mhc
coimisiun meabhair - shláinte
mental health commission

The Use of Restrictive Practices in Approved Centres

Seclusion, Mechanical Restraint and Physical Restraint

Activity Report 2020

Promoting Quality, Safety and Human Rights in Mental Health

December 2021

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GLOSSARY

Approved centre is a hospital or other inpatient 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 (MHC) establishes and maintains the Register of Approved Centres pursuant to the 2001 Act (as amended).

Community Healthcare Organisations were established by the Health Service Executive (HSE) 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 Community Healthcare Organisations (CHO) 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 states 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 MHC 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 2020

In 2020, the MHC noted the following:

The COVID-19 outbreak had a significant impact on how approved centres operated in 2020, which may have had resultant impacts on the operation and frequency of restrictive practices in each mental health service.

Seclusion episodes have generally decreased since 2008, and the number of residents undergoing seclusion has remained relatively static up to 2020.

Despite an increase in the number of episodes (**approximately 150**) of **mechanical restraint** in 2020, **the use of this restrictive practice continues to be rare**.

Restrictive practices, including physical restraint and/or seclusion, were used in **73%** of inpatient mental health services in 2020.

At a national level, **physical restraint is used more frequently and widely than seclusion**.

Episodes of physical restraint and **the number of residents undergoing physical restraint have both increased between 2008 and 2020**. There was a sharp increase in physical restraint episodes in 2017 and 2018, followed by a decrease in 2019 and 2020.

In total there were **5,830** episodes of restrictive practices reported to the MHC in 2020, with **1,880** people being secluded and/or restrained during that time.

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

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

Seclusion

Seclusion was used in **41%** of approved centres in 2020, similar to what was reported in 2019 (42%).

There were **1,840** episodes of seclusion in 2020, a small increase from the **1,719** episodes in 2019.

In 2020, **699** people were secluded, an increase from the **660** people secluded in 2019.

In 2020, the CHO with the highest rate of episodes of seclusion per 100,000 population was CHO 9: Dublin North City and County. In 2019, the CHO with the highest seclusion rate was CHO 5: South Tipperary, Carlow, Kilkenny, Waterford and Wexford. Rate comparisons should be made with caution, however, as outlined in Section 1.3.

In 2020 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.

In 2020, more male than female residents were secluded (**62%**). Similarly, in 2019, more male than female residents were secluded (67%).

The majority of residents secluded in both 2020 (**58%**) and 2019 (**59%**) were under **40 years of age**.

The average age of a resident placed in seclusion in 2020 was **39 years**. This was an incremental increase from 2019 (37 years).

In 2020, there were **243 episodes** where a person was locked in seclusion for **over 24 hours**. This was a slight increase on 2019 (225 episodes).

In 2020, there were **74 episodes** where a person was locked in seclusion for over **72 hours**. This compares with 61 episodes in 2019.

The **average seclusion duration** across all approved centres (excluding the Central Mental Hospital) in 2020 was **14 hours and 12 minutes**.

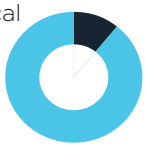
In 2020, **38%** of residents who were secluded were secluded for **8 hours or less**.

Physical Restraint

The use of physical restraint declined in 2020, when compared to 2019.

In 2020, **1,211** people were physically restrained, compared to **1,443** residents in 2019.

Physical restraint was used in **72.7%** of approved centres in 2020. This is a reduction on 2019, where physical restraint was reported in **89%** of approved centres.



There were **3,990** episodes of physical restraint in 2020. This was a decrease from **5,029** episodes in 2019.

More male residents (**51.7%**) than female residents were physically restrained in 2020, a slight decrease from **53.9%** in 2019.

In 2020, the CHO with the highest rate of physical restraint per 100,000 population and highest number of episodes was CHO 9: Dublin North, Dublin Central, Dublin North West. In 2019, the CHO with the highest rate was CHO 1: Cavan, Donegal, Leitrim, Monaghan and Sligo.

In 2020, the CHO with the lowest number of episodes and lowest rate of physical restraint per 100,000 population was CHO 3: Clare, Limerick and North Tipperary. 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 CHO 3: Clare, Limerick and North Tipperary.

The majority of physically restrained residents (**50.5%**) were **under the age of 40** in 2020, as was the case in 2019 (**50.5%**).

The **average age** of an approved centre resident undergoing physical restraint was **42 years** in **2020**, up from 41 years in 2019. Almost 1 in 10 residents physically restrained in 2020 was aged 70 or above, increasing the average age of residents restrained.

The highest proportion of residents restrained were aged between 30 and 39 (**23.4%**). In 2019, those aged between 18 and 29 had the highest proportion of physical restraint (**26.9%**).

In 2020, **91.7%** of episodes of physical restraint, and **88.1%** in 2019, lasted for **less than 15 minutes**.

The highest proportion (**8.3%**) of episodes of physical restraint in 2020 were initiated between 3pm and 4pm, compared to between 10am and 11am (9.5%) in both 2019 and 2018 (13.2%).

Mechanical Restraint

The use of mechanical restraint increased in 2020 in comparison to 2019.

Two approved centres reported the use of mechanical restraint in 2020, compared to one service in 2019.

Episodes of mechanical restraint had a total duration of approximately **3,452 hours (150 episodes) in 2020**, compared to 34 hours (18 episodes) in 2019.

The frequency of mechanical restraint as a restrictive practice in approved centres remains low.

Introduction

INTRODUCTION

The Mental Health Commission (MHC) is the regulator for mental health services in Ireland. The MHC is an independent statutory body that was established in 2002. The MHC'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 (the '2001 Act').

One of the core elements of the MHC'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 MHC's eleventh 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 2020 presents data reported 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.

There is no evidence of a therapeutic benefit associated with the use of seclusion, mechanical restraint or physical restraint, and they should never be regarded as a therapeutic practice (Government of South Australia, 2021). The MHC 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 qulaity 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-bring of all people who access mental health and decision support services.

Any intervention 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.

In 2021 the MHC commenced a public consultation process and full review of the *Rules and Code of Practice Governing the Use of Seclusion, Mechanical Restraint and Physical Restraint in Approved Centres*. The Mental Health Act 2001 requires the MHC to develop rules on the use of both seclusion and mechanical means of bodily restraint, and allows the MHC to develop a code of practice on the use of physical restraint. We anticipate the current review process will be completed and revised documents issued by mid-2022.

The current *Rules* and *Code of Practice* came into effect on 1 January 2010 and are currently applicable to all inpatient mental health services in the public, voluntary and independent sectors.

In addition to revision of the current *Rules* and *Code of Practice*, the MHC is considering the development of a set of rules to govern the use of chemical restraint (also referred to as pharmacological restraint) in mental health services to take account of potential future amendments to the 2001 Act.

The MHC has undertaken significant public and stakeholder engagement as part of this review and will publish details along with a comprehensive evidence review. We anticipate publishing the revised Rules and Code of Practice in 2022.

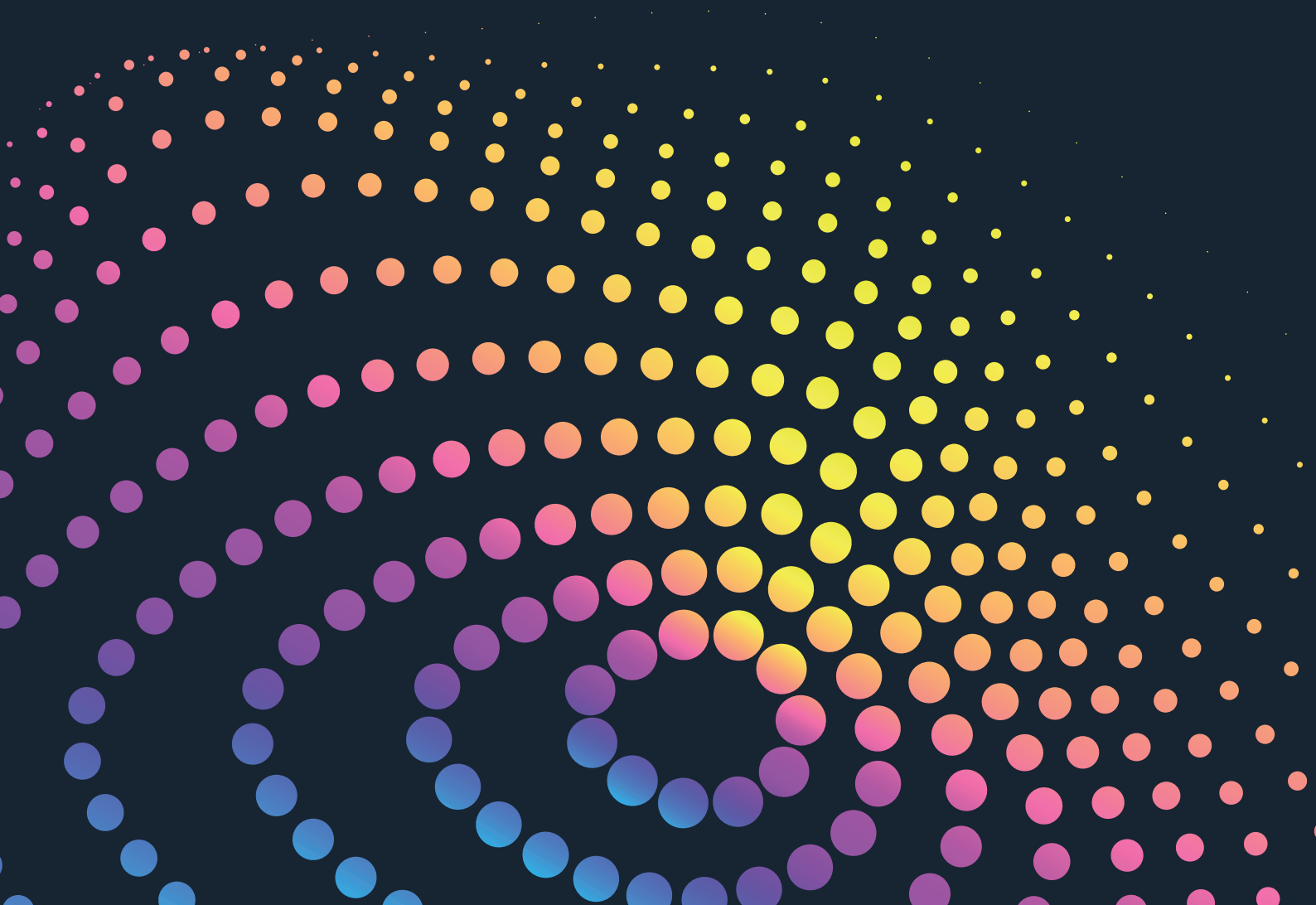
This report presents data from 2020, with data from 2019 and 2018 included for context in certain parts. The report describes the use of seclusion, mechanical restraint and physical restraint in 2020 nationally, by sector (by CHOs and independent service providers) and by individual approved centres. Activity reports comprising previously collected data can be accessed on our website at mhcirl.ie/publications.

The MHC thank staff in approved centres for their ongoing cooperation in relation to the collation and return of the data, which has enabled this report to be completed. In the current absence of a national mental health information system, the collation of these data is a manual process, and the MHC appreciates the local commitment to reporting the data on an annual basis.

CHAPTER

1

About the data



ABOUT THE DATA

1.1 Data coverage

Data are presented for all approved centres that were entered on the Register of Approved Centres during 2018 (65), 2019 (65) and 2020 (66). *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 2019 and 2020 is provided in Appendix 2.

Table 1: *Number of approved centres*

	2018	2019	2020
Approved centres	65	65	**66**

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 MHC.

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 MHC was limited in what it could reasonably request from the approved centres.

Approved centres varied in size, bed capacity and type of service 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:

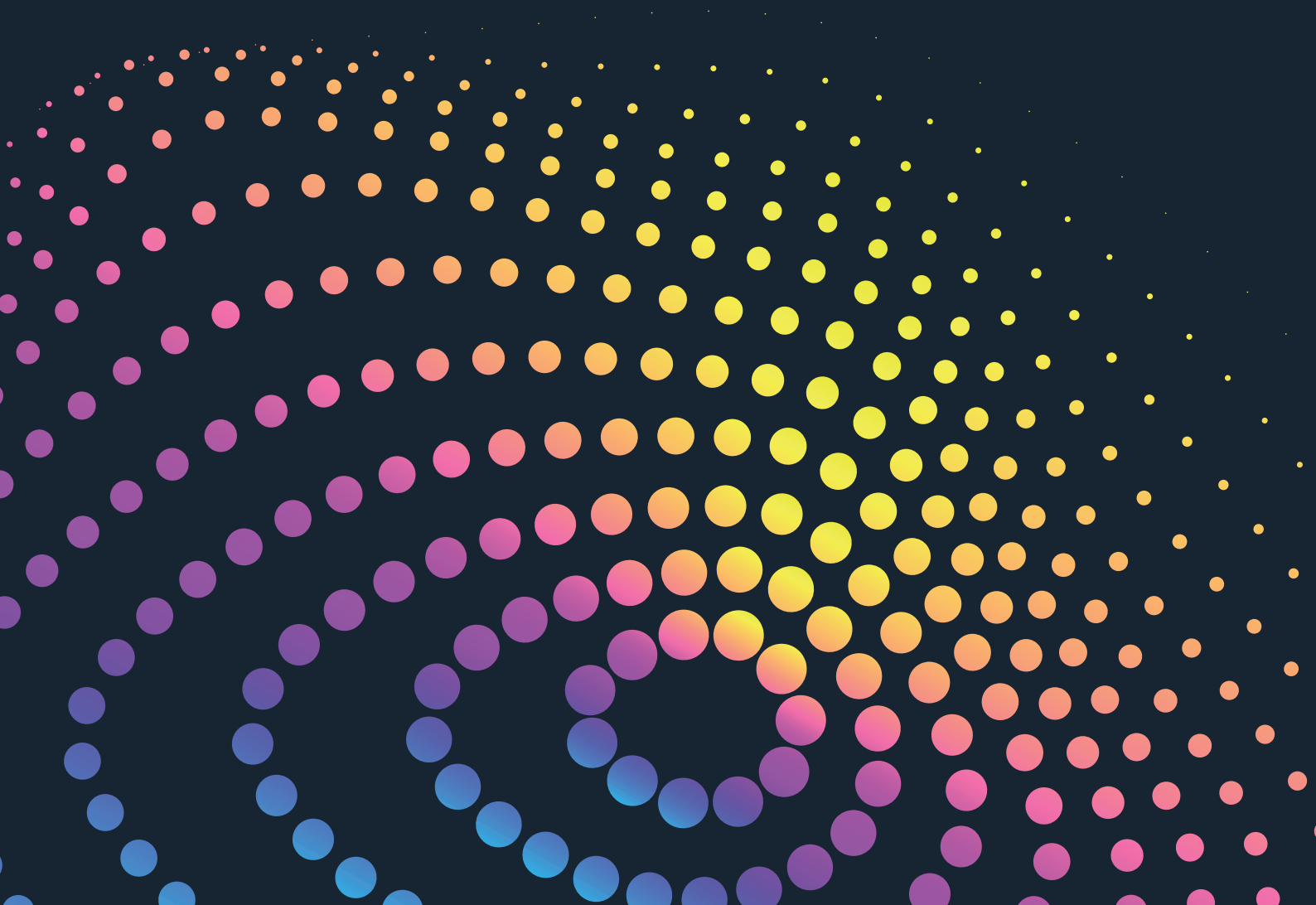
- Differing practices and cultures.
- The range of de-escalation techniques available to, and employed within, a service.
- Variations in the prevalence and acuity of mental illness.
- Services in some areas treating more acute residents.
- Ward design factors, such as the availability of intensive care, and low-stimulus facilities.
- Staff numbers, skills mix, experience and training.
- Changes in service provision within an approved centre over time.
- Use of sedating psychotropic medication, which is not at present regulated by the MHC.
- 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.

CHAPTER

2

Use of seclusion



USE OF SECLUSION

Summary

- Seclusion was used in 41% of approved centres in 2020, similar to what was reported in 2019 (42%).
- There were 1,840 episodes of seclusion in 2020, a small increase from the 1,719 episodes in 2019.
- 699 people were secluded in 2020, an increase from the 660 people secluded in 2019.
- Seclusion episodes have generally decreased since 2008, and the number of residents undergoing seclusion has remained relatively static up to 2020.

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). Approved centres that provide dedicated seclusion rooms must include adequate access to toilet facilities and furnishings in order to protect the dignity and privacy of the person. Seclusion facilities cannot be used as bedrooms (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 2019 and 2020 at a national level, with comparative data included from 2018, where relevant. Further information relating to the use of seclusion in individual approved centres is presented in Appendix 4.

Table 2 shows that in 2020, 27 approved centres (40.9%) reported 1,824 episodes of seclusion. In 2019, 27 approved centres (41.5%) reported 1,719 episodes of seclusion.

Seclusion was used in approved centres across all nine CHOs. In 2020, the highest rate (93.3 per 100,000) and number (580) of episodes of seclusion were reported in CHO 9, while the lowest rate (6.5 per 100,000) and number of episodes

Table 2: *Use of seclusion by CHO/service provider, 2019–2020*

	2019				2020			
CHO/service provider	**Census 2016**	**Episodes**	**Rate[1]**	**Approved centres**	**Census 2016**	**Episodes**	**Rate[1]**	**Approved centres**
CHO 1	*394,333*	*42*	*10.7*	*2*	*394,333*	*28*	*7.1*	*2*
CHO 2	*453,109*	*261*	*57.6*	*3*	*453,109*	*148*	*32.7*	*3*
CHO 3	*384,998*	*16*	*4.2*	*1*	*384,998*	*25*	*6.5*	*1*
CHO 4	*690,575*	*122*	*17.7*	*2*	*690,575*	*70*	*10.1*	*2*
CHO 5	*510,333*	*472*	*92.5*	*2*	*510,333*	*358*	*70.2*	*2*
CHO 6	*388,297*	*63*	*16.2*	*1*	*388,297*	*66*	*17.0*	*1*
CHO 7	*702,586*	*151*	*21.5*	*2*	*702,586*	*168*	*23.9*	*2*
CHO 8	*616,229*	*160*	*26*	*3*	*616,229*	*162*	*26.3*	*3*
CHO 9	*621,405*	*274*	*44.1*	*5*	*621,405*	*583*	*93.8*	*5*
Independent	*n/a*	*22*	*n/a*	*1*	*n/a*	*55*	*n/a*	*1*
NIDS	*n/a*	*7*	*n/a*	*1*	*n/a*	*14*	*n/a*	*1*
CAMHS	*n/a*	*43*	*n/a*	*3*	*n/a*	*98*	*n/a*	*3*
NFMHS	*n/a*	*86*	*n/a*	*1*	*n/a*	*65*	*n/a*	*1*
Total	**4,761,865**	**1,719**	**36.1**	**27**	**4,761,865**	**1,824**	**38.3**	**27**

1. *Rate equals episodes per 100,000 population. The most recent census data (2016) were used to calculate rates for 2019 and 2020. 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 inpatient 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.*

(25) of seclusion were reported in CHO 3. In 2019, the highest rate and number of episodes of seclusion were reported in CHO 5, and the lowest rate and number of episodes were in CHO 3. The Central Mental Hospital (NFMHS) and St Joseph's Intellectual Disability Service (NIDS) both reported using seclusion in 2020. Seclusion was also used in one approved centre in the independent sector, and in three Child and Adolescent Mental Health Services (CAMHS) units.

2.1 Residents placed in seclusion

In 2020, **669** residents were placed in seclusion a total of **1,840** times. This is an increase from 2019, where 660 residents were placed in seclusion a total of 1,719 times. In 2018, 760 residents were placed in seclusion 1,799 times.

Rates of seclusion per resident

The rate of seclusion was **2.8 episodes per resident secluded in 2020** and 2.6 in 2019. The rate of seclusion was lower in 2018 (2.4).

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 2019 and 2020 is available in Appendix 4.

Gender and age

Figure 1 provides an overview of the age of residents who were secluded from 2018 to 2020. The average age of a secluded resident in 2020 was 39 years. The highest proportion of residents secluded in 2020 were aged 30–39 (28.0%). In

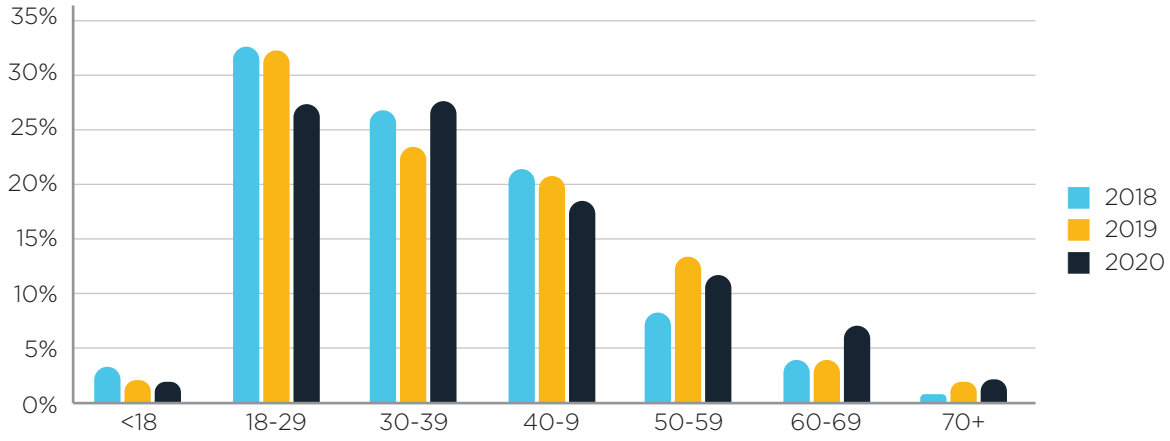


Figure 1: *Age of residents placed in seclusion, 2018–2020*

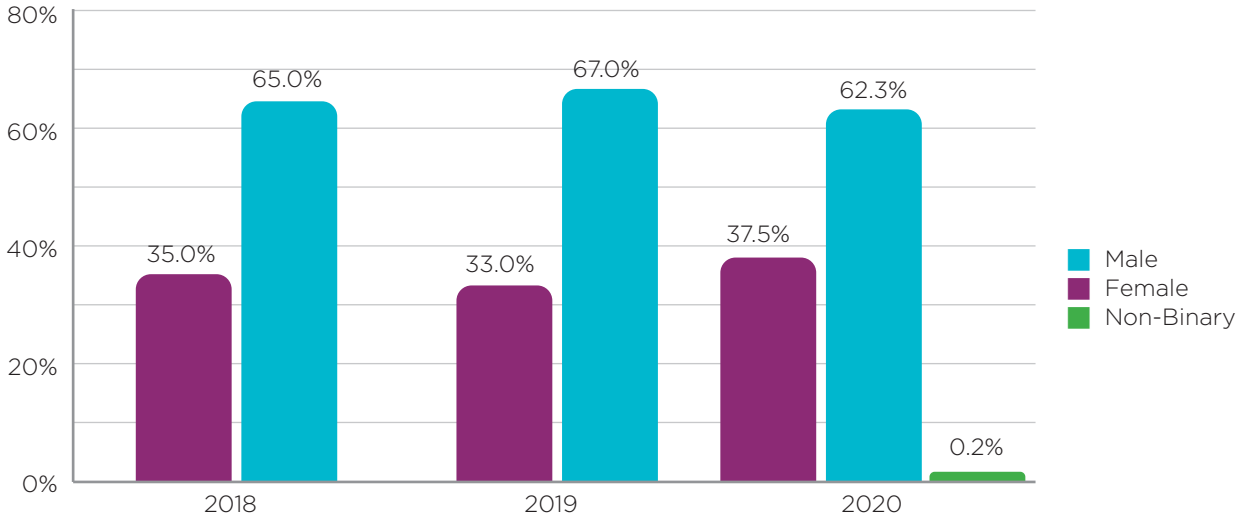


Figure 2: *Gender of residents placed in seclusion*

both 2019 (32.3%) and 2018 (33.0%), the 18–29 age group had the highest percentage of seclusion. The age groups with the lowest percentage of seclusion in 2020 were the under-18 (2.4%) and over-70 (2.8%) groups. In 2019, 2.6% of secluded residents were under 18 years of age and 2.3% were over 70. In 2018, 3.7% were under 18 years of age, and 1.4% were over 70.

Figure 2 shows that in 2020, 2019 and 2018, more males (62.3%, 67.0% and 65.0% respectively) than females were placed in seclusion. The 2020 figures also include residents who identified as non-binary. The seclusion-by-gender numbers differ from the numbers of residents physically restrained each year, which is closer to 50:50 male to female.

2.2 Duration of seclusion and time commenced

The Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint states: "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 2020, a total of 37,010 hours of seclusion were reported nationally. It should be noted however that not all seclusion records included a duration, while other records recorded a duration of zero hours and minutes. In 2019 and 2018, a total of 30,458 and 35,950 hours respectively of seclusion were reported. The duration for a single episode of seclusion in 2020 ranged from 1 minute (rounded up) to 2,424 hours (101 days). In 2019, episodes ranged in duration from 1 minute to 3,831 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**
2018	35,960:16	00:05	1,708:58
2019	30,458:13	00:01	3,831:00
2020	**37,010:47**	**00:01**	**2,424:30**

The average duration of an episode of seclusion was 14 hours 12 minutes in 2020. This was a decrease from 17 hours 46 minutes in 2019 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 185 hours 29 minutes in 2020, an increase from 111 hours 23 minutes in 2018 and 126 hours 3 minutes in 2019. The average duration of seclusion reported by each approved centre in 2019 and 2020 is included in Appendix 4.

In both 2020 and 2019, five approved centres reported **average duration** of episodes of seclusion of longer than 24 hours.

2020

- **Central Mental Hospital (185 hours)**
- **St Loman's Hospital (66 hours)**
- **Ashlin Centre (40 hours)**
- **AAMHU, University Hospital Galway (30 hours)**
- **Avonmore & Glencree Units, Newcastle Hospital (28 hours)**

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 (29 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 2020, the highest proportion of seclusion (**48.8%**) lasted **between eight and 24 hours**, with the next-most-frequent duration being **less than four hours (19.9%)**. The same trend was present in 2019, with 29.3% of seclusion episodes lasting between eight and 24 hours, and 28.7% lasting less than four hours. In 2018, the highest proportion of seclusion episodes (32.1%) lasted between four and eight hours, with the next-most-frequent duration being less than four hours (31.5%).

In 2020, **4.1%** of episodes of seclusion lasted for **longer than 72 hours**, in keeping with 2019 (3.7%), and slightly lower than 2018 (4.7%). In 2020, **13** approved centres recorded episodes of seclusion exceeding 72 hours, slightly higher than 2019 (12), but lower than 2018 (17).

Figure 4 below provides a breakdown for 2020 of the duration of seclusion episodes across the nine CHOs and additional independent services. These figures illustrate that there was considerable variation in the duration of seclusion across the different geographic areas. It should be noted that bed numbers differ across each CHO. For additional context, Appendix 2 provides the bed numbers for each approved centre under each CHO and independent service, while Appendix 4 provides bed numbers and seclusion rates for each approved centre.

CHO 9, which had the highest number of episodes of seclusion in 2020, reported that **90%** of episodes lasted for **24 hours or less**. Similarly, **CHO 5**, which had the second highest number of seclusion episodes, reported that **100%** of episodes lasted for 24 hours or less.

In contrast, almost half (**46%**) of seclusion episodes that occurred in the Central Mental Hospital (NFMHS) lasted for **72 hours or longer**. Overall, over three quarters (ten) of the 13 CHOs reported at least one episode of seclusion that lasted **longer than 24 hours** in 2020.

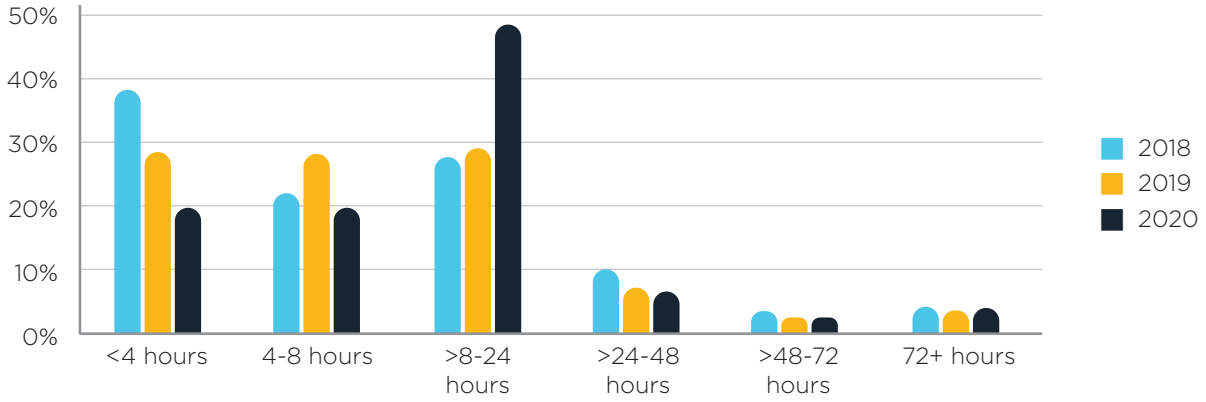


Figure 3: *Seclusion duration breakdown*

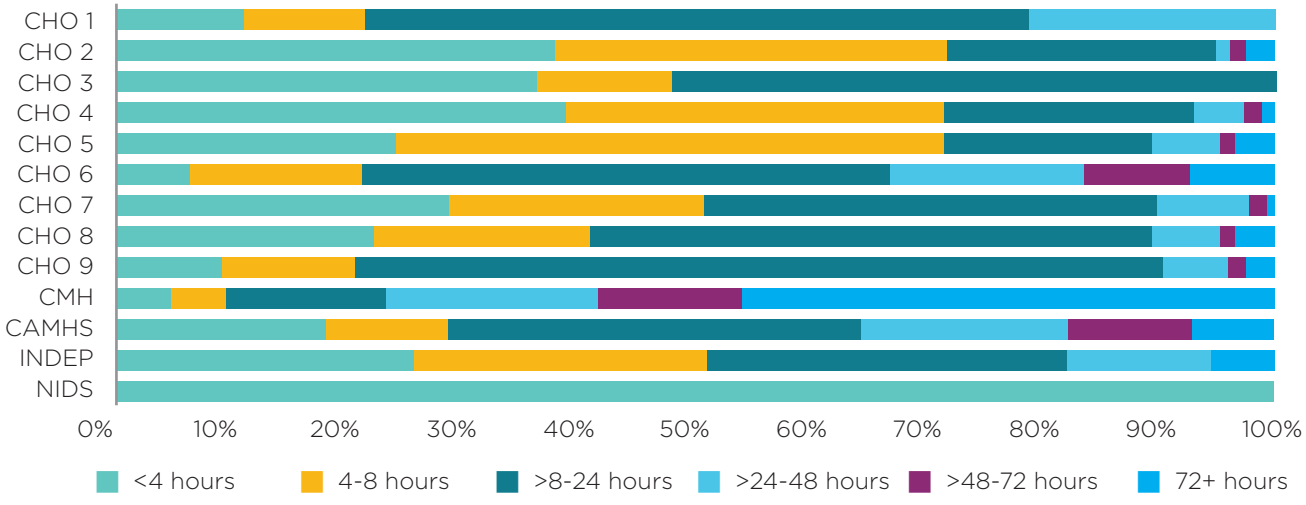


Figure 4: *Seclusion episode duration, by CHO/service area 2020*

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 2018, 2019 and 2020 commenced between 4pm and 5pm. The lowest proportion of seclusion episodes in 2020 and 2019 commenced between 5am and 6am, and between 6am and 7am in 2018. The data suggest that there are consistent factors present that result in the implementation of seclusion in approved centres.

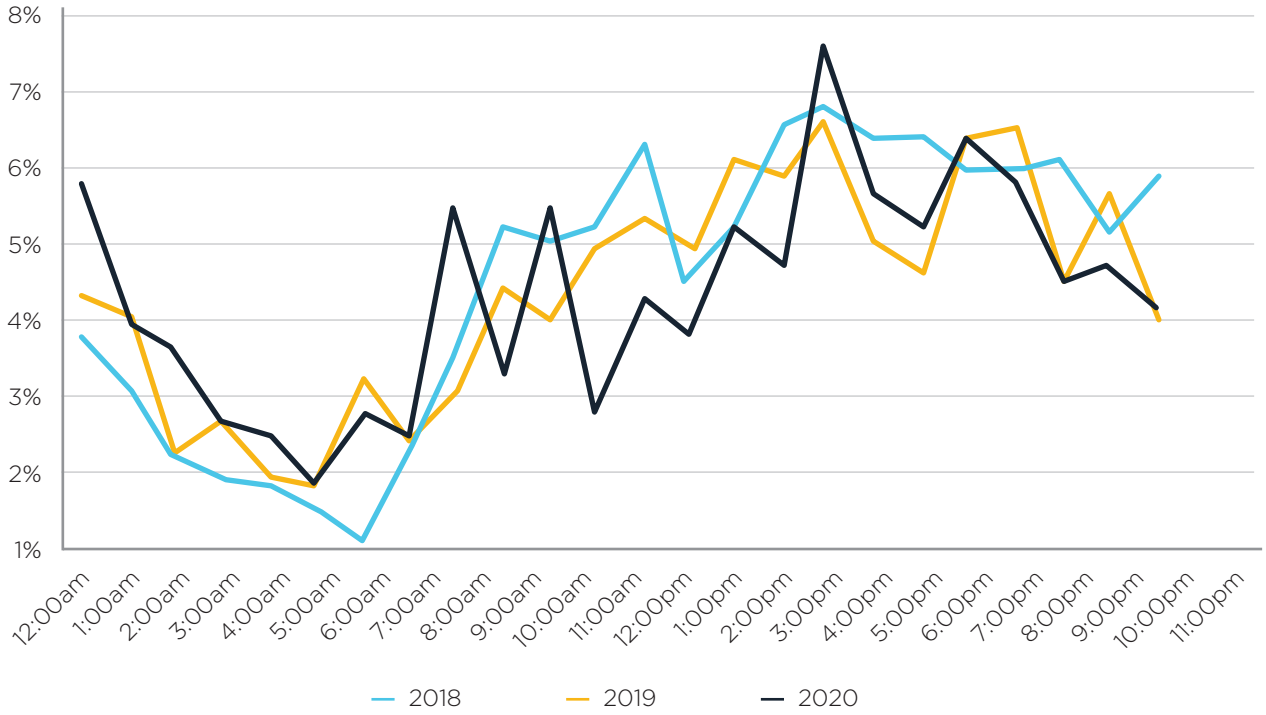
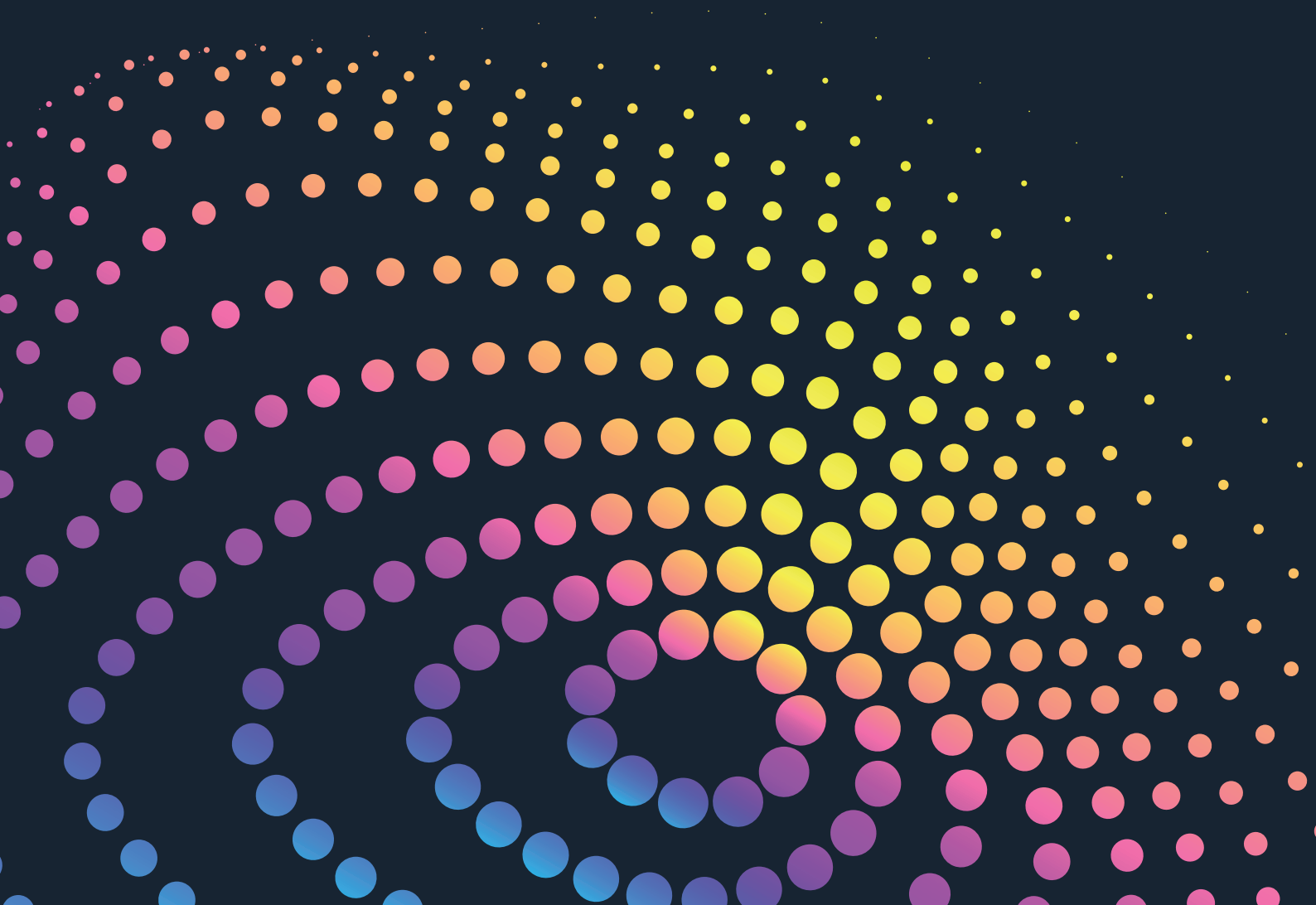


Figure 5: *Commencement time of seclusion, 2018–2020*

CHAPTER

3

Use of mechanical restraint



USE OF MECHANICAL RESTRAINT

Summary

- The use of mechanical restraint increased in 2020 in comparison to 2019.
- Two approved centres reported the use of mechanical restraint in 2020, compared to one in 2019.
- Episodes of mechanical restraint had a total duration of approximately 3,452 hours (150 episodes) in 2020, compared to 34 hours (18 episodes) in 2019.
- The frequency of mechanical restraint as a restrictive practice in approved centres remains low.

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 MHC 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 the use of mechanical restraint to prevent immediate threat to self or others was low in the years 2018, 2019 and 2020. Only one approved centre, the Central Mental Hospital (CMH), reported use of mechanical restraint in 2018 and 2019. These episodes involved the use of handcuffs. In 2020, two approved centres reported the use of mechanical restraint: The **Central Mental Hospital (<5)** and **a single CAMHS approved centre (150)**. These episodes involved the use of both hand and leg cuffs. The Central Mental Hospital reported a **minimum mechanical restraint duration of two hours and a maximum duration of two hours and 40 minutes**. In the CAMHS service, mechanical restraint episodes ranged from **30 minutes** up to **24 hours**. These episodes all related to one individual and were the subject of follow-up by the MHC.

In 2020, episodes of mechanical restraint to prevent an immediate threat to the self or others had a total duration of **3,452 hours and ten minutes** (144 days). This is a significant increase on the total duration for 2019, which was approximately 34 hours. 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, 2018–2020*

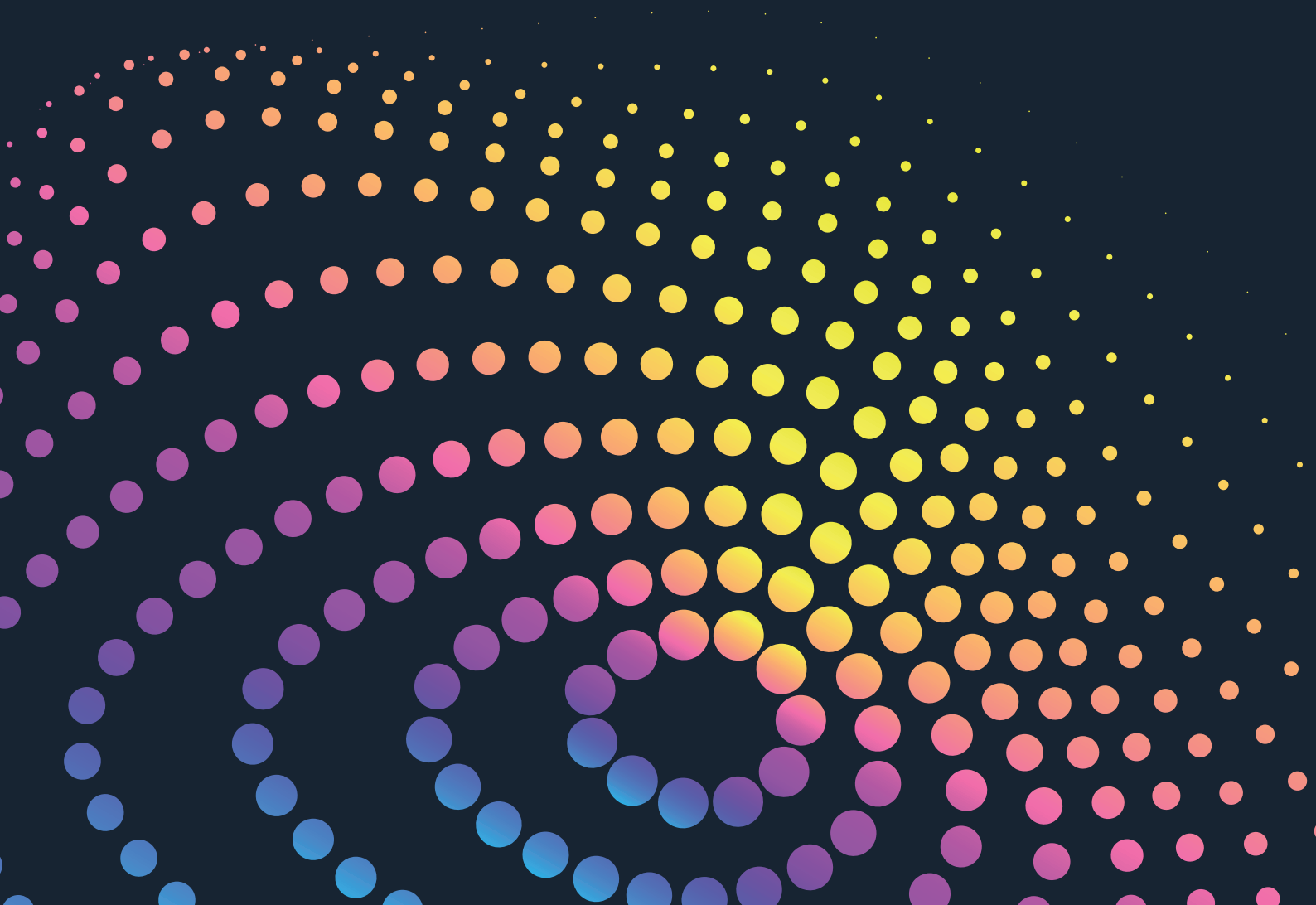
	2018		2019		2020	
CHO/service provider	**Episodes**	**Approved centres**	**Episodes**	**Approved centres**	**Episodes**	**Approved centres**
CHO 1	0	0	0	0	0	0
CHO 2	*0*	*0*	*0*	*0*	*0*	*0*
CHO 3	*0*	*0*	*0*	*0*	*0*	*0*
CHO 4	*0*	*0*	*0*	*0*	*0*	*0*
CHO 5	*0*	*0*	*0*	*0*	*0*	*0*
CHO 6	*0*	*0*	*0*	*0*	*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*	*150*	*1*
CMH	*<5*	*1*	*18*	*1*	*<5*	*1*
NIDS	*0*	*0*	*0*	*0*	*0*	*0*
Total	**≈5**	**1**	**18**	**1**	**≈150**	**2**

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.

CHAPTER

4

Use of physical restraint



USE OF PHYSICAL RESTRAINT

Summary

- The use of physical restraint declined in 2020, when compared to 2019.
- Physical restraint was used in 72.7% of approved centres in 2020. This is a reduction on 2019, where physical restraint were reported in 89% of approved centres.
- There were 3,990 episodes of physical restraint in 2020. This was a decrease from 5,029 episodes in 2019.
- 1,211 people were physically restrained in 2020, compared to 1,443 residents in 2019.

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 2020, **48** approved centres (**72.7%**) reported **3,990** episodes of physical restraint. By way of comparison, **58** approved centres (**89%**) reported **5,029** episodes of physical restraint in 2019.

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

In 2020, both the highest rate of physical restraint per 100,000 population and the highest number of episodes were reported in **CHO Area 9: Dublin North City and County**, while the lowest rate and lowest number of episodes were reported in CHO 3. In 2019, the highest rate and number of episodes was reported in CHO 1. The lowest rate in 2019 occurred in CHO 8, while the lowest number of episodes occurred in CHO 6.

Six approved centres in the independent sector used physical restraint in both 2020 and 2019. The NFMHS (Central Mental Hospital) 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 this and of usage in all CHOs and services in 2019 and 2020 is provided in Appendix 5.

Table 4: *Use of mechanical means of bodily restraint by CHO/service provider, 2018–2020*

	2019				2020			
CHO/service provider	**Census 2016**	**Episodes**	**Rate**[1]	**Approved centres**	**Census 2016**	**Episodes**	**Rate**[1]	**Approved centres**
CHO 1	394,333	946	239.9	4	394,333	154	39.1	3
CHO 2	453,109	416	91.8	6	453,109	403	88.9	4
CHO 3	384,998	174	45.2	4	384,998	94	24.4	4
CHO 4	690,575	453	65.6	7	690,575	296	42.9	3
CHO 5	510,333	220	43.1	6	510,333	214	41.9	6
CHO 6	388,297	149	38.4	3	388,297	241	62.1	6
CHO 7	702,586	330	47	3	702,586	292	41.6	2
CHO 8	616,229	183	29.7	6	616,229	250	40.6	3
CHO 9	621,405	499	80.3	6	621,405	754	121.3	4
Independent	n/a	197	n/a	6	n/a	291	n/a	6
CAMHS	n/a	1,166	n/a	5	n/a	670	n/a	5
NFMHS	n/a	279	n/a	1	n/a	317	n/a	1
NIDS	n/a	17	n/a	1	n/a	14	n/a	1
Total	4,761,865	5,029	105.6	58	4,761,865	3,990	83.8	48

[1] Rate equals episodes 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 inpatient 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 2020, **1,211** residents were physically restrained 3,990 times. In 2019, **1,144** residents were physically restrained **5,029** times. In 2018, **1,207** residents were physically restrained **5,665** times.

Rates of physical restraint per resident

The rate of restraint was **3.3** episodes per resident physically restrained in 2020. This compares to a higher rate of **4.4** and **4.7** episodes per resident physically restrained in 2019 and 2018 respectively.

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 2020 (51.7%), in line with 2018 (51.2%) and 2019 (53.8%). 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).

The **average age** of an approved centre resident undergoing physical restraint was **42 years in 2020**, up from 41 years in 2019. Approximately one in ten residents who were physically restrained in 2020 were aged 70 or above.

Figure 7 shows that the highest proportion of residents restrained in 2020 were between **30 and 39 years** of age (**23.4%**), followed closely by those aged between **18 and 29 years (22.5%)**. The smallest proportion of residents physically restrained in 2020 were **under 18 years of age (4.6%)**. The highest proportion of residents restrained in 2019 (26.9%) and 2018 (24.3%) were between 18 and 29 years. In addition, the smallest proportion of residents restrained in 2019 (4.1%) and 2018 (5.6%) were children (under 18 years). The relationship between age and physical restraint remains consistent.

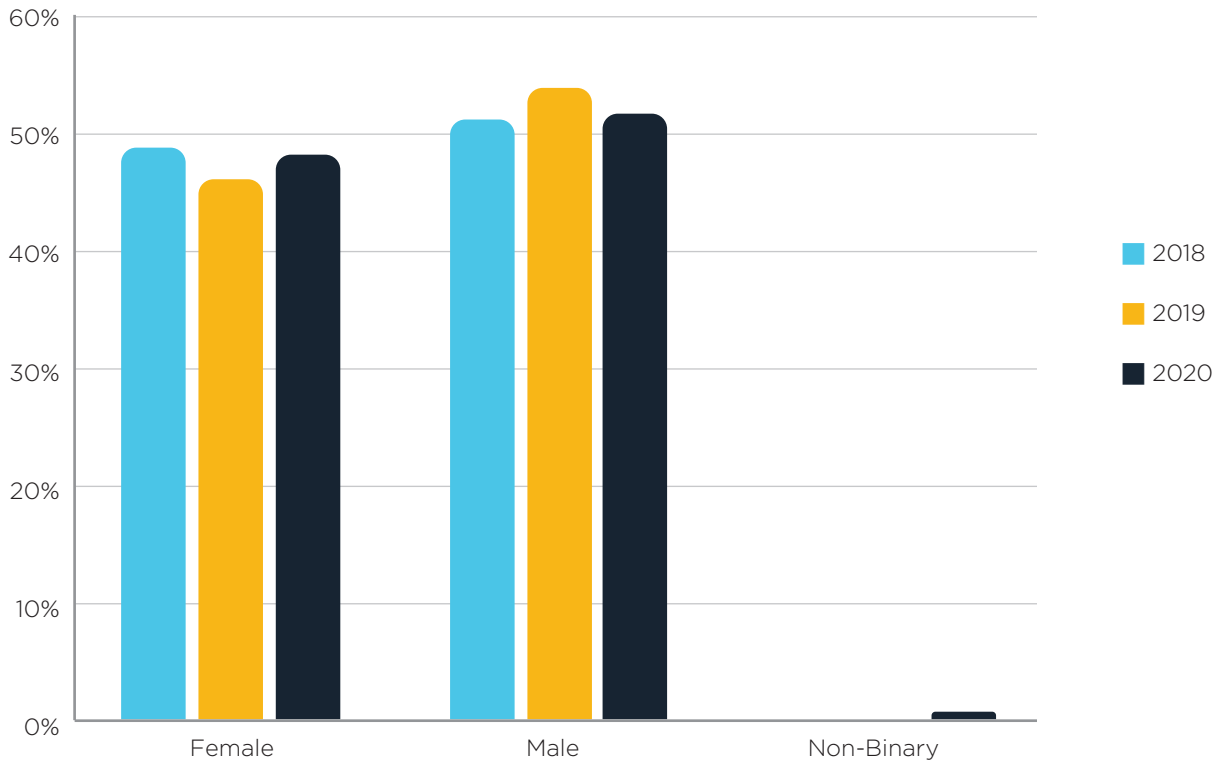


Figure 6: *Gender of residents physically restrained, 2018–2020*

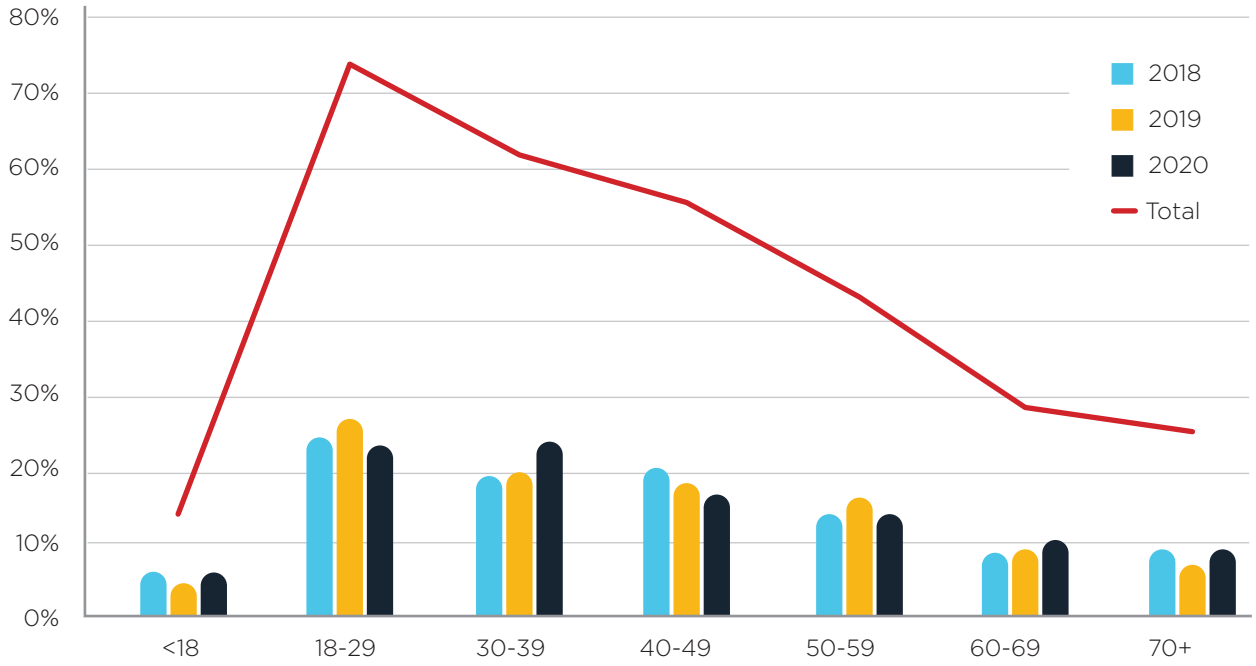


Figure 7: *Age of residents physically restrained*

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).

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 2020, a total of **402 hours and 20 minutes** of physical restraint were reported nationally, lower than in both 2019 (632 hours 53 minutes) and 2018 (643 minutes three minutes). An average episode of physical restraint across all approved centres lasted for six minutes in 2020, compared to eight minutes in 2019. The duration for **a single episode of physical restraint in 2020 ranged from less than one minute to two hours**. In 2019, episodes ranged from under one minute to two hours 30 minutes. Similarly, episodes ranged from less than one minute to three hours 30 minutes in 2018.

Table 6: *Total duration of physical restraint, 2018–2020*

	Hours and minutes		
Year	**Total hours**	**Shortest episode**	**Longest episode**
2018	643:03	<0:01	3:30
2019	632:53	<0:01	2:30
2020	**402:20**	**<0:01**	**2:00**

Figure 8 shows that in 2020, the majority **(54.4%)** of episodes of physical restraint lasted for **less than five minutes**. The next most common duration was **between five and 15 minutes (38.4%)**. The same trend is seen in both 2018 and 2019, with 52.7% and 48.6% of episodes lasting less than five minutes respectively, followed by 37.8% and 39.5% of physical restraint episodes lasting between five and 15 minutes in 2018 and 2019 respectively. The number of **physical restraint episodes lasting longer than 60 minutes has decreased year on year**, reducing from 0.6% to 0.1% between 2018 and 2019, down to approximately **0.03% of episodes in 2020**.

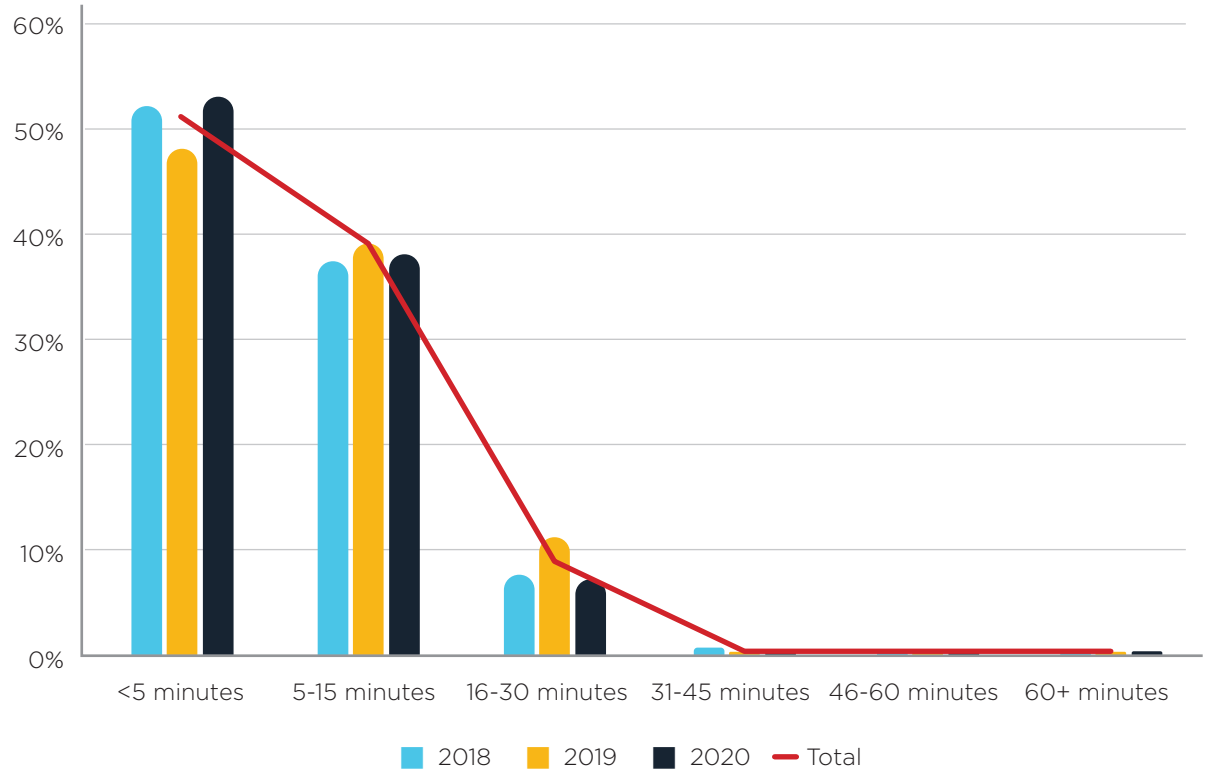


Figure 8: *Physical restraint duration breakdown, 2018–2020*

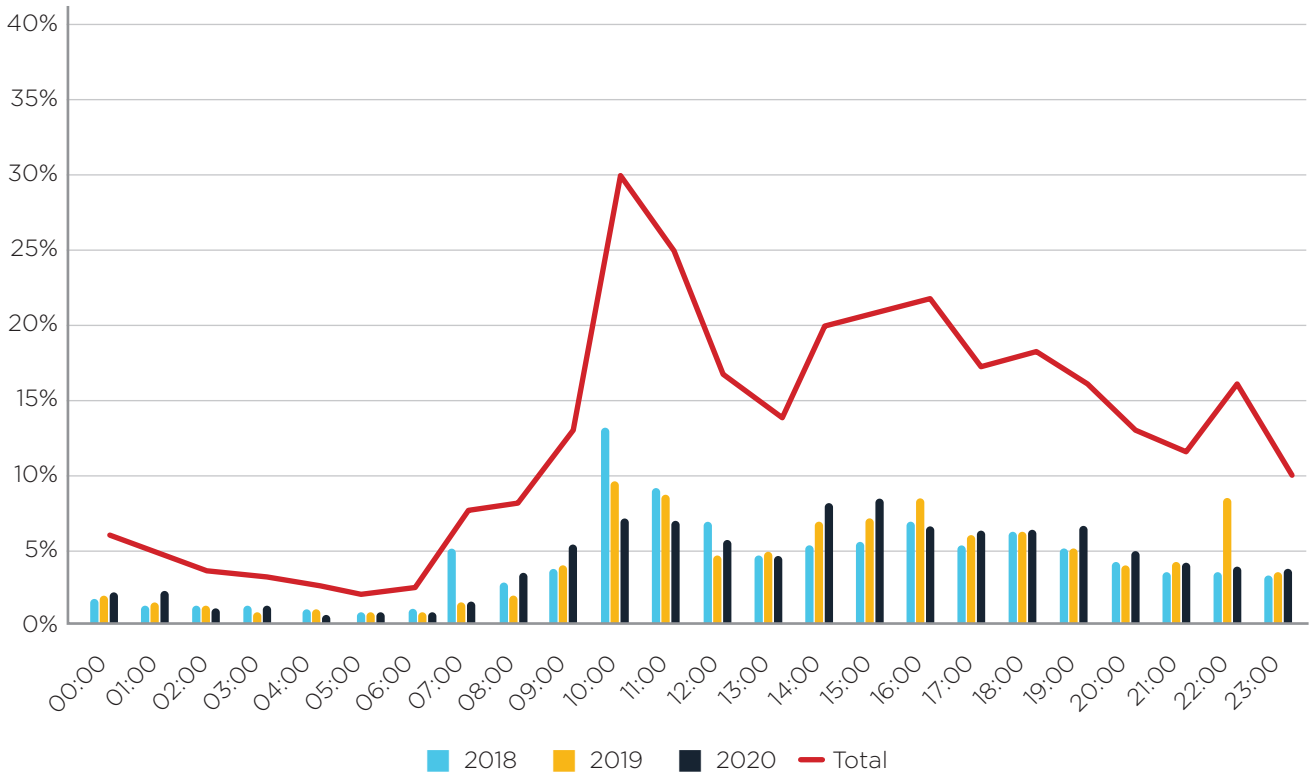


Figure 9: *Commencement time of physical restraint, 2018–2020*

Figure 10 shows a relatively even spread of commencement of episodes of physical restraint across the year 2020. However, **58%** of episodes occurred in the first half of the year of 2020 (January to June). **June** had the highest proportion of physical restraint episodes (**11.5%**), while **August** and **September** reported the smallest number of episodes (**6.9%**).

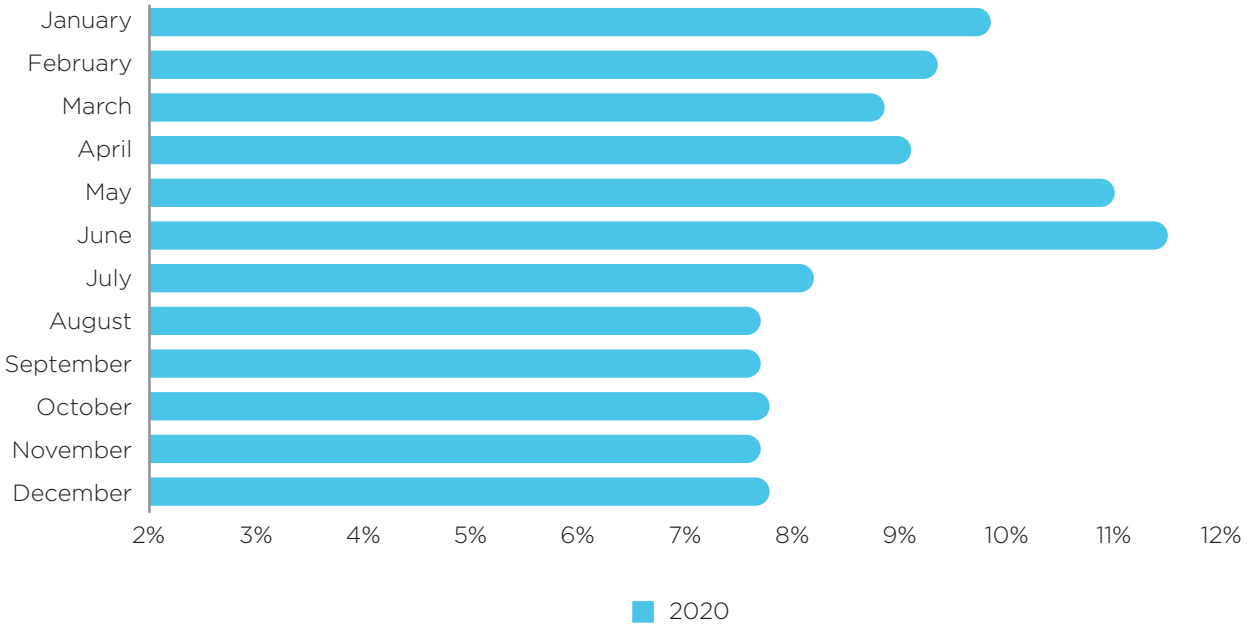
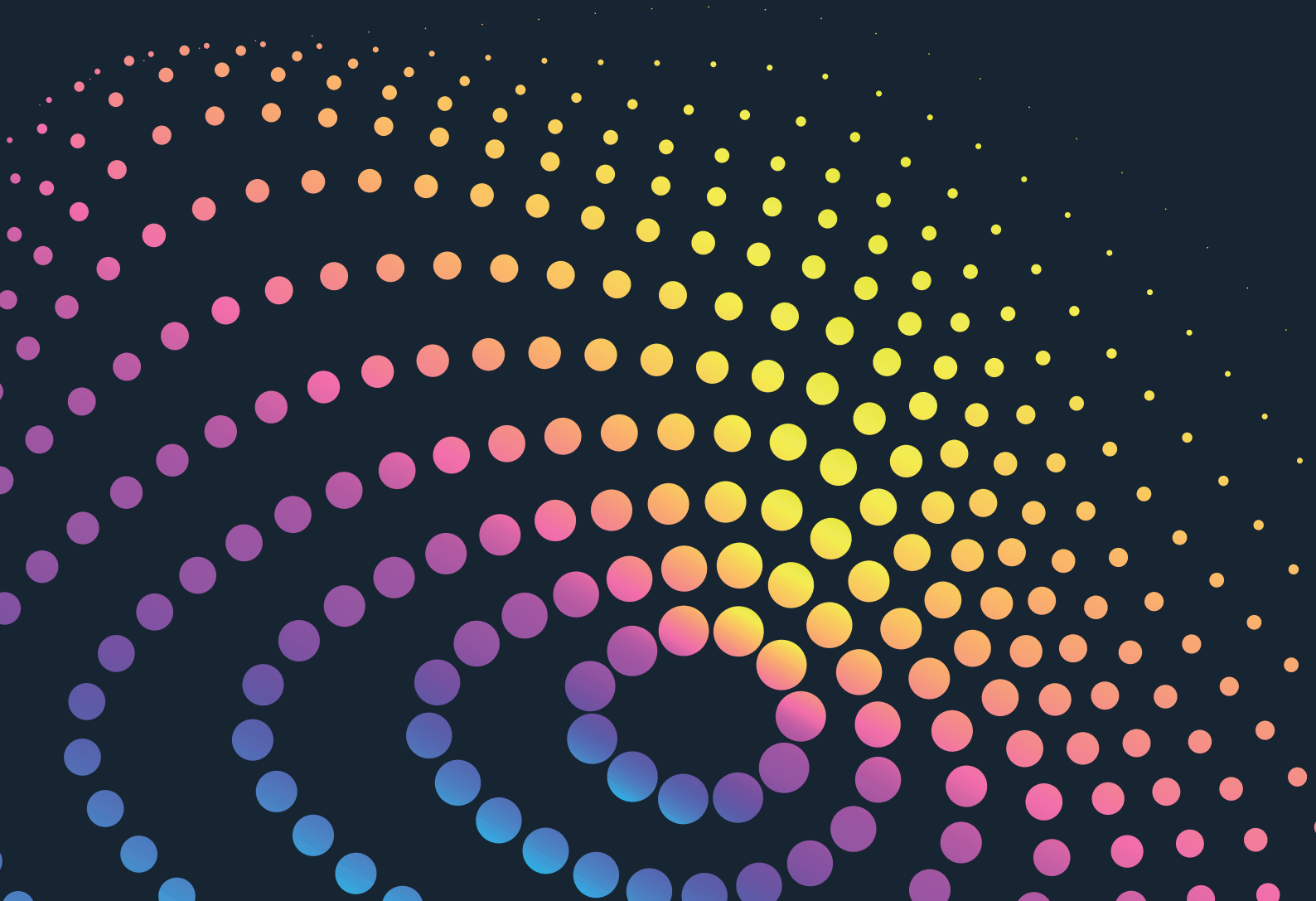


Figure 10: *Monthly breakdown of commencement of episodes of physical restraint, 2020*

CHAPTER

5

Restrictive interventions by approved centre



RESTRICTIVE INTERVENTIONS BY APPROVED CENTRE

Summary

- In both 2020 (66) and 2019 (65), all approved centres that used seclusion also used physical restraint.
- Physical restraint accounted for 68.4% of restrictive practices utilised in approved centres in 2020, compared to 75.0% in 2019.
- There were a total of 5,830 episodes of seclusion and physical restraint in 2020, compared to 6,747 episodes in 2019.
- In 2020, 1,880 residents were either secluded or physically restrained. In 2019, the number of residents was 1,803.
- Only two approved centres reported the use of mechanical restraint in 2020, compared to one service in 2019.
- The number of residents who are subject to mechanical restraint remains low.
- Comparing the use of restrictive practices across services over time should be done with caution, as per the data limitations outlined in Section 1.3.

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 2020, there were a total of 5,830 episodes of seclusion and physical restraint recorded nationally, which involved 1,880 residents of approved centres.[1] This equates to a rate of 3.1 episodes per resident either secluded or physically restrained, lower than in both 2019 and 2018, as per below.

In 2019, there were a total of 6,747 episodes of seclusion and physical restraint recorded nationally, involving 1,803 residents of approved centres. This equates to a rate of 3.7 episodes per resident either secluded or physically restrained. In 2018, there were 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 also 3.7.

Physical restraint was the most frequently used of the restrictive interventions monitored by the MHC. It was used in the majority of approved centres and accounted for **68.4%** of all monitored restrictive interventions in 2020. Usage in 2020 was lower than in 2019 (**75.0%**) and 2018 (**76.0%**). Seclusion accounted for **31.6%** of restrictive interventions in 2020, higher than in both 2019 (**25.0%**) and 2018 (**24.0%**). This can be explained by the lower number of reported incidents of physical restraint in 2020.

All approved centres that used seclusion also used physical restraint. In **79%** 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 MHC 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 2020.

Episodes of physical restraint increased year on year from 2008 (2,123) to 2018 (5,665), followed by a decrease in 2019 (5,028) and 2020 (3,990). In relation to seclusion, there has been an overall decrease from 2008 (2,642) to 2020 (1,840). However, the duration of episodes of seclusion must also be considered when examining this trend. Furthermore, the total number of seclusion episodes has remained relatively stable since 2011, with incremental increases and decreases from year to year, and an average seclusion frequency of 1,576 episodes per annum over the nine-year period. *Figure 12* shows that in 2008, services reported 12% of seclusion episodes lasting longer than eight hours. This statistic is small in comparison to 46% of episodes in 2018, 43% in 2019 and **62% in 2020 lasting longer than eight hours**. In other words, in comparison to 2008, there were fewer episodes of seclusion in 2018, 2019 and 2020, 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) needs to be considered when comparing use of restrictive practices between services and over time.

[1] There is the potential for overlap or duplication of records in the numbers regarding residents secluded and physically restrained in 2020. For this reason, the combined figures for residents subject to restrictive practices should not be used for calculations or comparative analysis.

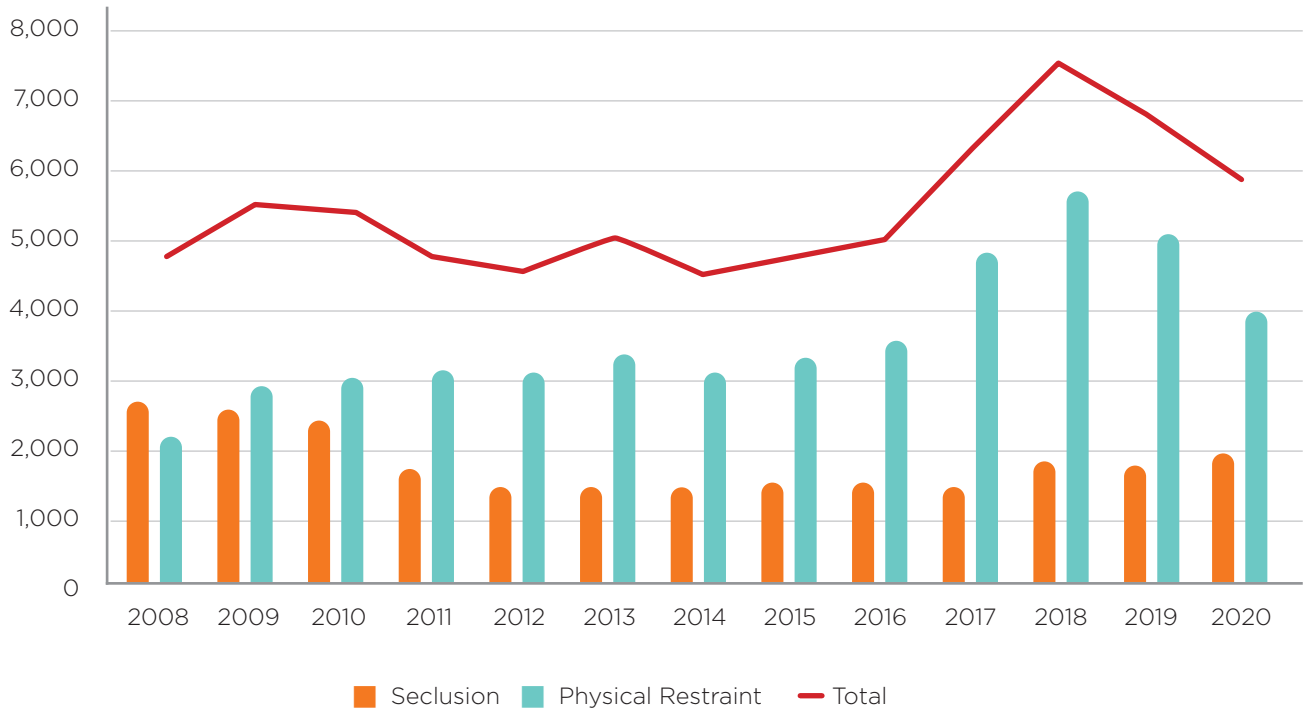


Figure 11: *Seclusion and physical restraint, 2008 to 2020*

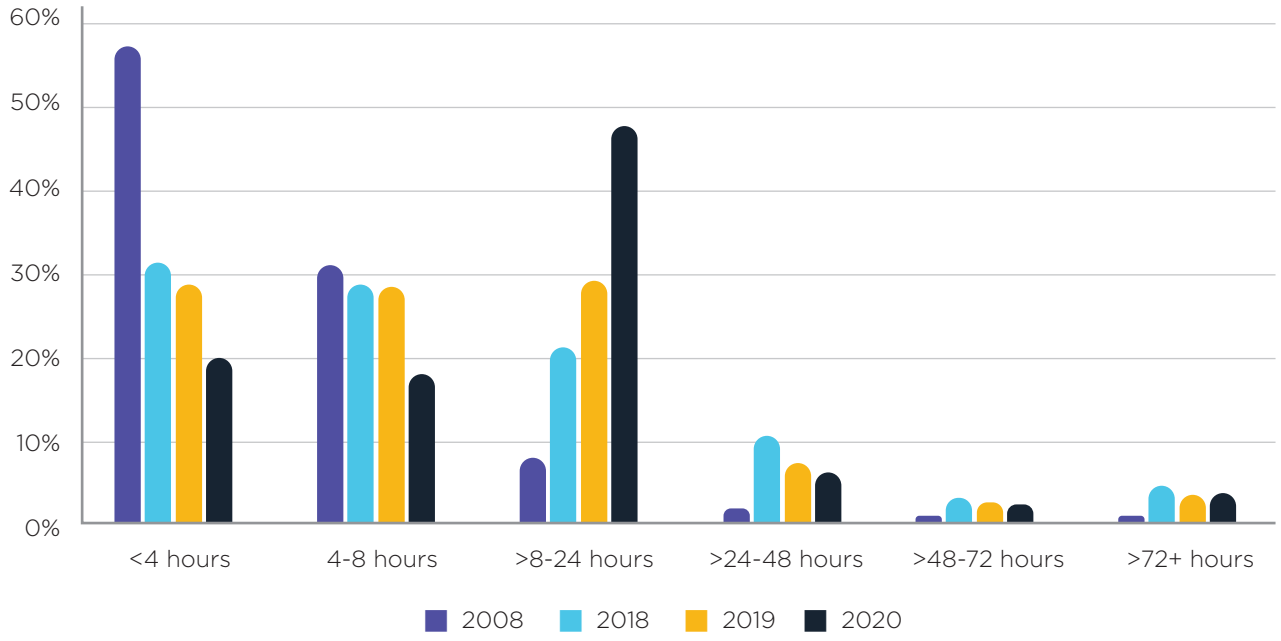


Figure 12: *Seclusion duration 2008, 2018, 2019 and 2020*

CHAPTER

6

Ten-year comparison of physical restraint and seclusion data

TEN-YEAR COMPARISON OF PHYSICAL RESTRAINT AND SECLUSION DATA

It has been 12 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 are not necessarily a useful indicator of the performance and general service provision of any approved centre in particular, or of the service provision in the country generally from year to year. Large numerical differences may be 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 **general increase in the number of physical restraint episodes between 2008 and 2020**, with a sharp increase in 2017 and 2018, followed by a decrease in 2019 and 2020. **Seclusion episodes have generally decreased since 2008**, with the number of residents undergoing seclusion remaining relatively static. The **number of residents experiencing physical restraint has also tended to increase year on year**. The general increase in physical restraint episodes and residents restrained may be a result of increased numbers of resident admissions. The reduction in episodes and residents undergoing seclusion may be as a result of the Restraint Reduction Strategy (MHC, 2014).

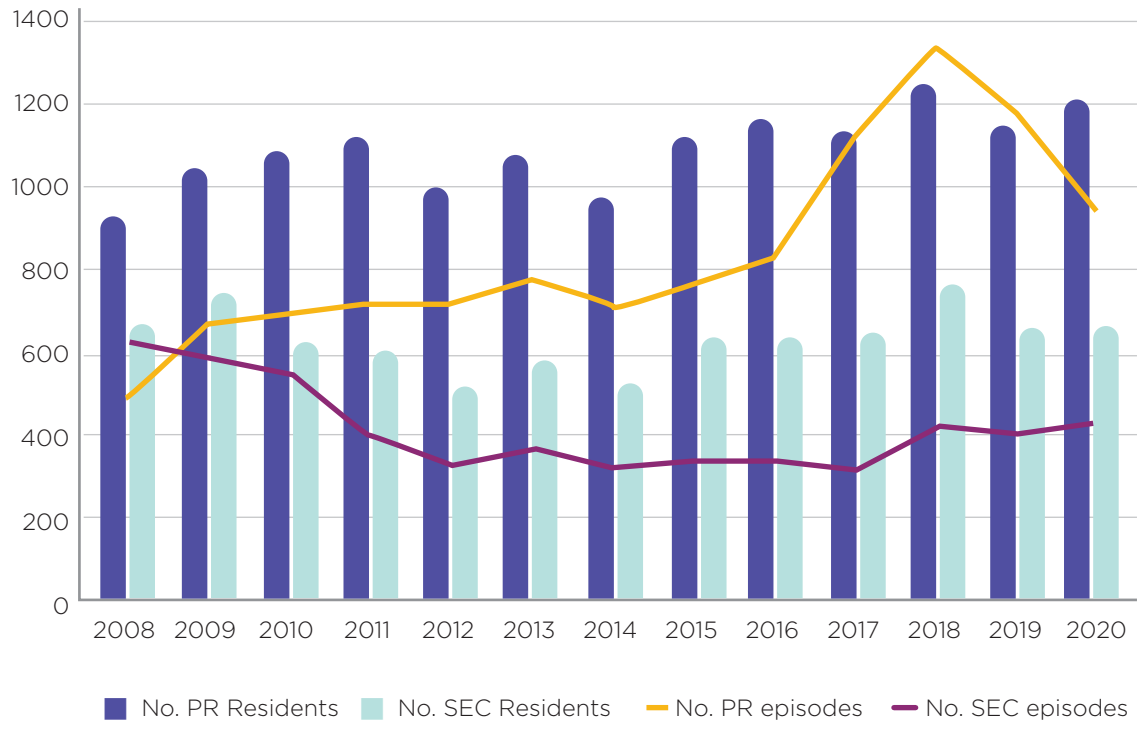


Figure 13: *Number of episodes of physical restraint; episodes of seclusion; residents physically restrained; and residents secluded, 2008–2020*

Figure 14 indicates the fluctuating but steady decrease in the number of seclusion episodes lasting less than eight hours since 2008. **In 2008, 88% of episodes lasted less than eight hours, decreasing to 72% in 2019, and to 38% in 2020.** This may indicate a future trend of fewer episodes of seclusion being reported, but seclusion episodes lasting for longer when they do occur.

The **least common duration for an episode of seclusion over the 10-year period remained 72 hours or more** (ranging from 1% in 2008 to 4% in 2020), with the **fastest-growing time bracket being between eight and 24 hours** (ranging from 7% in 2008 to 22% in 2015, and increasing to 49% in 2020).

Figure 15 illustrates that **a higher ratio of male residents were placed in seclusion each year** between 2008 (65.1%) and 2020 (62.3%).

While the number of female residents placed in seclusion increased slightly over 2014 (44.0%), 2015 (47.0%) and 2016 (46.0%), on average approximately 38% of secluded residents each year across the 12-year period were female.

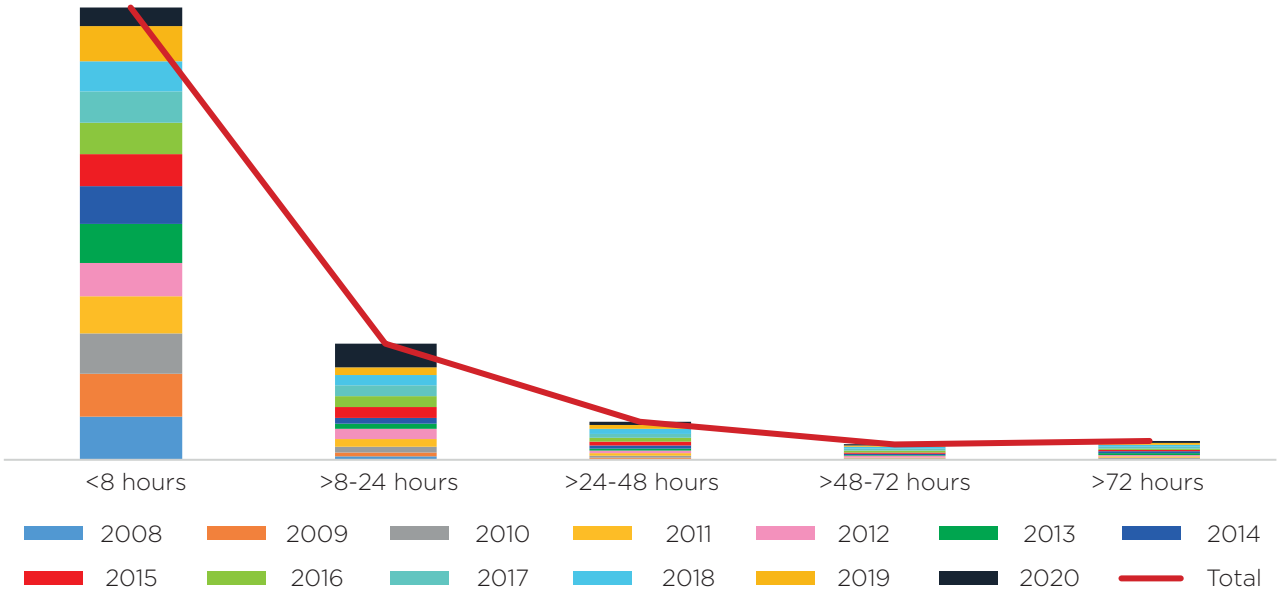


Figure 14: *Duration of episodes of seclusion, 2008–2020*

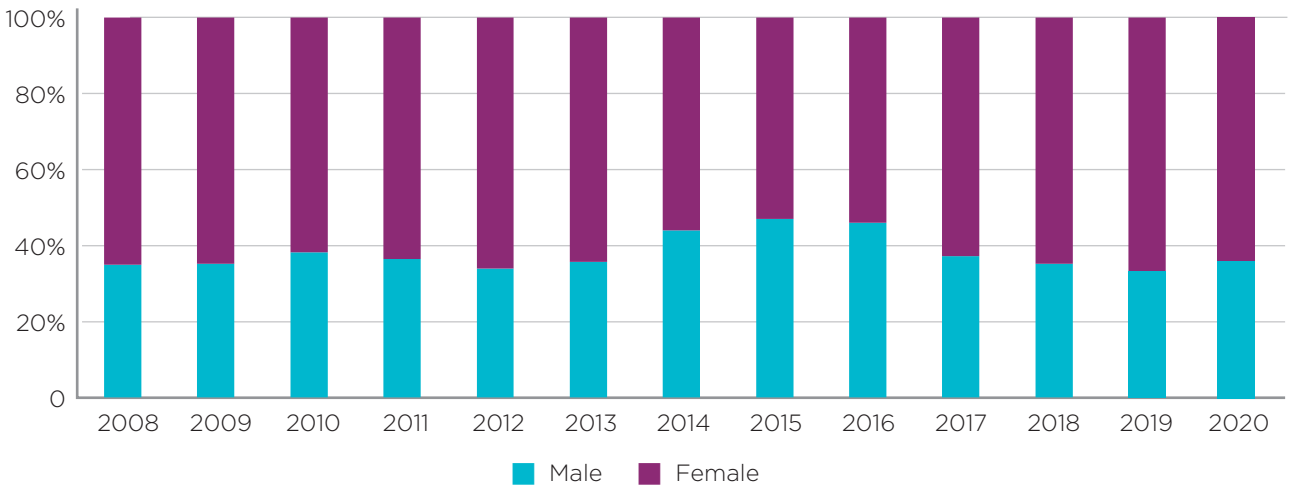


Figure 15: *Gender of residents placed in seclusion, 2008–2020*

Figure 16 shows that over the period 2012 to 2020, the most common age bracket of residents secluded was between 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 for seclusion were residents under 18 years, followed by residents over 70 years.

Figure 17 indicates that between 2012 (the first year that approved centres were required to record this information) and 2020, 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 presented information only in three eight-hour blocks, which has limited the extent of comparison.

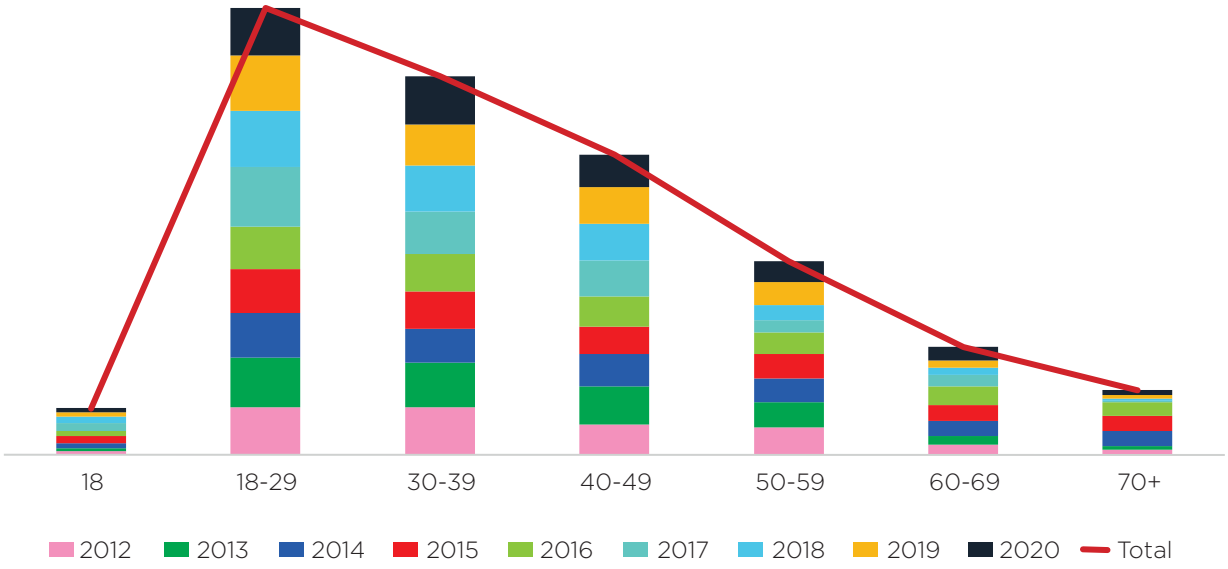


Figure 16: *Age of residents placed in seclusion, 2012–2020*

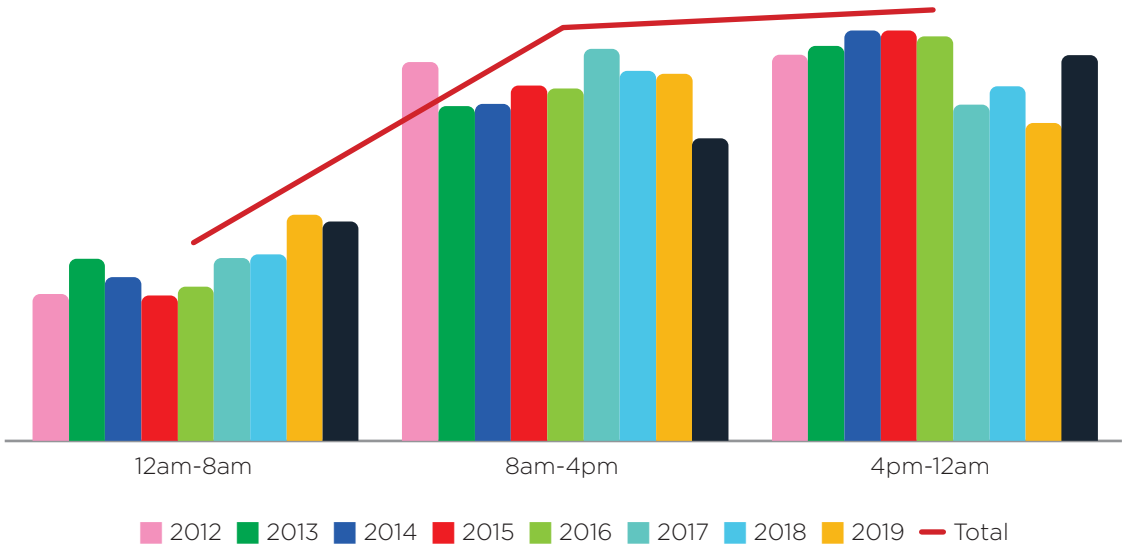


Figure 17: *Commencement time of episode of seclusion, 2012–2019*

Figure 18 shows that the most common age group of residents physically restrained was 18–29 years, except for 2012 and 2020, when the most common age group was 30–39 years.

The least common age group of residents being physically restrained between the years of 2012 and 2020 was consistently the under-18 cohort, with the next least common being the over-70 cohort.

Figure 19 shows that approximately equal numbers of female and male residents were physically restrained between 2008 and 2020, with small fluctuations year on year. **On average, 54% of physically restrained residents were male each year.**

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

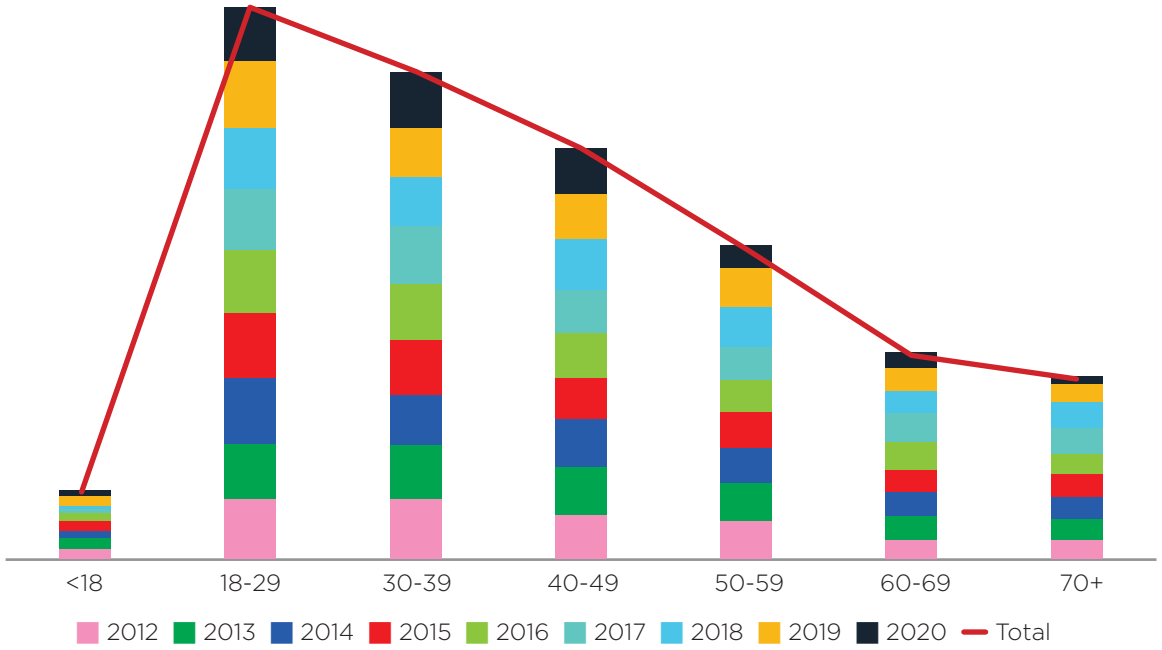


Figure 18: *Age of residents physically restrained, 2012–2020*

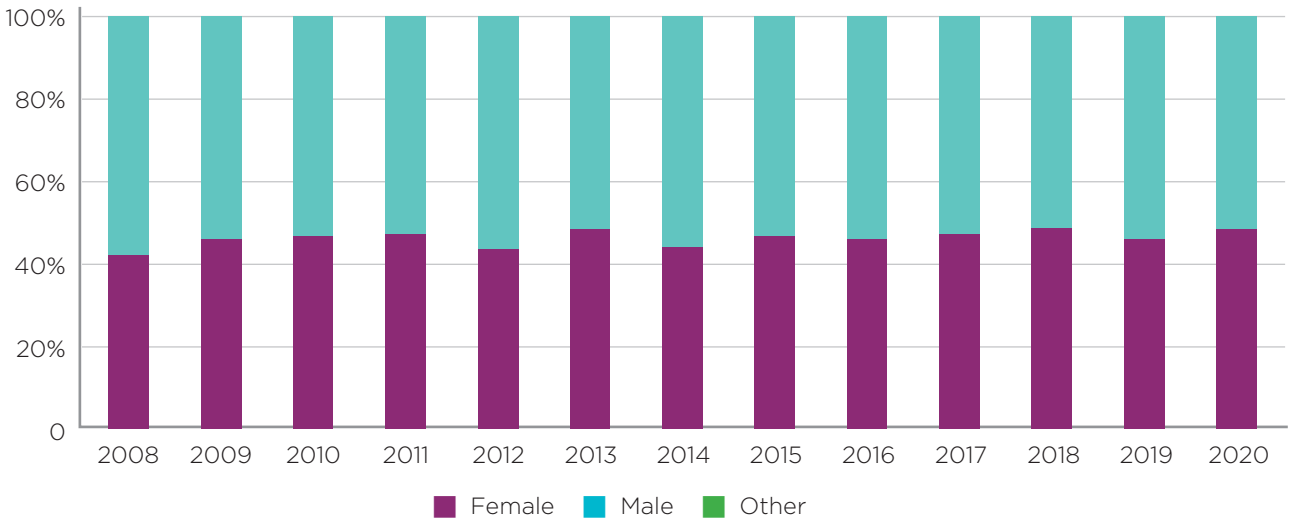


Figure 19: *Gender of residents physically restrained, 2008–2020*

Figure 20 indicates that the vast majority of episodes of physical restraint lasted for less than 15 minutes (ranging from 87% to 93% of episodes) between 2008 and 2020.

The least common duration of episodes of physical restraint was between 46 minutes and one hour (average of 0.6% per annum), followed by 31 to 45 minute episodes (average 0.7% per annum), and episodes lasting more than one hour (average 0.7% per annum).

Figure 21 shows that the majority of episodes of physical restraint between 2014 and 2020 commenced between 8am and 4pm, with the least common timeframe being between 4pm and 12am in 2014 and 2015, and between 12am and 8am from 2016 to 2020.

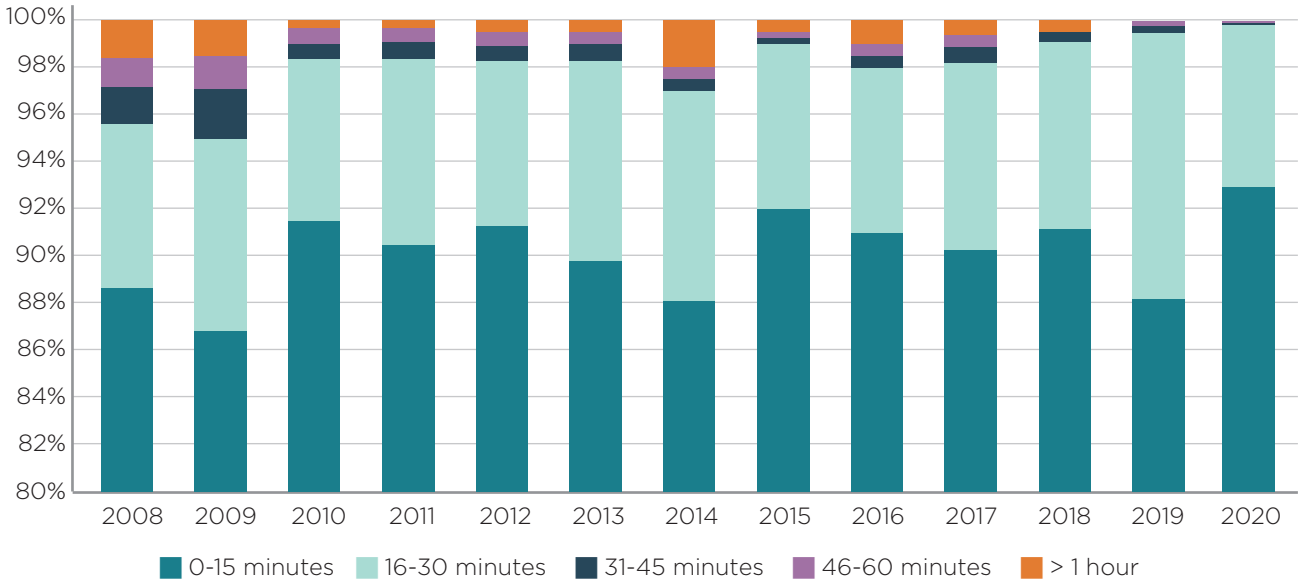


Figure 20: *Duration of physical restraint 2008–2020. Percentage of orders*

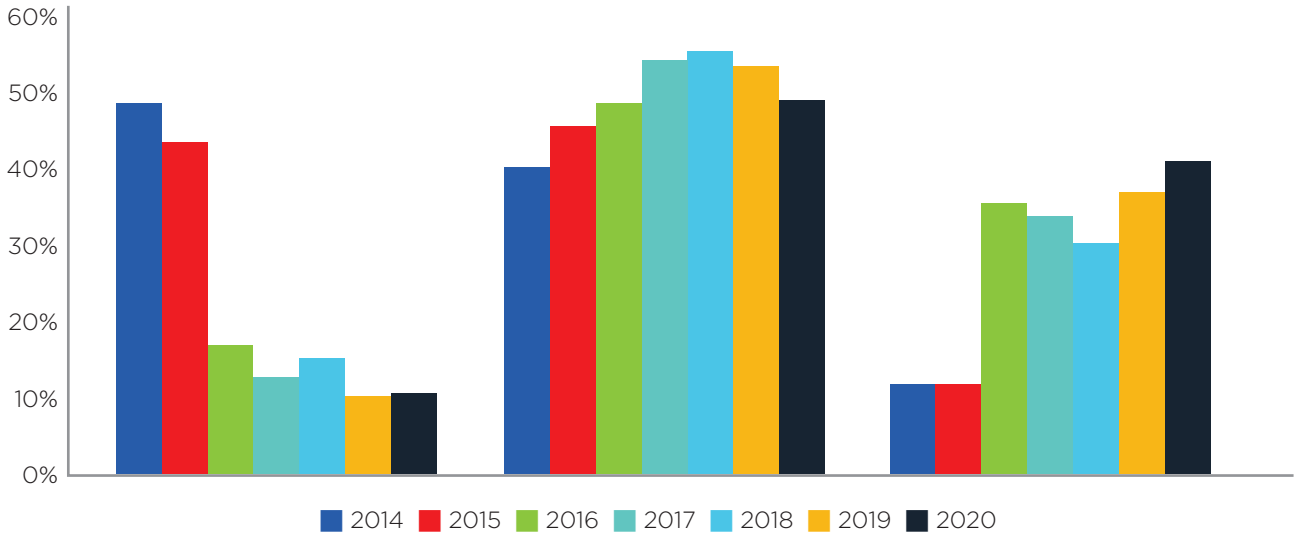


Figure 21: *Commencement time of episode of physical restraint, 2014–2020*

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

CHAPTER

7

Discussion and conclusion

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 self or others continues to be very rarely used despite an increase in a single centre in 2020.

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 MHC 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 highlights 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. The MHC strongly advocates for the use of de-escalation measures over restrictive practices.

For such measures to be successful, it is essential that staff are appropriately trained in de-escalation and in clinical risk management. In 2017, the MHC 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 the use of restrictive practices in their own service. Data are provided as a way of identifying opportunities for reduction strategies nationally.

The data presently available enable 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 must be anonymised in accordance with national data protection legislation, identifying the overlap between or potential duplication of records of residents secluded and physically restrained was difficult. However, every attempt to remove duplicate records using available data was made during analysis. Being cognisant of data protection requirements, additional data on the residents involved and the services 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 MHC from services. The MHC is in the process of rolling out its Comprehensive Information System (CIS) Restrictive Practice function, so that approved centres can submit contemporaneous data in respect of each restrictive practice episode. For future activity reports, annual data returns will no longer be required from approved centres.

Conclusion

Overall, the MHC is concerned that there continues to be an upward trend in the use of physical restraint across approved services in Ireland since 2008. Although the number of recorded episodes of mechanical restraint remains low, there was a significant increase in episodes involving a small number of residents in 2020. The MHC is hopeful that in 2021 and beyond, the frequency of mechanical restraint returns to the low numbers observed in previous years. It is positive to note that 2020 continued the general decrease in the number of episodes of seclusion since 2008, and that the number of residents who undergo seclusion has not increased in the past 12 years. The MHC recommends that approved centres continue to use the framework set out in the Restraint Reduction Strategy (MHC, 2014) to reduce the use of restrictive practices in their service. Finally, the MHC's ongoing review of the relevant Rules and Code of Practice, and the launch of the CIS Restrictive Practice notification function in the coming months, will allow for improved analysis and increased scrutiny and overall awareness of the use of restrictive practices nationally.

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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 the 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 are taken from information collected in these registers. Nominated staff in approved centres returned a separate annual report for the year 2020 using the prescribed MS Excel templates, which have been included in this Appendix 1.

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 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

APPENDIX 2: LIST OF APPROVED CENTRES

Table 7 below provides a breakdown of each approved centre and associated bed numbers across each CHO between 2018 and 2020. Across the nine CHOs and three independent services, the average number of beds available in 2020 was 227. The six approved centres under CAMHS provided the lowest number of beds (98), while the six Independent services provided the largest number of beds (706). In relation to the CHOs, CHO 4 (Cork and Kerry) provided the largest number of beds (342 beds across nine approved centres), while CHO 6 (Dun Laoghaire, Dublin South East and Wicklow) provided the lowest number of beds (114 beds across three approved centres) in 2020.

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

Area/Sector	Grographical location	Bed numbers 2018	Bed numbers 2019	Bed numbers 2020	Approved centre [name as registered]	Total ACs in CHO	Total Beds in CHO
CHO Area 1	Cavan, Donegal, Leitrim, Monaghan and Sligo	25	25	25	Acute Psychiatric Unit, Cavan General Hospital	6	152
		34	34	34	Department of Psychiatry, Letterkenny General Hospital		
		28	32	32	Sligo/Leitrim Mental Health In-patient Unit		
		N/A	N/A	25	Adult Mental Health Unit. Sligo University Hospital		
		N/A	N/A	16	Blackwater House. Co Monaghan		
		20	20	20	St Davnet's Hospital - Blackwater House		
CHO Area 2	Galway, Mayo and Roscommon	32	32	32	Adult Mental Health Unit, Mayo University Hospital	8	175
		22	22	22	An Coillín, Co Mayo		
		22	22	22	Department of Psychiatry, Roscommon University Hospital		
		50	50	50	Adult Acute Mental Health Unit (formerly Department of Psychiatry), University Hospital Galway		
		12	12	12	St Anne's Unit, Sacred Heart Hospital		
		14	14	14	Creagh Suite, St Brigid's Healthcare Campus		
		10	7	7	Teach Aisling, Co Mayo		
		21	16	16	Wood View Co Galway		

Area/Sector	Grographical location	Bed numbers 2018	Bed numbers 2019	Bed numbers 2020	Approved centre [name as registered]	Total ACs in CHO	Total Beds in CHO
CHO Area 3	Clare, Limerick and North Tipperary	42	42	50	Acute Psychiatric Unit 5B, University Hospital Limerick	4	136
		39	39	39	Acute Psychiatric Unit, Ennis Hospital		
		32	32	32	Cappahard Lodge, Co Clare		
		15	15	15	Tearmann Ward, St Camillus' Hospital		
CHO Area 4	Cork and Kerry	50	50	50	Acute Mental Health Unit, Cork University Hospital	10	258
		18	18	18	Carraig Mór Centre, Cork		
		18	18	18	Centre for Mental Health Care and Recovery, Bantry General Hospital		
		N/A	8	16	Cois Dalua, Co Cork		
		24	24	24	Owenacurra Centre, Co Cork		
		34	34	34	Sliabh Mis Mental Health Admission Unit, University Hospital Kerry		
		21	21	21	St Catherine's Ward, St Finbarr's Hospital		
		50	50	50	St Michael's Unit, Mercy University Hospital		
		87	87	87	Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital		
		40	40	40	Deer Lodge, Co Kerry		
CHO Area 5	Carlow, Kilkenny, South Tipperary, Waterford and Wexford	44	44	44	Department of Psychiatry, St Luke's Hospital	6	202
		44	44	44	Department of Psychiatry, University Hospital Waterford		
		40	36	34	Grangemore Ward & St Aidan's Ward, St Otteran's Hospital		
		40	40	40	Haywood Lodge, Co Tipperary		
		20	20	20	Selskar House, Farnogue Residential Healthcare Unit		
		20	20	20	St Gabriel's Ward, St Canice's Hospital		
CHO Area 6	Dun Laoghaire, Dublin South East and Wicklow	52	52	46	Avonmore and Glencree Units, Newcastle Hospital	3	114
		36	39	39	Elm Mount Unit, St Vincent's University Hospital		
		34	52	29	Le Brun House & Whitethorn House, Vergemount Mental Health Facility		

Area/Sector	Grographical location	Bed numbers 2018	Bed numbers 2019	Bed numbers 2020	Approved centre [name as registered]	Total ACs in CHO	Total Beds in CHO
CHO Area 7	Dublin South City, Dublin South West, Dublin West, Kildare and West Wicklow	52	52	52	Acute Psychiatric Unit, Tallaght Hospital	3	128
		47	47	47	Jonathan Swift Clinic		
			29	29	Lakeview Unit, Naas General Hospital		
CHO Area 8	Laois, Longford, Louth, Meath, Offaly and Westmeath	44	44	44	Admission Unit and St Edna's Unit, St Loman's Hospital	6	226
		46	46	46	Department of Psychiatry, Midland Regional Hospital, Portlaoise		
		46	46	46	Drogheda Department of Psychiatry		
		30	28	28	Maryborough Centre, St Fintan's Hospital		
		42	42	42	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre		
		20	20	20	St Ita's Ward, St Brigid's Hospital		
CHO Area 9	Dublin North City and County	44	44	46	Ashlin Centre, Dublin 9	7	226
		47	47	47	Department of Psychiatry, Connolly Hospital		
		25	25	21	O'Casey Rooms, Fairview Community Unit		
		54	54	54	Phoenix Care Centre, Dublin 7		
		15	15	13	St Aloysius Ward, Mater Misericordiae University Hospital		
		45	45	45	St Vincent's Hospital, Fairview		
		25	25	0	Sycamore Unit, Connolly Hospital		
Independent	All located in Dublin	114	115	124	Bloomfield Hospital, Dublin 16	6	706
		111	112	112	Highfield Hospital, Dublin 9		
		7	7	7	Lois Bridges, Dublin 13		
		52	52	52	St Edmundsbury Hospital, Co Dublin		
		183	159	170	St John of God Hospital (includes Cluain Mhuire beds)^		
		241	241	241	St Patrick's University Hospital		

Area/Sector	Grographical location	Bed numbers 2018	Bed numbers 2019	Bed numbers 2020	Approved centre [name as registered]	Total ACs in CHO	Total Beds in CHO
CAMHS	Dublin, Galway and Cork	10	12	12	Adolescent In-patient Unit, St Vincent's Hospital, Dublin~	6	98
		20	20	20	Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital, Galway		
		20	16	16	Eist Linn Child and Adolescent In-patient Unit, Cork		
		N/A	12	12	Ginesa Suite- Co Dublin		
		22	24	24	Linn Dara Child and Adolescent Mental Health In-patient Unit, Cherry Orchard, Dublin		
		14	14	14	Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin		
National Specialist Services	All located in Dublin	107	103	106	Central Mental Hospital – National Forensic Mental Health Service	2	197
		126	96	91	St Joseph's Intellectual Disability Service		

** Bed numbers: registered beds as at time of closure or as of 31 December 2020. 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 inpatient 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, the 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 2020 were included in the table.

Of the 66 approved centres listed, **20 (30%) did not use physical restraint in 2020**, while **40 (60%) services did not use seclusion**. In 2019, 8 used no physical restraint and 39 approved centres used no seclusion. All centres that did not use physical restraint in 2020 and 2019 also did not use seclusion. 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, 2019–2020*

Approved centre	2019				2020				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2019	Beds	Seclusion	Physical restraint	Total episodes 2020	
Linn Dara Child & Adolescent Inpatient Unit	24	33	1,054	1,087	24	93	601	694	1,781
Sligo/Leitrim Mental Health Inpatient Unit	32	32	773	805	32	17	50	67	872
Central Mental Hospital	103	86	279	365	106	65	317	382	747
Department of Psychiatry, University Hospital Waterford	44	222	133	355	44	199	141	340	695
Phoenix Care Centre	54	41	94	135	54	326	193	519	654
Adult Mental Health Unit, Mayo University Hospital	32	64	165	229	32	79	285	364	593
Department of Psychiatry, St Luke's Hospital, Kilkenny	44	250	77	327	44	159	63	222	549
Department of Psychiatry, Connolly Hospital	47	75	138	213	47	117	128	245	458
Adult Acute Mental Health Unit, University Hospital Galway	50	78	181	259	50	33	87	120	379
Acute Psychiatric Unit, Tallaght Hospital	52	82	86	168	52	103	107	210	378
St Vincent's Hospital, Fairview	45	59	123	182	45	52	114	166	348

Approved centre	2019				2020				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2019	Beds	Seclusion	Physical restraint	Total episodes 2020	
Avonmore & Glencree Units, Newcastle Hospital	52	63	81	144	46	66	130	196	340
Ashlin Centre	44	63	91	154	46	57	97	154	308
Drogheda Department of Psychiatry	46	92	79	171	46	43	70	113	284
Jonathan Swift Clinic, St James's Hospital	47	0	169	169	47	0	115	115	284
St Patrick's University Hospital	241	0	122	122	241	0	162	162	284
Lakeview Unit, Naas General Hospital	29	69	75	144	29	65	70	135	279
Carraig Mór Centre	18	73	119	192	18	28	28	56	248
Acute Mental Health Unit, Cork University Hospital	50	0	139	139	50	0	102	102	241
Department of Psychiatry, Midland Regional Hospital, Portlaoise	46	29	43	72	46	76	95	171	243
Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	34	49	79	128	34	42	52	94	222
Department of Psychiatry, Roscommon University Hospital	22	119	30	149	22	36	30	66	215
Admission Unit & St Edna's Ward, St Loman's Hospital	44	39	39	78	44	43	70	113	191
Acute Psychiatric Unit, Ennis Hospital	39	16	85	101	39	25	63	88	189
St John of God Hospital (includes Cluain Mhuire beds)	159	22	33	55	170	55	75	130	185
St Aloysius Ward, Mater Misericordiae University Hospital	15	36	53	89	13	31	61	92	181
Elm Mount Unit, St Vincent's University Hospital	39	0	67	67	39	0	111	111	178
Adolescent Inpatient Unit, St Vincent's Hospital	12	2	9	11	12	3	161	164	175

Approved centre	2019				2020				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2019	Beds	Seclusion	Physical restraint	Total episodes 2020	
Acute Psychiatric Unit, Cavan General Hospital	25	0	107	107	25	0	44	44	151
St Michael's Unit, Mercy University Hospital	50	0	74	74	50	0	70	70	144
Department of Psychiatry, Letterkenny General Hospital	34	10	63	73	34	11	57	68	141
Acute Psychiatric Unit 5B, University Hospital Limerick	42	0	86	86	50	0	30	30	116
Child & Adolescent Mental Health Inpatient Unit, Merlin Park University Hospital	20	8	76	84	20	2	17	19	103
Eist Linn Child & Adolescent Inpatient Unit	16	0	20	20	16	0	52	52	72
Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital	87	0	28	28	87	0	28	28	56
St Joseph's Intellectual Disability Services	96	7	17	24	91	14	14	28	52
Cois Dalua	8	0	12	12	16	0	36	36	48
Bloomfield Hospital	115	0	21	21	124	0	14	14	35
Centre for Mental Health Care & Recovery, Bantry General Hospital	18	0	13	13	18	0	16	16	29
Maryborough Centre, St Fintan's Hospital	28	0	12	12	28	0	15	15	27
Teach Aisling	7	0	25	25	7	0	0	0	25
An Coillín	22	0	13	13	22	0	0	0	13
St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	42	0	9	9	42	0	0	0	9
Highfield Hospital	112	0	4	4	112	0	4	4	8
Grangemore Ward & St Aidan's Ward, St Otteran's Hospital	36	0	3	3	34	0	5	5	8

Approved centre	2019				2020				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2019	Beds	Seclusion	Physical restraint	Total episodes 2020	
Ginesa Suite	12	0	7	7	12	0	0	0	7
St Gabriel's Ward, St Canice's Hospital	20	0	3	3	20	0	4	4	7
St Davnet's Hospital – Blackwater House	20	0	2	2	20	0	3	3	5
Haywood Lodge	40	0	3	3	40	0	0	0	3
St Edmundsbury Hospital	52	0	3	3	52	0	0	0	3
Willow Grove Adolescent Unit	14	0	2	2	14	0	0	0	2
Cappahard Lodge	32	0	2	2	32	0	0	0	2
Wood View	16	0	2	2	16	0	0	0	2
Tearmann Ward, St Camillus's Hospital	15	0	1	1	15	0	1	1	2
Selskar House, Farnogue Residential Healthcare Unit	20	0	1	1	20	0	1	1	2
Deer Lodge	40	0	1	1	40	0	0	0	1
LeBrun House & Whitethorn House, Vergemount Mental Health Facility	52	0	1	1	29	0	0	0	1
St Ita's Ward, St Brigid's Hospital, Ardee	20	0	1	1	20	0	0	0	1
St Anne's Unit, Sacred Heart Hospital	12	0	0	0	12	0	1	1	1
Creagh Suite, St Brigid's Healthcare Campus	14	0	0	0	14	0	0	0	0
Sycamore Unit, Connolly Hospital	25	0	0	0	0	0	0	0	0
Lois Bridges	7	0	0	0	7	0	0	0	0
O'Casey Rooms, Fairview Community Unit	25	0	0	0	21	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
Adult Mental Health Unit. Sligo University Hospital	N/A	0	0	N/A	16	0	0	0	0
Blackwater House	N/A	0	0	N/A	20	0	0	0	0

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 in 2020. Only approved centres that reported using seclusion in 2020 and 2019 are included. Phoenix Care Centre reported the **highest number of seclusion episodes in 2020 (326)**. CAMHS Merlin Park University Hospital reported the **lowest number (2)**.

Table 9 includes the number of episodes in 2019 for context and to demonstrate 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 MHC 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 2019 and 2020. Section 2.1 of the main report highlighted that the national rate of episodes to residents was 2.8 in 2020 and 2.6 in 2019.

In some approved centres, including Phoenix Care Centre and Linn Dara, 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 2019, Carraig Mór Centre and DOP Roscommon, which had a large number of episodes of seclusion involving a small number of residents, had greatly reduced their rates of seclusion in 2020.

As highlighted earlier, episodes of seclusion are only one measure. Total hours of recorded seclusion should also be considered. Table 9 therefore also provides information on the average duration of seclusion episodes in each approved centre in 2020 and 2019.

The Central Mental Hospital (NFMHS) recorded the highest average duration of seclusion in both 2020 (185 hours 28 minutes) and 2019 (126 hours 3 minutes). Given the nature of the Central Mental Hospital's role 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 (14 hours 12 minutes) is exclusive of the Central Mental Hospital.

Of the 26 (excluding the Central Mental Hospital) approved centres that reported episodes of seclusion in 2020, 14 (54%) had an average seclusion duration higher than the national average.

The five approved centres with the highest number of episodes of seclusion, including Phoenix Care Centre (326), DOP University Hospital Waterford (199) and DOP St Luke's Hospital Kilkenny (159), all reported an average seclusion duration lower than the national average in 2020. In contrast, St Loman's Hospital reported only 43 episodes of seclusion in 2020 but had an average seclusion duration of 66 hours and 18 minutes. Ashlin Centre reported a similar trend, with 57 episodes of seclusion, and an average duration of 40 hours and two minutes.

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 comparison, other approved centres use seclusion less frequently but for longer periods of time. Furthermore, approved centres may report a significant shift in seclusion rates and average seclusion duration year on year, most notably Phoenix Care Centre when comparing 2020 and 2019 figures.

Figure 22 provides a breakdown of the duration of episodes of seclusion in approved centres in 2020. *Figure 3* in Section 2.2 of the main report identified that in 2020, 19.9% of all episodes of seclusion reported nationally lasted for less than four hours, with a further 17.9% of episodes lasting for between eight and 24 hours, while only 4.1% lasted for more than 72 hours. In 2019, 28.7% of episodes lasted for less than four hours, 28.4% for between four and eight hours, and 3.7% for more than 72 hours.

In 2020, 37.8% of episodes lasted for eight hours or less, a significant decrease from 57.1% in 2019. Episodes of seclusion exceeding 72 hours were reported by 13 approved centres in 2020, an increase

from 11 approved centres in 2019. By comparison, in 2018, 17 centres reported episodes of seclusion exceeding 72 hours.

Data from 2020 indicate that the number of episodes of seclusion has remained relatively stable (1,719 episodes in 2019 and 1,822 episodes in 2020). Similarly, the average length of seclusion episodes rose in 2020 (16 hours 15 minutes) compared to 2019 (14 hours 29 minutes), but not significantly so. It is also important to note that 41% of approved centres reported no seclusion episodes lasting longer than 24 hours in 2020, lower than in 2019 (44%).

The duration of episodes of seclusion in 2020 ranged from approximately one minute across a number of centres to 2,424 hours (Central Mental Hospital). In 2019, episodes ranged from 30 seconds to 3,837 hours (Central Mental Hospital). 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 2020*

Rank 2020	Rank 2019	Approved centre	Sector	# Beds 2019	# Beds 2020	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/ resident)			Average duration (hr:min:sec)		
						2019	2020	Change	2019	2020	Change	2019	2020	Change	2019	2020	Change
1	16	Phoenix Care Centre	CHO 9	54	54	41	326	+	23	17	-	1.8	19.2	+	42:07:31	7:44:56	-
2	2	DOP University Hospital Waterford	CHO 5	44	44	222	199	-	73	56	-	3.0	3.6	+	4:20:23	5:30:14	+
3	1	DOP St Luke's Hospital Kilkenny	CHO 5	44	44	250	159	-	38	34	-	6.6	4.7	-	7:20:00	7:08:47	-
4	8	DOP Connolly Hospital	CHO 9	47	47	75	117	+	45	63	+	1.7	1.9	+	13:25:26	15:26:18	+
5	6	Acute Psychiatric Unit Tallaght Hospital	CHO 7	52	52	82	103	+	34	52	+	2.4	2.0	-	3:54:27	5:25:20	+
6	19	Linn Dara CAMHS Inpatient Unit, Cherry Orchard	CAMHS	24	24	33	93	+	10	10	-	3.3	9.3	+	3:11:35	23:36:40	+
7	11	AMHU, Mayo University Hospital	CHO 2	32	32	64	79	+	28	37	+	2.3	2.1	-	3:44:37	5:14:32	+
8	21	DOP Midland Regional Hospital Portlaoise	CHO 8	46	46	29	76	+	22	42	+	1.3	1.8	+	23:42:56	24:04:42	+

Rank 2020	Rank 2019	Approved centre	Sector	# Beds 2019	# Beds 2020	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/ resident)			Average duration (hr:min:sec)		
						2019	2020	Change	2019	2020	Change	2019	2020	Change	2019	2020	Change
9	13	Avonmore & Glencree Units, Newcastle Hospital	CHO 7	52	46	63	66	+	15	12	-	4.2	5.5	+	37:09:23	28:25:18	-
10	5	Central Mental Hospital	NFMHS	103	106	86	65	-	26	19	-	3.3	3.4	+	126:03:36	185:28:52	+
10	10	Lakeview Unit Naas General Hospital	CHO 7	29	29	69	65	-	45	38	-	1.5	1.7	+	21:49:50	17:12:23	-
11	12	Ashlin Centre	CHO 9	44	46	63	57	-	37	33	-	1.7	1.7	=	20:36:02	40:02:38	+
12	22	St John of God Hospital (incl. Cluain Mhuire)*	INDP/ CHO6	159	170	22	55	+	7	32	+	3.1	1.7	-	29:47:32	20:05:37	-
13	14	St Vincent's Hospital Fairview	CHO 9	45	45	59	52	-	30	32	+	2.0	1.6	-	13:58:25	22:59:09	+
14	4	Drogheda DOP	CHO 8	46	46	92	43	-	57	29	-	1.6	1.5	-	15:37:55	18:10:56	+
14	17	St Loman's Hospital	CHO 8	44	44	39	43	+	26	23	-	1.5	1.9	+	5:29:51	66:18:50	+
15	15	Sliabh Mis University Hospital Kerry	CHO 4	34	34	49	42	-	23	44	+	2.1	1.0	-	17:28:12	8:24:24	-
16	3	DOP Roscommon University Hospital	CHO 2	22	22	119	36	-	12	16	+	9.9	2.3	-	5:09:49	4:09:08	-
17	7	Adult Acute Mental Health Unit, University Hospital Galway	CHO 2	50	50	78	33	-	38	23	-	2.1	1.4	-	18:08:58	30:09:51	+
18	18	St Aloysius Ward Mater Hospital	CHO 9	15	13	36	31	-	11	9	-	3.3	3.4	+	6:34:45	7:11:25	+
19	9	Carraig Mór Centre	CHO 4	18	18	73	28	-	14	11	-	5.2	2.5	-	7:19:28	10:11:54	+

Rank 2020	Rank 2019	Approved centre	Sector	# Beds 2019	# Beds 2020	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/ resident)			Average duration (hr:min:sec)		
						2019	2020	Change	2019	2020	Change	2019	2020	Change	2019	2020	Change
20	23	Acute Psychiatric Unit, Ennis Hospital	CHO 3	39	39	16	25	+	12	6	-	1.3	4.2	+	5:47:04	5:26:52	-
21	20	Sligo Leitrim Mental Health Inpatient Unit	CHO 1	32	32	32	17	-	19	15	-	1.7	1.1	-	10:21:00	16:50:07	+
22	26	St Joseph's Intellectual Disability Service	NIDS	96	91	7	14	+	3	3	=	2.3	4.7	+	0:49:09	1:39:51	+
23	24	DOP Letterkenny	CHO 1	34	34	10	11	+	6	9	+	1.7	1.2	-	9:41:30	15:08:49	+
24	27	AIPU St Vincent's Hospital	CAMHS	12	12	2	3	+	2	3	+	1.0	1.0	=	11:58:00	4:04:00	-
25	25	Child and Adolescent Mental Health Inpatient Unit, Merlin Park University Hospital	CAMHS	20	20	8	2	-	3	1	-	2.7	2.0	-	37:24:23	12:02:00	-
Total		All Approved Centres		1,237	1,240	1,719	1,840	+	659	669	+	74.6	88.4	+	18:37:51	22:31:37	+
		Excluding Central Mental Hospital		1,134	1,134	1,633	1,775	+	633	650	+	71.3	84.9	+	18:26:07	22:28:02	+

**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.*

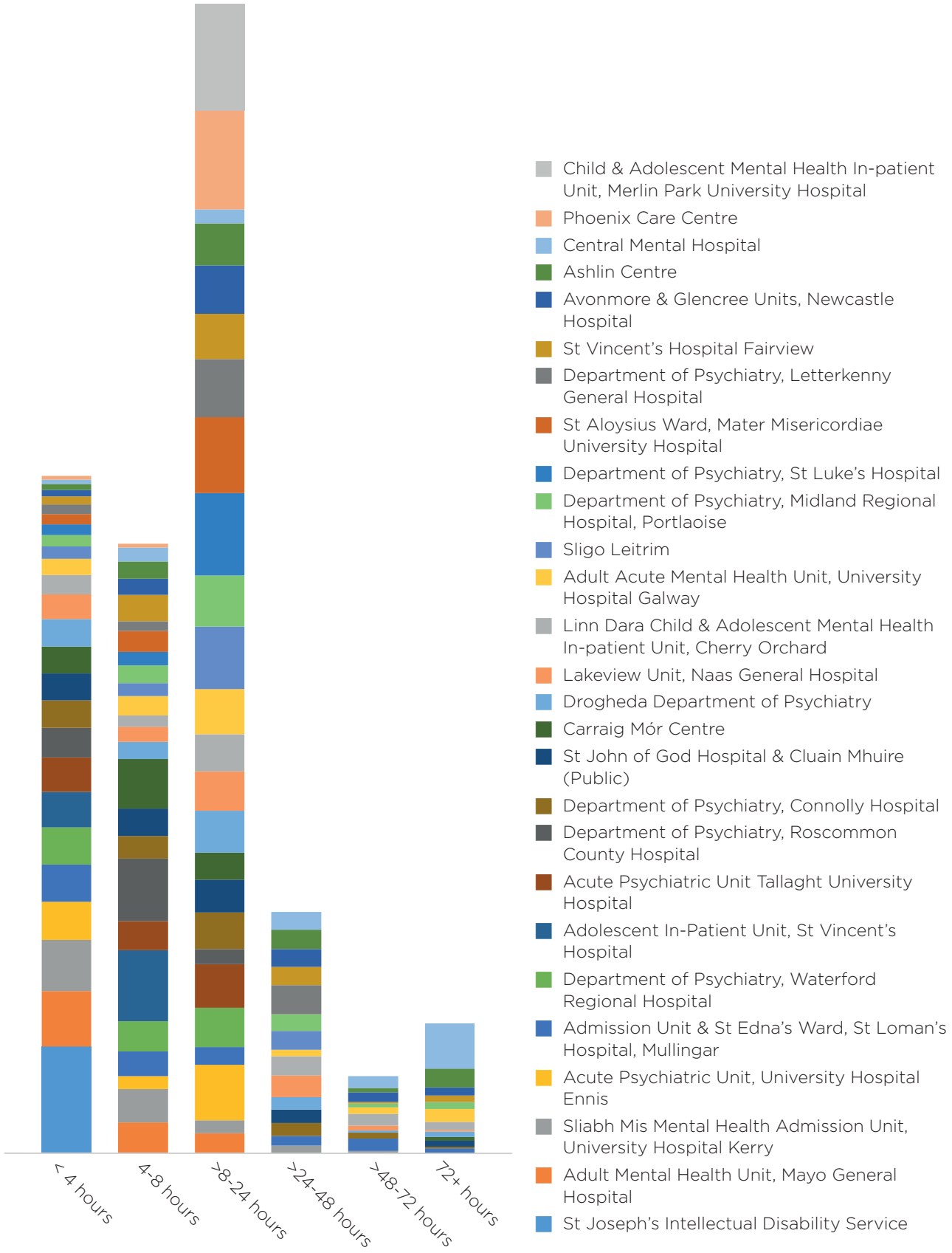

Figure 22: *Duration of seclusion by approved centre ranked by highest to lowest percentage of <4 hours, 2020*

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 2020, indicating the change in use over the two-year period 2019 to 2020.

Only approved centres that reported using physical restraint in 2020 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 in Section 4 indicates that between 2018 and 2020 there was 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 2019 and 2020.

Section 4.1 of the main report highlighted that the national rate was 3.3 episodes per resident restrained in 2020, a reduction on 4.7 episodes per resident in 2019. The rate of restraint may be skewed in some approved centres where a small number of residents were frequently restrained. The COVID-19 pandemic might also have played a factor in the number of reported physical restraint episodes in 2020.

Table 10 shows that Linn Dara CAMHS Inpatient Unit, Cherry Orchard reported the highest number of episodes of physical restraint in both 2020 (601) and 2019 (1,054). The Adolescent Inpatient Unit, St Vincent's Hospital reported the highest rate of physical restraint in 2020 (32.2), with Linn Dara having the highest rate in 2019 (40.5) – both as a result of a small number of residents being restrained on a frequent basis. Other approved centres had a high number of restraint episodes, with lower patient : episode restraint rates, such as ADHU, Mayo General Hospital (285 episodes and rate of 4.7) and Phoenix Care Centre (193 episodes and rate of 9.7) in 2020. Therefore, services that reported implementing physical restraint on a greater number of residents had a lower overall rate of restraint, as shown in Table 10.

Table 10: Physical Restraint – ranked by number of episodes of physical restraint 2019 and 2020

Rank 2020	Rank 2019	Approved centre	Sector	# Beds 2019	# Beds 2020	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/ resident)		
						2019	2020	Change	2019	2020	Change	2019	2020	Change
1	1	Linn Dara Child & Adolescent Mental Health Inpatient Unit, Cherry Orchard	CAMHS	24	24	1,054	601	-	26	39	+	40.5	15.4	-
2	3	Central Mental Hospital	NFMHS	103	106	279	317	+	19	16	-	14.7	19.8	+
3	6	Adult Mental Health Unit, Mayo General Hospital	CHO 2	32	32	165	285	+	49	61	+	3.4	4.7	+
4	14	Phoenix Care Centre	CHO 9	54	54	94	193	+	26	20	-	3.6	9.7	+
5	11	St Patrick's University Hospital	INDP	241	241	122	162		40	35	-	3.1	4.6	
6	42	Adolescent Inpatient Unit, St Vincent's Hospital	CAMHS	12	12	9	161	+	4	5	+	2.3		+
7	9	Department of Psychiatry, Waterford Regional Hospital	CHO 5	44	44	133	141	+	38	74	+	3.5	1.9	-
8	19	Avonmore & Glencree Units, Newcastle Hospital	CHO 6	52	46	81	130	+	15	18	+	5.4	7.2	+
9	8	Department of Psychiatry, Connolly Hospital	CHO 9	47	47	138	128	-	58	46	-	2.4	2.8	+
10	5	Jonathan Swift Clinic	CHO 7	47	47	169	115	-	58	84	+	2.9	1.4	-
11	10	St Vincent's Hospital Fairview	CHO 9	45	45	123	114	-	41	38	-	3.0	3.0	=
12	26	Elm Mount Unit, St Vincent's University Hospital	CHO 6	39	39	67	111	+	27	28	+	2.5	4.0	+
13	17	Acute Psychiatric Unit, Tallaght Hospital	CHO 7	52	52	86	107	+	37	55	+	2.3	1.9	-
14	7	AMHU, Cork University Hospital	CHO 4	50	50	140	102	-	46	50	+	3.0	2.0	-
15	15	Ashlin Centre	CHO 9	44	46	91	97	+	46	45	-	2.0	2.2	+
16	29	Department of Psychiatry, Midland Regional Hospital, Portlaoise	CHO 8	46	46	43	95	+	28	58	+	1.5	1.6	+
17	4	Adult Acute Mental Health Unit, University Hospital Galway	CHO 2	50	50	181	87	-	60	36	-	3.0	2.4	-
18	31	St John of God Hospital & Cluain Mhuire (Public)	INDP	159	170	33	75	+	9	34	+	3.7	2.2	-
19	24	Lakeview Unit, Naas General Hospital	CHO 7	29	29	75	70	-	36	32	-	2.1	2.2	+
20	20	Drogheda Department of Psychiatry	CHO 8	46	46	79	70	-	44	42	-	1.8	1.7	-
21	30	Admission Unit & St Edna's Ward, St Loman's Hospital, Mullingar	CHO 8	44	44	39	70	+	29	22	-	1.3	3.2	+

Rank 2020	Rank 2019	Approved centre	Sector	# Beds 2019	# Beds 2020	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/ resident)		
						2019	2020	Change	2019	2020	Change	2019	2020	Change
22	25	St Michael's Unit, Mercy Hospital, Cork	CHO 4	50	50	74	70	-	37	42	+	2.0	1.7	-
23	18	Acute Psychiatric Unit, University Hospital Ennis	CHO 3	39	39	85	63	-	41	32	-	2.1	2.0	-
24	22	Department of Psychiatry, St Luke's Hospital	CHO 5	44	44	77	63	-	42	44	+	1.8	1.4	-
25	28	St Aloysius Ward, Mater Misericordiae University Hospital	CHO 9	15	13	53	61	+	16	14	-	3.3	4.4	+
26	27	Department of Psychiatry, Letterkenny General Hospital	CHO 1	34	34	63	57	-	27	36	+	2.3	1.6	-
27	21	Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	CHO 4	34	34	78	52	-	33	45	+	2.4	1.2	-
28	36	Eist Linn CAMH Unit	CAMHS	16	16	20	52	+	6	5	-	3.3	10.4	+
29	2	Sligo Leitrim	CHO 1	32	32	773	50	-	26	27	+		1.9	-
30	13	APU Cavan General Hospital	CHO 1	25	25	107	44	-	19	23	+	5.6	1.9	-
31	40	Cois Dalua	INDP	8	16	12	36	+	3	5	+	4.0	7.2	+
32	32	Department of Psychiatry, Roscommon County Hospital	CHO 2	22	22	30	30	-	10	16	+	3.0	1.9	-
33	16	APU 5B, University Hospital Limerick	CHO 3	42	50	86	30	-	30	21	-	2.9	1.4	-
34	12	Carraig Mór Centre	CHO 4	18	18	119	28	-	24	12	-	5.0	2.3	-
35	33	St Stephen's Hospital	CHO 4	87	87	28	28	-	17	14	-	1.6	2.0	+
36	23	Child & Adolescent Mental Health Inpatient Unit, Merlin Park University Hospital	CAMHS	20	20	76	17	-	10	2	-	7.6	8.5	+
37	39	CMHCR Bantry	CHO 4	18	18	13	16	+	8	7	-	1.6	2.3	+
38	41	Maryborough Centre, St Fintan's Hospital	CHO 8	28	28	12	15	+	3	2	-	4.0	7.5	+
39	37	St Joseph's Intellectual Disability Service	NIDS	96	91	17	14	-	7	7	=	2.4	2.0	-
40	35	Bloomfield Mental Health Services	INDP	115	124	21	14	-	10	6	-	2.1	2.3	+
41	49	St Gabriel's Ward, St Canice's Hospital	CHO 5	20	20	3	4	+	3	4	+	1.0	1.0	=
42	45	Highfield Hospital	INDP	112	112	4	4	-	3	2	-	1.3	2.0	+
43	51	St Davnet's Hospital	CHO 1	20	20	2	3	+	2	1	-	1.0	3.0	+
44	-	St Anne's Unit, Sacred Heart Hospital	CHO 2	12	12	0	1	+	0	1	+	-	1.0	-

Rank 2020	Rank 2019	Approved centre	Sector	# Beds 2019	# Beds 2020	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/ resident)		
						2019	2020	Change	2019	2020	Change	2019	2020	Change
45	58	Tearmann Ward, St Camillus' Hospital	CHO 3	15	15	1	1	=	1	1	=	1.0	1.0	=
46	46	Grangemore Ward & St Aidan's Ward, St Otteran's Hospital	CHO 5	36	34	3	5	+	3	3	=	1.0	1.7	+
47	56	Selskar House, Farnogue Residential Healthcare Unit	CHO 5	20	20	1	1	=	1	1	=	1.0	1.0	=
Total		All applicable approved centre		2,238	2,264	4,959	3,990	-	1,118	1,211	+	4.4	3.3	-
		Excluding Central Mental Hospital		2,135	2,158	4,680	3673	-	1,099	1,195	+	4.3	3.1	-

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