 and 2019. Section 2.1 in the main report highlighted that the national rate of episodes to residents was 2.6 in 2019, up from 2.4 in 2018.

In some approved centres, including DOP Roscommon and DOP St Luke's, where a small number of residents were frequently secluded, the rate of seclusion per resident was considerably higher than usual.

Two of the centres with the highest rate of seclusion in 2018, Linn Dara and Central Mental Hospital, which had a large number of episodes of seclusion involving a small number of residents, had greatly reduced their rates of seclusion in 2019.

As highlighted earlier, episodes of seclusion are only one measure and the total hours of seclusion should also be considered. Table 9 therefore also provides information on the average duration of seclusion episodes in each approved centre in 2018 and 2019.

The Central Mental Hospital (NFMHS) recorded the highest average duration of seclusion in both 2018 (111:23:55) and 2019 (126:03:36). Given the nature of the Central Mental Hospital's 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. For reporting purposes, the national average is exclusive of the Central Mental Hospital

It is worth noting that in 2019, DOP St Luke's Hospital Kilkenny reported the highest number of episodes of seclusion (250) but showed a considerably lower than overall average duration of seclusion (7 hour 20 minutes) as compared with the national average (14 hours 24 minutes). Similarly, in 2018, the Department of Psychiatry University Hospital Waterford recorded the highest number of episodes of seclusion (229), which also had a lower average duration of seclusion episodes (5 hours 42 minutes) as compared with the national average (16 hours 1 minute).

By contrast, in 2019, Phoenix Care Centre reported the second highest average duration of seclusion (after the Central Mental Hospital) of 42 hours 7 minutes across 41 episodes, and in 2018, Phoenix Care Centre similarly reported the second highest average episode duration of 51 hours 57 minutes across 40 episodes of seclusion.

These data suggest that certain approved centres use frequent seclusion for shorter periods of time, which may result in a higher number of episodes. By way of comparison, other approved centres use seclusion less frequently but for longer periods of time.

Figure 21 provides a breakdown of the duration of episodes of seclusion in approved centres in 2019. Figure 3 identified that in 2019, 28.7% of all episodes of seclusion reported nationally lasted for less than four hours, with a further 28.4% of episodes lasting for between 8 and 24 hours, while only 3.7% lasted for more than 72 hours. In 2018, 31% of episodes lasted for less than four hours, 28% for between four and eight hours, and 5% for more than 72 hours.

In 2019, 57.1% of episodes lasted for eight hours or less, an increase from 53.6% in 2018. Episodes of seclusion exceeding 72 hours were reported by 17 approved centres in 2018, falling to eleven approved centres in 2019. By way of comparison, in 2017, 28 centres reported episodes of seclusion exceeding 72 hours.

2019 data indicated that, while the number of episodes of seclusion has not fallen substantially (1,719 down from 1,799 in 2018), the length of episodes has, for the most part, reduced (with a national average of 12 hours). Additionally, 44% of approved centres reported no seclusion episodes lasting longer than 24 hours.

The duration of these episodes of seclusion in 2019 ranged from 30 seconds to 3,837 hours (NFMHS); in 2018, episodes ranged from 5 minutes to 1,708 hours (NFMHS). The variance between services in the duration and quantity of episodes of seclusion requires further study to understand causality. A combined study of the uses of de-escalation techniques and staff training along with annual reports of restrictive practices would be a useful next step.

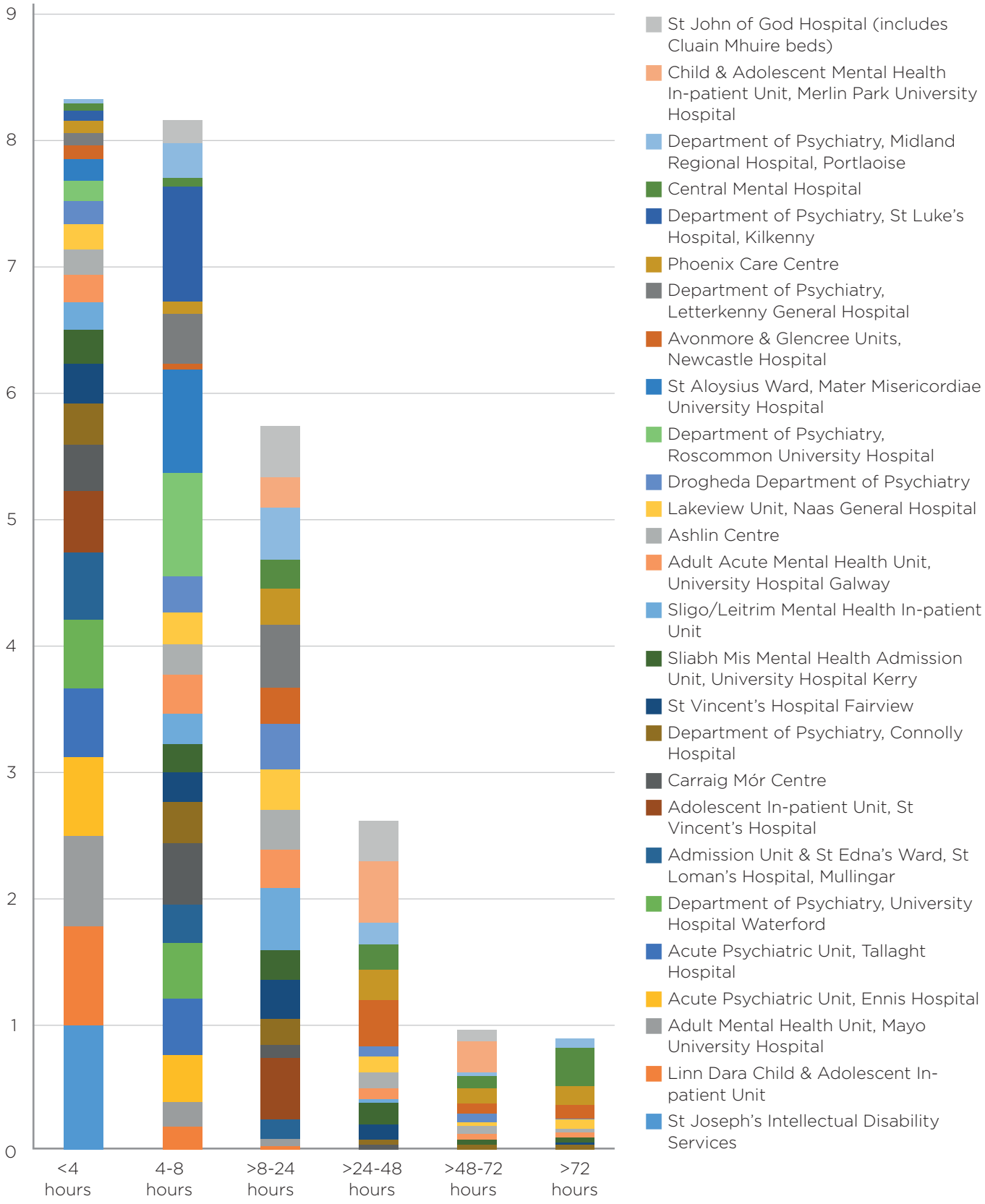
Table 9: *Seclusion – ranked by number of episodes of seclusion 2019*

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/ resident)			Average duration		
					2018	2019	Change	2018	2019	Change	2018	2019	Change	2018	2019	Change
1	DOP St Luke's Hospital Kilkenny	CHO 5	44	44	130	250	+	60	38	-	2.2	6.6	+	19:52:55	07:20:00	-
2	DOP University Hospital Waterford	CHO 5	44	44	229	222	-	70	73	+	3.3	3.0	-	05:42:04	04:20:23	-
3	DOP Roscommon University Hospital	CHO 2	22	22	31	119	+	11	12	+	2.8	9.9	+	24:35:39	05:09:49	-
4	Drogheda DOP	CHO 8	46	46	99	92	-	50	57	+	2.0	1.6	-	04:12:02	15:37:55	-
5	Central Mental Hospital	NFMHS	107	103	77	86	+	27	26	-	2.9	3.3	+	111:23:55	06:03:36	-
6	Acute Psychiatric Unit Tallaght Hospital	CHO 7	52	52	40	82	+	23	34	+	1.7	2.4	+	06:24:07	03:54:27	-
7	Adult Acute Mental Health Unit, University Hospital Galway	CHO 2	50	50	53	78	+	22	38	+	2.4	2.1	-	14:49:55	18:08:58	+
8	DOP Connolly Hospital	CHO 9	47	47	116	75	-	34	45	+	3.4	1.7	-	09:47:03	13:25:26	+
9	Carraig Mor Centre	CHO 4	18	18	21	73	+	11	14	+	1.9	5.2	+	3:20:26	07:19:28	+
10	Lakeview Unit Naas General Hospital	CHO 7	29	29	47	69	+	32	45	+	1.5	1.5	=	13:42:08	21:49:50	+
11	AMHU, Mayo University Hospital	CHO 2	32	32	44	64	+	22	28	+	2.0	2.3	+	12:22:56	03:44:37	-
12	Ashlin Centre	CHO 9	44	44	83	63	-	39	37	-	2.1	1.7	+	21:56:21	20:36:02	-
13	Avonmore & Glencree Units, Newcastle Hospital	CHO 7	52	52	42	63	+	13	15	+	3.2	4.2	+	19:34:29	13:09:23	-
14	St Vincent's Hospital Fairview	CHO 9	45	45	74	59	-	31	30	-	2.4	2.0	-	12:24:33	13:58:25	+

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/ resident)			Average duration		
					2018	2019	Change	2018	2019	Change	2018	2019	Change	2018	2019	Change
15	Sliabh Mis University Hospital Kerry	CHO 4	39	34	129	49	-	41	23	-	3.1	2.1	-	9:09:44	17:28:12	+
16	Phoenix Care Centre	CHO 9	54	54	40	41	+	11	23	+	3.6	1.8	-	03:57:20	18:07:31	-
17	St Loman's Hospital	CHO 8	44	44	37	39	+	19	26	+	1.9	1.5	-	5:23:45	05:29:51	+
18	St Aloysius Ward Mater Hospital	CHO 9	15	15	15	36	+	62	11	-	0.2	3.3	+	04:14:06	06:34:45	-
19	Linn Dara CAMHS In-patient Unit, Cherry Orchard	CAMHS	22	24	52	33	-	<5	10	+	17.3	3.3	-	5:47:21	03:11:35	-
20	Sligo Leitrim Mental Health Inpatient Unit	CHO 1	28	32	37	32	-	18	19	+	2.1	1.7	-	21:35:00	10:21:00	-
21	DOP Midland Regional Hospital Portlaoise	CHO 8	46	46	56	29	-	37	22	-	1.5	1.3	-	16:55:14	23:42:56	+
22	St John of God Hospital (incl. Cluain Mhuire)*	INDP/ CHO6	183	159	129	22	-	61	7	-	2.1	3.1	+	20:17:56	03:27:11	-
23	Acute Psychiatric Unit, Ennis Hospital	CHO 3	39	39	36	16	-	42	12	-	0.9	1.3	+	2:54:53	05:47:04	+
24	DOP Letterkenny	CHO 1	34	34	15	10	-	8	6	-	1.9	1.7	-	12:24:00	09:41:30	-
25	Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	CAMHS	20	20	53	8	-	<5	<5	-	13.3	2.7	-	36:04:27	13:24:23	-
26	St Joseph's Intellectual Disability Service	NIDS	126	96	32	7	-	<5	<5	-	8.0	2.3	-	02:13:30	00:49:09	-
27	AIPU St Vincent's Hospital	CAMHS	10	12	8	<5	-	<5	<5	-	2.0	1.0	-	10:44:53	11:58:00	+
Total	**All applicable approved centre**		**1313**	**1237**	**1799**	**1719**	**-**	**646**	**659**	**+**	**2.8**	**2.8**	**=**	**19:32:59**	**18:32:39**	**-**
	Excluding Central Mental Hospital		**1210**	**1219**	**1778**	**1646**	**-**	**629**	**645**	**+**	**2.8**	**2.7**	**-**	**20:10:24**	**18:58:32**	**-**

** 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.*

Figure 22: *Duration of seclusion by approved centre ranked by highest to lowest percentage of <4 hours 2019*



Note: Standard zero decimal rounding was applied to the % duration in Figures 12 and 13. 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 the use of physical restraint in individual approved centres. Table 10 ranks individual approved centres from highest to lowest by total number of episodes of physical restraint in 2019, indicating the change in use over the two-year period 2018 to 2019.

Only approved centres that reported using physical restraint in 2019 have been included in the information provided.

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.

Figure 9 indicates that over the two-year period, there has been relative consistency in the most common commencement times of episodes of physical restraint. It may be useful to collect data on the reasons recorded for implementation of physical restraint, to consider whether behavioural or environmental changes may be made during those time periods.

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 10 also shows the rate of episodes of physical restraint to residents restrained in individual approved centres in 2018 and 2019.

Section 4.1 in the main report highlighted that the national rate in 2019 was 4.4 episodes per resident restrained, and 4.7 episodes per resident in 2018. The rate of restraint may be skewed in some approved centres where a small number of residents were frequently restrained.

Table 10 shows that Linn Dara CAMHS In-patient Unit, Cherry Orchard reported both the highest number of episodes of physical restraint and the highest rate in 2019 and 2018, as a result of a small number of residents being restrained on a frequent basis. In 2019, the second highest number of episodes was reported by Sligo Leitrim Mental Health Inpatient Unit (773), which had a considerably higher average rate of physical restraint per resident (29.7) than the national average (3.9).In 2018, the second highest number of episodes was reported by St Vincent's Hospital Fairview (189 episodes), however the approved centre reported a lower than average rate of restraint (4) as compared to the national average (6.2).

This appears to indicate that certain services are more inclined to implement physical restraint on a greater number of residents than those services with the highest rates per year (Teach Aisling [8.6 episodes per resident in 2019] and Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital [7.6 episodes per resident] in 2019).

Table 10: *Monthly breakdown of commencement of episodes of physical restraint, 2019*

Rank	Approved centre	Sector	# Beds 2018	# Beds 2019	# Episodes of physical restraint			# Residents physically restrained			Rate (episodes/ resident)		
					2018	2019	Change	2018	2019	Change	2018	2019	Change
1	Linn Dara CAMHS In-patient Unit, Cherry Orchard	CAMHS	24	24	2293	1054	-	13	26	+	176.4	40.5	-
2	Sligo Leitrim Mental Health Inpatient Unit	CHO 1	34	32	43	773	+	26	26	=	1.7	29.7	+
3	Central Mental Hospital	NFMHS	107	103	100	279	+	20	19	-	5.0	14.7	+
4	Adult Acute Mental Health Unit, University Hospital Galway	CHO 2	50	50	123	181	+	49	60	+	2.5	3.0	+
5	Jonathan Swift Clinic, St James's Hospital	CHO 7	51	47	70	169	+	30	58	+	2.3	2.9	+

Rank	Approved centre	Sector	# Beds 2018	# Beds 2019	# Episodes of physical restraint			# Residents physically restrained			Rate (episodes/ resident)		
					2018	2019	Change	2018	2019	Change	2018	2019	Change
6	Adult Mental Health Unit, Mayo University Hospital	CHO 2	32	32	123	165	+	50	49	-	2.5	3.4	+
7	Acute Mental Health Unit, Cork University Hospital	CHO 4	50	50	107	140	+	47	46	-	2.3	3.0	+
8	DOP Connolly Hospital	CHO 9	47	47	176	138	-	46	58	+	3.8	2.4	+
9	DOP University Hospital Waterford	CHO 5	44	44	68	133	+	28	38	+	2.4	3.5	+
10	St Vincent's Hospital Fairview	CHO 9	46	45	189	123	-	47	41	-	4.0	3.0	-
11	St Patrick's University Hospital	INDP	241	241	131	122	-	43	40	-	3.0	3.1	+
12	Carraig Mor Centre	CHO 4	18	18	33	119	+	16	24	+	2.1	5.0	+
13	Acute Psychiatric Unit, Cavan General Hospital	CHO 1	25	25	92	107	+	23	19	-	4.0	5.6	+
14	Phoenix Care Centre	CHO 9	54	54	151	94	-	20	26	+	7.6	3.6	-
15	Ashlin Centre	CHO 9	44	44	113	91	-	48	46	-	2.4	2.0	-
16	Acute Psychiatric Unit 5B, University Hospital Limerick	CHO 3	42	42	38	86	+	19	30	+	2.0	2.9	+
17	Acute Psychiatric Unit, Tallaght Hospital	CHO 7	52	52	71	86	+	42	37	-	1.7	2.3	+
18	Acute Psychiatric Unit, University Hospital Ennis	CHO 3	39	39	50	85	+	35	41	+	1.4	2.1	+
19	Avonmore & Glencree Units, Newcastle Hospital	CHO 7	52	52	40	81	+	12	15	+	3.3	5.4	+
20	Drogheda DOP	CHO 8	46	46	102	79	-	45	44	-	2.3	1.8	-
21	Sliabh Mis University Hospital Kerry	CHO 4	39	34	169	78	-	47	33	-	3.6	2.4	-
22	DOP St Luke's Hospital, Kilkenny	CHO 5	44	44	148	77	-	61	42	+	2.4	1.8	-
23	Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	CAMHS	20	20	183	76	-	12	10	-	15.3	7.6	-
24	Lakeview Unit Naas General Hospital	CHO 7	29	29	61	75	+	33	36	+	1.8	2.1	-
25	St Michael's Unit, Mercy University Hospital	CHO 4	50	50	79	74	-	38	37	-	2.1	2.0	-
26	Elm Mount, St Vincent's University Hospital	CHO 6	36	39	70	67	-	31	27	-	2.3	2.5	+
27	DOP Letterkenny	CHO 1	34	34	109	63	-	41	27	-	2.7	2.3	-
28	St Aloysius Ward Mater Hospital	CHO 9	15	15	136	53	-	59	16	-	2.3	3.3	+
29	DOP Midland Regional Hospital, Portlaoise	CHO 8	46	46	55	43	-	32	28	-	1.7	1.5	-

Rank	Approved centre	Sector	# Beds 2018	# Beds 2019	# Episodes of physical restraint			# Residents physically restrained			Rate (episodes/ resident)		
					2018	2019	Change	2018	2019	Change	2018	2019	Change
30	Admission Unit & St Edna's Ward, St Loman's Hospital	CHO 8	44	44	57	39	-	18	29	+	3.2	1.3	-
31	St John of God Hospital (Cluain Mhuire)*	INDP/ CHO6	183	159	136	33	-	51	9	-	2.7	3.7	+
32	DOP Roscommon University Hospital	CHO 2	22	22	54	30	-	14	10	-	3.9	3.0	-
33	Units 2, 3, 4, 5 and Unit 8 (Floor 2), St Stephen's Hospital	CHO 4	93	87	22	28	+	20	17	-	1.1	1.6	+
34	Teach Aisling	CHO 2	10	7	21	25	+	<5	<5	+	10.5	8.3	-
35	Bloomfield Hospital	INDP	114	115	33	21	-	8	10	+	4.1	2.1	-
36	Eist Linn Child & Adolescent In-patient Unit	CAMHS	20	16	8	20	+	<5	6	+	2.0	3.3	+
37	St Joseph's Intellectual Disability Service	NIDS	124	96	53	17	-	10	7	-	5.3	2.4	-
38	An Coillin	CHO 2	22	22	15	13	-	<5	<5	=	3.8	3.3	-
39	Centre for Mental Health Care & Recovery, Bantry General Hospital	CHO 4	18	18	20	13	-	20	8	-	1.0	1.6	+
40	Cois Dalua	INDP	8	8	0	12	+	0	<5	+	0.0	4.0	+
41	Maryborough Centre, St Fintan's Hospital	CHO 8	30	28	<5	12	+	<5	<5	+	1.0	4.0	+
42	Adolescent In-patient Unit, St Vincent's Hospital	CAMHS	10	12	11	9	-	12	<5	-	0.9	2.3	+
43	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	CHO 8	42	42	16	9	-	8	<5	-	2.0	2.3	-
44	Ginesa Suite, St John of God Hospital	CAMHS	N/A	12	N/A	7	+	N/A	<5	+	N/A	2.3	+
45	Highfield Hospital	INDP	110	112	<5	<5	-	<5	<5	=	1.3	1.3	=
46	Grangegorman Ward & St Aidan's Ward, St Otteran's Hospital	CHO 5	40	36	6	<5	-	<5	<5	+	3.0	1.0	-
47	Haywood Lodge	CHO 5	40	40	5	<5	-	<5	<5	-	1.3	1.5	+
48	St Edmundsbury Hospital	INDP	52	52	<5	<5	+	<5	<5	+	2.0	3.0	+
49	St Gabriel's Ward, St Canice's Hospital	CHO 5	20	20	0	<5	+	0	<5	+	0.0	1.0	+
50	Cappahard Lodge	CHO 3	32	32	<5	<5	+	<5	<5	+	1.0	1.0	=
51	St Davnet's Hospital - Blackwater House	CHO 1	20	20	<5	<5	=	<5	<5	+	2.0	1.0	-
52	Willow Grove	CAMHS	14	14	15	<5	-	<5	<5	-	3.8	2.0	-
53	Wood View	CHO 2	21	16	<5	<5	+	<5	<5	+	1.0	1.0	=

Rank	Approved centre	Sector	# Beds 2018	# Beds 2019	# Episodes of physical restraint			# Residents physically restrained			Rate (episodes/ resident)		
					2018	2019	Change	2018	2019	Change	2018	2019	Change
54	Deer Lodge	CHO 4	40	40	17	<5	-	6	<5	-	2.8	1.0	-
55	Le Brun House & Whitethorn House, Vergemount Mental Health Facility	CHO 6	52	52	0	<5	+	0	<5	+	0.0	1.0	+
56	Selskar House	CHO 5	20	20	<5	<5	-	<5	<5	=	2.0	1.0	-
57	St Ita's Ward, St Brigid's Hospital, Ardee	CHO 8	20	20	0	<5	+	0	<5	+	0.0	1.0	+
58	Tearmann Ward, St Camillus' Hospital	CHO 3	15	15	0	<5	+	0	<5	+	0.0	1.0	+
Total	**All applicable approved centre**		**2647**	**2575**	**5626**	**5028**	**-**	**1210**	**1143**	**-**	**5.8**	**3.9**	**-**
	Excluding Central Mental Hospital		**2605**	**2533**	**5588**	**4942**	**-**	**1191**	**1113**	**-**	**5.8**	**4.0**	**-**

***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.*

NOTES

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