MHC
Coimisiún Meabhair-Shláinte
Mental Health Commission

THE USE OF RESTRICTIVE PRACTICES IN APPROVED CENTRES

Seclusion, Mechanical Restraint and Physical Restraint

December 2019

Activities Report **2017 & 2018**

Contents

Glossary 3

Abbreviations 3

Summary of findings 4

Introduction 6

1. About the data 7
   - 1.1 Data coverage 7
   - 1.2 Data collection 7
   - 1.3 Data limitations 7

2. Use of Seclusion 8
   - 2.1 Residents placed in seclusion 8
   - 2.2 Duration of seclusion and time commenced 8

3. Use of mechanical restraint 14

4. Use of physical restraint 15
   - 4.1 Residents physically restrained 16
   - 4.2 Duration of physical restraint and time commenced 17

5. Restrictive interventions by approved centre 19

6. Ten-Year Comparison of Physical Restraint and Seclusion Data 21

7. Discussion and Conclusion 27

References 28

Appendix 1: Data collection procedures and templates 29

Appendix 2: List of Approved Centres 30

Appendix 3: Use of restrictive practices in approved centres 33

Appendix 4: Use of seclusion in approved centres 38

Appendix 5: Use of physical restraint in approved centres 45

Contents (Continued)

List of tables

Table 1: Number of approved centres 7

Table 2: Use of Seclusion by CHO/service provider 8

Table 3: Total duration of seclusion 10

Table 4: Use of mechanical means of bodily restraint by CHO/service provider 14

Table 5: Use of physical restraint by CHO/service provider 15

Table 6: Total duration of physical restraint 17

Table 7: Approved centre, area/sector, geographical location and bed numbers 30

Table 8: Approved centres ranked by total number of episodes of restrictive practices 33

Table 9: Seclusion – ranked by number of episodes of seclusion 2017 and 2018 39

Table 10: Physical Restraint – ranked by number of episodes of physical restraint 2017 and 2018 46

List of figures

Figure 1: Age of residents placed in seclusion 9

Figure 2: Gender of residents placed in seclusion 9

Figure 3: Seclusion duration breakdown 11

Figure 4: Seclusion duration breakdown by CHO/service provider 2017 12

Figure 5: Seclusion duration breakdown by CHO/service provider 2018 12

Figure 6: Commencement time of seclusion 13

Figure 7: Gender of residents physically restrained 16

Figure 8: Age of residents physically restrained 17

Figure 9: Physical restraint duration breakdown 18

Figure 10: Commencement time of physical restraint 18

Figure 11: Seclusion and physical restraint 2008 to 2018 20

Figure 12: Seclusion duration 2008, 2017 and 2018 20

Figure 13: Number of episodes of physical restraint; episodes of seclusion; residents physically restrained; and residents secluded, 2008-2018 21

Figure 14: Duration of episodes of seclusion, 2008-2018 22

Figure 15: Gender of residents placed in seclusion, 2008-2018 22

Figure 16: Age of residents placed in seclusion, 2012-2018 23

Figure 17: Commencement time of episode of seclusion, 2012-2018 24

Figure 18: Age of residents physically restrained, 2012-2018 24

Figure 19: Gender of residents physically restrained, 2008-2018 25

Figure 20: Duration of physical restraint, 2008-2018 (Percentage of orders) 25

Figure 21: Commencement time of episode of physical restraint, 2014-2018 26

Figure 22: Duration of seclusion by approved centre ranked by highest to lowest percentage of <4 hours 2017 43

Figure 23: Duration of seclusion by approved centre ranked by highest to lowest percentage of <4 hours 2018 44

Glossary

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

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

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

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

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

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

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

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

Abbreviations

CAMHS: Child and Adolescent Mental Health Service

CHO: Community Health Organisation

Independent: Independent Service Provider

MHC: Mental Health Commission

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

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

Summary of findings

- Restrictive practices, including physical restraint and/or seclusion, were used in the majority of in-patient mental health services (approved centres) in 2017 and 2018.
- In total there were **7,420** episodes of restrictive practices reported to the Mental Health Commission in 2017 and **7,464** in 2018.
- When the Commission started reporting on restrictive practices in 2008, there were **4,765** combined episodes of physical restraint and seclusion.
- In December 2014, the Commission published a *Seclusion and Restraint Reduction Strategy* which set out a framework for the reduction of restrictive practices in approved centres.

Seclusion

- Seclusion was used in **41%** of approved centres in 2017 and **42%** in 2018, as compared to **42%** in 2016.
- There were **1,392** episodes of seclusion in 2017, a decrease from the **1,475** episodes in 2016, but which again increased in 2018 to **1,799**.
- **646** people were secluded in 2017 and **760** people were secluded in 2018.
- The HSE Community Healthcare Organisation (CHO) with the highest rate of episodes of seclusion per population in both 2017 and 2018 was *CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, and Wexford*.
- In both 2017 and 2018, the CHO with the lowest rate of episodes of seclusion per population was *CHO 3: Clare, Limerick, North Tipperary/East Limerick*.
- In 2017 and 2018, more male residents than female residents were secluded (**63%** and **65%** respectively).
- The majority of residents secluded were under **40 years of age** (65% in 2017, and 64% in 2018).
- The average age of a resident placed in seclusion in 2017 was **35** years, and **36** years in 2018.
- In 2017, there were 211 episodes where a person was locked in seclusion for over **24 hours**. In 2018, this rose to 317 episodes.
- In 2017, there were 49 episodes where a person was locked in seclusion for over **72 hours**. This compares to 81 episodes in 2018.
- There was considerable variation between approved centres in the average duration of seclusion.

Physical Restraint

- Physical restraint was used in **81%** of approved centres in 2017 and **85%** in 2018. This compares to 79% of approved centres in 2016.
- There were **4,773** episodes of physical restraint in 2017 and **5,665** in 2018. This was a year-on-year increase from **3,525** in 2016.
- **1,125** people were physically restrained in 2017 and **1,207** in 2018.
- In 2017 and 2018, the CHO with the highest rate of episodes of physical restraint per population was *CHO 9: Dublin North, Dublin Central, Dublin North West*.
- In 2017, the CHO with the lowest rate of episodes of physical restraint per population was *CHO 7: Kildare/ West Wicklow, Dublin West, Dublin South City, Dublin South West*; in 2018, the lowest rate was found in *CHO 3: Clare, Limerick, North Tipperary/East Limerick*.
- More male residents than female residents were physically restrained (53.9% male in 2017 and 51% male in 2018).
- More residents (51.4%) were **under the age of 40** in 2017, while more residents (54.2%) were **over the age of 40** in 2018.
- The average age of an approved centre resident undergoing physical restraint was **41** years of age in 2017 and **42** years of age in 2018.
- **86.8%** of episodes of physical restraint in 2017 and **87.6%** in 2018 lasted for **less than 15 minutes**.
- The highest proportion of episodes of physical restraint in 2017 and 2018 were initiated between 10am and 11am.
- **25.4%** of residents restrained in 2017, and **22.8%** in 2018, were aged between 18 and 29.

Introduction

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

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

This is the Commission's ninth 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 2017 & 2018 is based on data that were collected by approved centres in accordance with the *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* (MHC, 2009a) and the *Code of Practice on the Use of Physical Restraint in Approved Centres* (MHC, 2009b), which regulate the use of seclusion, mechanical restraint and physical restraint in approved centres.

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

Our Vision

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

Our Mission

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

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

This report presents data from 2017 and 2018, with 2016 included for context in certain parts. The report describes the use of seclusion, mechanical restraint and physical restraint in 2017 and 2018 nationally, by sector (by CHOs and independent service providers) and by individual approved centres. Activity reports comprising previously collected data (2008-2016) can be accessed on our website at www.mhcirl.ie/publications.

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

1. About the data

1.1 Data coverage

Data are presented for all approved centres which were entered on the Register of Approved Centres during 2016 (66), 2017 (64) and 2018 (65). Table 1 reflects the number of approved centres on the Register at any time during the reporting year, including new registrations and closures. A full list of the approved centres operating during 2017 and 2018 is provided in *Appendix 2*.

Table 1: Number of approved centres

	2016	2017	2018
Approved centres	66	64	65

1.2 Data collection

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

Further information on data collection procedures, along with data collection templates, are included in *Appendix 1*.

1.3 Data limitations

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

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

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

- Differing practices and cultures.
- The range of de-escalation techniques available to, and employed within, a service.
- Variations in the prevalence and acuity of mental illness.
- Services in some areas treating more acute residents.
- Ward design factors, such as the availability of intensive care and low-stimulus facilities.
- Staff numbers, skills mix, experience, and training.
- The use of sedating psychotropic medication.
- The 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.

2. Use of seclusion

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

Data are presented here on the number of seclusion episodes, residents placed in seclusion, gender and age breakdown, and seclusion duration. Data are presented for 2017 and 2018 at a national level, with comparative data included from 2016, where relevant. Further information relating to the use of seclusion in individual approved centres is presented in *Appendix 4*.

Table 2 shows that in 2017, 26 approved centres (40.6%) reported 1,392 episodes of seclusion. In 2018, 27 approved centres (41.5%) reported 1,799 episodes of seclusion.

Seclusion was used in approved centres across all nine CHOs. In 2017, the total number of episodes of seclusion and rate per 100,000 population was highest in CHO 5, while the lowest number of episodes and rate was found in CHO 3. Similarly, in 2018, the highest rate of episodes of seclusion was in CHO 5, while the highest number of episodes was in CHO 9, and the lowest rate and number of episodes was in CHO 3. The Central Mental Hospital (CMH) and St Joseph's Intellectual Disability Service (NIDS) reported using seclusion in 2017 and 2018. It was also used in one approved centre in the independent sector, and in three CAMHS units.

Table 2: Use of seclusion by CHO/service provider

	2017				2018			
CHO/service provider	Census 2016	Episodes	Rate[1]	Approved centres	Census 2016	Episodes	Rate[1]	Approved centres
CHO 1	394,333	49	12.4	2	394,333	52	13.2	2
CHO 2	453,109	112	24.7	3	453,109	128	20.8	3
CHO 3	384,998	7	1.8	1	384,998	36	9.4	1
CHO 4	690,575	166	24	2	690,575	150	21.7	2
CHO 5	510,333	262	51.3	2	510,333	359	70.3	2
CHO 6	388,297	113	29.1	1	388,297	140	36.1	1
CHO 7	702,586	101	14.4	2	702,586	87	12.4	2
CHO 8	616,229	157	25.5	3	616,229	198	32.1	3
CHO 9	621,405	272	43.8	5	621,405	396	63.7	5
Independent	n/a	9	n/a	1	n/a	31	n/a	1
NIDS	n/a	4	n/a	1	n/a	32	n/a	1
CAMHS	n/a	84	n/a	3	n/a	113	n/a	3
CMH	n/a	56	n/a	1	n/a	77	n/a	1
Total	**4,761,865**	**1,392**	**29**	**27**	**4,761,865**	**1,799**	**37.8**	**27**

1 Rate equals rate per 100,000 population. The most recent census data (2016) were used to calculate rates for 2017 and 2018. Rates are not included for the Independent, CAMHS, NFMHS and NIDS, as they provide national services

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

2.1 Residents placed in seclusion

In 2017, 646 residents were placed in seclusion a total of 1,392 times. In 2018, 760 residents were placed in seclusion 1,799 times.

RATES OF SECLUSION PER RESIDENT

The rate of seclusion was 2.15 episodes per resident secluded in 2017, and 2.36 episodes per resident secluded in 2018.

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 2017 and 2018 is available in *Appendix 4*.

GENDER AND AGE

Figure 1: Age of residents placed in seclusion

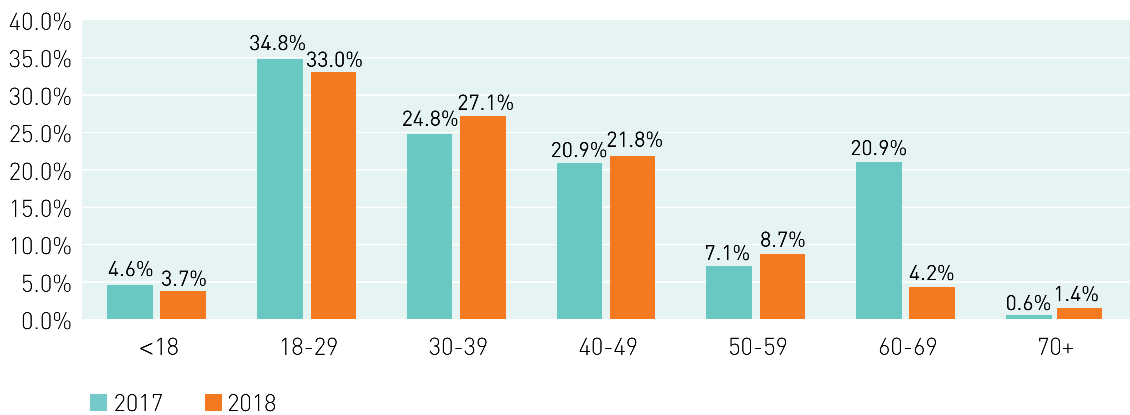
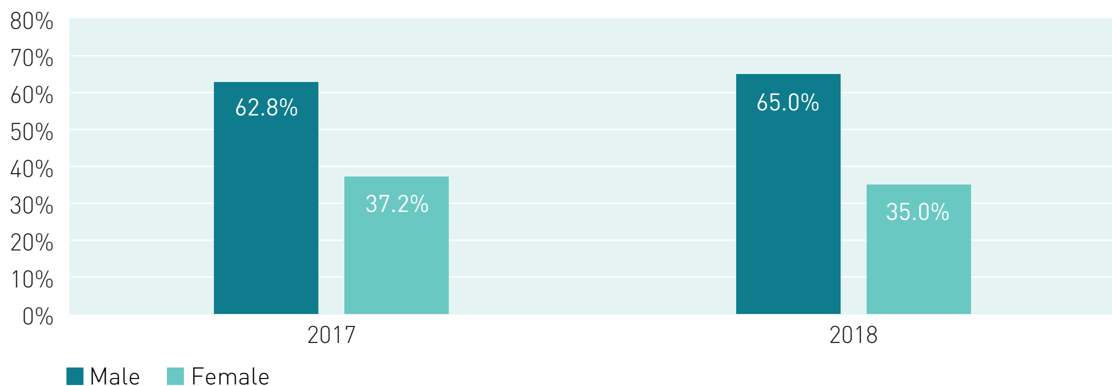


Figure 2 provides an overview of the age of residents secluded. The highest proportion of residents secluded were between the ages of 18-29 (31% and 31.2% in both 2017 and 2018). The age groups with the lowest proportion of seclusion were the under 18 and over 70 groups (1.1% and 1.9% respectively in 2017, and 2.6% and 1.9% respectively in 2018).

Figure 2: Gender of residents placed in seclusion

Figure 2 shows that in 2017 and 2018, more males (63% and 65% respectively) than females were placed in seclusion.



2.2 Duration of seclusion and time commenced

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

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

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

Table 3 shows that in 2017, a total of 24,467 hours of seclusion were reported nationally. This increased to 35,950 hours in 2018. The duration for a single episode of seclusion in 2017 ranged from 5 minutes to 2,895 hours, and in 2018, ranged from 5 minutes to 1,708 hours.

Table 3: Total duration of seclusion

	Hours and minutes		
Year	**Total hours**	**Shortest episode**	**Longest episode**
2016	24,402:39	00:01	1,916:30
2017	24,467	00:05	2,895:00
2018	35,950:16	00:05	1,708:58

The average duration of an episode of seclusion was 16 hours 8 minutes in 2017, and 15 hours 53 minute in 2018. The average in 2016 was 13 hours 6 minutes. These averages exclude the episodes from the Central Mental Hospital. The average duration in the Central Mental Hospital was 87 hours 39 minutes in 2017 and 111 hours 23 minutes in 2018. The average duration of seclusion reported by each approved centre in 2017 and 2018 is included in *Appendix 4*.

In both 2017 and 2018, six approved centres, although a different six in either year, reported an average duration of an episode of seclusion of longer than 24 hours:

2017

- Central Mental Hospital (88 hours)
- Phoenix Care Centre (66 hours)
- St Loman's (66 hours)
- Drogheda DOP (40 hours 30 minutes)
- Cluain Mhuire (34 hours)
- St John of God (25 hours)

2018

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

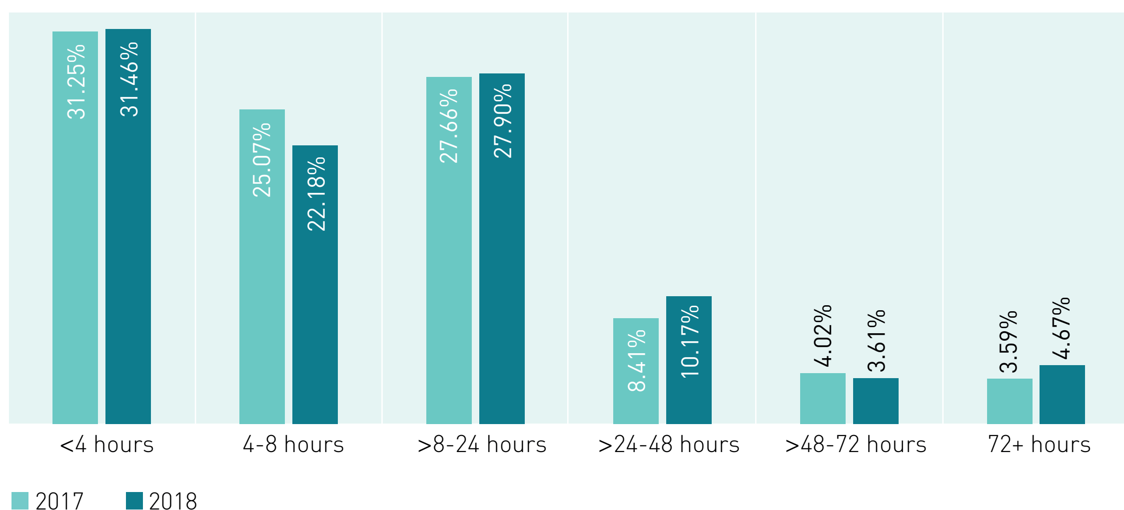
For reporting purposes, the duration of seclusion was grouped into six categories:

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

Figure 3 shows that, in 2017, the highest proportion of seclusion (25.1%) lasted for between four and eight hours, and the next most frequent duration was less than four hours (31.25%). In 2018, the highest proportion of seclusion (32.1%) lasted for between four and eight hours, with the next most frequent duration being for less than four hours (31.5%).

In 2017, 3.5% of seclusion episodes lasted for more than 72 hours, increasing to 4.5% in 2018. In 2017, 16 approved centres recorded episodes of seclusion exceeding 72 hours. In 2018, this figure rose to 17 approved centres.

Figure 3: Seclusion duration breakdown



Figures 4 and 5 below provide a breakdown of the duration of seclusion episodes across the nine CHOs, and additional independent services, in 2017 and 2018 respectively. These figures illustrate that there was considerable variation in the duration of seclusion across the different geographic areas in both years. CHO 5, which had the highest number of episodes of seclusion, reported that 88.9% of episodes in 2017, and 76.8% of episodes in 2018, lasted for eight hours or less. In contrast, for residents in CHO 6, the majority of seclusion episodes lasted for longer than eight hours in both 2017 (72%) and 2018 (66%).

Figure 4: Seclusion duration breakdown by CHO/service provider 2017

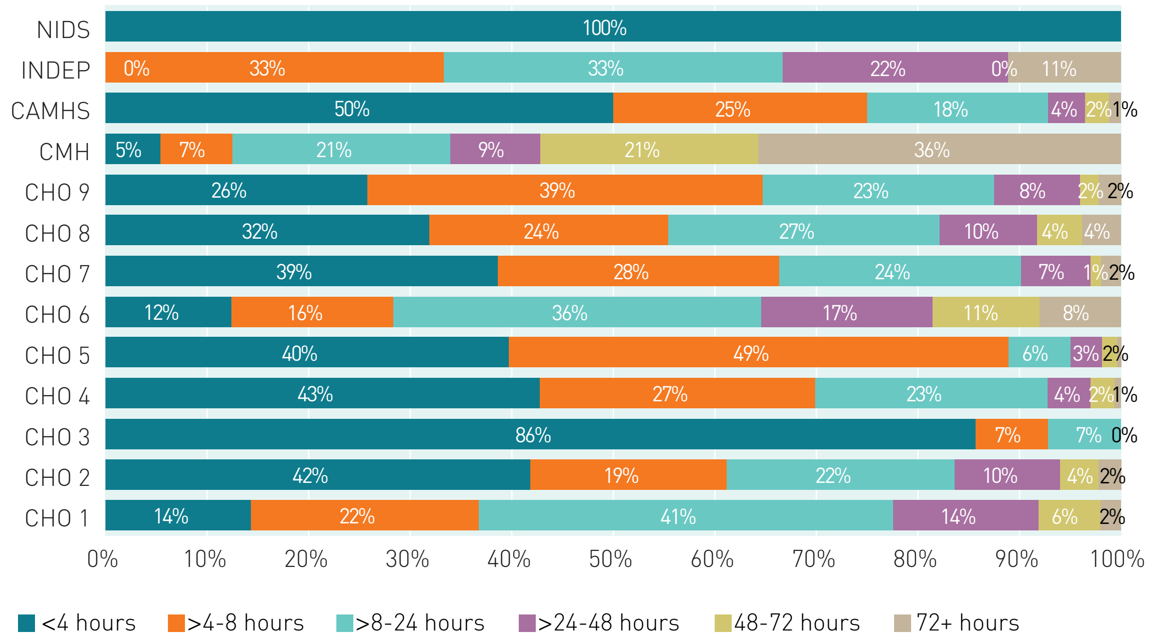
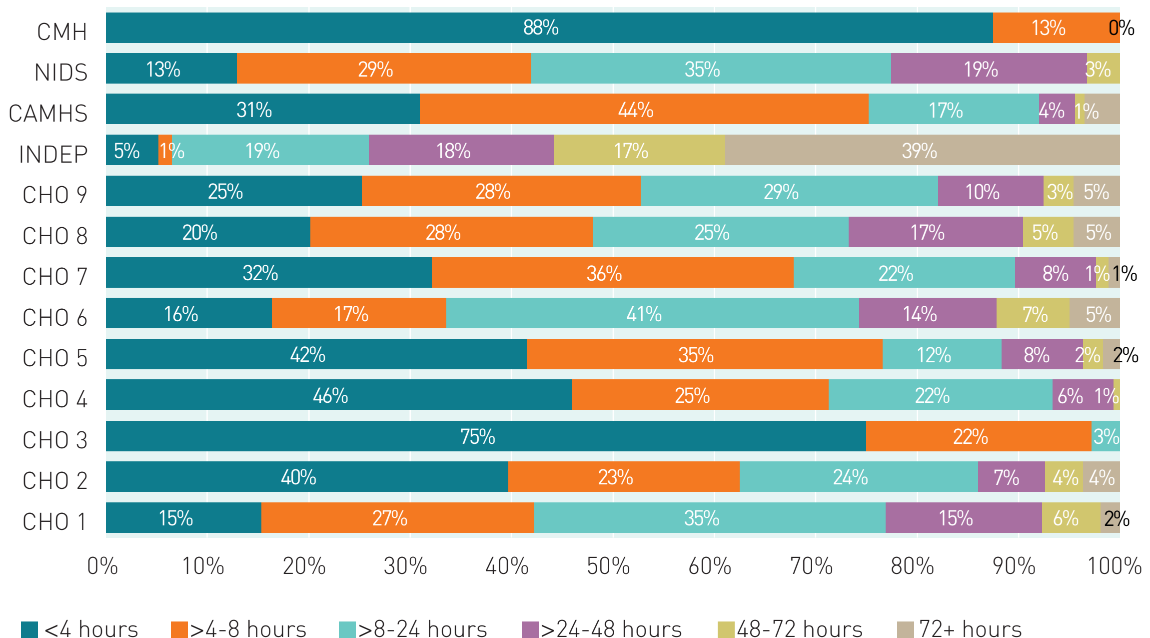


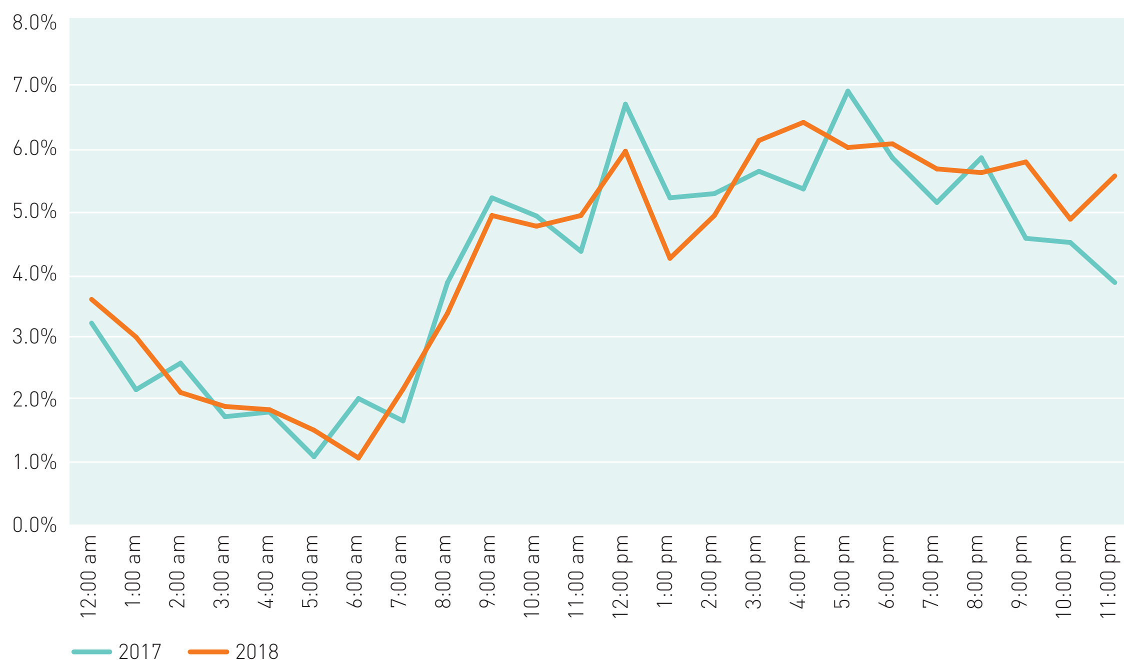
Figure 5: Seclusion duration breakdown by CHO/service provider 2018



An overview of the duration of seclusion in individual approved centres is provided in *Appendix 4*.

Figure 6 provides a breakdown by hour of when seclusion episodes were commenced. The highest proportion of episodes of seclusion in 2017 commenced between 5pm and 6pm; in 2018, this occurred between 3pm and 5pm. The lowest proportion of seclusion episodes in 2017 commenced between 5am and 6am, and between 6am and 7am in 2018.

Figure 6: Commencement time of seclusion



3. Use of mechanical restraint

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

Only mechanical restraint to prevent immediate threat to self or others is required to be recorded in the Register for Mechanical Restraint, reported to the Commission and included in this report. Services may also use mechanical restraint for enduring risk of harm to self or others. This type of restraint is recorded as a contemporaneous note in the resident's clinical file which is reviewed as part of the regulatory inspection process. Table 4 shows that use of mechanical restraint to prevent immediate threat to self or others was low in 2017 and 2018. One approved centre, the Central Mental Hospital (CMH), reported use of mechanical restraint. These episodes involved the use of handcuffs.

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

	2016		2017		2018	
CHO/service provider	Episodes	Approved centres	Episodes	Approved centres	Episodes	Approved centres
CHO 1	0	0	0	0	0	0
CHO 2	0	0	0	0	0	0
CHO 3	0	0	0	0	0	0
CHO 4	0	0	0	0	0	0
CHO 5	0	0	0	0	0	0
CHO 6	0	0	0	0	0	0
CHO 7	0	0	0	0	0	0
CHO 8	0	0	0	0	0	0
CHO 9	0	0	0	0	0	0
Independent	0	0	0	0	0	0
CAMHS	0	0	0	0	0	0
CMH	<5	1	7	1	<5	1
NIDS	0	0	0	0	0	0
Total	**<5**	**1**	**7**	**1**	**<5**	**1**

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

4. Use of physical restraint

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

In 2017, **53** approved centres (82%) reported **4,773** episodes of physical restraint. In 2018, **55** approved centres (86%) reported **5,665** episodes of physical restraint. By way of comparison, **52** approved centres (79%) reported **3,525** episodes of physical restraint in 2016.

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

In 2017, the highest rate of physical restraint per 100,000 population was reported in CHO 2, and the highest number of episodes in CHO 9; in 2018, the highest rate and number of episodes was reported in CHO 9. In both 2017 and 2018, the lowest rate and number of episodes occurred in CHO 3.

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

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

	2017				2018			
CHO/service provider	Census 2016	Episodes	Rate[3]	Approved centres	Census 2016	Episodes	Rate[3]	Approved centres
CHO 1	394,333	184	46.7	3	394,333	245	62.1	4
CHO 2	453,109	417	92.0	4	453,109	374	82.5	8
CHO 3	384,998	116	30.1	3	384,998	39	10.1	4
CHO 4	690,575	482	69.8	7	690,575	458	66.3	7
CHO 5	510,333	277	54.3	4	510,333	231	45.3	6
CHO 6	388,297	163	41.9	3	388,297	110	28.3	2
CHO 7	702,586	226	32.2	3	702,586	202	28.8	3
CHO 8	616,229	311	50.5	6	616,229	232	37.6	5
CHO 9	621,405	610	98.2	6	621,405	820	132.0	6
Independent	n/a	326	n/a	4	n/a	306	n/a	6
CAMHS	n/a	1,578	n/a	5	n/a	2,495	n/a	4
NFMHS	n/a	42	n/a	1	n/a	100	n/a	1
NIDS	n/a	41	n/a	1	n/a	53	n/a	1
Total	**4,761,865**	**4,773**	**97.3**	**53**	**4,761,865**	**5,665**	**119**	**55**

3 Rate equals rate per 100,000 population. Rates are not included for independent service providers, CAMHS, NFMHS and NIDS, as they provide national services.

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

4.1 Residents physically restrained

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

RATES OF PHYSICAL RESTRAINT PER RESIDENT

The rate of restraint was **4.1** episodes per resident physically restrained in 2017, and **4.7** episodes per resident physically restrained in 2018. This compares to a rate of **3.1** in 2016.

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 2 shows that more males than females were physically restrained in both 2017 (54.2%) and 2018 (51.2%).

Figure 7: Gender of residents physically restrained

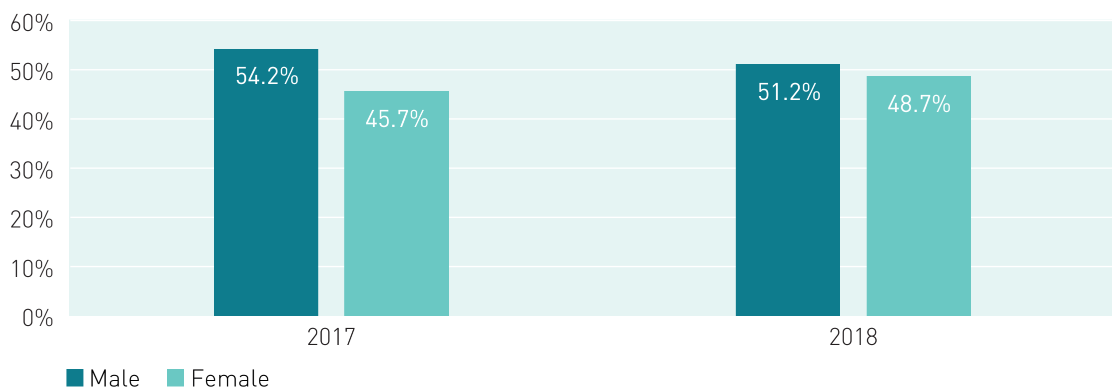
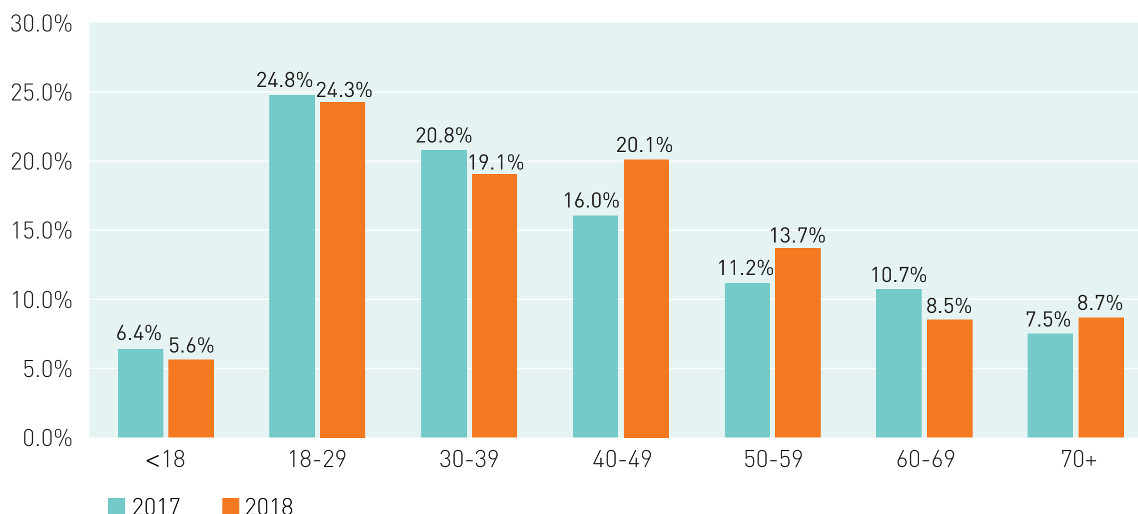


Figure 3 shows that the highest proportion of residents restrained in 2017 were between 18 and 29 years of age (25.4%) followed by residents between 30 and 39 years of age (21.3%). The highest proportion of residents restrained in 2018 were between 18 and 29 years of age (24.3%), followed by residents aged between 40 and 49 years of age (20.1%). The smallest proportion of residents restrained were children (under 18 years of age), 6.6% in 2017 and 5.6% in 2018.

Figure 8: 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 2017, a total of 558 hours of physical restraint were reported nationally. This rose to 639 hours in 2018. The duration for a single episode of physical restraint in 2017 ranged from 7 seconds to 5 hours, and in 2018 ranged from 10 seconds to 3 hours 30 minutes.

Table 6: Total duration of physical restraint

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

Figure 4 shows that the majority (54%) of episodes of physical restraint in 2017 lasted for less than five minutes; the next most common duration (36.2%) was between five and 15 minutes. In 2018, the majority (52.7%) of physical restraint episodes lasted for less than five minutes and the next most common duration (38.2%) was between five and 15 minutes. In both 2017 and 2018, a very small percentage of episodes (0.6% and 0.5% respectively) lasted for 60 minutes or more.

Figure 9 provides a breakdown by hour of when physical restraint episodes were commenced. In both 2017 and 2018, the highest proportion of physical restraint commenced between the hours of 10am and 11am (11.6% and 13.4% respectively). In 2017, only 9.8% of episodes **commenced between 12am and 8am**; in 2018, 12.7% of episodes commenced in the same time period.

FIGURE 9: PHYSICAL RESTRAINT DURATION BREAKDOWN

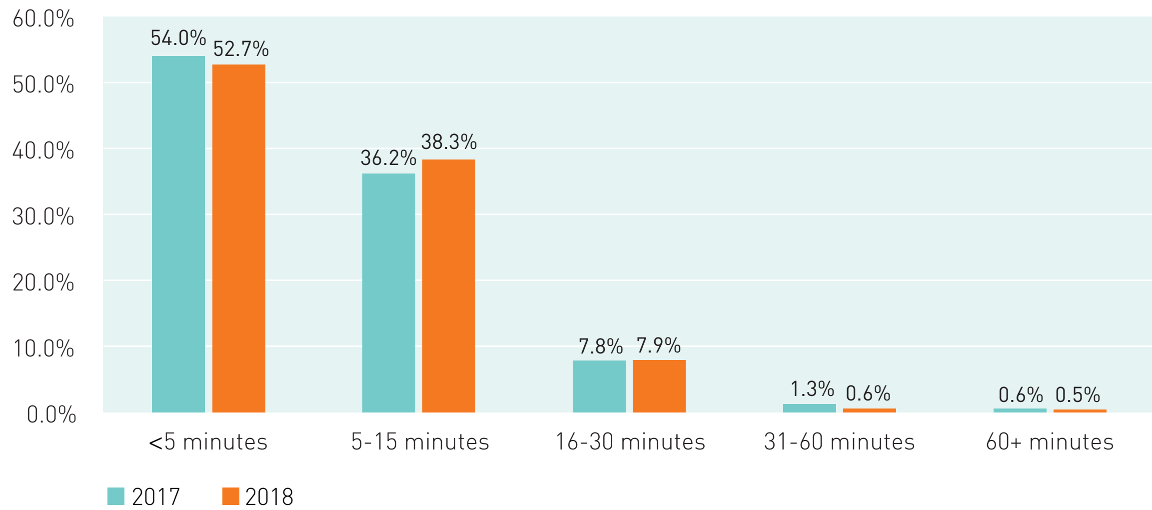
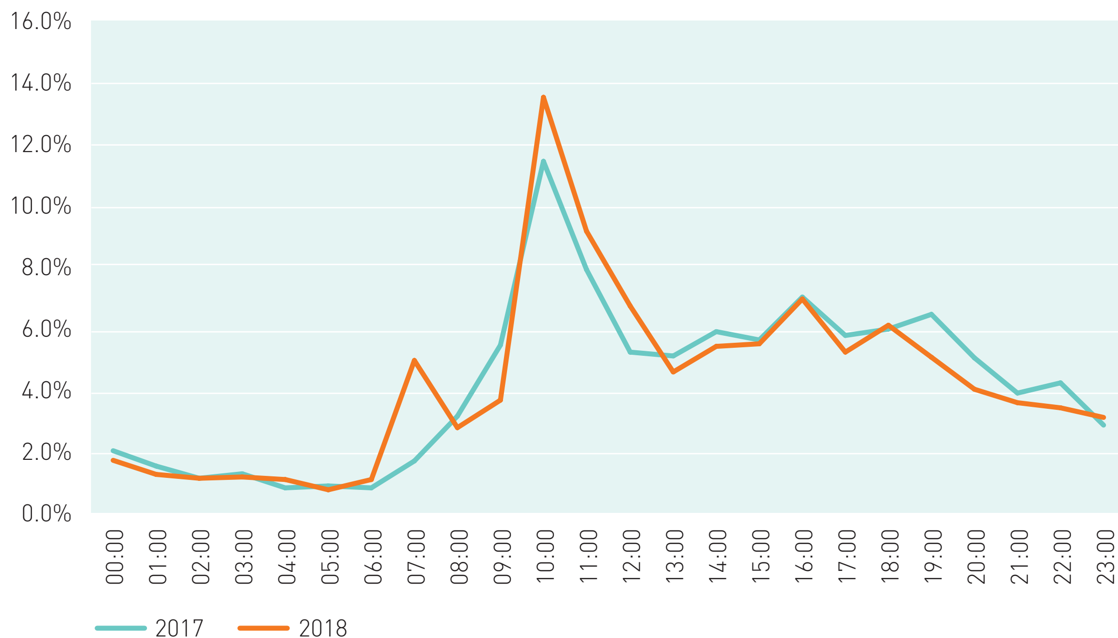


Figure 10 illustrates that, between 2017 and 2018, the commencement time of episodes of physical restraint was fairly similar, with the most common time for an episode to begin being between 9am and 10am, and the least common time being between 4am and 6am.

Figure 10: Commencement time of physical restraint



5. Restrictive interventions by approved centre

This section examines the use of all restrictive interventions, comprising seclusion and physical restraint. The use of mechanical restraint is excluded due to low numbers. In 2017, there was a total of **6,172** episodes of seclusion and physical restraint recorded nationally which involved **1,771** residents of approved centres[5]. This equates to a rate of **3.5** episodes per resident either secluded or physically restrained. In 2018, there was a total of **7,464** combined episodes of seclusion and physical restraint, involving **1,967** residents. The rate of episodes per resident in 2018 was **3.8**.

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

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

In 2009, the Commission published its first report on the national use of seclusion and restraint in the year 2008 (MHC, 2009c).

Figure 10 shows the change in use of seclusion and physical restraint in the period from 2008 to 2018.

Overall, there has been an increase in physical restraint episodes over the ten year period, from 2,123 (2008) to 5,665 (2018). There has been a decrease in the number of episodes of seclusion, from 2,642 in 2008 to 1,799 in 2018. The number of episodes of seclusion decreased notably from 2008 to 2011, however the total number since 2012 has remained relatively stable, with incremental increases and decreases from year to year.

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

Figure 11 shows that in 2008, services reported that **12%** of episodes lasted for longer than eight hours in comparison to **37%** in 2017 and **40%** in 2018. In other words, in comparison to 2008, there were fewer episodes of seclusion in 2017 and 2018, but a greater proportion of episodes lasted for longer periods of time in both years.

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

5 There is the potential for overlap or duplication of records between the number of residents secluded and physically restrained in 2017 and 2018. 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 2018

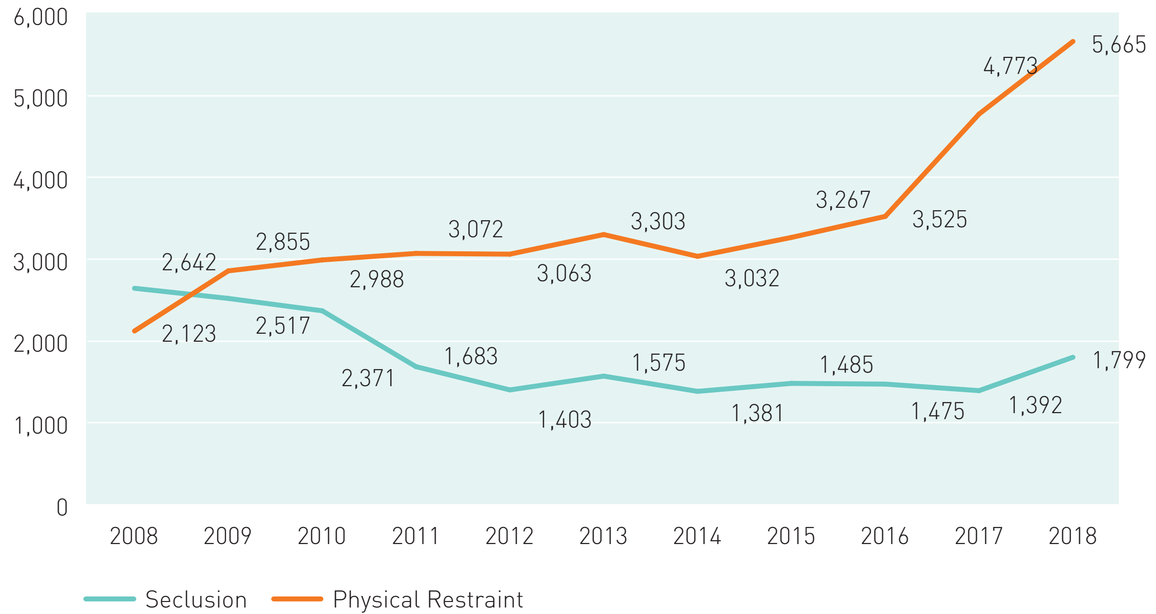
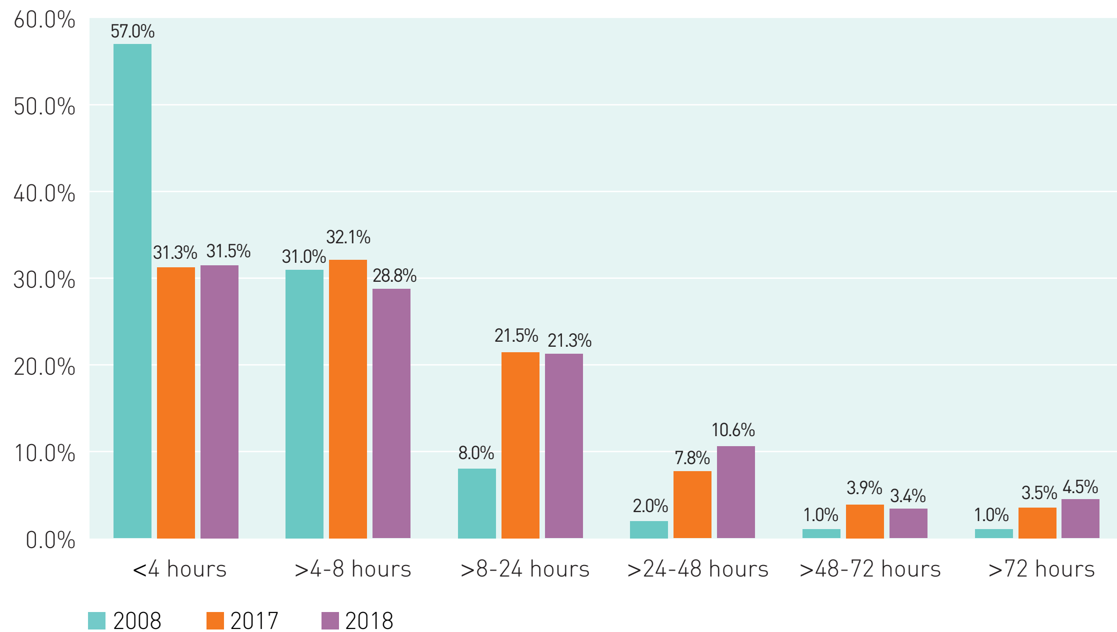


Figure 12: Seclusion duration 2008, 2017 and 2018



6. Ten-Year Comparison of Physical Restraint and Seclusion Data

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

Figure 13 shows a year-on-year increase in the number of physical restraint episodes, a general decrease in the number of seclusion episodes, and a relatively static number of residents undergoing seclusion, and a steady increase of residents experiencing physical restraint. Reasons for the increase in physical restraint episodes and residents may be as a result of increased numbers of resident admissions, while reduction in episodes and residents undergoing seclusion may be as a result of alternative the Restraint Reduction Strategy published in 2008.

Figure 13: Number of episodes of physical restraint; episodes of seclusion; residents physically restrained; and residents secluded, 2008-2018

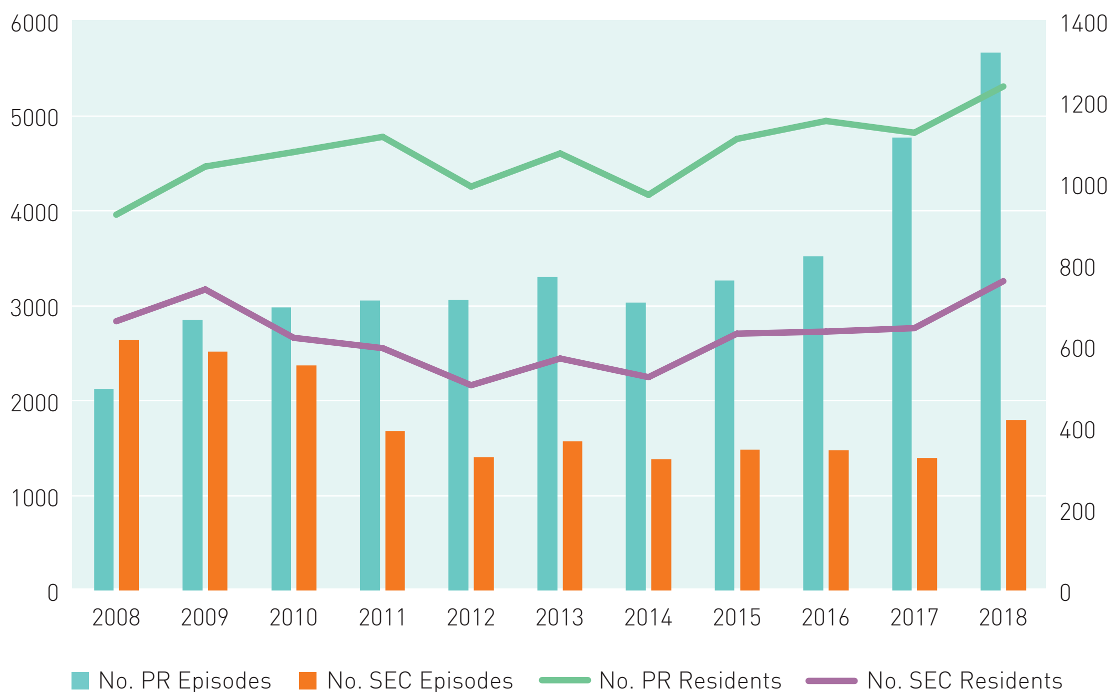
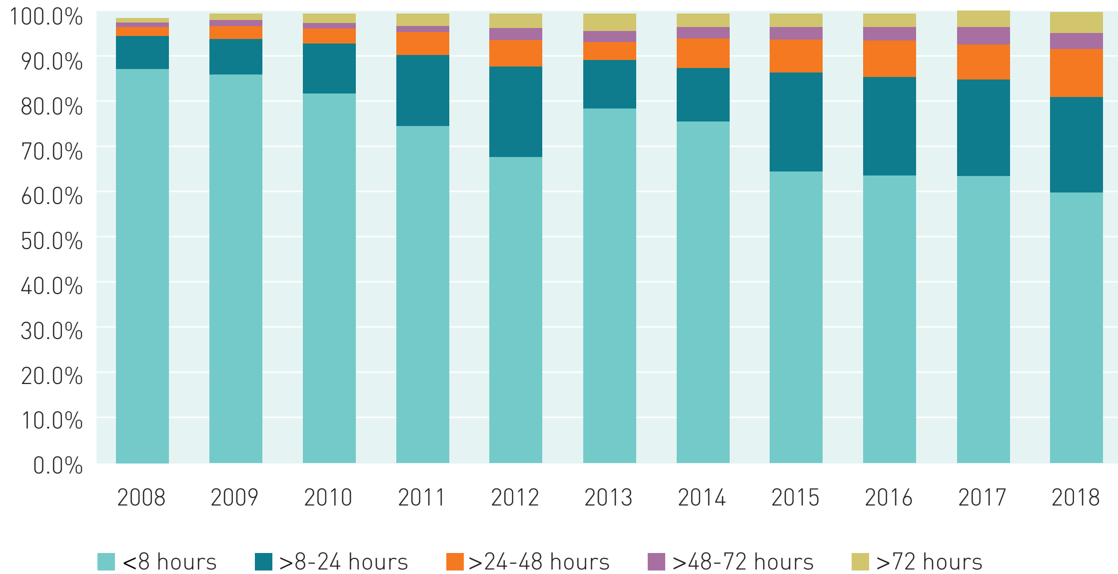


Figure 14 indicates that there has been a fluctuating but steady decrease in the number of seclusion episodes lasting less than eight hours since 2008. The least common duration for an episode of seclusion over the ten-year period remained 72 hours or more, with the fastest-growing time bracket being between eight and 24 hours.

6. Ten-Year Comparison of Physical Restraint and Seclusion Data (Continued)

Figure 14: Duration of episodes of seclusion, 2008-2018



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

Figure 15 illustrates that the ratio of male to female residents being placed in seclusion between 2008 and 2018 ranged from between 53% to 47% and 66% to 33%, but each year more male than female residents were placed in seclusion.

Figure 15: Gender of residents placed in seclusion, 2008-2018

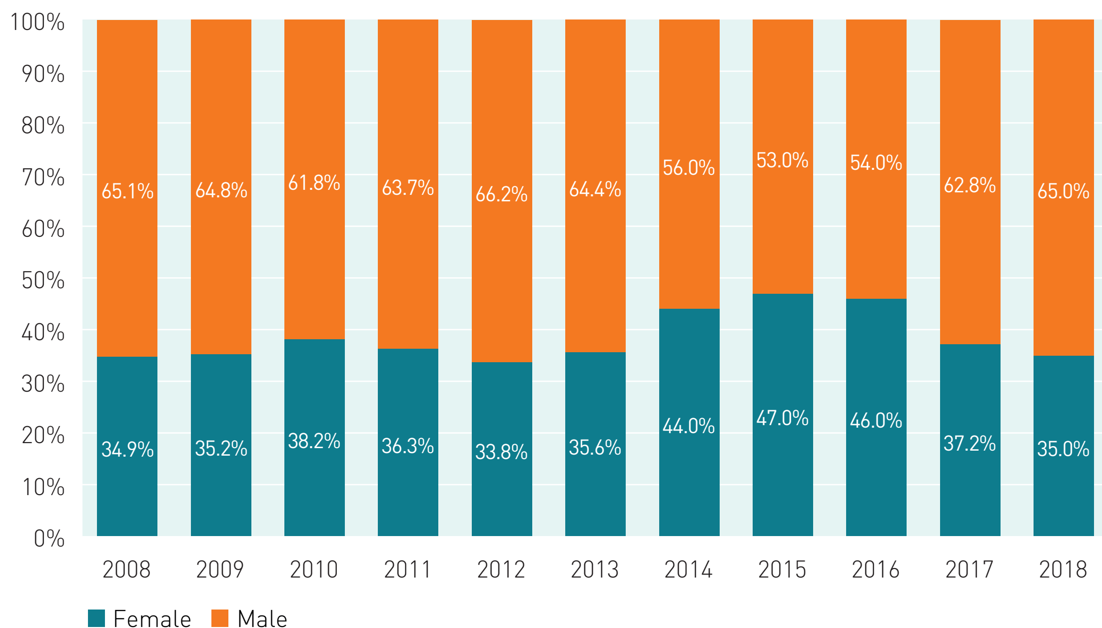


Figure 16 shows that the most common age bracket of residents being secluded has been between 18 and 29 years of age since 2012 (the first year in which the age of residents was collected from approved centres), with the least common age tending to be under 18 years of age, apart from the years 2013 and 2018, when the least common age for residents being secluded was over 70 years of age.

Figure 16: Age of residents placed in seclusion, 2012-2018

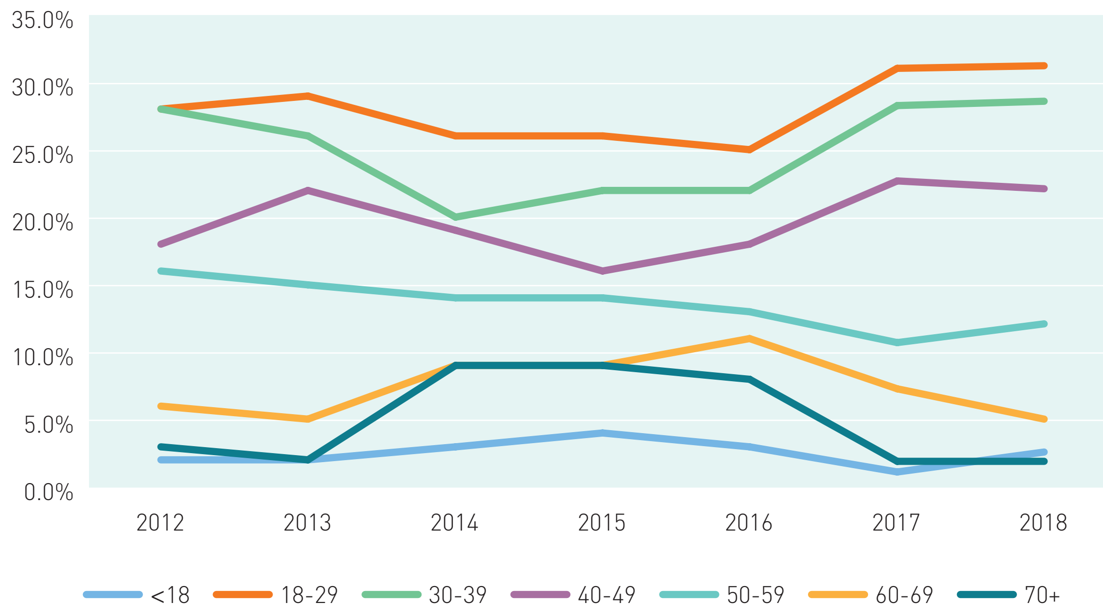


Figure 17 indicates that, since 2012 (the first year this information was required to be recorded by approved centres), the most common time for the commencement of an episode of seclusion was between 4pm and 12am, with the least common being between 12am and 8am. While the data collected in certain years provided a more granular breakdown of seclusion commencement times, the years 2012 to 2014 only presented information in three eight-hour blocks, which has limited the extent of comparison.

6. Ten-Year Comparison of Physical Restraint and Seclusion Data (Continued)

Figure 17: Commencement time of episode of seclusion, 2012-2018

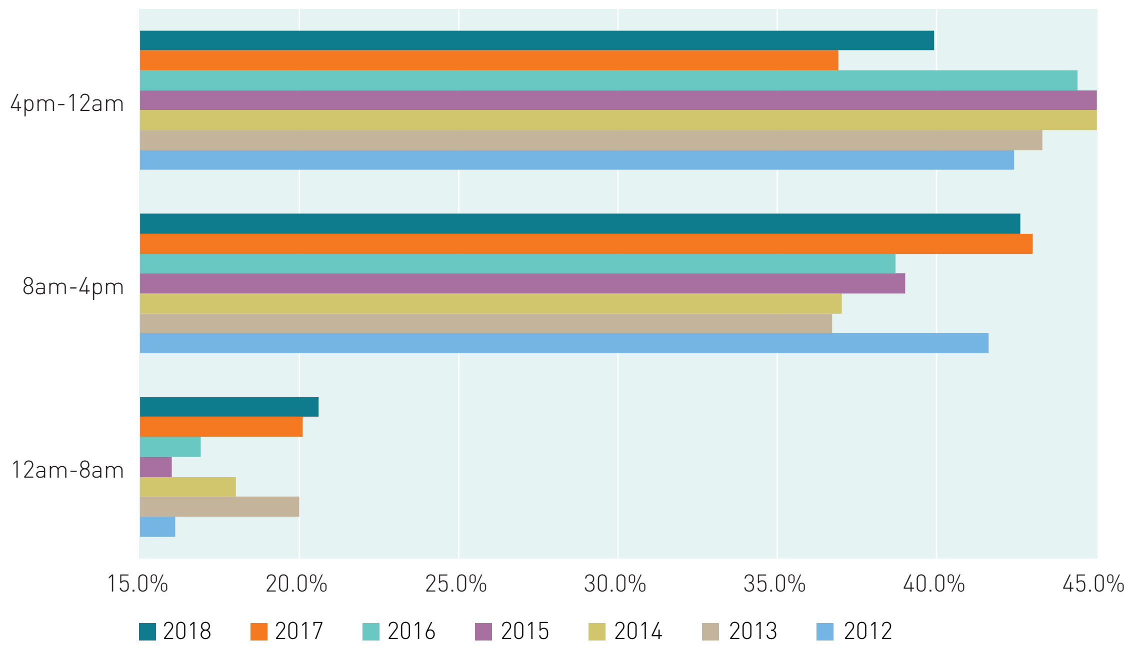


Figure 18 shows that the most common age of residents being physically restrained was 18-29 years of age, except for in 2012, when the most common age group was 30-39 years of age. The least common age group of residents being physically restrained between the years of 2012 and 2018 was consistently the under-18 years of age cohort.

Figure 18: Age of residents physically restrained, 2012-2018

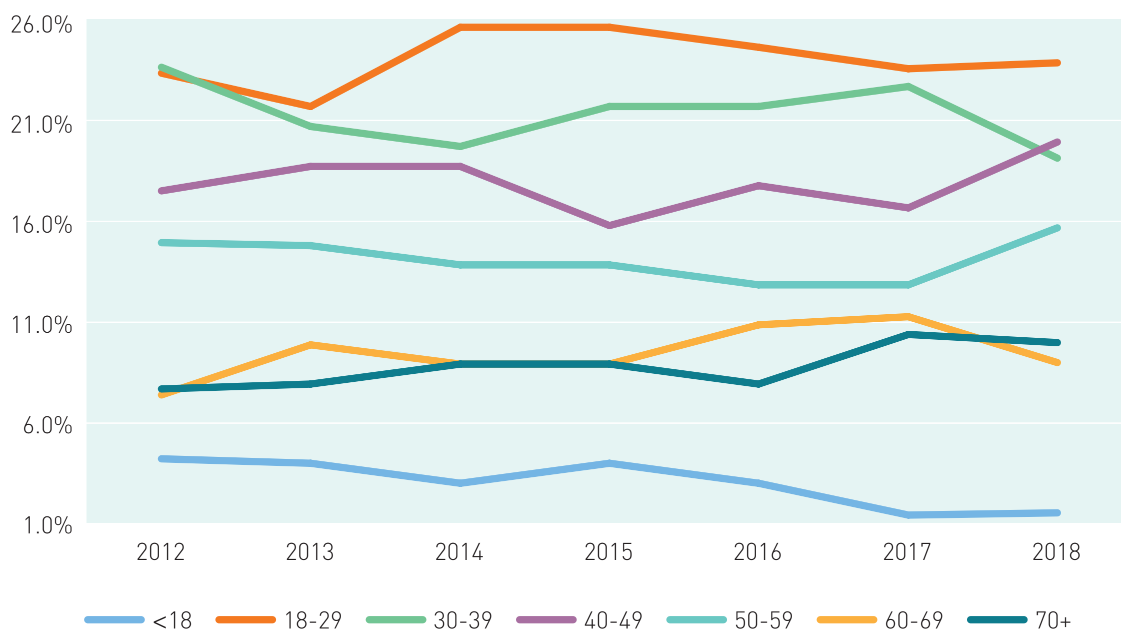


Figure 19 shows that approximately equal numbers of female and male residents have been physically restrained since 2008, with small fluctuations year-on-year. This is in line with the similarly equal ratio of female and male residents being admitted to in-patient mental health services (HRB, 2018 and 2019).

Figure 19: Gender of residents physically restrained, 2008-2018

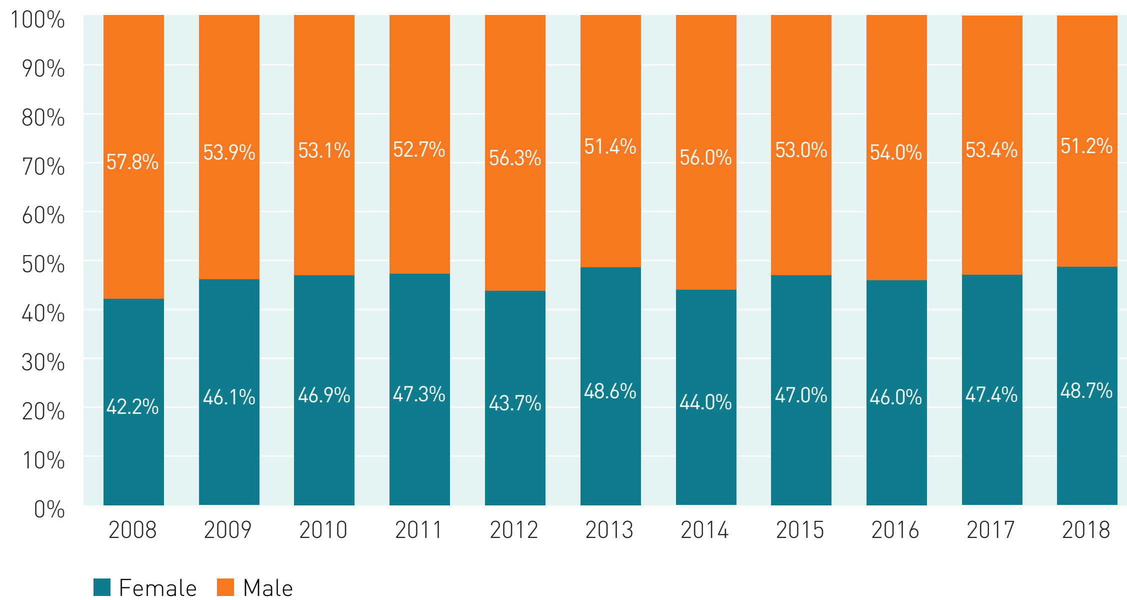


Figure 20 indicates that the vast majority of episodes of physical restraint lasted for less than 15 minutes (ranging from 87% to 92% of episodes). The least common duration of episodes of physical restraint was for more than 1 hour (ranging from 0.3% to 1.6% of episodes per annum).

Figure 20: Duration of physical restraint 2008-2018. Percentage of orders.

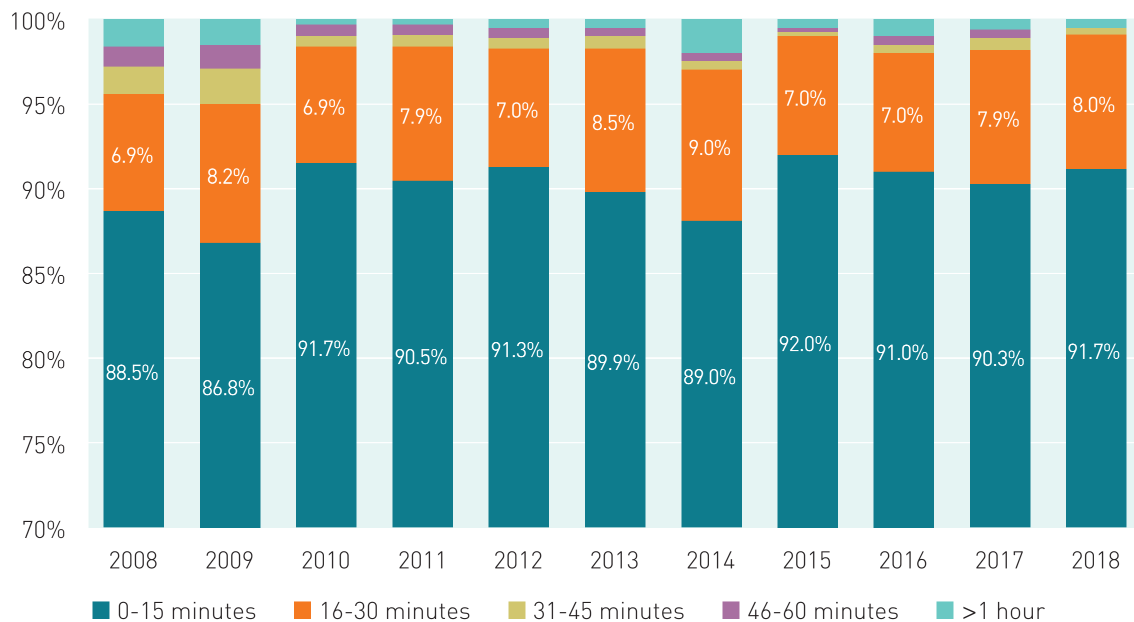
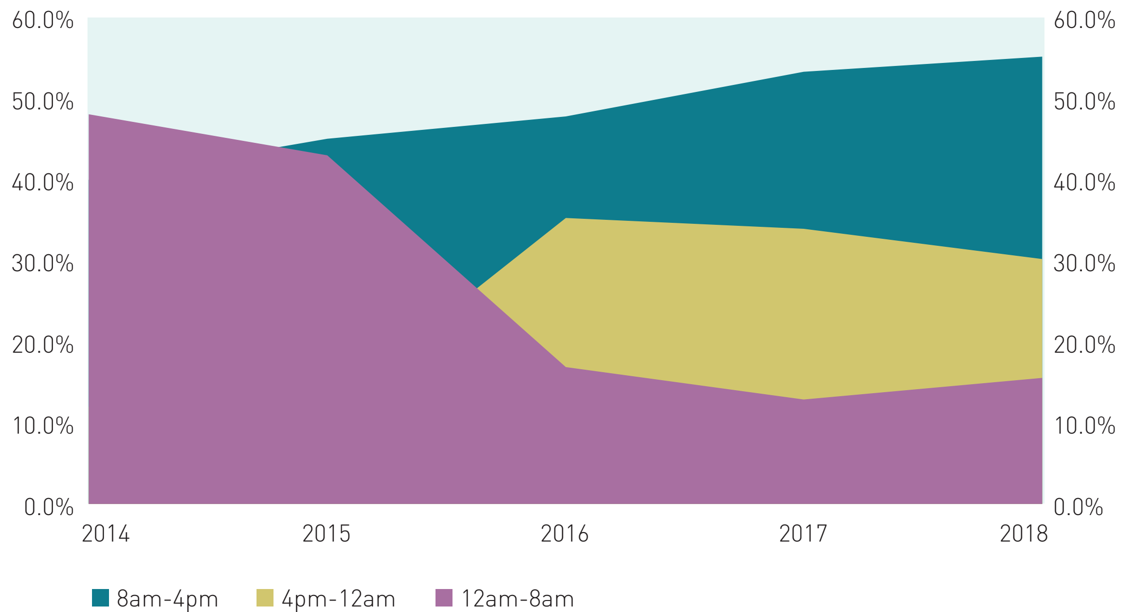


Figure 21 shows that the majority of episodes of physical restraint between 2014 and 2018 commenced between 8am and 4pm, with the least common timeframe being between 4pm and 12 am between 2014 and 2016, and between 12am and 8am between 2016 and 2018.

Figure 21: Commencement time of episode of physical restraint, 2014-2018



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

7. Discussion and conclusion

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

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

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

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

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

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

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

The data presently available enables the rates of, and trends in the use of, seclusion and physical restraint to be tracked nationally, by CHO and in individual approved centres, and to be measured over time. However, it does not allow the further analysis necessary to identify the reasons for variation in usage between individual services. As data were anonymised, there was no way to consider the overlap between or potential duplication of records of residents secluded and physically restrained Being cognisant of data protection requirements, more detailed data on the residents involved (e.g. legal status, diagnosis) and the services (e.g. resident cohort, physical structure) would facilitate more comprehensive analysis of these restrictive interventions, and would enable comparisons with international experience and best practice.

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

References

Central Statistics Office, www.cso.ie.

Craig S, Daly A (2019), HRB *Statistics Series 39 Activities of Irish Psychiatric Units and Hospitals 2018*. Health Research Board. (Dublin).

Craig S, Daly A (2018), HRB *Statistics Series 38 Activities of Irish Psychiatric Units and Hospitals 2017*. Health Research Board. (Dublin).

Craig S, Daly A (2017), HRB *Statistics Series 35 Activities of Irish Psychiatric Units and Hospitals 2016*. Health Research Board. (Dublin).

Craig S, Daly A (2016), HRB *Statistics Series 29 Activities of Irish Psychiatric Units and Hospitals 2015*. (Dublin: HRB).

Daly A, Walsh D (2015), HRB *Statistics Series 26 Activities of Irish Psychiatric Units and Hospitals 2014*. (Dublin: HRB).

Department of Health (2001), *Mental Health Act 2001*. (Dublin Stationery Office).

Mental Health Commission (2017), *The Use of Seclusion, Mechanical Means of Bodily Restraint and Physical Restraint in Approved Centres: Activities Report 2014-2015*. (Dublin).

Mental Health Commission (2015), *Annual Report including the Report of the Inspector of Mental Health Services 2014*. (Dublin).

Mental Health Commission (2016), *Annual Report including the Report of the Inspector of Mental Health Services 2016*. (Dublin).

Mental Health Commission (2012), *Seclusion and Physical Restraint Reduction Knowledge Review and Draft Strategy*. (Dublin).

Mental Health Commission (2009a), *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint. Version 2*. (Dublin).

Mental Health Commission (2009b), *Code of Practice on the Use of Physical Restraint in Approved Centres. Version 2*. (Dublin).

Mental Health Commission (2009c), *Report on the Use of Seclusion, Mechanical Means of Bodily Restraint and Physical Restraint in Approved Centres in 2008*. (Dublin).

Mental Health Commission (2007), *Quality Framework – Mental Health Services in Ireland*. (Dublin).

Mental Health Commission (2014), *Seclusion and Restraint Reduction Strategy*. (Dublin).

Appendix 1: Data collection procedures and templates

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

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

The data used to inform this report is taken from information collected in these registers. Nominated staff in approved centres returned a separate annual report for the year 2017 and 2018 using the prescribed MS Excel templates, which have been included in this *Appendix 1*.

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

Data collection templates

TEMPLATE FOR REPORT ON THE USE OF SECLUSION IN APPROVED CENTRES

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

TEMPLATE FOR REPORT ON THE USE OF 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: Approved centre, area/sector, geographical location and bed numbers

Area/sector	Geographical location	Bed numbers 2017	Bed numbers 2018	Approved centre [name as registered]
CHO Area 1	Cavan, Donegal, Leitrim, Monaghan and Sligo	25	25	Acute Psychiatric Unit, Cavan General Hospital
		34	34	Department of Psychiatry, Letterkenny General Hospital
		20	20	Rehab and Recovery Mental Health Unit, St John's Hospital Campus
		32	28	Sligo/Leitrim Mental Health In-patient Unit
		20	20	St Davnet's Hospital – Blackwater House
CHO Area 2	Galway, Mayo and Roscommon	32	32	Adult Mental Health Unit, Mayo University Hospital
		22	22	An Coillín
		16	N/A	Clonfert Ward, St Brigid's Healthcare Campus, Ballinsaloe**
		22	22	Department of Psychiatry, Roscommon University Hospital
		45	50	Adult Acute Mental Health Unit (formerly Department of Psychiatry), University Hospital Galway
		12	12	St Anne's Unit, Sacred Heart Hospital
		16	14	Creagh Suite, St Brigid's Healthcare Campus
		10	10	Teach Aisling
		21	21	Wood View
CHO Area 3	Clare, Limerick and North Tipperary	50	42	Acute Psychiatric Unit 5B, University Hospital Limerick
		39	39	Acute Psychiatric Unit, Ennis Hospital
		34	32	Cappahard Lodge
		15	15	Tearmann Ward, St Camillus' Hospital
CHO Area 4	Cork and Kerry	50	50	Acute Mental Health Unit, Cork University Hospital
		18	18	Carraig Mór Centre
		18	18	Centre for Mental Health Care and Recovery, Bantry General Hospital
		32	N/A	O'Connor Unit, St Finan's Hospital**
		29	24	Owenacurra Centre
		34	34	Sliabh Mis Mental Health Admission Unit, University Hospital Kerry
		21	21	St Catherine's Ward, St Finbarr's Hospital
		50	50	St Michael's Unit, Mercy University Hospital
		93	87	Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital
		40	40	Deer Lodge

Area/sector	Geographical location	Bed numbers 2017	Bed numbers 2018	Approved centre [name as registered]
CHO Area 5	Carlow, Kilkenny, South Tipperary, Waterford and Wexford	44	44	Department of Psychiatry, St Luke's Hospital
		44	44	Department of Psychiatry, University Hospital Waterford
		40	40	Grangemore Ward & St Aidan's Ward, St Otteran's Hospital
		40	40	Haywood Lodge
		20	20	Selskar House, Farnogue Residential Healthcare Unit
		20	20	St Gabriel's Ward, St Canice's Hospital
CHO Area 6	Dun Laoghaire, Dublin South East and Wicklow	52	52	Avonmore and Glencree Units, Newcastle Hospital
		39	36	Elm Mount Unit, St Vincent's University Hospital
		52	34	Le Brun House & Whitethorn House, Vergemount Mental Health Facility
CHO Area 7	Dublin South City, Dublin South West, Dublin West, Kildare and West Wicklow	52	52	Acute Psychiatric Unit, Tallaght Hospital
		51	47	Jonathan Swift Clinic
		29	29	Lakeview Unit, Naas General Hospital
CHO Area 8	Laois, Longford, Louth, Meath, Offaly and Westmeath	44	44	Admission Unit and St Edna's Unit, St Loman's Hospital
		46	46	Department of Psychiatry, Midland Regional Hospital, Portlaoise
		25	N/A	Department of Psychiatry, Our Lady's Hospital, Navan**
		46	46	Drogheda Department of Psychiatry
		30	30	Maryborough Centre, St Fintan's Hospital
		42	42	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre
		20	20	St Ita's Ward, St Brigid's Hospital
CHO Area 9	Dublin North City and County	44	44	Ashlin Centre
		47	47	Department of Psychiatry, Connolly Hospital
		25	25	O'Casey Rooms, Fairview Community Unit
		54	54	Phoenix Care Centre
		15	15	St Aloysius Ward, Mater Misericordiae University Hospital
		45	45	St Vincent's Hospital, Fairview
		25	25	Sycamore Unit, Connolly Hospital

Appendix 2: List of approved centres (Continued)

Area/sector	Geographical location	Bed numbers 2017	Bed numbers 2018	Approved centre [name as registered]
Independent	All located in Dublin	114	114	Bloomfield Hospital
		110	111	Highfield Hospital
		7	7	Lois Bridges
		52	52	St Edmundsbury Hospital
		183	183	St John of God Hospital (includes Cluain Mhuire beds)^
		241	241	St Patrick's University Hospital
CAMHS	Dublin, Galway and Cork	10	10	Adolescent In-patient Unit, St Vincent's Hospital, Dublin
		20	20	Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital, Galway
		20	20	Eist Linn Child and Adolescent In-patient Unit, Cork
		24	22	Linn Dara Child and Adolescent Mental Health In-patient Unit, Cherry Orchard, Dublin
		14	14	Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin
National Specialist Services	All located in Dublin	103	107	Central Mental Hospital – National Forensic Mental Health Service
		124	126	St Joseph's Intellectual Disability Service

**Bed numbers: registered beds as at time of closure or as at 31 December 2018. CHO = Community Health Organisation, Health Service Executive. CAMHS = Child and Adolescent Mental Health Service.*

*** Denotes an approved centre that closed during 2017/2018.*

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

Appendix 3: Use of restrictive practices in approved centres

This section includes information on the total use of restrictive interventions (physical restraint and seclusion) in each individual approved centre. Table 7 ranks individual approved centres from highest to lowest by the number of episodes of restrictive practices. All approved centres that were open in 2017 and 2018 are included in the table; 10 approved centres used neither physical restraint nor seclusion. Table 8 shows that a single approved centre, DOP University Hospital Waterford, used more seclusion than physical restraint. Eight approved centres used neither physical restraint nor seclusion over the two-year period.

Table 8: Approved centres ranked by total number of episodes of restrictive practices

Approved centre	2017				2018				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2017	Beds	Seclusion	Physical restraint	Total episodes 2018	
Linn Dara Child & Adolescent In-patient Unit	24	29	2070	**2299**	**22**	52	2293	**2345**	**4644**
Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	39	141	212	**353**	**34**	129	169	**298**	**651**
Department of Psychiatry, St Luke's Hospital, Kilkenny	44	138	182	**320**	**44**	130	148	**278**	**598**
Department of Psychiatry, Connolly Hospital	47	84	154	**238**	**47**	116	176	**292**	**530**
Department of Psychiatry, University Hospital Waterford	44	124	73	**197**	**44**	229	68	**297**	**494**
St John of God Hospital (includes Cluain Mhuire beds)	183	87	109	**196**	**183**	129	136	**265**	**461**
Ashlin Centre	44	120	130	**250**	**44**	83	113	**196**	**446**
Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	20	33	152	**185**	**20**	53	183	**236**	**421**
Adult Acute Mental Health Unit (formerly Department of Psychiatry), University Hospital Galway	45	47	128	**175**	**50**	53	180	**233**	**408**

Appendix 3: Use of restrictive practices in approved centres (Continued)

Approved centre	2017				2018				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2017	Beds	Seclusion	Physical restraint	Total episodes 2018	
St Vincent's Hospital, Fairview	46	32	107	**139**	**45**	74	189	**263**	**402**
Phoenix Care Centre	54	21	188	**209**	**54**	40	151	**191**	**400**
Drogheda Department of Psychiatry	46	47	97	**144**	**46**	99	102	**201**	**345**
St Patrick's University Hospital	241	0	181	**181**	**241**	0	131	**131**	**312**
Adult Mental Health Unit, Mayo University Hospital	32	32	82	**114**	**32**	44	123	**167**	**281**
Central Mental Hospital	103	56	42	**98**	**107**	77	100	**177**	**275**
St Aloysius Ward, Mater Misericordiae University Hospital	15	15	31	**46**	**15**	83	136	**219**	**265**
Admission Unit & St Edna's Ward, St Loman's Hospital	44	48	116	**164**	**44**	37	57	**94**	**258**
Department of Psychiatry, Midland Regional Hospital, Portlaoise	46	62	76	**138**	**46**	62	55	**117**	**255**
Acute Psychiatric Unit, Tallaght Hospital	52	53	90	**143**	**52**	40	71	**111**	**254**
Department of Psychiatry, Letterkenny General Hospital	34	3	109	**112**	**34**	15	109	**124**	**236**
Acute Mental Health Unit, Cork University Hospital	50	0	121	**121**	**50**	0	107	**107**	**228**
Adolescent In-patient Unit, St Vincent's Hospital	12	22	180	**202**	**10**	8	11	**19**	**221**
Lakeview Unit, Naas General Hospital	29	48	56	**104**	**29**	47	61	**108**	**212**

Approved centre	2017				2018				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2017	Beds	Seclusion	Physical restraint	Total episodes 2018	
Elm Mount Unit, St Vincent's University Hospital	39	0	109	**109**	**36**	0	70	**70**	**179**
Teach Aisling	10	0	156	**156**	**10**	0	21	**21**	**177**
Avonmore & Glencree Units, Newcastle Hospital	55	35	54	**89**	**52**	42	40	**82**	**171**
Sligo/Leitrim Mental Health In-patient Unit	34	46	43	**89**	**28**	37	43	**80**	**169**
Department of Psychiatry, Roscommon University Hospital	22	33	48	**81**	**22**	31	54	**85**	**166**
Jonathan Swift Clinic, St James's Hospital	51	0	80	**80**	**47**	0	70	**70**	**150**
St Michael's Unit, Mercy University Hospital	50	0	67	**67**	**50**	0	79	**79**	**146**
Acute Psychiatric Unit, Ennis Hospital	39	7	34	**48**	**39**	36	50	**86**	**134**
St Joseph's Intellectual Disability Services	124	4	41	**45**	**126**	32	53	**85**	**130**
Carraig Mór Centre	18	25	48	**73**	**18**	21	33	**54**	**127**
Acute Psychiatric Unit, Cavan General Hospital	25	0	32	**32**	**25**	0	92	**92**	**124**
Acute Psychiatric Unit 5B, University Hospital Limerick	50	0	82	**82**	**42**	0	38	**38**	**120**
Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital	93	0	28	**28**	**87**	0	33	**33**	**61**
Bloomfield Hospital	114	0	16	**16**	**114**	0	33	**33**	**49**
Willow Grove Adolescent Unit	14	0	22	**22**	**14**	0	15	**15**	**37**

Appendix 3: Use of restrictive practices in approved centres (Continued)

Approved centre	2017				2018				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2017	Beds	Seclusion	Physical restraint	Total episodes 2018	
St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	42	0	18	**18**	**42**	0	16	**16**	**34**
Eist Linn Child & Adolescent In-patient Unit	20	0	22	**22**	**20**	0	8	**8**	**30**
Grangegorman Ward & St Aidan's Ward, St Otteran's Hospital	40	0	22	**22**	**40**	0	6	**6**	**28**
Centre for Mental Health Care & Recovery, Bantry General Hospital	18	0	6	**6**	**18**	0	20	**20**	**26**
Highfield Hospital	110	0	20	**20**	**111**	0	4	**4**	**24**
Tearmann Ward, St Camillus's Hospital	21	0	0	**0**	**15**	0	18	**18**	**18**
An Coillín	22	0	0	**0**	**22**	0	15	**15**	**15**
Haywood Lodge	40	0	0	**0**	**40**	0	5	**5**	**5**
Maryborough Centre, St Fintan's Hospital	30	0	2	**2**	**30**	0	2	**2**	**4**
Wood View	21	0	3	**3**	**21**	0	1	**1**	**4**
St Gabriel's Ward, St Canice's Hospital	20	0	0	**0**	**20**	0	3	**3**	**3**
St Anne's Unit, Sacred Heart Hospital	12	0	0	**0**	**12**	0	2	**2**	**2**
St Davnet's Hospital – Blackwater House	20	0	0	**0**	**20**	0	2	**2**	**2**
St Edmundsbury Hospital	52	0	0	**0**	**52**	0	2	**2**	**2**
St Ita's Ward, St Brigid's Hospital, Ardee	20	0	2	**2**	**20**	0	0	**0**	**2**
Cappahard Lodge	34	0	0	**0**	**32**	0	1	**1**	**1**

Approved centre	2017				2018				Total Episodes
	Beds	Seclusion	Physical restraint	Total episodes 2017	Beds	Seclusion	Physical restraint	Total episodes 2018	
Creagh Suite, St Brigid's Healthcare Campus	16	0	0	**0**	**14**	0	1	**1**	**1**
Sycamore Unit, Connolly Hospital	25	0	0	**0**	**25**	0	1	**1**	**1**
Rehab and Recovery Mental Health Unit, St John's Hospital Campus	20	0	0	**0**	**20**	0	0	**0**	**0**
LeBrun House & Whitethorn House, Vergemount Mental Health Facility	52	0	0	**0**	**34**	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**	**25**	0	0	**0**	**0**
Owenacurra Centre	29	0	0	**0**	**24**	0	0	**0**	**0**
Selskar House, Farnogue Residential Healthcare Unit	20	0	0	**0**	**20**	0	0	**0**	**0**
St Catherine's Ward, St Finbarr's Hospital	21	0	0	**0**	**21**	0	0	**0**	**0**
Total	**2769**	**1392**	**4773**	**6165**	**2708**	**1799**	**5665**	**7464**	**13629**

Appendix 4: Use of seclusion in approved centres

This section includes information on the use of seclusion in individual approved centres. Tables 8 ranks individual approved centres from highest to lowest by the number of episodes of seclusion. Only approved centres that reported using seclusion in 2017 and 2018 are included.

Table 8 includes the number of episodes used in 2016 for context and to demonstrate the variations between the two years. Factors such as frequent use of seclusion in relation to a small number of residents in a given year can result in increases or decreases from one year to the next. Detailed analysis of year-on-year variation in individual approved centres is not included in this report but usage is monitored by the Commission in the context of the regulatory process.

Table 8 also shows the rate of episodes of seclusion in relation to the number of residents secluded in individual approved centres in 2017 and 2018. Section 2.1 in the main report highlighted that the national rate of episodes to residents was 2.15 in 2017, and 2.36 in 2018. In some approved centres, including Linn Dara and the Central Mental Hospital, where a small number of residents were secluded, or where a small number of residents were frequently secluded, the rate of seclusion per resident was higher than usual.

As highlighted earlier, episodes of seclusion are only one measure and the total hours of seclusion should also be considered. Table 8 therefore also provides information on the average duration of seclusion episodes in each approved centre in 2017 and 2018. DOP Waterford recorded the highest average duration of seclusion in 2017, while the Central Mental Hospital (NFMHS) did so in 2018. Given the nature of the Central Mental Hospital's service as the national forensic mental health service, the total average duration is calculated both inclusive and exclusive of the Central Mental Hospital, as it has a significant impact on the average duration.

It is worth noting that in 2017, Sliabh Mis University Hospital, Kerry reported the highest number of episodes of seclusion (141 episodes), but showed lower than the overall average duration of seclusion (10 hours 28 minutes) than the national average of 16 hours 10 minutes. Similarly, in 2018, the Department of Psychiatry University Hospital Waterford recorded the highest number of episodes of seclusion (229 episodes), which were also lower than the overall average duration of seclusion episodes (5 hours 42 minutes) hours compared to the overall average of 15 hours 53 minutes.

By contrast, in 2017, Phoenix Care Centre reported the second highest average duration of seclusion (after the Central Mental Hospital) of 66 hours 7 minutes across 21 episodes, and in 2018, again reporting the second highest average duration, Phoenix Care centre reported 51 hours 57 minutes average duration over 40 episodes of seclusion.

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

Figure 8 provides a breakdown of the duration of episodes of seclusion in approved centres in 2017, and Figure 13 provides the breakdown in 2018. Figure 3 in section 2.2 of the main report identified that in 2018, 32% of all episodes of seclusion nationally lasted for less than four hours, with a further 32% lasting for between four to eight hours, while 4% lasted for more than 72 hours. In 2018, 31 % of episodes lasted for less than four hours, 28% for between four and eight hours, and 5% for more than 72 hours. In 2017, 64% of episodes of seclusion lasted for eight hours or less, falling to 60% in 2018. Episodes of seclusion exceeding 72 hours were reported by 28 approved centres in 2017, and 27 approved centres in 2018. The duration of these episodes in 2017 ranged from 5 minutes to 2,895 hours (NFMHS), and in 2018, episodes ranged from 5 minutes to 1,708 hours (NFMHS).

The variance between services in the duration and quantity of episodes of seclusion requires further study to understand causality. A combined study of the uses of de-escalation techniques and staff training along with annual reports of restrictive practices would be a useful next step.

Table 9: Seclusion – ranked by number of episodes of seclusion 2018

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/resident)			Average duration		
					2017	2018	Change	2017	2018	Change	2017	2018	Change	2017	2018	Change
1	DOP University Hospital Waterford	CHO 5	44	44	124	229	+	36	70	+	3.4	3.3	-	05:41:25	05:42:04	+
2	DOP St Luke's Hospital Kilkenny	CHO 5	44	44	138	130	-	62	60	-	2.2	2.2	+	08:54:54	19:52:55	+
3	Sliabh Mis University Hospital Kerry	CHO 4	39	39	141	129	-	35	41	+	4.0	3.1	-	10:28:11	09:09:44	-
4	St John of God Hospital (Cluain Mhuire)*	INDP/CHO6	183	183	87	129	+	43	61	+	2.0	2.1	-	33:00:55	20:17:56	-
5	DOP Connolly Hospital	CHO 9	47	47	84	116	+	46	34	-	1.8	3.4	~	10:44:55	09:47:03	-
6	Drogheda DOP	CHO 8	46	46	47	99	+	27	50	+	1.7	2.0	+	40:30:04	28:12:02	-
7	Ashlin Centre	CHO 9	44	44	120	83	-	50	39	-	2.4	2.1	-	12:02:16	21:56:21	+
8	Central Mental Hospital	NFMHS	103	107	56	77	+	22	27	+	2.5	2.9	+	87:39:41	111:23:55	+
9	St Vincent's Hospital Fairview	CHO 9	46	45	32	74	+	14	31	+	2.3	2.4	-	09:40:43	12:24:33	+

Appendix 4: Use of seclusion in approved centres (Continued)

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/resident)			Average duration		
					2017	2018	Change	2017	2018	Change	2017	2018	Change	2017	2018	Change
10	DOP Midland Regional Hospital Portlaoise	CHO 8	46	46	62	56	-	41	37	-	1.5	1.5	+	13:21:58	16:55:14	+
11	AAMHU (formerly DOP), University Hospital Galway	CHO 2	45	50	47	53	+	31	22	-	1.5	2.4	-	16:39:19	14:49:55	-
12	Merlin Park University Hospital	CAMHS	20	20	33	53	+	8	4	-	4.1	13.3	+	06:14:15	36:04:27	+
13	Linn Dara CAMHS In-patient Unit, Cherry Orchard	CAMHS	24	22	29	52	+	4	3	-	7.3	17.3	+	03:23:33	05:47:21	+
14	Lakeview Unit Naas General Hospital	CHO 7	29	29	48	47	-	28	32	+	1.7	1.5	-	14:54:52	13:42:08	-
15	AMHU, Mayo University Hospital	CHO 2	32	32	32	44	+	17	22	+	1.9	2.0	+	05:33:53	12:22:56	+

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/resident)			Average duration		
					2017	2018	Change	2017	2018	Change	2017	2018	Change	2017	2018	Change
16	Avonmore & Glencree Units, Newcastle Hospital	CHO 7	55	52	35	42	-	20	13	-	1.8	3.2	~	20:47:34	19:34:29	-
17	Acute Psychiatric Unit Tallaght Hospital	CHO 7	52	52	53	40	-	62	23	-	0.9	1.7	+	07:18:16	06:24:07	-
18	Phoenix Care Centre	CHO 9	54	54	21	40	+	11	11	~	1.9	3.6	+	66:07:37	51:57:20	-
19	St Loman's Hospital	CHO 8	44	44	48	37	-	13	19	+	3.7	1.9	+	65:36:49	05:23:45	-
20	Sligo Leitrim Mental Health Inpatient Unit	CHO 1	34	28	46	37	-	21	18	-	2.2	2.1	+	20:09:10	21:35:00	+
21	Acute Psychiatric Unit, Ennis Hospital	CHO 3	39	39	14	36	+	12	42	+	1.2	0.9	+	02:32:00	02:54:53	+
22	St Joseph's Intellectual Disability Service	NIDS	124	126	4	32	+	4	4	~	1.0	8.0	-	00:59:45	02:13:30	+
23	DOP Roscommon University Hospital	CHO 2	22	22	33	31	-	14	11	-	2.4	2.8	-	15:26:05	24:35:39	+

Appendix 4: Use of seclusion in approved centres (Continued)

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/resident)			Average duration		
					2017	2018	Change	2017	2018	Change	2017	2018	Change	2017	2018	Change
24	Carraig Mor Centre	CHO 4	18	18	25	21	-	14	11	-	1.8	1.9	+	04:20:22	03:20:26	-
25	St Aloysius Ward Mater Hospital	CHO 9	15	15	15	15	~	8	62	~	1.9	0.2	-	14:12:36	28:14:06	+
26	DOP Letterkenny	CHO 1	34	34	3	15	+	1	8	+	3.0	1.9	-	03:09:40	12:24:00	+
27	AIPU St Vincent's Hospital	CAMHS	12	10	22	8	-	8	4	-	2.8	2.0	+	21:04:52	10:44:53	-
Total	**All applicable approved centre**		**1313**	**1310**	**1396**	**1711**	**+**	**652**	**759**	**+**	**2.1**	**2.3**	**+**	**19:16:53**	**19:32:59**	**+**
	Excluding Central Mental Hospital		**1210**	**1203**	**1364**	**1667**	**+**	**635**	**737**	**+**	**2.1**	**2.3**	**+**	**16:10:30**	**15:53:45**	**-**

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

Figure 22: Duration of seclusion by approved centre ranked by highest to lowest percentage of <4 hours 2017

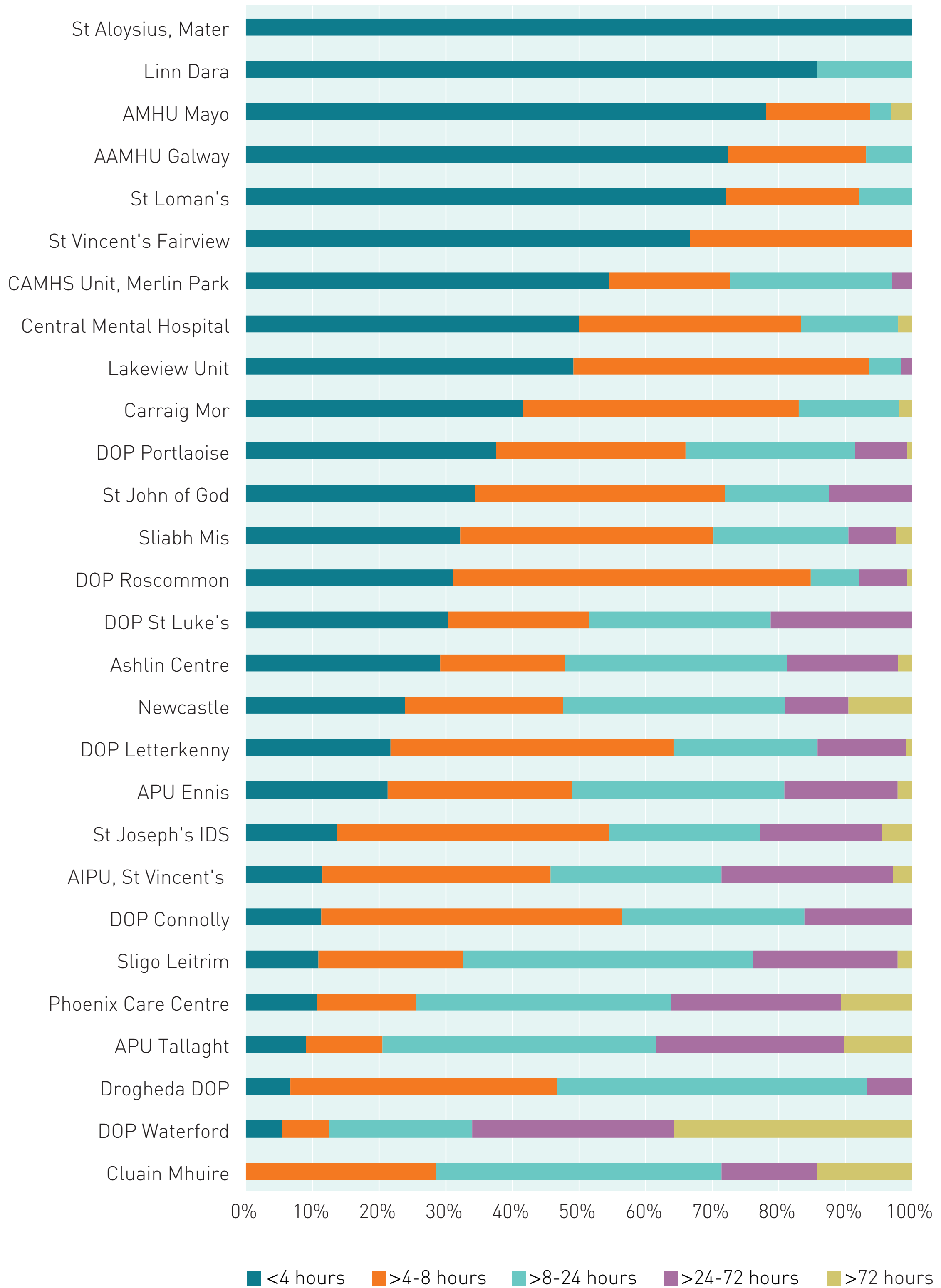
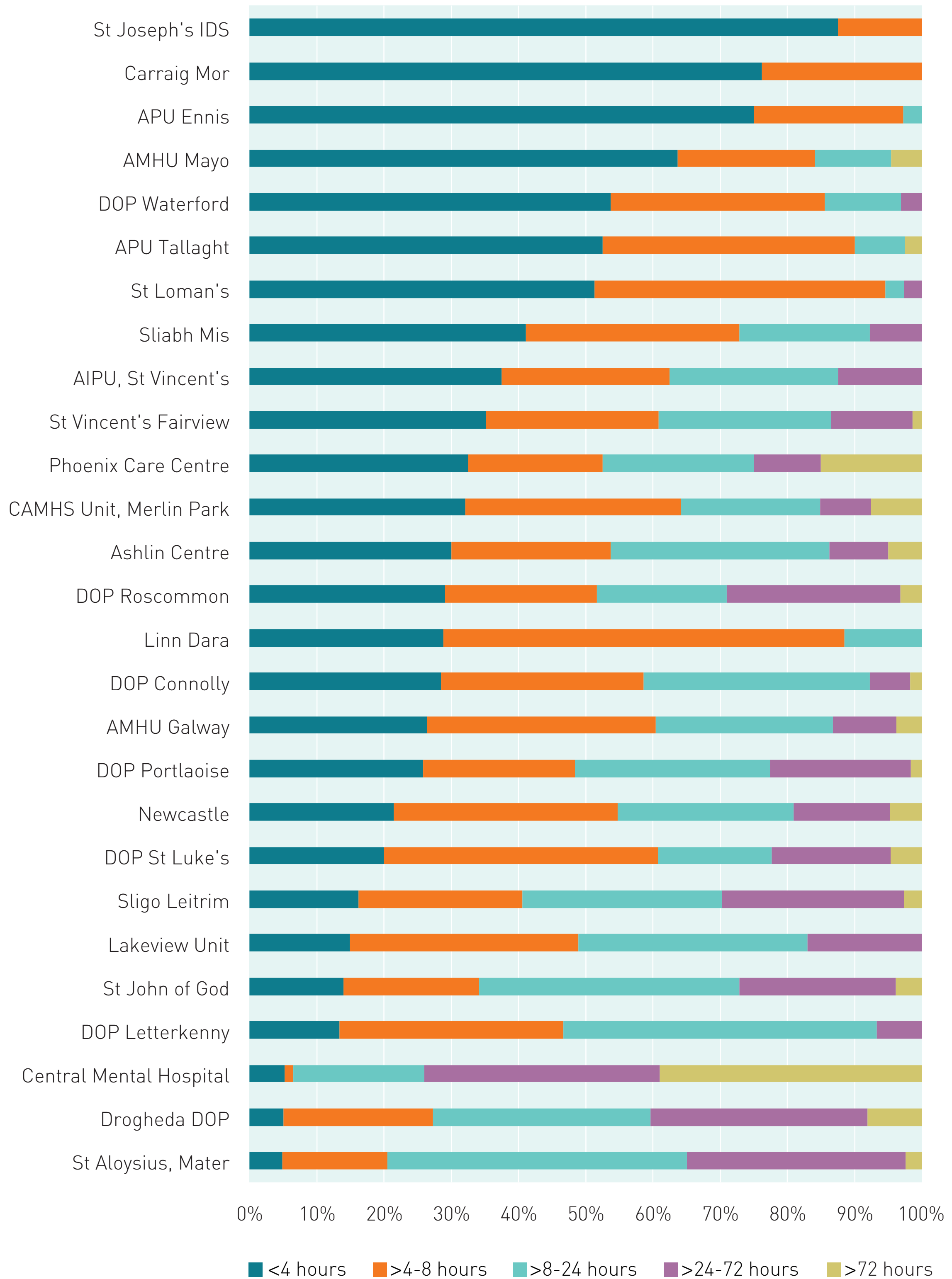


Figure 23: Duration of seclusion by approved centre ranked by highest to lowest percentage of <4 hours 2018



Note: Standard zero decimal rounding was applied to the % duration in Figures 12 and 13. As such, the sum total percentage duration for some approved centres is 99%-101%.

Appendix 5: Use of physical restraint in approved centres

This section includes information on the use of physical restraint in individual approved centres. Table 9 ranks individual approved centre from highest to lowest by total number of episodes of physical restraint, indicating the change in use over the two year period 2017 to 2018.

Only approved centres that reported using physical restraint in 2017 or 2018 have been included in the information provided.

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

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

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

Table 10 also shows the rate of episodes of physical restraint to residents restrained in individual approved centres in 2017 and 2018.

Section 4.1 in the main report highlighted that the national rate in 2017 was 4.2 episodes per resident restrained in 2017, and 4.7 episodes per resident in 2018. The rate of restraint may be skewed in some approved centres where a small number of residents were frequently restrained.

Table 10 shows that Linn Dara CAMHS In-patient Unit, Cherry Orchard reported both the highest number of episodes of physical restraint and the highest rate in 2017 and 2018, as a result of a small number of residents being restrained on a frequent basis. In 2017, the second highest number of episodes was reported by Sliabh Mis University Hospital, Kerry (212 episodes), but which had a lower than average rate of physical restraint per resident (4.5), as compared to the national average (6.1). In 2018, the second highest number of episodes was reported by St Vincent's Hospital Fairview (189 episodes), and once again, the approved centre reported a lower than average rate of restraint (4) as compared to the national average (6.2). This appears to indicate that these services are more inclined to implement physical restraint on a greater number of residents than those services with the highest rates per year (Teach Aisling [78 episodes per resident] in 2017, and (excluding Linn Dara) Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital [15.3 episodes per resident] in 2018).

Table 10: Physical restraint use 2017 and 2018 – ranked by number of episodes of physical restraint 2018

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/resident)		
					2017	2018	Change	2017	2018	Change	2017	2018	Change
1	Linn Dara CAMHS In-patient Unit, Cherry Orchard	CAMHS	24	22	1202	2293	+	16	13	-	75.1	176.4	+
2	St Vincent's Hospital Fairview	CHO 9	46	45	107	189	+	14	47	+	7.6	4.0	-
3	Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	CAMHS	20	20	152	183	+	16	12	-	9.5	15.3	+
4	DOP Connolly Hospital	CHO 9	47	47	154	176	+	63	46	-	2.4	3.8	+
5	Sliabh Mis University Hospital Kerry	CHO 4	39	39	212	169	-	47	47	~	4.5	3.6	-
6	Phoenix Care Centre	CHO 9	54	54	188	151	-	11	20	+	1.3	7.6	-
7	DOP St Luke's Hospital, Kilkenny	CHO 5	44	44	182	148	-	67	61	-	2.7	2.4	-
8	St Aloysius Ward Mater Hospital	CHO 9	15	15	31	136	+	8	59	+	3.9	2.3	-
9	St John of God Hospital (Cluain Mhuire)*	INDP/CHO6	183	183	171	136	-	54	51	-	3.2	2.7	-
10	St Patrick's University Hospital	INDP	241	241	181	131	-	40	43	+	4.5	3.0	-
11	AAMHU (formerly DOP), University Hospital Galway	CHO 2	45	50	128	123	-	47	49	+	2.7	2.5	-
12	AMHU, Mayo University Hospital	CHO 2	32	32	82	123	+	32	50	+	2.6	2.5	-
13	Ashlin Centre	CHO 9	44	44	130	113	-	55	48	-	2.4	2.4	~
14	DOP Letterkenny	CHO 1	34	34	109	109	~	41	41	~	2.7	2.7	~
15	Acute Mental Health Unit, Cork University Hospital	CHO 4	50	50	121	107	-	51	47	-	2.4	2.3	-
16	Drogheda DOP	CHO 8	46	46	97	102	+	33	45	+	2.9	2.3	-

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/resident)		
					2017	2018	Change	2017	2018	Change	2017	2018	Change
17	Central Mental Hospital	NFMHS	103	107	42	100	+	18	20	+	2.3	5.0	+
18	Acute Psychiatric Unit, Cavan General Hospital	CHO 1	25	25	32	92	+	19	23	+	1.7	4.0	+
19	St Michael's Unit, Mercy University Hospital	CHO 4	50	50	67	79	+	41	38	-	1.6	2.1	+
20	Acute Psychiatric Unit, Tallaght Hospital	CHO 7	52	52	90	71	-	40	42	+	2.3	1.7	-
21	Elm Mount, St Vincent's University Hospital	CHO 6	39	36	109	70	-	34	31	-	3.2	2.3	-
22	Jonathan Swift Clinic, St James's Hospital	CHO 7	51	47	80	70	-	31	30	-	2.6	2.3	-
23	DOP University Hospital Waterford	CHO 5	44	44	73	68	-	39	28	-	1.9	2.4	+
24	Lakeview Unit Naas General Hospital	CHO 7	29	29	56	61	+	28	33	+	2.0	1.8	-
25	Admission Unit & St Edna's Ward, St Loman's Hospital	CHO 8	44	44	116	57	-	31	18	-	3.7	3.2	-
26	DOP Midland Regional Hospital, Portlaoise	CHO 8	46	46	76	55	-	45	32	-	1.7	1.7	~
27	DOP Roscommon University Hospital	CHO 2	22	22	48	54	+	18	14	-	2.7	3.9	+
28	St Joseph's Intellectual Disability Service	NIDS	124	126	18	53	+	8	10	+	2.3	5.3	+
29	Acute Psychiatric Unit, University Hospital Ennis	CHO 3	39	39	34	50	+	24	35	+	1.4	1.4	~

Appendix 5: Use of physical restraint in approved centres (Continued)

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/resident)		
					2017	2018	Change	2017	2018	Change	2017	2018	Change
30	Sligo Leitrim Mental Health Inpatient Unit	CHO 1	34	28	43	43	~	20	26	+	2.2	1.7	-
31	Avonmore & Glencree Units, Newcastle Hospital	CHO 7	55	52	54	40	-	18	12	-	3.0	3.3	+
32	Acute Psychiatric Unit 5B, University Hospital Limerick	CHO 3	50	42	82	38	-	24	19	-	3.4	2.0	-
33	Bloomfield Hospital	INDP	114	114	16	33	+	10	8		1.6	4.1	+
34	Carraig Mor Centre	CHO 4	18	18	48	33	-	19	16	-	2.5	2.1	-
35	Units 2, 3, 4, 5 and Unit 8 (Floor 2), St Stephen's Hospital	CHO 4	93	87	28	22	-	19	20	+	1.5	1.1	-
36	Teach Aisling	CHO 2	10	10	156	21	-	2	2	~	78.0	10.5	-
37	Centre for Mental Health Care & Recovery, Bantry General Hospital	CHO 4	18	18	6	20	+	3	20	+	2.0	1.0	-
38	Deer Lodge	CHO 4	40	40	4	17	-	1	6	+	21.0	2.8	
39	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	CHO 8	42	42	18	16	-	5	8	+	3.6	2.0	-
40	An Coillin	CHO 2	22	22	0	15	+	0	4	+	0.0	3.8	+
41	Willow Grove	CAMHS	14	14	22	15	-	2	4	+	11.0	3.8	-
42	Adolescent In-patient Unit, St Vincent's Hospital	CAMHS	12	10	60	11	-	10	12	+	6.0	0.9	-
43	Eist Linn Child & Adolescent In-patient Unit	CAMHS	20	20	22	8	-	6	4	-	3.7	2.0	-

Rank	Approved centre	Sector	# Beds 2017	# Beds 2018	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/resident)		
					2017	2018	Change	2017	2018	Change	2017	2018	Change
44	Grangegorman Ward & St Aidan's Ward, St Otteran's Hospital	CHO 5	40	40	22	6	-	3	2	-	7.3	3.0	-
45	Haywood Lodge	CHO 5	40	40	0	5	-	0	4	-	0.0	1.3	-
46	Highfield Hospital	INDP	110	111	20	4	-	3	3	~	6.7	1.3	-
47	Maryborough Centre, St Fintan's Hospital	CHO 8	30	30	2	2	~	2	2	~	1.0	1.0	-
48	Selskar House	CHO 5	20	20	1	2	+	1	1	~	1.0	2.0	+
49	St Davnet's Hospital - Blackwater House	CHO 1	20	20	0	2	+						
50	St Edmundsbury Hospital	INDP	52	52	0	2	+						
51	Cappahard Lodge	CHO 3	34	32	0	1	+	0	1	+	0.0	1.0	+
52	Creagh Suite, St Brigid's Ballinasloe	CHO 2	16	14	0	1	+	0	1	+	0.0	1.0	0
53	Sycamore Unit, Connolly Hospital	CHO 9	25	25	0	1	+	0	1	+	0.0	1.0	+
54	Wood View	CHO 2	21	21	3	1	-	2	1	-	1.5	1.0	
55	St Ita's Ward, St Brigid's Hospital, Ardee	CHO 8	20	20	2	0	-	1	0	-	2.0	0.0	-
Total	**All applicable approved centre**		**2602**	**2575**	**4697**	**5628**	**+**	**1260**	**1210**	**+**	**6.0**	**6.2**	**+**
	Excluding Central Mental Hospital		**2499**	**2468**	**4655**	**5505**	**+**	**1227**	**1165**	**+**	**6.1**	**6.2**	**+**

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

Coimisiún Meabhair-Shláinte | Mental Health Commission

Waterloo Exchange,
Coimisiún Meabhair-Shláinte,
Waterloo Road, Dublin 4,
D04 E5W7

T +353 1 636 2400
F +353 1 636 2440
E info@mhcirl.ie
W www.mhcirl.ie

www.mhcirl.ie