The Use of Restrictive Practices in Approved Centres

Seclusion, Mechanical Restraint and Physical Restraint

Activities Report 2022

December 2023

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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) (Government of Ireland, 2001). 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). This definition 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 (MHC, 2009a). As such, episodes of mechanical restraint for enduring risk of harm to self or others are not reported to the MHC or included in this activity report.(As of 1 January 2023 the amended Rules with regards Part 5 of the Rules for mechanical means of bodily restraint for enduring risk of harm to self or others, comes into effect)

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 2022

In 2022, the MHC noted the following:

Overall, the number of reported restrictive practices continued to decline in 2022. This decline is the continuation of a trend observed over the previous three years.

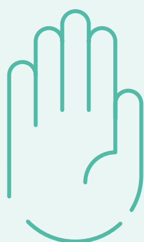
Restrictive practices can only be used in strictly controlled circumstances as set out in rules and a code of practice published by the MHC. Approved centres are required to have systems in place to reduce and, where possible, eliminate restrictive practices.

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

The number of **episodes of seclusion increased between 2021 and 2022**, by 16%, however **the number of people who were secluded decreased**.

Episodes of **physical restraint** and **the number of residents undergoing physical restraint have continued to decrease since 2019**.

There were **circa 20 reported incidents of mechanical restraint in 2022**, a decrease from 2021. **The use of mechanical restraint continues to be rare**.



Restrictive practices, including **physical restraint and/or seclusion, were used in 48 services (71.6%)** in 2022. In total there were **4,309, episodes of physical restraint and seclusion** reported to the MHC in 2022, with **1,653 people secluded and/or restrained** during that time. This is a decrease of 7% (327 episodes) from the previous year.

When the MHC began reporting on restrictive practices in 2008, there were **4,765** combined episodes of physical restraint and seclusion. While seclusion episodes have decreased since 2008, the use of physical restraint has shown a much more significant decrease.

As in 2020 and 2021, COVID-19 cases still impacted how approved centres operated in 2022, which may have had resultant impacts on the operation and frequency of restrictive practices in each mental health service.

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 **39% (26)** of approved centres in 2022. 27 centres used seclusion in 2021.

In 2022, **620** people were secluded, a decrease from the **645** people secluded in 2021.

In 2022 **seclusion lasting over 24 hours accounted for 13% (190) of all episodes**, significantly lower than 2021 when it was **21% (246)**.

The **average seclusion duration** across all approved centres (excluding the Central Mental Hospital) in 2022 was **25 hours 24 minutes**, an increase from 2021 whereas the median remained a constant at 8 hours.

In 2022, **64.7% of secluded residents were male**, compared to 66% in 2021.

The majority of residents secluded in both 2022 **(63.8%)** and 2021 **(59%)** were under **40 years of age**.

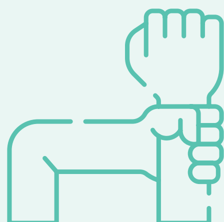
The average age of a resident placed in seclusion in in **2022 was 36** and in 2021 was **39 years**.

In 2022, **45.9%** of secluded residents were secluded for **8 hours or less**, compared to 46% in 2021.

In 2022, there were **114 episodes** (8.4%) where a person was secluded for over 72 hours. This compares to 68 episodes (6%) in 2021.

Summary of findings 2022 (continued)

Physical Restraint



Physical restraint was used in 48 approved centres in 2022. In 2021, physical restraint was reported in 47 approved centres.

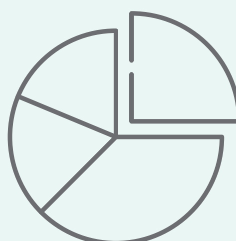
There were **2,945** episodes of physical restraint in 2022. This was a decrease from 3,460 episodes in 2021.

The majority of physically restrained residents **(53.8%)** were **under the age of 40** in 2022, similar to 2021 **(53%)**.

In 2022, **1,078 people were physically restrained**, compared to 1,145 residents in 2021.

More male residents **(52.4%)** than female residents were physically restrained in 2022, a decrease of **54%** in 2021.

The **average age** of a resident who was physically restrained in an approved centre was **41 years in both 2022 and 2021**. 8.6% of residents physically restrained in 2022 were aged 70 or above.

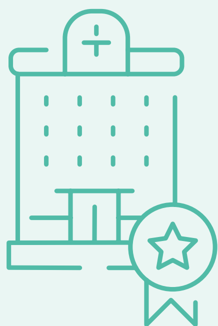


The highest proportion of residents restrained in 2022 were aged between 18 and 29 **(28.6%)**. The same cohort had the highest proportion of physical restraint in 2021 **(30%)**.

The **highest proportion (8%) of episodes of physical restraint in 2022 were initiated between 4pm and 5pm**, compared to between 2pm and 3pm (9%) in 2021.

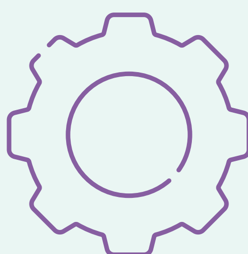
Ninety-one percent (91%) of episodes of physical restraint in 2022, and 2021, lasted for **less than 15 minutes**.

Mechanical Means of Bodily Restraint for Immediate (Threat of Serious Harm to Self or Others)



2 approved centres reported the use of mechanical restraint in 2022 compared to one service in 2021.

The number of episodes of mechanical restraint reported to the MHC decreased in 2022 in comparison to 2021.



The frequency of mechanical restraint as a restrictive practice in approved centres remains low in comparison to both physical restraint and seclusion.

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 2001-2018 (the '2001 Act').

Our Vision

Equity of access to person-centred mental health services and decision support services that deliver high-quality care and support.

Our Mission

Promotion and vindication of human rights in relation to mental health services and decision support services.

One of the core functions of the MHC 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.

The Use of Restrictive Practices in Approved Centres; Seclusion, Mechanical Restraint and Physical Restraint: Activities Report 2022 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. This is the MHC's fourteenth report on the use of seclusion, mechanical means of bodily restraint and physical restraint in approved centres.

The MHC has an oversight role to ensure that restrictive interventions are only used in rare and exceptional circumstances as an emergency measure, and that these interventions are undertaken safely, and in line with specified *Rules* and *Codes of Practice*.

Any restrictive intervention which compromises a person's liberty should be the safest and least restrictive option of last resort necessary to manage the immediate situation, be proportionate to the assessed risk, and employed for the shortest possible duration. The use of restrictive interventions should only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control.

The use of seclusion, mechanical and physical restraints are considered to be 'at odds with contemporary evidence-informed approaches to mental health care which should be based on a recovery orientated ethos and principles of ensuring human rights' (WHO, 2019). Recent research has highlighted that the use of restrictive practices increases the risk of trauma and may trigger symptoms of previous experiences of trauma (RCSI, 2022 p.244). Furthermore, restrictive or coercive practice '…in some instances can and does lead to physical and/or psychological harm' (RCSI, 2022, p. 63)

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).

Due to the international developments around human rights, the advancement of person-centred care, and evidence demonstrating that restrictive practices can have harmful physical and psychological consequences, in September 2022, the MHC published **revised rules governing the use of seclusion and mechanical means of bodily restraint**, and a **revised code of practice on the use of physical restraint**, which came into effect on 1 January 2023.

The MHC also implemented a requirement that, from 1 January 2023, all approved centres report each use of seclusion, physical restraint and mechanical restraint for immediate risk of harm to self or others to the MHC within three working days of the commencement of the episode.

The publication of the revised rules and code of practice followed an extensive public consultation process, and consideration of national and international evidence and best practice. The MHC consulted with people who have experienced restrictive practices, as well as staff and clinicians in mental health services.

These revised documents introduce a range of new and updated measures aimed at protecting the rights of persons receiving mental health care.

It is important to note that seclusion, physical restraint and mechanical restraint are only three forms of restrictive practices. Service providers have a duty to ensure that they have systems in place to identify, reduce and where possible eliminate other forms of restrictive practice, such as the use of involuntary medication, time-out, environmental restraint, close observations, locked doors, night-time clothing, and psychological restraint. These categories of restrictive practice are not reported on in this document.

This report describes the reported use of seclusion, mechanical restraint, and physical restraint in 2022 nationally, by sector (by CHOs and independent service providers) and by individual approved centres. The document presents data from 2022, with data from 2021 and 2020 included for context in certain parts. Activity reports for all previous years since 2008 can be accessed on our website at www.mhcirl.ie/publications.

The MHC thanks 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. The MHC also wishes to acknowledge the work of approved centres in implementing the revised rules and code of practice, and their ongoing work in introducing changes which are aimed at reducing restrictive and coercive practices. The MHC considers that this work, alongside other initiatives such as the 2021-2022 HSE Pilot Programme aimed at reducing the use of seclusion and restraint in approved centres, has contributed to the continued decline in the number of restrictive practices reported to the MHC.

The MHC wishes to acknowledge the trauma that many people report following the use of a restrictive practice. Anyone who is in need of support can access **the page Urgent Help and Support on our website** which provides key links and contact details for services and organisations that offer immediate or urgent support, and to organisations that offer general and specialised ongoing support.

01
About the data

1.1 Data coverage

Data are presented for all approved centres that were entered on the Register of Approved Centres during 2022 (67), 2021 (67), 2020 (66) and 2019 (65). **Table 1** reflects the total 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 between 2019 and 2022 is provided in Appendix 2.

Table 1: Number of Approved Centres, 2019-22

	2019	2020	2021	2022
Approved Centres	65	66	67	67

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, is included in Appendix 1.

1.3 Data limitations

2022 was the final year of manual data collection using a paper-based return. Since 1 January 2023, data collection on restrictive practices is required to be submitted electronically within three working days of incidents occurring.

Approved centres vary in size, bed capacity, admission pathways and type of service delivered. Therefore, any attempt at comparative analysis between approved centres, types of service or geographical areas should be qualified, and should be undertaken cautiously.

International experience (see RCSI, 2022) 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, including the number of emergency and involuntary admissions.
- Services in some areas treating more acute residents.
- Ward design factors, such as the availability of intensive care and low-stimulus facilities, and the ward environment (décor, milieu, comfort).
- Staff numbers (including lower nurse-patient ratios), skills mix, experience and training.
- Changes in service provision within an approved centre over time.
- 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 and limitations 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.

02
Use of seclusion

Summary

- Seclusion was used in 39% (26) of approved centres in 2022, compared to 40% (27) in 2021.
- There were 1,364 episodes of seclusion in 2022, an increase from the 1,176 episodes reported in 2021.
- 620 people were secluded in 2022, a decrease from the 645 people secluded in 2021.
- The number of episodes of seclusion increased between 2021 and 2022, however the number of residents secluded decreased between 2021 and 2022.

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 2022 and 2021 at a national level. Further information relating to the use of seclusion in individual approved centres is presented in Appendix 4.

Table 2 shows that in 2022, 26 approved centres (38.81%) reported 1, 364 episodes of seclusion. In 2021, 27 approved centres (40.3%) reported 1,176 episodes of seclusion. This represents a 16% increase in seclusion episodes between 2021 and 2022.

Seclusion was used in approved centres across all nine CHOs. **Table 2** gives a breakdown of the use of seclusion by CHO area. This table includes a rate of seclusion per 100,000 of population. As highlighted in section 1.3 of this report, due to data limitations, meaningful rate comparisons between individual services or CHO areas cannot be made. The rate is included to allow comparison with data in previous annual reports.

Table 2 also provides information on centres which cannot not be assigned to CHO areas. St Joseph's Intellectual Disability Service (NIDS) did not report an episode of seclusion in 2022, but did report seclusion previously, while the Central Mental Hospital (NFMHS) reported 58 episodes. Seclusion was also used in one approved centre in the independent sector, St John of God Hospital, and in two Child and Adolescent Mental Health Services (CAMHS) units, Linn Dara and St Vincent's Adolescent In-Patient Unit, St Vincent's Hospital.

Table 2: Use of seclusion by CHO/service provider, 2021-22

	2021				2022			
CHO/ service provider	**Census 2016**	**Episodes**	**Rate[1]**	**Approved centres using seclusion**	**Census 2016**	**Episodes**	**Rate[1]**	**Approved centres using seclusion**
CHO 1	394,333	44	11.2	2	394,333	37	9.38	2
CHO 2	453,109	128	28.2	5	453,109	178	39.28	4
CHO 3	384,998	14	3.6	1	384,998	10	2.60	1
CHO 4	690,575	84	12.2	2	690,575	87	12.60	2
CHO 5	510,333	172	33.7	2	510,333	207	40.56	2
CHO 6[2]	388,297	34	8.8	1	388,297	39	10.04	1
CHO 7	702,586	151	21.5	2	702,586	139	19.78	2
CHO 8	616,229	168	27.3	3	616,229	152	24.67	3
CHO 9	621,405	233	37.5	5	621,405	370	59.54	5
Independent	n/a	60	n/a	1	n/a	45	n/a	1
NIDS	n/a	0	n/a	0	n/a	0	n/a	0
CAMHS	n/a	36	n/a	2	n/a	42	n/a	2
NFMHS	n/a	52	n/a	1	n/a	58	n/a	1
Total	**4,761,865**	**1,176**	**24.7**	**27**	**4,761,865**	**1,364**	**28.64**	**26**

1. Rate equals episodes per 100,000 population. At the time of publication, the most recent CHO population figures available were from the 2016 census data (CSO, 2016) and these were used to calculate rates for 2022 and 2021. The MHC awaits up to date figures based on the 2022 census. 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, 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.

2.1 Residents placed in seclusion

In 2022, **620** residents were placed in seclusion a total of **1,364** times. This represents a decrease in residents secluded from 2021 where 645 residents were placed in seclusion a total of 1,176 times, but an increase in the number of episodes of seclusion. In 2020, 669 residents were placed in seclusion 1,840 times.

Rates of seclusion per resident

The average number of times a resident was secluded was **2.63 episodes per resident secluded in 2022** and 1.9 in 2021. The rate of seclusion was 2.8 in 2020.

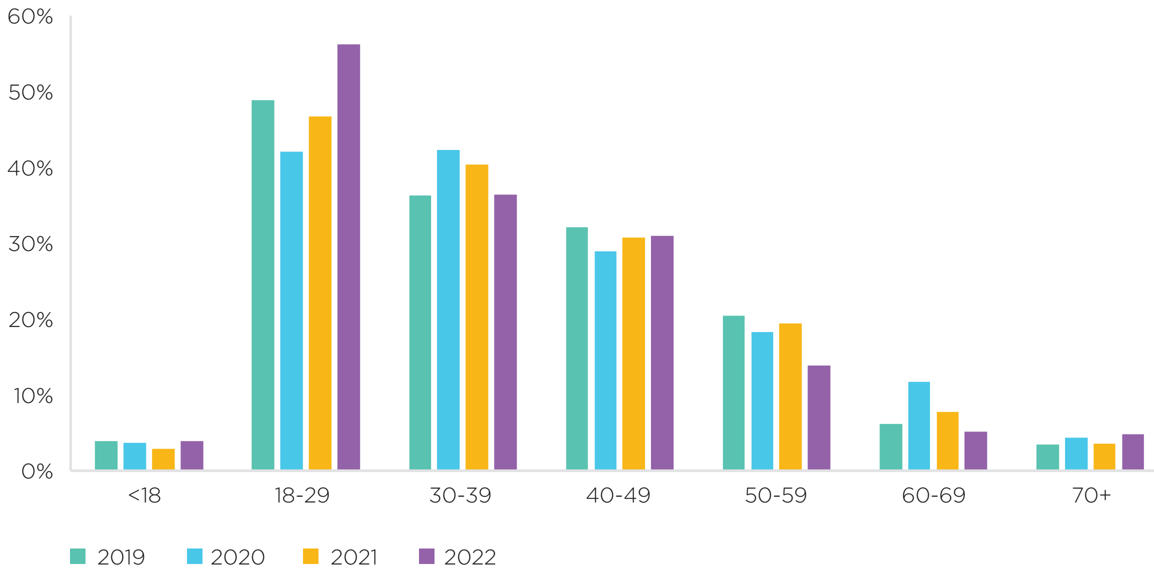
The number of episodes of seclusion and the number of residents secluded varied widely across approved centres. This can be explained in some instances by the differing nature of services provided and the differing levels of acuity of mental illness treated. In 2022 the rate of seclusion per resident was impacted in some centres by a small number of residents who experienced frequent episodes of seclusion.

A breakdown of this rate in individual approved centres in 2022 and 2021 is available in Appendix 4.

Gender and age

Figure 1 provides an overview of the age of residents who were secluded from 2019 to 2022. The average age of a secluded resident in 2022 was 36 years. The highest proportion of residents secluded in 2022 were aged 18-29 (31%). As with 2022, the highest proportion of residents secluded in 2021 and 2019 were 18-29 years of age, 2021 (30.9%) and 2019 (32.30). In 2020 the 30-39 age group had the highest seclusion rate (28.0%).

Figure 1: Age of residents placed in seclusion, 2019–2022



The age group with the lowest percentage of seclusion in 2022 were the under-18 (2.6%) and over-70 (3.2%) groups. In 2021, 1.9% of residents secluded were under 18 and 2.3% were over 70. In 2020, 2.4% of residents secluded were under 18 years of age and 2.8% were over 70. In 2019, 2.6% were under 18 years of age, and 2.3% were over 70.

Figure 2: Gender of residents placed in seclusion, 2019-2022

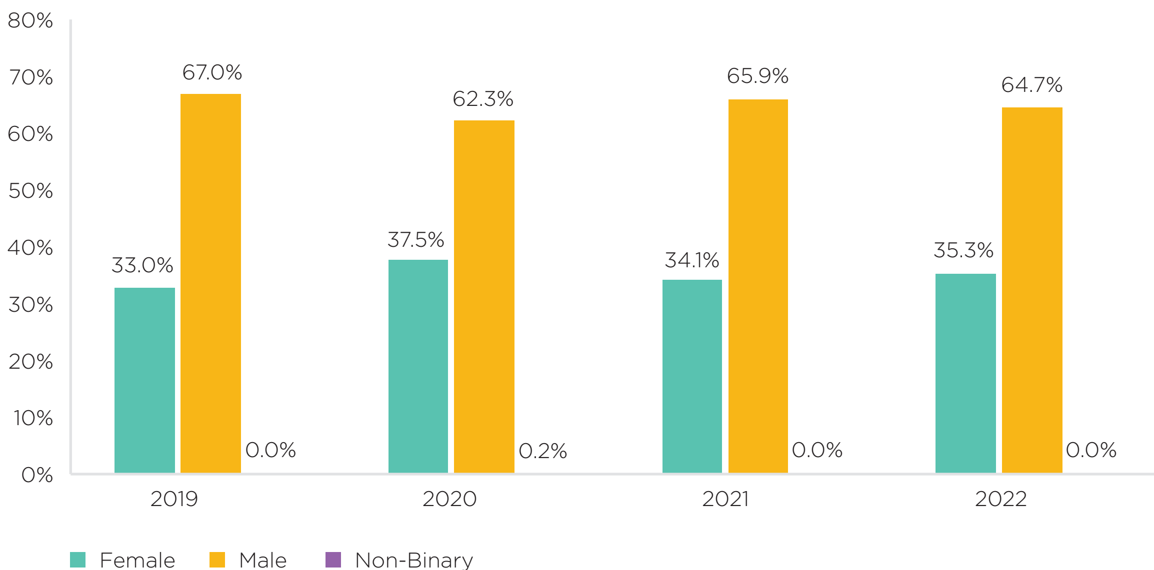


Figure 2 shows that in the past four years, more males than females were placed in seclusion. On average, approximately two-thirds (65%) of residents placed in seclusion between 2019 and 2022 were male. These numbers differ from the numbers of residents physically restrained each year, which is closer 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* state: "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 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.

Some centres, where intensive care is provided to people who are in an acutely disturbed phase of a major mental disorder, such as Phoenix Care Centre which is a psychiatric intensive care unit (PICU) or the Central Mental Hospital which provides the national forensic mental health service, may be expected to report more seclusion episodes with a duration of greater than 24 hours.

Table 3 shows that **in 2022, a total of 65,150 hours of seclusion were reported nationally**. This figure is higher than previous years, however seclusion figures are only recorded for seclusions that have concluded by midnight of the reporting year and in **2022 there were two seclusions carried forward from 2021 and one carried forward from 2020 totalling 23,785 Hours**. Without the carried forward seclusions the total seclusion hours of 2022 is 42,598. In 2021, 2020 and 2019, a total of 49,656, 37,010 and 30,458 hours of seclusion were reported, respectively.

The duration for a single episode of seclusion in 2022 ranged from three minutes to 13,272:39 hours (one year five months).

Table 3: Total duration of seclusion, 2019-22

	Hours and minutes		
Year	**Total hours**	**Shortest episode**	**Longest episode**
2019	30,458:13	00:01	3,831:00
2020	37,010:47	00:01	2,424:30
2021	49,656:01	00:03	8,759:59
2022	**65,150:27**	**00:03**	**13,272:39**

The average duration of an episode of seclusion was 25 hours 24 minutes in 2022. This was an increase from 18 hours 10 minutes in 2021, 14 hours 12 minutes in 2020 and 17 hours 46 minutes in 2019. During 2022 the median duration of seclusion was eight hours. These figures exclude the episodes from the Central Mental Hospital. The average duration in the Central Mental Hospital in 2022 was 577 hours and 40 minutes, an increase from 541 hours 53 minutes in 2021, 185 hours 29 minutes in 2020 and 126 hours three minutes in 2019. In 2022 the median duration of seclusion in the Central Mental Hospital was 113:35 hours. The average duration of seclusion reported by each approved centre in 2022 and 2021 is included in Appendix 4.

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 2022, the highest proportion of seclusion episodes **(34.0%)** lasted **between eight and 24 hours**, with the next-most-frequent duration being **less than four hours (21.9%)**. In 2021, 34% of seclusions lasted between eight and 24 hours, and 24% lasted less than four hours. In 2020, 49% of seclusion episodes lasted between eight and 24 hours, and 20% lasted less than four hours. The same trend was present in 2019, with 29% of seclusion episodes lasting between eight and 24 hours, and 29% lasting less than four hours.

In 2022, **7.1%** of episodes of seclusion lasted for **longer than 72 hours**, higher than previous years. In 2021, 6% of episodes of seclusion lasted for longer than 72 hours and both 2020 and 2019 recorded 4% lasting longer than 72 hours. **Sixteen** approved centres recorded episodes of seclusion lasting 72 hours or longer in 2022, compared to 14 in 2021, 13 in 2020 and 12 in 2019.

Figure 3: Seclusion duration breakdown, 2019-2022

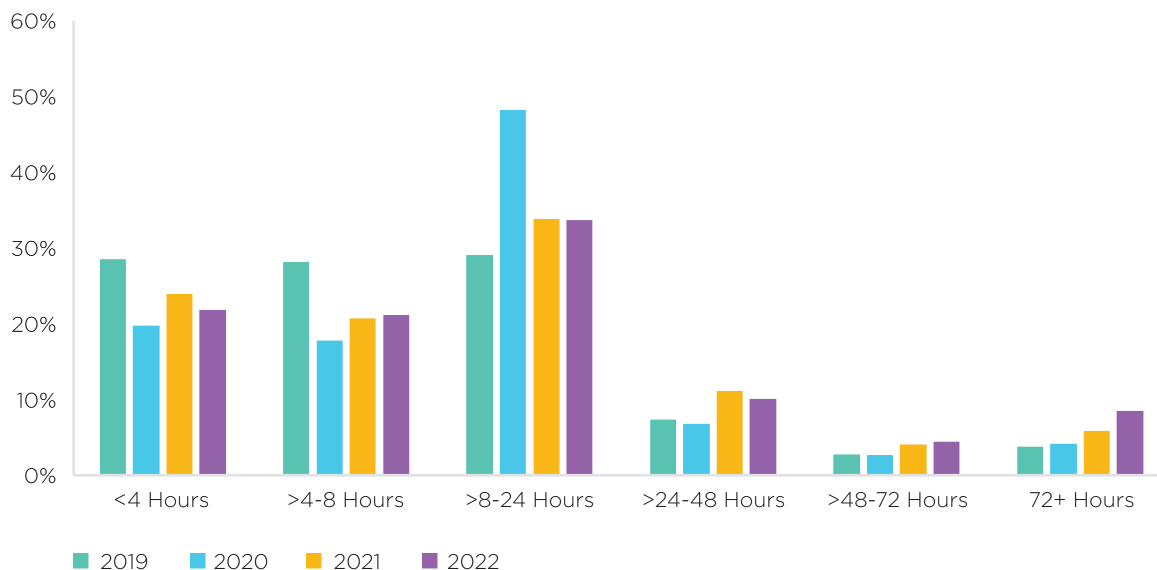
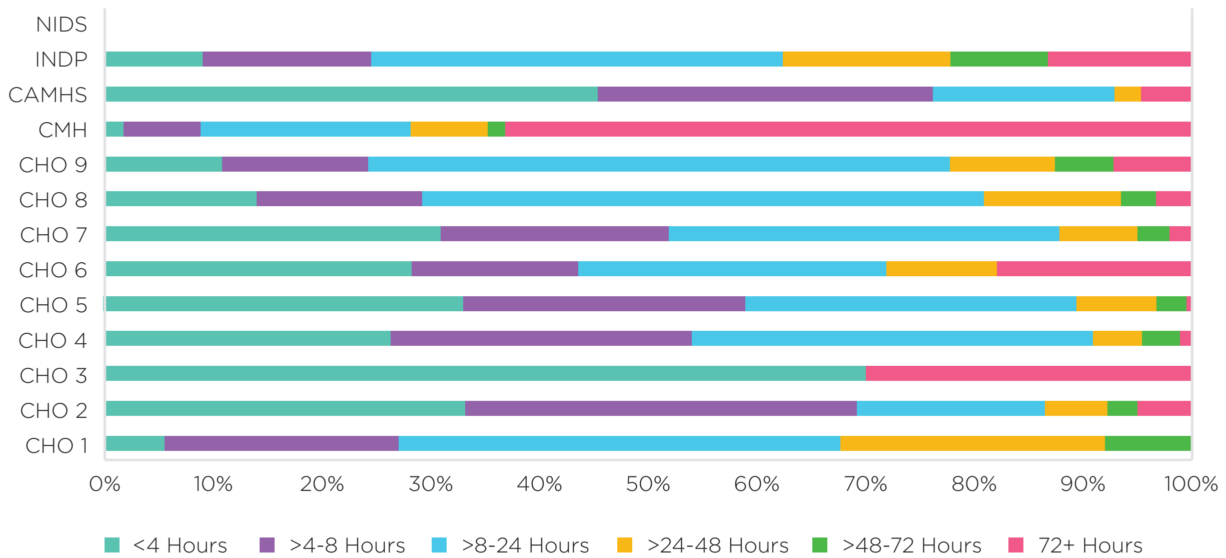


Figure 4 below provides a breakdown for 2022 of the duration of seclusion episodes across the nine CHOs and additional independent services. These figures illustrate that there was considerable variation in the duration of seclusion across the different geographic areas. However, It should be noted that access to seclusion facilities, bed numbers and service provision differ across each CHO and therefore direct or unqualified comparison of episode duration between services or CHO areas is not possible. 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.

63.2% of seclusion episodes that occurred in the Central Mental Hospital (NFMHS) lasted for **72 hours or longer**. Overall, 12 of the 13 CHOs/sectors reported at least one episode of seclusion that lasted **longer than 24 hours** in 2022, while 10 CHOs/sectors reported at least one seclusion episode **lasting 72 hours or longer**. It should also be noted that St Joseph's Intellectual Disability Service (NIDS) did not seclude any residents in 2022.

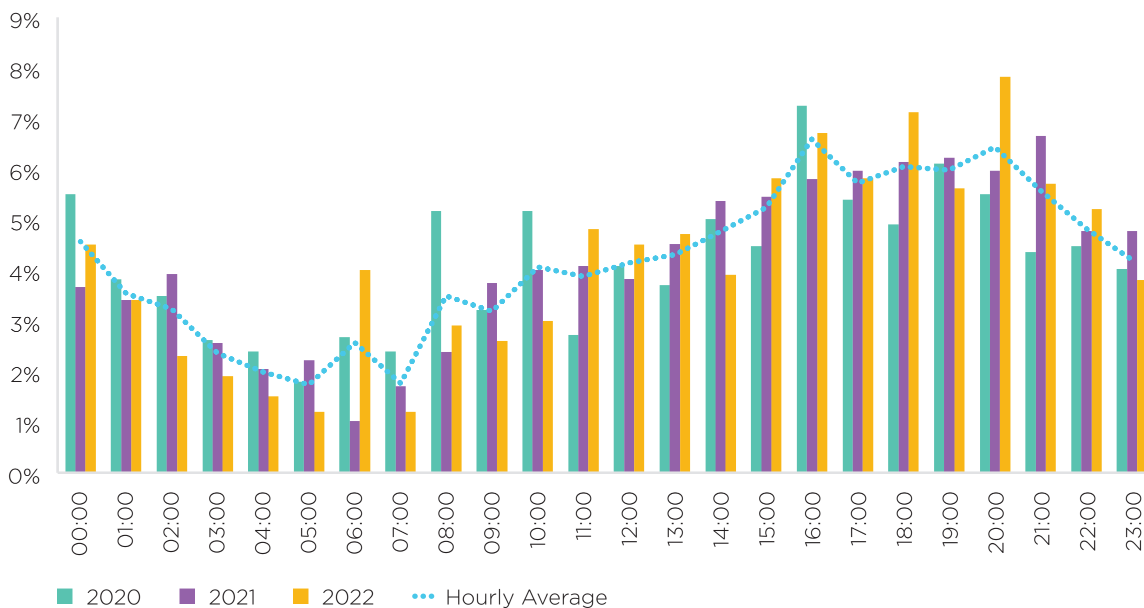
Figure 4: Seclusion episode duration by CHO/service area 2022



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 2022 occurred between 8pm and 9pm. In contrast, the highest proportion of episodes of seclusion in 2021 occurred between 9pm and 10pm, the highest proportion of seclusion episodes in 2020 commenced between 4pm and 5pm. The lowest proportion of seclusion episodes in 2022 commenced between 5am and 6am the lowest proportion of seclusion episodes in 2021 commenced between 6am and 7am, and between 5am and 6am in 2020.

Figure 5: Commencement time of seclusion, 2020–2022



03

The use of mechanical means of bodily restraint for immediate threat of serious harm to self or others

Summary

- There was a decrease in reported episodes of mechanical restraint for immediate threat of serious harm to self or others in 2022 compared to 2021.
- Two approved centres reported the use of mechanical restraint in 2022, compared to one in 2021.
- Episodes of mechanical restraint had a total duration of approximately 39 hours (≈ **20** episodes) in 2022, compared to 49 hours (25 episodes) in 2021.
- 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). The rules governing the use of mechanical means of bodily restraint cover:

- The use of mechanical restraint for immediate threat of serious harm to self or others (Part 4 of the Rules). This restraint can include the use of devices such as soft cuffs and its use is required to be reported to the MHC.
- The use of mechanical restraint for enduring risk of harm to self or others (Part 5 of the Rules). The Rules stipulate that the use of mechanical restraint on an ongoing basis for enduring risk of harm to self or others may be appropriate in certain clinical situations and must be used only to address an identified clinical need. Although this type of mechanical restraint is reviewed as part of the inspection process, its use was not required to be reported to the MHC in 2022 and consequently, is not addressed in this report.

Table 4 shows that the use of mechanical restraint to prevent an immediate threat to self or others was low in the years 2019, 2020, 2021 and 2022

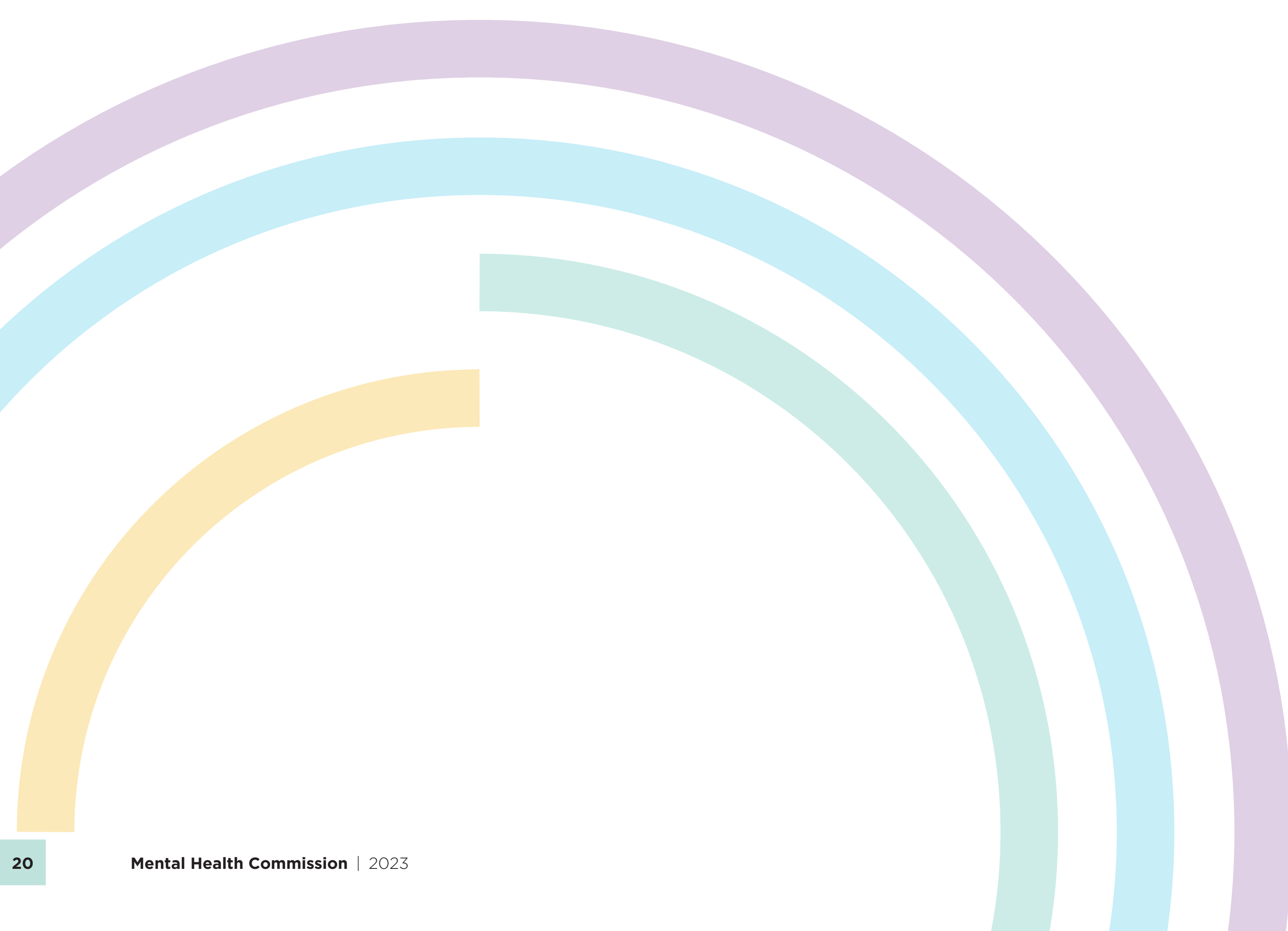
In **2022, two approved centres, the Central Mental Hospital (NFMHS) and one CAMHS unit, reported the use of mechanical restraint (≈ 20 episodes)**. The minimum duration of mechanical restraint was five minutes, and the maximum duration was four hours. Handcuffs were used in most episodes and one episode of a device called "Safe Hold, arms to waist belt and lower legs". In 2021, one approved centre reported the use of mechanical restraint: The Central Mental Hospital (25 episodes), in 2020, two approved centres reported the use of mechanical restraint: The Central Mental Hospital (<5) and a single CAMHS approved centre (≈ 150 episodes). The CAMHS service episodes were subject to a follow-up by the MHC in 2020 as outlined in the MHC's 2020 Restrictive Practices Annual Report. In 2019, the Central Mental Hospital was again the only service to report the use of mechanical restraint (18 episodes).

In 2022, episodes of mechanical restraint to prevent an immediate threat to the self or others had a total duration of **39 hours and 17 minutes**. This is a decrease on the total duration for 2021, which was 49 hours and 14 minutes. As in previous reports, due to the low frequency of episodes of mechanical restraint, and the potential of identifying individuals subject to mechanical restraint, further information cannot be provided.

Table 4: Use of mechanical means of bodily restraint by CHO/service provider, 2019-22

	2019		2020		2021		2022	
CHO/service provider	**Episodes**	**Approved centres**	**Episodes**	**Approved centres**	**Episodes**	**Approved centres**	**Episodes**	**Approved centres**
CHO 1	0	0	0	0	0	0	0	0
CHO 2	0	0	0	0	0	0	0	0
CHO 3	0	0	0	0	0	0	0	0
CHO 4	0	0	0	0	0	0	0	0
CHO 5	0	0	0	0	0	0	0	0
CHO 6	0	0	0	0	0	0	0	0
CHO 7	0	0	0	0	0	0	0	0
CHO 8	0	0	0	0	0	0	0	0
CHO 9	0	0	0	0	0	0	0	0
Independent	0	0	0	0	0	0	0	0
CAMHS	0	0	150	1	0	0	<5	1
CMH	18	1	<5	1	25	1	20	1
NIDS	0	0	0	0	0	0	0	0
Total	**18**	**1**	**≈ 150**	**2**	**25**	**1**	**≈ 20**	**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.



04
Use of physical restraint

Summary

- The use of physical restraint has continued to decline between 2019 and 2022 with respect to the number of episodes, duration of episodes and number of people restrained.
- Physical restraint was used in 71.5% (48) of approved centres in 2022. In 2021, physical restraint was reported in 70% (47) of approved centres.
- There were 2,945 episodes of physical restraint in 2022. This represents a decrease from 3,460 episodes in 2021.
- 1,078 people were physically restrained in 2022, compared to 1,145 residents in 2021.
- In 2022, a total duration of 264 hours and 28 minutes of physical restraint was reported nationally, lower than in 2021 (287 hours 16 minutes).

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 2022, **48** approved centres **(71.6%)** reported **2,945** episodes, in 2021, **47** approved centres **(70%)** reported **3,460** episodes of physical restraint, and in 2020, **48** approved centres **(73%)** reported **3,990** episodes of physical restraint.

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

Table 5 gives a breakdown of the use of physical restraint by CHO area. This table includes a rate of physical restraint per 100,000 of population. As highlighted in section 1.3 of this report, due to data limitations, meaningful rate comparisons between individual services or CHO areas cannot be made. The rate is included to allow comparison with data in previous annual reports.

Four approved centres in the independent sector used physical restraint in 2022, while five approved centres in the independent sector used physical restraint in 2021. **The Central Mental Hospital (NFMHS), St Joseph's Intellectual Disability Service (NIDS), and three CAMHS services also reported using physical restraint in 2022**. A further breakdown of this and of usage in all CHOs and services in 2022 and 2021 is provided in Appendix 5.

Table 5: Use of physical restraint by CHO/service provider, 2021-2022

	2021				2022			
CHO/service provider	Census 2016	Episodes	Rate[1]	Approved centres	Census 2016	Episodes	Rate[1]	Approved centres
CHO 1	394,333	236	59.8	4	394,333	116	29.4	4
CHO 2	453,109	369	81.4	5	453,109	279	61.6	5
CHO 3	384,998	70	18.2	2	384,998	92	23.9	2
CHO 4	690,575	356	51.6	8	690,575	300	43.4	8
CHO 5	510,333	244	47.8	4	510,333	267	52.3	4
CHO 6	388,297	194	50.0	2	388,297	260	67.0	2
CHO 7	702,586	362	51.5	3	702,586	407	57.9	3
CHO 8	616,229	249	40.4	4	616,229	161	26.1	4
CHO 9	621,405	481	77.4	5	621,405	426	68.6	5
Independent	n/a	229	n/a	5	n/a	228	n/a	5
CAMHS	n/a	248	n/a	3	n/a	365	n/a	3
NFMHS	n/a	417	n/a	1	n/a	42	n/a	1
NIDS	n/a	5	n/a	1	n/a	2	n/a	1
Total	**4,761,865**	**3,460**	**72.7**	**47**	**4,761,865**	**2,945**	**61.8**	**47**

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 2022, **1,078** residents were physically restrained **2,945** times. In 2021, **1,145** residents were physically restrained **3,460** times. In 2020, **1,211** residents were physically restrained **3,990** times. In 2019, **1,144** residents were physically restrained **5,029** times. The frequency of physical restraint has decreased between 2019 and 2022.

Rates of physical restraint per resident

The rate of restraint was **2.9** episodes per resident physically restrained in 2022.

This compares to a higher rate of **3.0**, **3.3** and **4.4** episodes per resident physically restrained in 2021, 2020 and 2019, respectively. As with the number of physical restraint episodes, the rate of physical restraint per resident has decreased between 2019 and 2022.

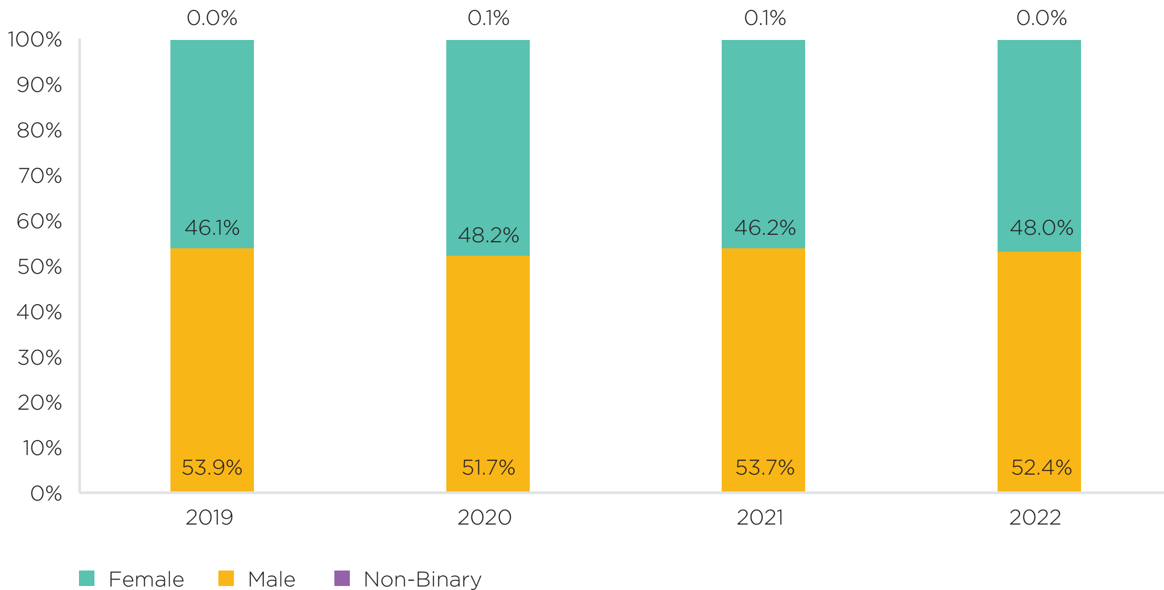
The number of episodes of physical restraint and residents restrained varied across approved centres; in some centres, the rate was skewed by frequent use in relation to a small number of residents due to the clinical needs and risks posed:

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 2022 (52%)**, which is in line with 2021 (54%), 2020 (52%) and 2019 (54%). This ratio of male to female residents being physically restrained is in line with the Health Research Board's (HRB's) published general mental health admissions figures, which approximately show a 50:50 breakdown each year (Craig and Daly, 2020).

Figure 6: Gender of residents physically restrained, 2019– 2022

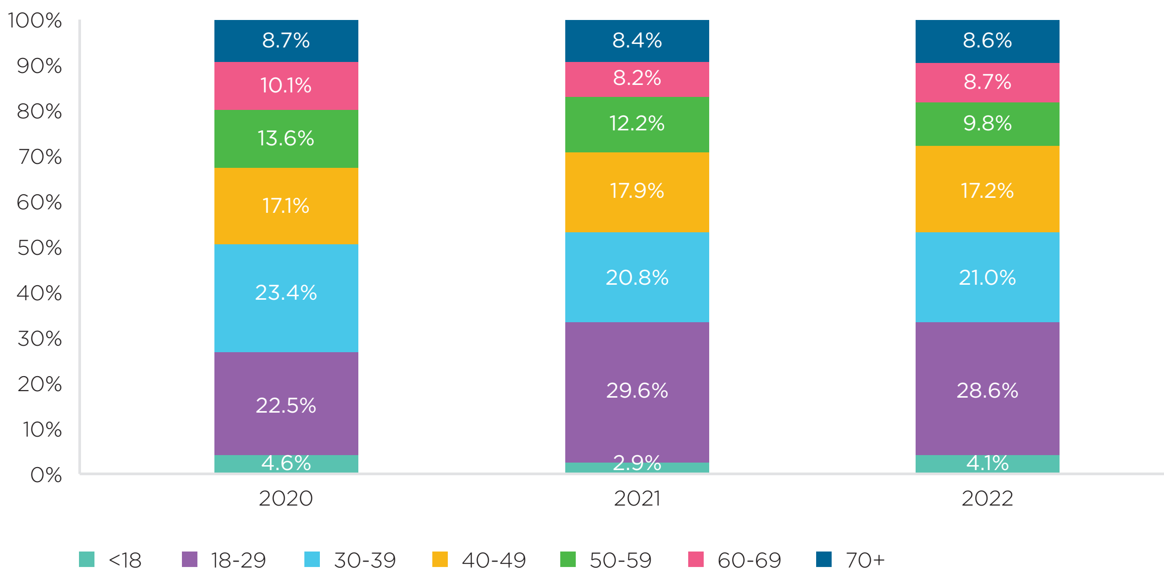


The **average age** of residents who were physically restrained in an approved centre in 2022, 2021 and 2020 was 41 years.

Figure 7 shows that the highest proportion of residents restrained in 2022 were between **18 and 29 years** of age **(28.6%)**, followed by those aged between **30 and 39 years (21%)**. The smallest proportion of residents physically restrained in 2022 were **under 18 years of age (4.1%)**. In 2022 8.6% of residents who were physically restrained were aged 70 and older.

The highest proportion of residents restrained in 2021 (30%) were between 18 and 29 years of age, 2020 (23%) were between 30 and 39 years of age. In addition, the smallest proportion of residents restrained in 2021 (3%) were under 18 years of age, 2020 (5%). The relationship between age and physical restraint remains consistent.

Figure 7: Age of residents physically restrained, 2020-2022



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 should 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 2022, a total of 264 hours and 28 minutes of physical restraint was reported nationally**, lower than in 2021 (287 hours 16 minutes) 2020 (402 hours 20 minutes) and 2019 (632 minutes 53 minutes). **An average episode of physical restraint across all approved centres lasted for five minutes in 2022**, the same as 2021. The duration for **a single episode of physical restraint in 2022 ranged from less than one minute to one hour and ten minutes**, compared to 2021 and 2020, where episodes ranged from less than one minute to two hours. In 2019, episodes ranged from under one minute to two hours 30 minutes.

Table 6: Total duration of physical restraint, 2019-22

	Hours and minutes		
Year	Total hours	Shortest episode	Longest episode
2019	632:53:00	<0:01	02:30
2020	402:20:00	<0:01	02:00
2021	287:16:00	<0:01	02:00
2022	**264:28:25**	**<0:01**	**01:10**

Figure 8 shows that in 2022, the majority **(58.9%)** of episodes of physical restraint lasted for **less than five minutes**. The next most common duration was **between five and 15 minutes (31.8%)**. In 2021, the majority **(63%)** of episodes of physical restraint lasted for **less than five minutes**. The next most common duration was **between five and 15 minutes (28%)**. The same trend is seen in both 2020 and 2019, with 54% and 49% of episodes lasting less than five minutes respectively, followed by 38% and 39% of physical restraint episodes lasting between five and 15 minutes in 2020 and 2019, respectively. Approximately **0.3 % of episodes lasted for longer than thirty minutes in 2022**, compared to 2021 (1.1%) 2020 (0.2%) and 2019 (0.6%).

Figure 8: Physical restraint duration breakdown, 2019-2022

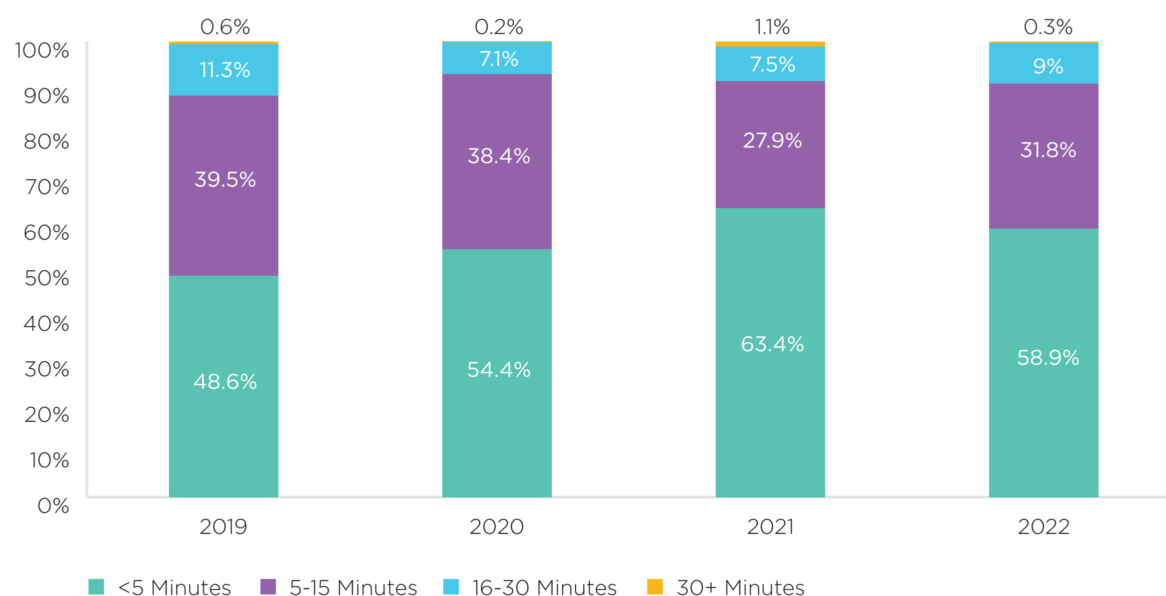


Figure 9 provides a breakdown by hour of when physical restraint episodes were commenced. **In 2022, the highest proportion of episodes of physical restraint commenced between 2pm and 3pm (9%)**. In 2021 most episodes occurred between 2pm and 3pm (9%) and between 3pm and 4pm (8%) in 2020. In 2022, 9.8% of episodes occurred between 12am and 8am, compared to 11% in 2021 and 2020. **The data indicate that episodes of physical restraint are more likely to occur between 10am and 7pm**.

Figure 9: Commencement time of physical restraint, 2020-2022

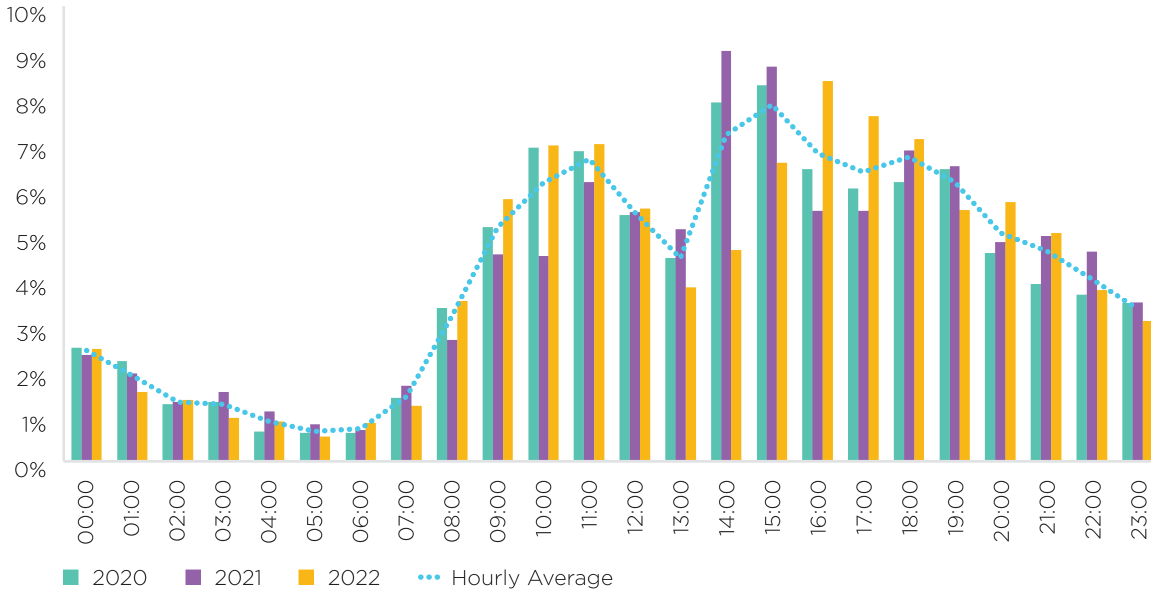
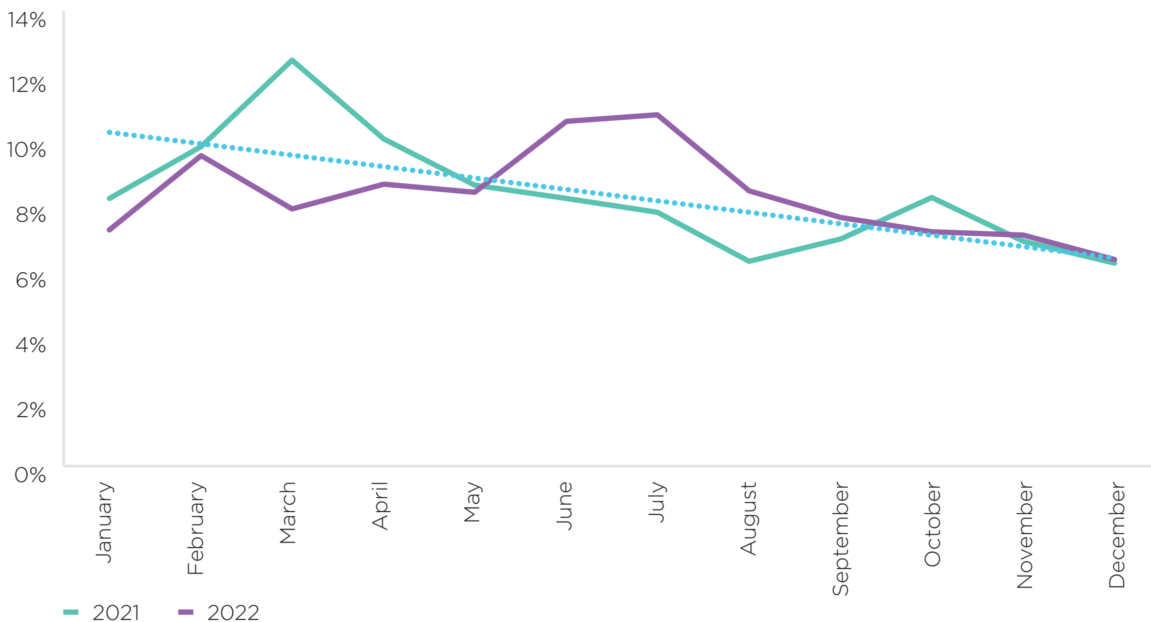


Figure 10 In both 2022 (52%) and 2021 (57%), most episodes occurred in the first half of the year (January to June), while the trendline in Figure 10 shows that the frequency of episodes spiked in June (10.6%) and July (10.8%) and then declined for the latter part of 2022. **July (10.8%)** had the highest proportion of physical restraint episodes in 2022, while **December (6.4%)** reported the smallest number of episodes. The data for 2022 indicate that physical restraint monthly trends were in line with seclusion.

Figure 10: Monthly breakdown of commencement of episodes of physical restraint, 2022



05
Restrictive interventions by approved centre

Summary

- In both 2022 and 2021, all approved centres that used seclusion also used physical restraint.
- Physical restraint accounted for 68% of restrictive practices utilised in approved centres in 2022, compared to 75% in 2021.
- There was a total of 4,309 episodes of seclusion and physical restraint in 2022, compared to 4,636 episodes in 2021. A 7% reduction in 2022.
- In **2022**, **1,653** residents were either secluded or physically restrained. In 2021, the number of residents was 1,790. A **7.7% reduction** in 2022
- Two approved centres reported the use of mechanical restraint in 2022, compared to one service in 2021.
- 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 (see Section 3) is excluded due to low numbers. In 2022, there were a total of 4,309 episodes of seclusion and physical restraint recorded nationally, which involved 1,653 residents of approved centres. This equates to a rate of 2.6 episodes per resident either secluded or physically restrained, lower than 2021 thru 2019, as per below.

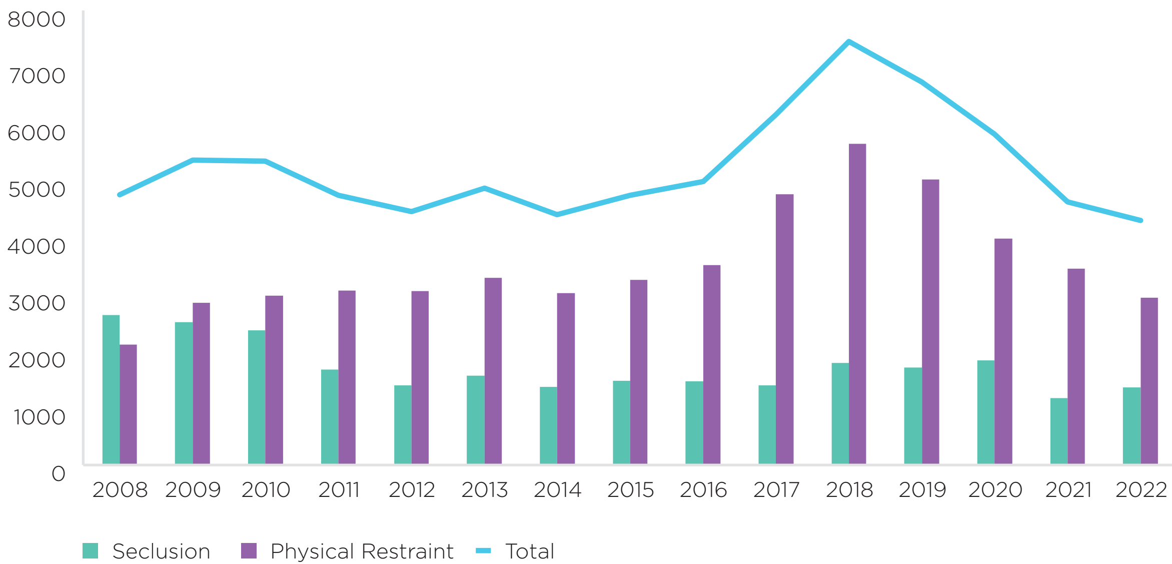
In 2021, there were a total of 4,636 episodes of seclusion and physical restraint recorded nationally, which involved 1,790 residents of approved centres.1 This equates to a rate of 2.6 episodes per resident either secluded or physically restrained. In 2020, there were a total of 5,830 episodes of seclusion and physical restraint recorded nationally, involving 1,880 residents of approved centres. This equates to a rate of 3.1 episodes per resident either secluded or physically restrained. In 2019, there were a total of 6,747 combined episodes of seclusion and physical restraint, involving 1,803 residents. The rate of episodes per resident in 2019 was 3.7.

Physical restraint was the most frequently used of the restrictive interventions monitored by the MHC. It was used in a majority of approved centres (48 of 67 approved centres) and accounted for **68%** of monitored restrictive interventions in 2022, excluding mechanical restraint. This compares to 75% and 68% of restrictive interventions in 2021 and 2020, respectively. Seclusion accounted for **32%** of restrictive interventions in 2022, compared to 25% in 2021 and 32% in 2020. The data indicate that physical restraint accounted for approximately 70.3% of reported restrictive interventions in the past three years.

All approved centres that used seclusion also used physical restraint. In each of the 26 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 physical 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 2022.

Figure 11: Seclusion and physical restraint, 2008-2022

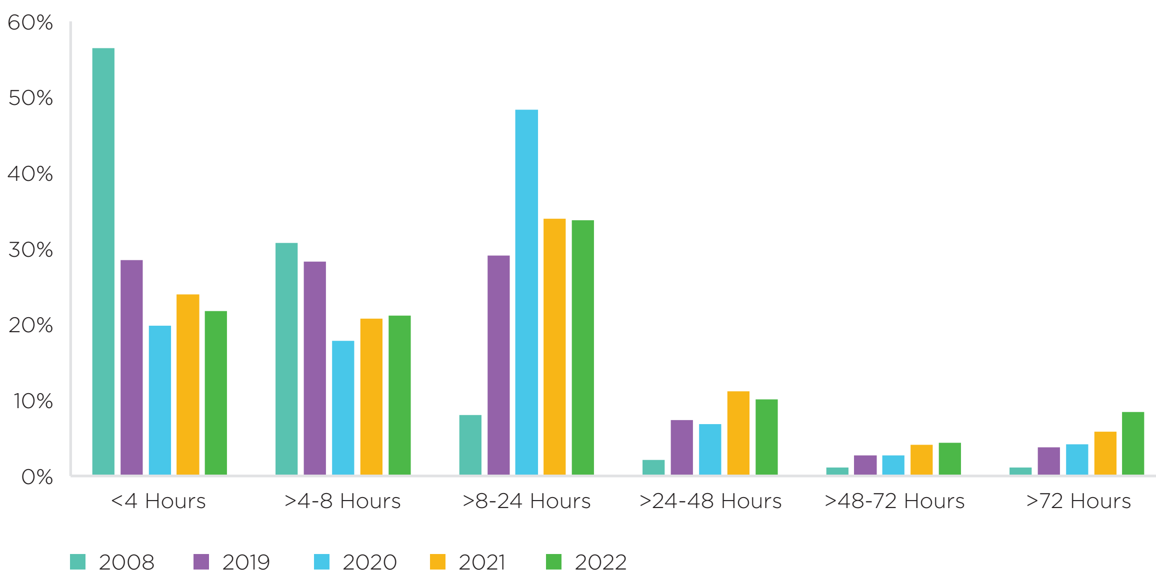


Episodes of physical restraint increased year on year from 2008 (2,123) to 2018 (5,665), followed by a year-on-year decrease between 2019 (5,028), 2020 (3,990), **2021 (3,460) and 2022 (2,945)**. In relation to seclusion, there has been an overall decrease from 2008 (2,642) to 2021 (1,176) and a small increment in 2022 (1365).

Figure 12 shows that in 2008, services reported 12% of seclusion episodes lasting eight hours or longer. This compares to 43% of seclusion episodes lasting eight hours or longer in 2019, 62% in 2020, 55% in 2021 **and 58% in 2022**. Therefore, in comparison to 2008, there were fewer episodes of seclusion in 2019, 2020, 2021 and 2022, but seclusion 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 reviewing the use of restrictive practices between services and over time.

Figure 12: Seclusion duration 2008, 2019-2022



06 Comparison of physical restraint and seclusion data

It has been 14 years since the MHC published its first report on the use of restrictive practices in approved centres. The below graphs visualise long-term movements in restrictive practices data in order to demonstrate trends. However, it is important to note that, from variances from year to year may not indicate a particular trend. Large numerical differences may be due to a small number of residents requiring a high level of care and attention in a particular calendar year, for instance.

Table 7: Examines the correlation between the number of physical restraint episodes and residents in approved centres with seclusion rooms versus approved centres without seclusion rooms in 2022.

In 2022, 26 approved centres used seclusion rooms and used physical restraint and 22 approved centres used only physical restraint and 19 approved centres used neither.

This data shows that physical restraint episodes are 30% higher in centres where seclusion is practised. The 26 approved centres that practise seclusion physically restrained 789 residents (2254 episodes) in comparison to 240 residents (691 episodes) in the 22 approved centres that do not have seclusion rooms. However, it is important to note that the cohort of approved centres without seclusion rooms, includes a more diverse range of services, some of whom have residents with a lower level of acuity.

Table 7: Physical Restraints broken down by centres with and without seclusion rooms.

Approved Centres with seclusion rooms	# Residents physically restrained	# Episodes of physical restraint	Approved Centres without seclusion rooms	# Residents physically restrained	# Episodes of physical restraint
Department of Psychiatry, University Hospital Waterford	69	183	AMHU Cork University Hospital	48	112
Acute Psychiatric Unit, Tallaght Hospital	53	97	Jonathan Swift Clinic, St. James' Hospital	40	123
Adult Mental Health Unit, Mayo General Hospital	51	116	St Patrick's University Hospital	30	121
Ashlin Centre	51	84	Elm Mount Unit, St Vincent's University Hospital	26	131
Department of Psychiatry, Connolly Hospital	49	101	St Michael's Unit, Mercy University Hospital, Cork	19	34
Lakeview Unit, Naas General Hospital	47	187	APU 5B, University Hospital Limerick	19	33
Department of Psychiatry, St Luke's Hospital	46	76	APU Cavan General Hospital	13	28
St Vincent's Hospital Fairview	41	117	St Stephen's Hospital, Cork	10	19
Adult Acute Mental Health Unit, University Hospital Galway	38	82	CMHCR, Bantry General Hospital	9	13
Department of Psychiatry, Midland Regional Hospital, Portlaoise	38	79	Eist Linn Child & Adolescent In-patient Unit	5	14

Approved Centres with seclusion rooms	# Residents physically restrained	# Episodes of physical restraint	Approved Centres without seclusion rooms	# Residents physically restrained	# Episodes of physical restraint
Acute Psychiatric Unit, University Hospital Ennis	37	59	Highfield Healthcare	<5	15
Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	34	76	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	<5	5
St John of God Hospital & Cluain Mhuire (Public)	33	82	Bloomfield Mental Health Services	<5	10
Avonmore & Glencree Units, Newcastle Hospital	27	128	An Coillin, Castlebar, Co. Mayo	<5	<5
Drogheda Department of Psychiatry	26	42	Grangemore Ward. St Otteran's Hospital	<5	<5
Department of Psychiatry, Letterkenny General Hospital	24	46	Deer Lodge, Co. Kerry	<5	15
Admission Unit & St Edna's Ward, St Loman's Hospital, Mullingar	21	35	Aidan's Residential Healthcare Unit	<5	5
AMHU Sligo University Hospital	21	41	O' Casey Rooms Fairview	<5	<5
Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard	21	247	St Joseph's Intellectual Disability Service	<5	<5
Central Mental Hospital	16	42	Blackwater House, Monaghan	<5	<5
Phoenix Care Centre	14	94	Haywood Lodge	<5	<5
St Aloysius Ward, Mater Misericordiae University Hospital	13	28	Le Brun House & Whitethorn House. Vergemount Mental Health Facility	<5	<5
Department of Psychiatry, Roscommon University Hospital	11	38			
Carraig Mór Centre	9	31			
Adolescent In-Patient Unit, St Vincent's Hospital	5	104			
Teach Aisling	<5	39			
Total # Residents & Episodes	**798**	**2254**	**Total # Residents & Episodes**	**219**	**682**
Average # Residents & Episodes	**30.69**	**83.48**	**Average # Residents & Episodes**	**9.95**	**31.00**

Figure 13 shows a **general increase in the number of physical restraint episodes between 2008 and 2022**, with a sharp increase in 2017 and 2018, followed by a decrease in 2019, 2020, 2021 and 2022. The **number of residents experiencing physical restraint has increased slightly between 2008 and 2022**. The reasons for this increase in reported physical restraint require further study.

Seclusion episodes have generally decreased since 2008, with the number of residents undergoing seclusion remaining relatively static. The reduction in episodes and number of residents undergoing seclusion may be as a result of approved centres implementing measures, to reduce and avoid these practices, such as the Seclusion and *Restraint Reduction Strategy* (MHC, 2014).

Figure 13: Physical Restraint and Seclusion – episodes and number of residents, 2008-2022

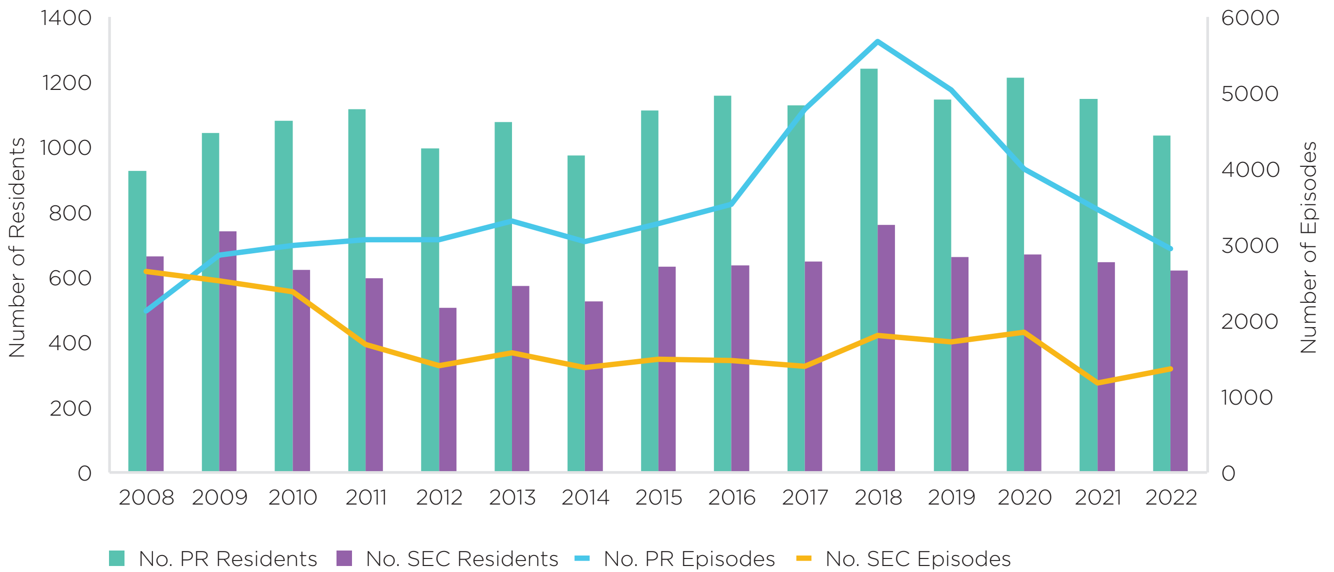


Figure 14 indicates the fluctuating but steady increase in the number of seclusion episodes lasting eight hours or longer since 2008. **In 2008, 88% of episodes lasted less than eight hours, decreasing to 38% in 2020, 45% in 2021 and 43% in 2022**.

The **least common duration for an episode of seclusion over the period 2008-2022 was 48-72 hours** (ranging from 1% in 2008 to 4.3% in 2022), the 2nd least common duration was seclusion episodes 72 hours or more, ranging from 1% in 2008 to 8.4% in 2022. The **fastest-growing time bracket was between 8 and 24 hours** (ranging from 7% in 2008 to 22% in 2015, and increasing to 34% in 2022).

Figure 14: Duration of episodes of seclusion, 2008-2022

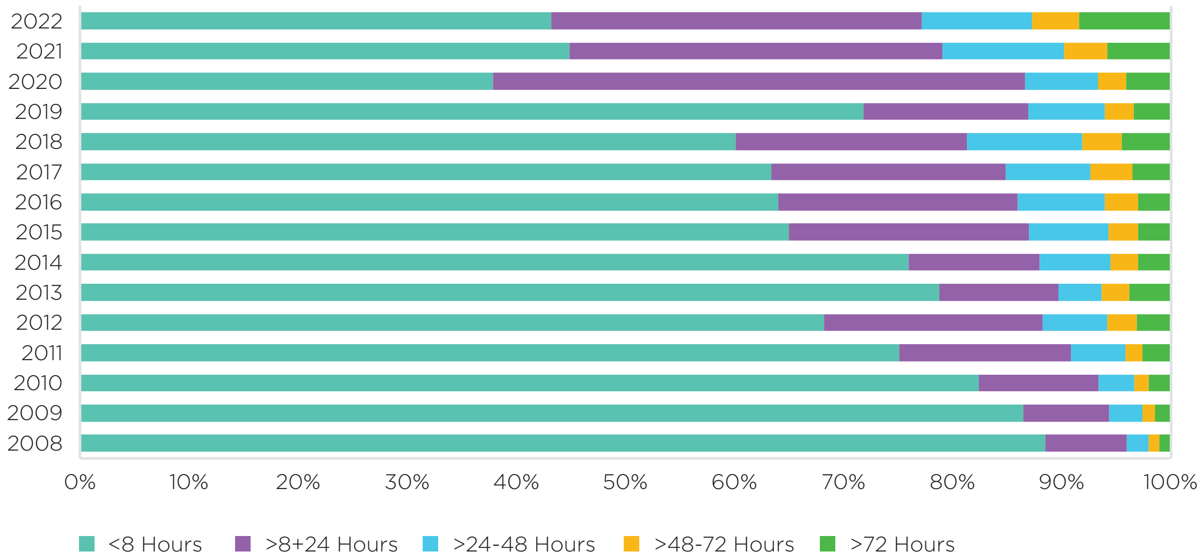


Figure 15 illustrates that **a higher ratio of male residents was placed in seclusion each year** between 2008 (65%) and 2022 (65%).

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 37.5% of secluded residents each year across the 15-year period were female.

Figure 15: Gender of residents placed in seclusion, 2008-2022

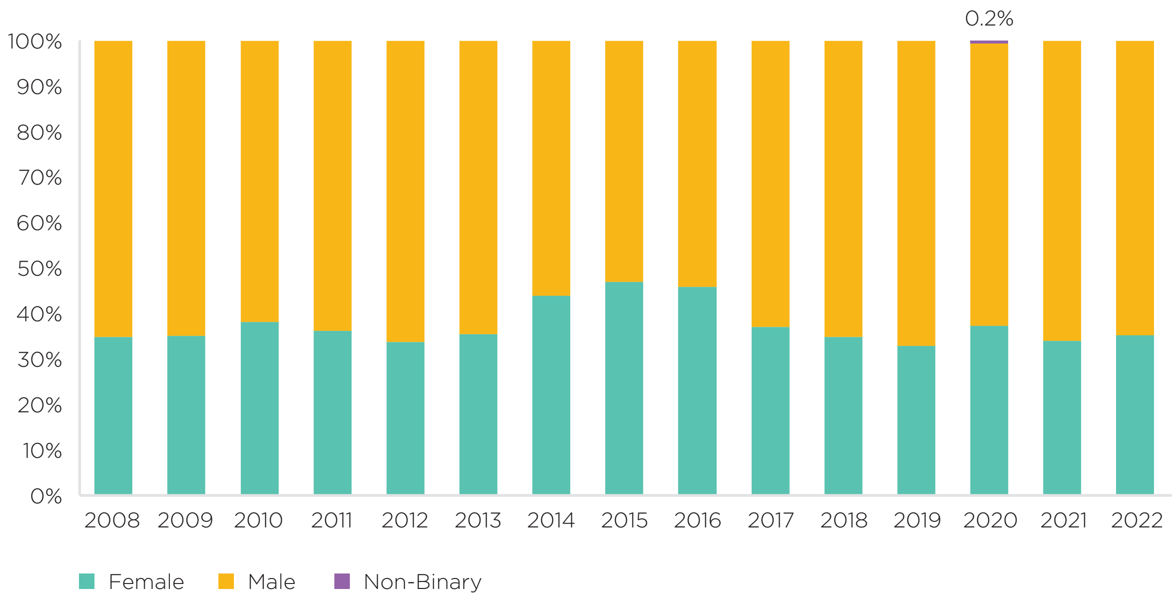


Figure 16 shows that over the period 2012 to 2022, the most common age bracket of residents secluded was between 18 and 29 years. On average, 30% of secluded residents each year were aged between 18 and 29 years.

The least common age cohort for seclusion between 2012 and 2022 were residents under 18 years (3% on average), followed by residents over 70 years (4% on average).

Figure 16: Age of residents placed in seclusion, 2012-2022

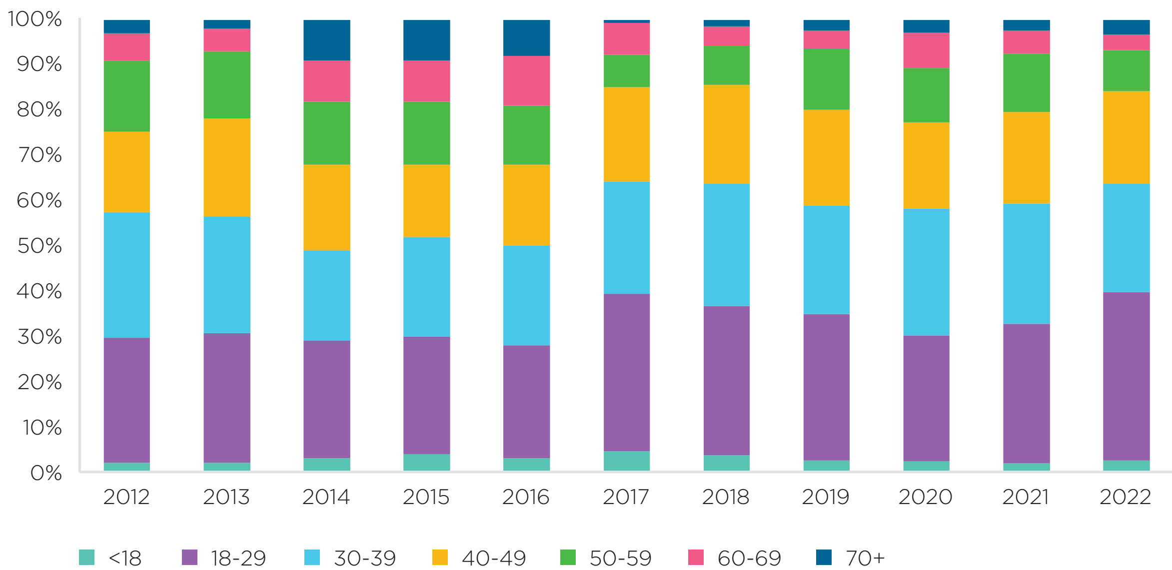


Figure 17 indicates that between 2012 and 2022, the most common time for the commencement of an episode of seclusion was between 4pm and 12am, with the least common being between 12am and 8am.

On average, 42% of residents underwent seclusion between 4pm and 12am over the past 11 years, closely followed by 38% of residents between 8am and 4pm. On average, only 20% of residents were secluded between 12am and 8am.

The commencement time of seclusion episodes has remained consistent between 2012 and 2022.

Figure 17: Commencement time of seclusion episodes, 2012-2022

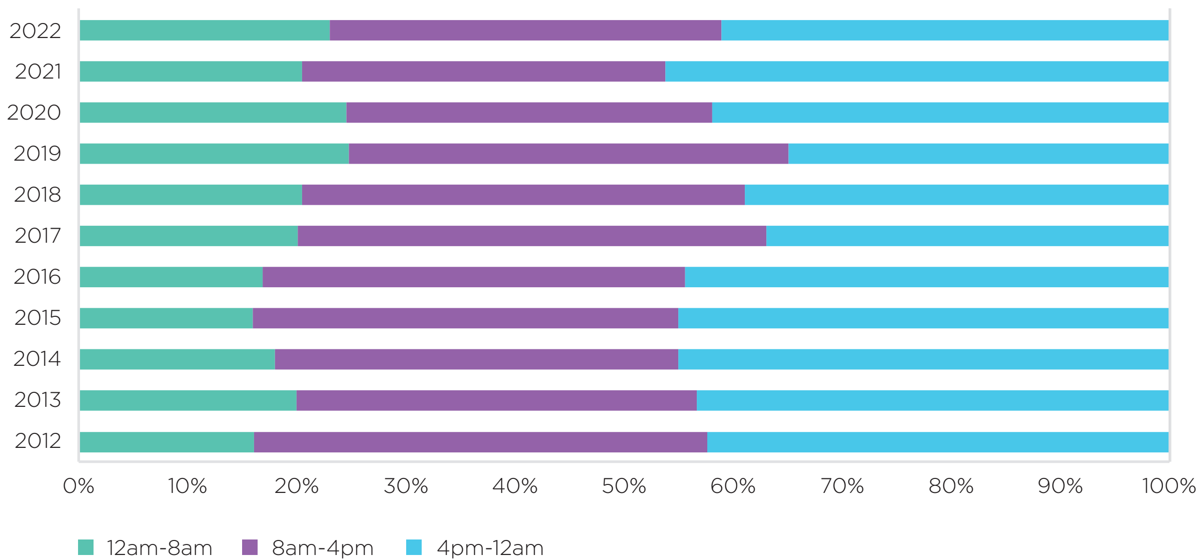


Figure 18 shows that the most common age group of residents physically restrained between 2012 and 2022 was 18–29 years, except for 2012 and 2020, when the most common age group was 30–39 years. On average, 26% of residents who were physically restrained between 2012 and 2022 were aged between 18 and 29 years.

The least common age group of residents physically restrained between the years of 2012 and 2022 was consistently the under-18 cohort (4% on average), with the next least common being the over-70 cohort (7% on average).

Figure 18: Age of residents physically restrained, 2012-2022

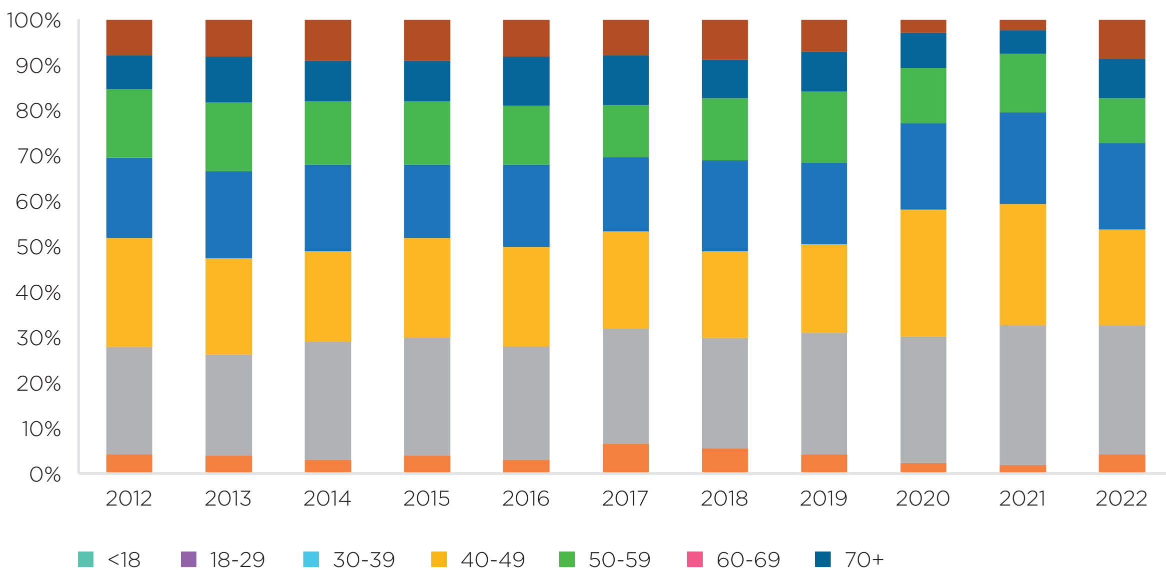


Figure 19 shows that a slightly higher proportion of male residents were physically restrained between 2008 and 2022, with small fluctuations year on year. **On average, 54% of physically restrained residents were male each year**.

In 2020 and 2021 a small percentage of residents identified as non-binary (<1%).

This is approximately in line with the equal ratio of female and male residents being admitted to inpatient mental health services (Craig and Daly, 2020).

Figure 19: Gender of residents physically restrained, 2008-2022

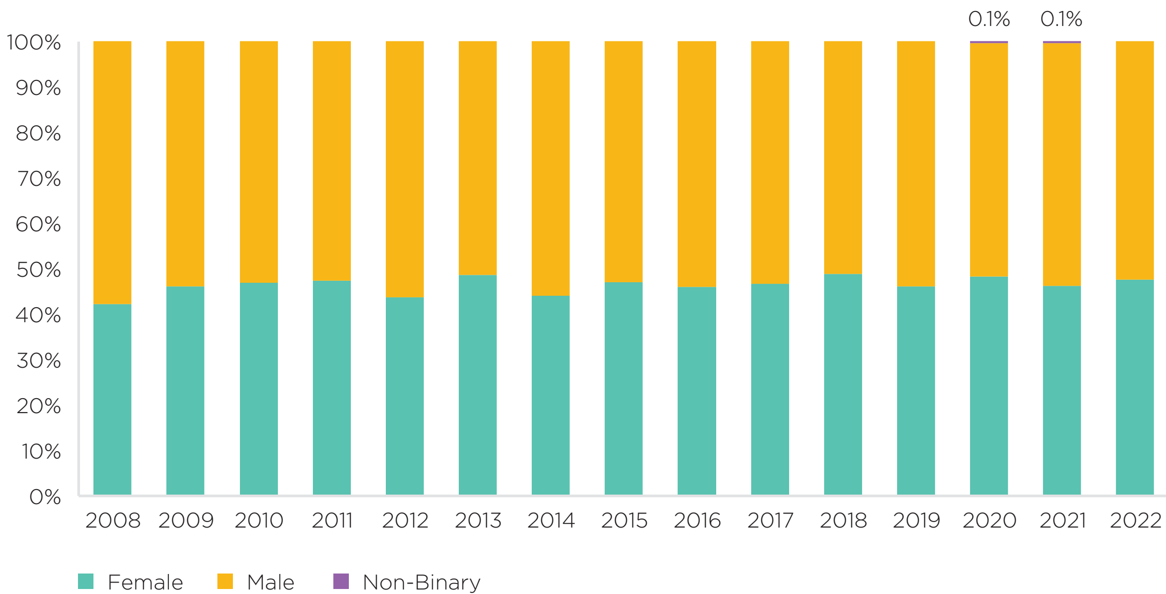


Figure 20 indicates that the vast majority of episodes of physical restraint lasted for less than 15 minutes (ranging from 87% to 91% of episodes) between 2008 and 2022.

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).

The above physical restraint duration trends have remained relatively stable over the past five years.

Figure 20: Duration of physical restraint, 2008–2022 (Percentage of Orders)

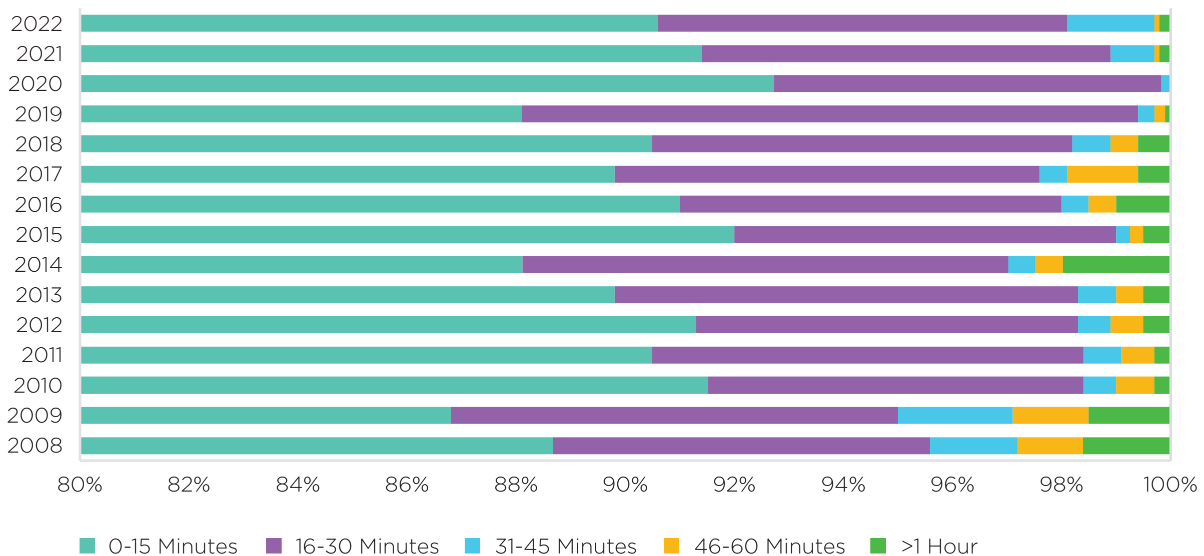
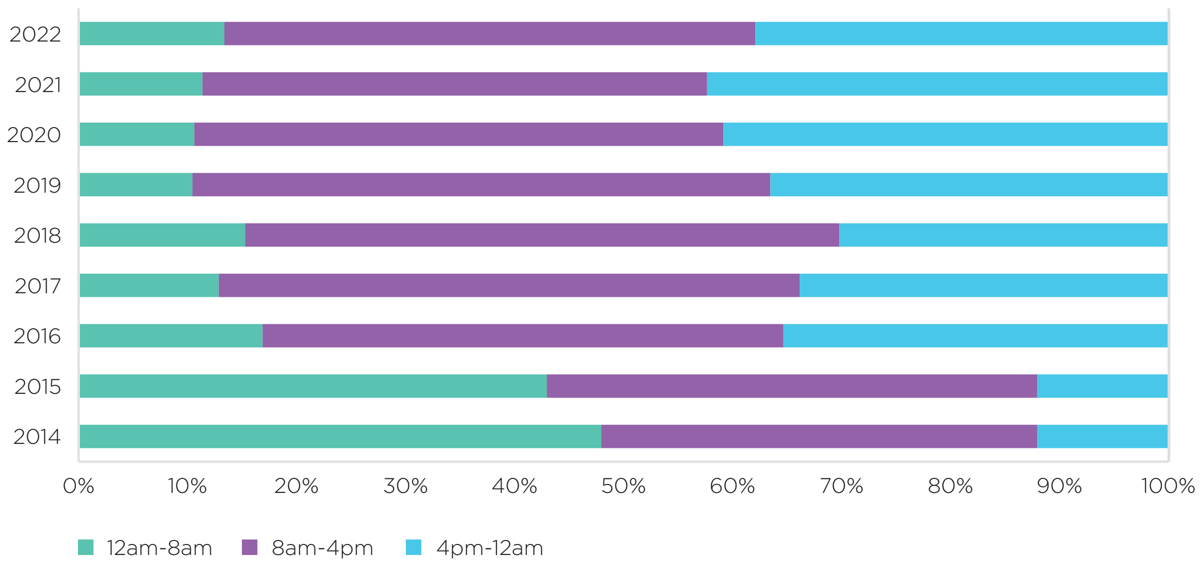


Figure 21 shows that on average, almost half (49%) of all episodes of physical restraint between 2014 and 2022 commenced between 8am and 4pm. The least common period in 2014 and 2015 was between 4pm and 12am, and from 2016 to 2022, between 12am and 8am. The data also indicate that episodes occurring between 4pm and 12am are increasing year on year, from 12% in 2014 to 42% in 2021 and again lower in 2022 (38%).

Figure 21: Commencement time of physical restraint episodes, 2014-2022



07 Discussion and conclusion

The report shows, as with previous years, that the use of restrictive interventions varied between approved centres and CHOs/service providers in 2022. 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 rarely used, with two services reporting its use in 2022.

From 2008 to 2018, the use of physical restraint increased year on year in terms of the total number of episodes reported. However, the use of physical restraint has been decreasing since 2018, which is a positive trend.

The total number of episodes of seclusion has also decreased since 2018, but the average duration of a seclusion episode has increased.

In 2014, the MHC published a *Seclusion and Restraint Reduction Strategy* (MHC, 2014), for the purposes of achieving 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 (Mental Health Commission, 2014).

The revised rules and code of practice governing the use of seclusion, mechanical restraint and physical restraint came into effect on 1 January 2023. Since their introduction, every approved centre that uses, or permits the use of, these restrictive practices must develop and implement a reduction policy. This policy must:

- clearly document how the approved centre aims to reduce or, where possible eliminate, the use of seclusion within the approved centre
- address leadership, the use of data to inform practice, specific reduction tools in use, development of the workforce, and the use of post incident reviews to inform practice
- clearly document how the approved centre will provide positive behaviour support as a means of reducing or, where possible eliminating, the use of seclusion within the approved centre.

The MHC strongly advocates for the use of de-escalation and behavioural support measures over restrictive practices. For such measures to be successful, it is essential that approved centres are appropriately resourced, and 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. The aim of this training is to ensure that staff have the appropriate tools to avoid using restrictive practices. Furthermore, from 1 January 2023, the MHC has required staff who are, or may be involved in, the use of seclusion or restraint to undertake training in the following areas:

- alternatives to seclusion and restraint
- trauma-informed care
- cultural competence
- human rights including the legal principles of restrictive interventions
- the prevention and therapeutic management of violence and aggression (including "breakaway" and de-escalation techniques)
- positive behaviour support including the identification of causes or triggers of the person's behaviours including social, environmental, cognitive, emotional, or somatic.

The MHC's *Reduction Strategy* also highlighted the use of data as one of 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 is problematic. 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 rolled out its Comprehensive Information System (CIS) Restrictive Practice function in January 2023, so that approved centres are now required to 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

While there is a need for continued emphasis on seclusion and restraint reduction and elimination programmes in approved centres, some positive messages can be taken from this report. Overall, the combined number of restrictive practices continues to decline, and the report shows a fall from 4,636 episodes in 2021 to 4309 in 2022. The MHC is encouraged to observe that the number of episodes of physical restraint and the number of residents that are physically restrained have continued to decrease since 2019, following a steady increase between 2008 and 2018.

While there was a 16% increase in seclusion episodes in 2022, the number of residents who were secluded has decreased. The duration of seclusion episodes did increase between 2020 and 2022, which is a concern. The MHC will continue to monitor the use of all forms of restraint to ensure that approved centres operate within the rules and codes of practice. Enhanced reporting requirements, including the above referenced CIS system of contemporaneous monitoring, will support closer scrutiny of the activities of approved centres in this area.

In terms of mechanical restraint, 2022 data indicate that its use continues to be rare, despite a significant increase in episodes reported in 2020. Two approved centres reported the use of mechanical restraint in 2022, and the MHC is hopeful that the use of this restrictive practice will be reduced and, where possible, eliminated in future years.

The MHC again recommends that approved centres continue to use the framework set out in the Seclusion and Restraint Reduction Strategy (MHC, 2014) to reduce the use of restrictive practices in their service. Finally, the MHC's revised rules and code of practice (effective from 1 January 2023) sets stricter criteria and requires greater oversight by registered proprietors of the use of restrictive practices within their services.

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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 2021 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. Unique Identifier	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. Unique Identifier	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. Unique Identifier	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 8 below provides a breakdown of each approved centre and associated bed numbers across each CHO between 2019 and 2022. Across the nine CHOs and independent sector, the average number of beds available in 2022 was 204. The six approved centres under CAMHS provided the lowest number of beds (98), while the eight independent services provided the largest number of beds (720). 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 2022. Totalling 2669 beds across all sectors across the country.

Table 8: Approved centre, area/sector, geographical location and bed numbers, 2019-2022

Area/ sector	Geographical location	Bed numbers 2019	Bed numbers 2020	Bed numbers 2021	Bed numbers 2022	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	25	Acute Psychiatric Unit, Cavan General Hospital	4	100
		34	34	34	34	Department of Psychiatry, Letterkenny General Hospital		
		N/A	25	25	25	Adult Mental Health Unit. Sligo University Hospital		
		20	16	16	16	Blackwater House		
CHO Area 2	Galway, Mayo and Roscommon	32	32	32	32	Adult Mental Health Unit, Mayo University Hospital	8	177
		22	22	22	22	An Coillín		
		22	22	22	24	Department of Psychiatry, Roscommon University Hospital		
		50	50	50	50	Adult Acute Mental Health Unit, University Hospital Galway		
		12	12	12	12	St Anne's Unit, Sacred Heart Hospital		
		14	14	14	14	Creagh Suite, St Brigid's Healthcare Campus		
		7	7	10	8	Teach Aisling		
		16	16	16	15	Wood View		

Area/ sector	Geographical location	Bed numbers 2019	Bed numbers 2020	Bed numbers 2021	Bed numbers 2022	Approved centre [name as registered]	Total ACs in CHO	Total Beds in CHO
CHO Area 3	Clare, Limerick and North Tipperary	42	42	42	42	Acute Psychiatric Unit 5B, University Hospital Limerick	4	128
		39	39	39	39	Acute Psychiatric Unit, Ennis Hospital		
		32	32	32	32	Cappahard Lodge		
		15	15	15	15	Tearmann Ward, St Camillus' Hospital		
CHO Area 4	Cork and Kerry	50	50	50	50	Acute Mental Health Unit, Cork University Hospital	9	342
		18	18	18	18	Carraig Mór Centre		
		18	18	18	18	Centre for Mental Health Care and Recovery, Bantry General Hospital		
		24	24	24	24	Owenacurra Centre		
		34	34	34	34	Sliabh Mis Mental Health Admission Unit, University Hospital Kerry		
		21	21	21	21	St Catherine's Ward, St Finbarr's Hospital		
		50	50	50	50	St Michael's Unit, Mercy University Hospital		
		87	87	87	87	Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital		
		40	40	40	40	Deer Lodge		
CHO Area 5	Carlow, Kilkenny, South Tipperary, Waterford and Wexford	44	44	44	44	Department of Psychiatry, St Luke's Hospital	7	202
		44	44	44	44	Department of Psychiatry, University Hospital Waterford		
		36	34	36	14	Grangemore Ward, St Otteran's Hospital***		
		0	0	0	20	Aiidan's Healthcare Unit***		
		40	40	40	40	Haywood Lodge		
		20	20	20	20	Selskar House, Farnogue Residential Healthcare Unit		
		20	20	20	20	St Gabriel's Ward, St Canice's Hospital		

Area/ sector	Geographical location	Bed numbers 2019	Bed numbers 2020	Bed numbers 2021	Bed numbers 2022	Approved centre [name as registered]	Total ACs in CHO	Total Beds in CHO
CHO Area 6	Dun Laoghaire, Dublin South East and Wicklow	52	46	46	46	Avonmore and Glencree Units, Newcastle Hospital	3	114
		39	39	39	39	Elm Mount Unit, St Vincent's University Hospital		
		52	29	29	29	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	52	52	Acute Psychiatric Unit, Tallaght Hospital	3	128
		47	47	47	47	Jonathan Swift Clinic		
		29	29	29	29	Lakeview Unit, Naas General Hospital		
CHO Area 8	Laois, Longford, Louth, Meath, Offaly and Westmeath	44	44	44	44	Admission Unit and St Edna's Unit, St Loman's Hospital	6	214
		46	46	46	46	Department of Psychiatry, Midland Regional Hospital, Portlaoise		
		46	46	46	46	Drogheda Department of Psychiatry		
		28	28	0	16	Maryborough Centre, St Fintan's Hospital^^		
		0	0	11	0	Silver Lodge		
		42	42	42	42	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre		
		20	20	20	20	St Ita's Ward, St Brigid's Hospital		
CHO Area 9	Dublin North City and County	44	46	46	46	Ashlin Centre	6	226
		47	47	47	47	Department of Psychiatry, Connolly Hospital		
		25	21	21	21	O'Casey Rooms, Fairview Community Unit		
		54	54	54	54	Phoenix Care Centre		
		15	13	15	13	St Aloysius Ward, Mater Misericordiae University Hospital		
		45	45	45	45	St Vincent's Hospital, Fairview		

Area/ sector	Geographical location	Bed numbers 2019	Bed numbers 2020	Bed numbers 2021	Bed numbers 2022	Approved centre [name as registered]	Total ACs in CHO	Total Beds in CHO
Inde-pendent	Dublin and Cork	115	124	115	115	Bloomfield Hospital	8	719
		112	112	112	112	Highfield Hospital		
		7	7	7	7	Lois Bridges		
		8	16	16	16	Cois Dalua, Cork		
		52	52	52	52	St Patrick's Hospital, Lucan**		
		159	170	171	170	St John of God Hospital (includes Cluain Mhuire beds) ^		
		0	0	6	6	National Eating Disorders Recovery Centre		
		241	241	241	241	St Patrick's University Hospital		
CAMHS	Dublin, Galway and Cork	12	12	12	12	Adolescent In-patient Unit, St Vincent's Hospital, Dublin	6	98
		20	20	20	20	Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital, Galway		
		16	16	16	16	Eist Linn Child and Adolescent In-patient Unit, Cork		
		12	12	12	12	Ginesa Suite, St John of God Hospital		
		24	24	24	24	Linn Dara Child and Adolescent Mental Health In-patient Unit, Cherry Orchard, Dublin		
		14	14	14	14	Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin		
National Specialist Services	All located in Dublin	103	106	103	130	Central Mental Hospital – National Forensic Mental Health Service	2	221
		96	91	96	91	St Joseph's Intellectual Disability Service		

* Bed numbers: registered beds as at time of closure or as of 31 December 2022. CHO = Community Health Organisation, Health Service Executive. CAMHS = Child and Adolescent Mental Health Service.

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

** Previously known as St Edmundsbury Hospital.

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 9** places in descending order individual approved centres from highest to lowest by the total number of episodes of restrictive practices recorded in 2022. All approved centres that operated in 2022 are included in the table.

Of the 67 approved centres listed below, **20 (30%) did not use physical restraint in 2022**, 19 (28%) did not use physical restraint in 2021, while **41 (61%) services did not use seclusion**. In 2021, 39 approved centres reported that they did not use seclusion. All centres that did not use physical restraint in 2022 and 2021 also did not use seclusion. Fifteen approved centres (22%) used neither physical restraint nor seclusion over the two-year period.

Table 9: Approved centres by total number of episodes of restrictive practices in 2021 and 2022

	2021				2022				
Approved centre	Beds	Seclusion	Physical restraint	Total episodes 2021	Beds	Seclusion	Physical restraint	Total episodes 2022	Total Episodes
Department of Psychiatry, University Hospital Waterford	**44**	118	143	**261**	**44**	166	183	**349**	**610**
Central Mental Hospital	**106**	52	417	**469**	**130**	58	42	**100**	**569**
Department of Psychiatry, Connolly Hospital	**47**	80	143	**223**	**47**	148	101	**249**	**472**
Linn Dara Child & Adolescent In-patient Unit	**24**	20	190	**210**	**24**	7	247	**254**	**464**
Lakeview Unit, Naas General Hospital	**29**	76	84	**160**	**29**	82	187	**269**	**429**
Adult Acute Mental Health Unit, University Hospital Galway	**50**	74	185	**259**	**50**	48	82	**130**	**389**
Acute Psychiatric Unit, Tallaght Hospital	**52**	75	125	**200**	**52**	57	97	**154**	**354**
Adult Mental Health Unit, Mayo University Hospital	**32**	38	116	**154**	**32**	72	116	**188**	**342**
St John of God Hospital (includes Cluain Mhuire beds)	**171**	60	154	**214**	**168**	45	82	**127**	**341**
Ashlin Centre	**46**	64	129	**193**	**46**	50	84	**134**	**327**

	2021				2022				
Approved centre	**Beds**	**Seclusion**	**Physical restraint**	**Total episodes 2021**	**Beds**	**Seclusion**	**Physical restraint**	**Total episodes 2022**	**Total Episodes**
Avonmore & Glencree Units, Newcastle Hospital	**46**	34	108	**142**	**46**	39	128	**167**	**309**
St Vincent's Hospital, Fairview	**45**	38	86	**124**	**45**	48	117	**165**	**289**
Jonathan Swift Clinic, St James's Hospital	**47**	0	153	**153**	**47**	0	123	**123**	**276**
Department of Psychiatry, St Luke's Hospital, Kilkenny	**44**	54	99	**153**	**44**	41	76	**117**	**270**
Admission Unit & St Edna's Ward, St Loman's Hospital	**44**	68	91	**159**	**44**	75	35	**110**	**269**
Department of Psychiatry, Midland Regional Hospital, Portlaoise	**46**	63	82	**145**	**46**	36	79	**115**	**260**
Phoenix Care Centre	**54**	34	72	**106**	**54**	54	94	**148**	**254**
Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	**34**	50	58	**108**	**34**	70	76	**146**	**254**
Elm Mount Unit, St Vincent's University Hospital	**39**	0	86	**86**	**39**	0	131	**131**	**217**
Acute Mental Health Unit, Cork University Hospital	**50**	0	98	**98**	**50**	0	112	**112**	**210**
Adolescent In-patient Unit, St Vincent's Hospital	**12**	16	52	**68**	**12**	35	104	**139**	**207**
Drogheda Department of Psychiatry	**46**	37	63	**100**	**46**	41	42	**83**	**183**
Department of Psychiatry, Letterkenny General Hospital	**34**	26	87	**113**	**34**	22	46	**68**	**181**
St Aloysius Ward, Mater Misericordiae University Hospital	**15**	17	51	**68**	**13**	70	28	**98**	**166**
St Patrick's University Hospital	**241**	0	42	**42**	**241**	0	121	**121**	**163**

	2021				2022				
Approved centre	**Beds**	**Seclusion**	**Physical restraint**	**Total episodes 2021**	**Beds**	**Seclusion**	**Physical restraint**	**Total episodes 2022**	**Total Episodes**
Carraig Mór Centre	**18**	34	70	**104**	**18**	17	31	**48**	**152**
Adult Mental Health Unit. Sligo University Hospital	**16**	18	58	**76**	**25**	15	41	**56**	**132**
Department of Psychiatry, Roscommon University Hospital	**22**	11	25	**36**	**24**	53	38	**91**	**127**
St Michael's Unit, Mercy University Hospital	**50**	0	85	**85**	**50**	0	34	**34**	**119**
Acute Psychiatric Unit, Ennis Hospital	**39**	14	34	**48**	**39**	10	59	**69**	**117**
Acute Psychiatric Unit, Cavan General Hospital	**25**	0	88	**88**	**25**	0	28	**28**	**116**
Teach Aisling	**10**	3	31	**34**	**8**	5	39	**44**	**78**
Acute Psychiatric Unit 5B, University Hospital Limerick	**50**	0	36	**36**	**50**	0	33	**33**	**69**
Centre for Mental Health Care & Recovery, Bantry General Hospital	**18**	0	23	**23**	**18**	0	13	**13**	**36**
Units 2, 3, 4, 5, and Unit 8 (Floor 2), St Stephen's Hospital	**87**	0	13	**13**	**69**	0	19	**19**	**32**
Cois Dalua	**16**	0	26	**26**	**16**	0	0	**0**	**26**
Eist Linn Child & Adolescent In-patient Unit	**16**	0	7	**7**	**16**	0	14	**14**	**21**
St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	**42**	0	13	**13**	**42**	0	5	**5**	**18**
Deer Lodge	**40**	0	2	**2**	**40**	0	15	**15**	**17**
Bloomfield Hospital	**124**	0	6	**6**	**124**	0	10	**10**	**16**
Highfield Hospital	**112**	0	1	**1**	**112**	0	15	**15**	**16**
Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	**20**	2	12	**14**	**16**	0	0	**0**	**14**

	2021				2022				
Approved centre	**Beds**	**Seclusion**	**Physical restraint**	**Total episodes 2021**	**Beds**	**Seclusion**	**Physical restraint**	**Total episodes 2022**	**Total Episodes**
St Joseph's Intellectual Disability Services	**96**	0	5	**5**	**91**	0	2	**2**	**7**
Ginesa Suite	**12**	0	6	**6**	**12**	0	0	**0**	**6**
Aidan's Residential Healthcare Unit*	**20**	0	0	**0**	**20**	0	5	**5**	**5**
Blackwater House	**20**	0	3	**3**	**16**	0	1	**1**	**4**
An Coillín	**22**	0	0	**0**	**22**	0	4	**4**	**4**
Grangemore Ward, St Otteran's Hospital*	**34**	0	1	**1**	**14**	0	2	**2**	**3**
O'Casey Rooms, Fairview Community Unit	**21**	0	0	**0**	**21**	0	2	**2**	**2**
Haywood Lodge	**40**	0	0	**0**	**40**	0	1	**1**	**1**
LeBrun House & Whitethorn House, Vergemount Mental Health Facility	**29**	0	0	**0**	**29**	0	1	**1**	**1**
Selskar House, Farnogue Residential Healthcare Unit	**20**	0	1	**1**	**20**	0	0	**0**	**1**
Maryborough Centre, St Fintan's Hospital & Silver Lodge	**11**	0	0	**0**	**16**	0	0	**0**	**0**
St Gabriel's Ward, St Canice's Hospital	**20**	0	0	**0**	**20**	0	0	**0**	**0**
Tearmann Ward, St Camillus's Hospital	**15**	0	0	**0**	**15**	0	0	**0**	**0**
St Anne's Unit, Sacred Heart Hospital	**12**	0	0	**0**	**12**	0	0	**0**	**0**
St Patrick's Hospital Lucan	**52**	0	0	**0**	**52**	0	0	**0**	**0**
Willow Grove Adolescent Unit	**14**	0	0	**0**	**14**	0	0	**0**	**0**
Cappahard Lodge	**32**	0	0	**0**	**32**	0	0	**0**	**0**
Wood View	**16**	0	0	**0**	**15**	0	0	**0**	**0**
St Ita's Ward, St Brigid's Hospital, Ardee	**20**	0	0	**0**	**20**	0	0	**0**	**0**

	2021				2022				
Approved centre	**Beds**	**Seclusion**	**Physical restraint**	**Total episodes 2021**	**Beds**	**Seclusion**	**Physical restraint**	**Total episodes 2022**	**Total Episodes**
Creagh Suite, St Brigid's Healthcare Campus	**14**	0	0	**0**	**14**	0	0	**0**	**0**
Lois Bridges	**7**	0	0	**0**	**7**	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**
National Eating Disorders Recovery Centre	**6**	**0**	**0**	**0**	**6**	**0**	**0**	**0**	**0**
Total	**2,713**	**1,176**	**3,460**	**4,636**	**2,713**	**1,364**	**2,945**	**4,309**	**8,945**

*Grangemore Ward, St Otteran's Hospital & Aidan's Residential Health Care Unit used to operate as one unit with a combind total of 34 beds.

Appendix 4:
Use of seclusion in approved centres

The use of seclusion varies across approved centres. **Table 10** orders individual approved centres from highest to lowest by the number of reported episodes of seclusion in 2022. DOP University Hospital Waterford reported the highest number of seclusion episodes in both 2022 (166) and 2021 (118 episodes). As in 2020, the CAMHs In-Patient Unit, Merlin Park University Hospital reported the lowest number of seclusion episodes in 2021 (2 episodes) and in 2022 recorded 0 (No episodes). In 2022 the lowest number of seclusions was recorded at Teach Aisling 5 episodes.

Table 10 also includes the number of episodes in 2021 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. Please refer to Section 1.3 of this report regarding data limitations.

Table 10 shows the rate of episodes of seclusion in relation to the number of residents secluded in individual approved centres in 2022 and 2021. Section 2.1 of the main report highlighted that the national rate of seclusion episodes to residents was 2.59 in 2022, higher than in 2021 (1.91)

As highlighted earlier, in addition to total episodes of seclusion, total hours of recorded seclusion may also be a useful metric to aid understanding of trends. **Table 10** therefore also provides information on the average duration of seclusion episodes in each approved centre in 2022 and 2021.

The Central Mental Hospital (NFMHS) recorded the **highest average duration of seclusion in both 2022 (577 hours) and 2021 (541 hours)**. Given the nature of the Central Mental Hospital's unique role as the national forensic mental health service, the total national 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 (25 hours 24 minutes)** is exclusive of the Central Mental Hospital.

Table 10: Seclusion – by number of episodes of seclusion in 2022

Order 2021	Order 2022	Approved centre	Sector	# Beds 2021	# Beds 2022	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/resident)			Average duration (hr:min:sec)		
						2021	2022	Change	2021	2022	Change	2021	2022	Change	2021	2022	Change
1	1	DOP University Hospital Waterford	CHO 5	44	44	118	166	+	52	52	-	2.3	3.19	+	8:42:21	8:13:27	-
2	2	DOP Connolly Hospital	CHO 9	47	47	80	148	+	44	41	-	1.8	3.61	+	13:39:49	34:16:21	+
3	3	Lakeview Unit Naas General Hospital	CHO 7	29	29	76	82	+	46	37	-	1.7	2.22	+	11:07:50	20:03:08	+
6	4	St Loman's Hospital	CHO 8	44	44	68	75	+	28	24	-	2.4	3.13	+	37:55:13	15:43:25	-
13	5	AMHU, Mayo University Hospital	CHO 2	32	32	38	72	+	26	34	+	1.5	2.12	+	18:57:43	9:14:03	-
19	6	St Aloysius Ward Mater Hospital	CHO 9	13	15	17	70	+	11	31	+	1.5	2.26	+	26:24:35	14:14:32	-
12	6	Sliabh Mis University Hospital Kerry	CHO 4	34	34	50	70	+	37	34	-	1.4	2.06	+	19:25:28	14:14:32	-
11	7	Central Mental Hospital	NFMHS	103	130	52	58	+	24	22	-	2.2	2.64	+	541:53:46	577:40:18	+
4	8	Acute Psychiatric Unit Tallaght Hospital	CHO 7	52	52	75	57	-	36	37	+	2.1	1.54	-	11:09:17	7:56:28	-
15	9	Phoenix Care Centre	CHO 9	54	54	34	54	+	17	15	-	2.0	3.60	+	7:34:14	62:18:23	+
22	10	DOP Roscommon University Hospital	CHO 2	22	22	11	53	+	6	6	-	1.8	8.83	+	18:03:16	4:37:33	-
7	11	Ashlin Centre	CHO 9	46	46	64	50	-	45	39	-	1.4	1.28	-	16:12:53	24:36:00	+

Order 2021	Order 2022	Approved centre	Sector	# Beds 2021	# Beds 2022	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/resident)			Average duration (hr:min:sec)		
						2021	2022	Change	2021	2022	Change	2021	2022	Change	2021	2022	Change
5	12	Adult Acute Mental Health Unit, University Hospital Galway	CHO 2	50	50	74	48	-	44	32	-	1.7	1.50	-	15:37:07	34:08:04	+
13	12	St Vincent's Hospital Fairview	CHO 9	45	45	38	48	+	21	33	+	1.8	1.45	-	4:51:38	53:50:00	+
9	13	St John of God Hospital (incl. Cluain Mhuire)*	INDP/ CHO6	170	171	60	45	-	31	27	-	1.9	1.67	-	29:15:12	30:02:53	+
14	14	Drogheda DOP	CHO 8	46	46	37	41	+	30	26	-	1.2	1.58	+	14:24:34	11:45:25	-
10	14	DOP St Luke's Hospital Kilkenny	CHO 5	44	44	54	41	-	25	30	+	2.2	1.37	-	27:15:37	23:40:03	-
15	15	Avonmore & Glencree Units, Newcastle Hospital	CHO 7	46	46	34	39	+	15	19	+	2.3	2.05	-	35:32:56	34:19:26	-
8	16	DOP Midland Regional Hospital Portlaoise	CHO 8	46	46	63	36	-	38	31	-	1.7	1.16	-	48:22:25	12:37:55	-
20	17	AIPU St Vincent's Hospital	CAMHS	12	12	16	35	+	9	<5	+	1.8	8.75	+	11:54:45	10:54:26	-
16	18	DOP Letterkenny	CHO 1	34	34	26	22	-	16	16	-	1.6	1.38	-	20:34:35	24:14:57	+
15	19	Carraig Mor Centre	CHO 4	18	18	34	17	-	10	9	-	3.4	1.89	-	13:44:12	5:30:35	-
18	20	AMHU, Sligo University Hospital	CHO 1	25	25	18	15	-	14	10	-	1.3	1.50	+	15:29:53	15:41:08	+
21	21	Acute Psychiatric Unit, Ennis Hospital	CHO 3	39	39	14	10	-	8	9	+	1.8	1.11	-	32:35:09	2:39:00	-

Order 2021	Order 2022	Approved centre	Sector	# Beds 2021	# Beds 2022	# Episodes of seclusion			# Residents secluded			Seclusion rate (episodes/resident)			Average duration (hr:min:sec)		
						2021	2022	Change	2021	2022	Change	2021	2022	Change	2021	2022	Change
17	22	Linn Dara CAMHS In-patient Unit, Cherry Orchard	CAMHS	24	24	20	7	-	10	5	-	2.0	1.40	-	8:08:03	26:49:00	+
23	23	Teach Aisling	CHO 2	7	10	<5	5	-	<5	<5	-	3.0	5.00	+	3:06:20	2:30:00	-
24	24	Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	CAMHS	20	20	<5	0	-	<5	0	-	2.0	0.00	-	2:17:30	0:00:00	-
Total		**All Approved Centres**		**1,146**	**1,179**	**1,176**	**1364**	**+**	**645**	**620**	**-**	**1.91**	**2.63**	**+**	**37:33:56**	**41:36:35**	**+**
		Excluding Central Mental Hospital		**1,124**	**1,157**	**1,124**	**1306**	**+**	**621**	**598**	**-**	**1.84**	**2.59**	**+**	**18:10:06**	**20:10:02**	**+**

*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.

Appendix 5: Use of physical restraint in approved centres

The use of physical restraint varies across approved centres. **Table 11** placed in order individual approved centres from highest to lowest by total number of reported episodes of physical restraint in 2022, indicating changes in the prevalence of use over the two-year period 2021 to 2022.

Only approved centres that reported using physical restraint in 2022 have been included in the table.

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. Please refer to Section 1.3 of this report regarding data limitations.

Table 11 shows the rate of episodes of physical restraint to residents restrained in individual approved centres in 2022 and 2021.

As stated in Section 4.1, there were 2.7 episodes of physical restraint per resident restrained in 2022, a reduction on 3.1 episodes per resident in 2021. The rate of restraint in some approved centres may be influenced by a relatively small number of residents who were frequently restrained.

Table 11 shows that Linn Dara CAMHS Inpatient Unit reported the highest number of episodes of physical restraint in 2022 (247). The Central Mental Hospital (NFMHS) reported the highest frequency of physical restraint episodes in 2021 (417). The Adolescent In-Patient Unit, St Vincent's Hospital had the highest rate of physical restraint in 2022 (20.8 episodes per resident) while The Central Mental Hospital had the highest rate of physical restraint in 2021 (23 episodes per resident). The number of episodes and rate of physical restraint may be useful metrics when analysing the use of physical restraint in approved centres.

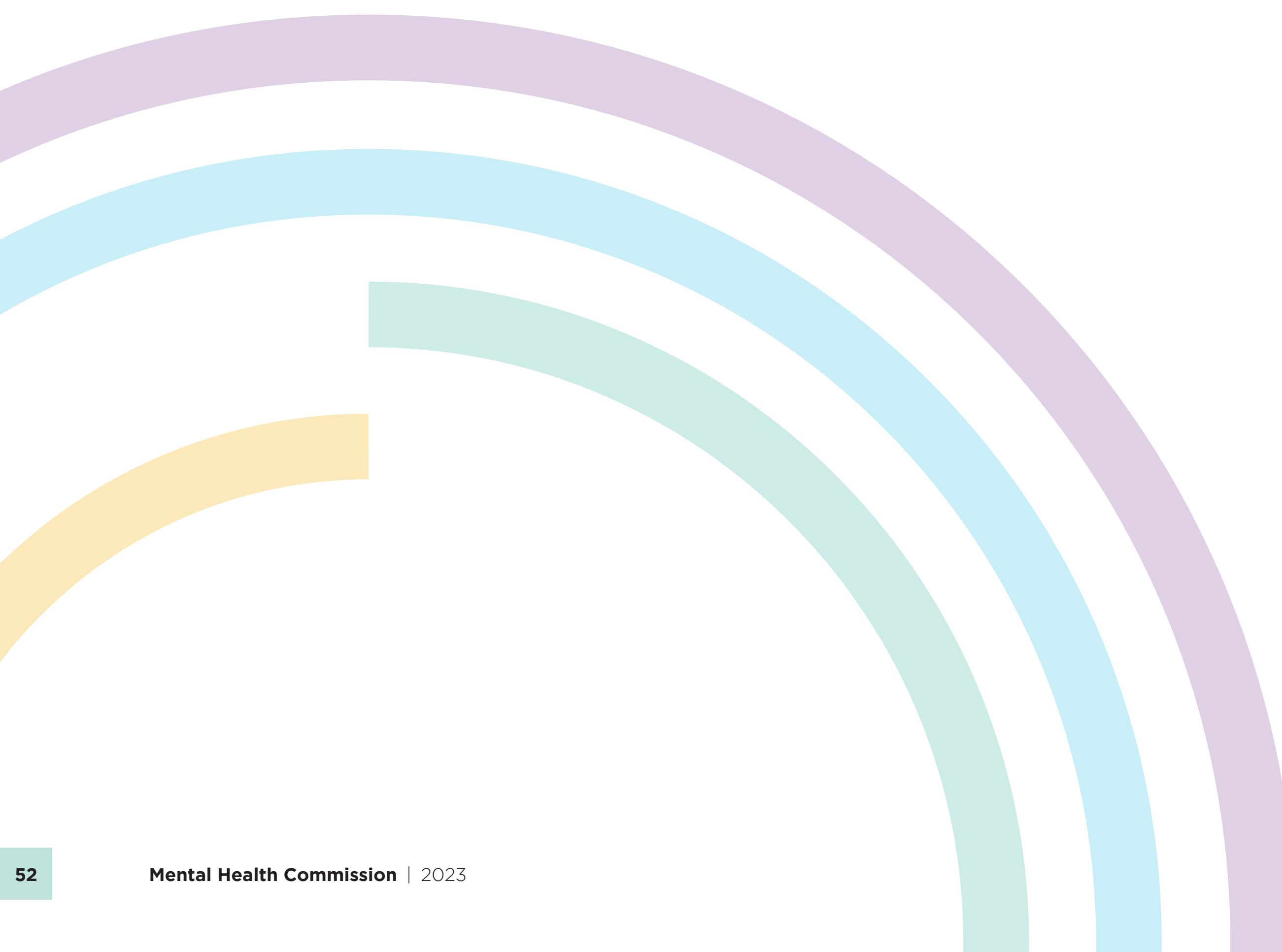

Table 11: Physical restraint use, 2021-22 – ordered by number of episodes of physical restraint in 2022

Rank 2021	Rank 2022	Approved centre	Sector	# Beds 2021	# Beds 2022	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/resident)		
						2021	2022	Change	2021	2022	Change	2021	2022	Change
2	1	Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard	CAMHS	24	24	190	247	+	25	21	-	7.6	11.8	+
18	2	Lakeview Unit, Naas General Hospital	CHO 7	29	29	84	187	+	41	47	+	2.0	4.0	+
6	3	Department of Psychiatry, University Hospital Waterford	CHO 5	44	44	143	183	+	70	69	-	2.0	2.7	+
16	4	Elm Mount Unit, St Vincent's University Hospital"	CHO 6	39	39	86	131	+	41	26	-	2.1	5.0	+
10	5	Avonmore & Glencree Units, Newcastle Hospital	CHO 6	46	46	108	128	+	32	27	-	3.4	4.7	+
5	6	Jonathan Swift Clinic	CHO 7	47	47	153	123	-	45	40	-	3.4	3.1	-
26	7	St Patrick's University Hospital	INDP	241	241	42	121	+	20	30	+	2.1	4.0	+
16	8	St Vincent's Hospital Fairview	CHO 9	45	45	86	117	+	44	41	-	2.0	2.9	=
9	9	Adult Mental Health Unit, Mayo General Hospital	CHO 2	32	32	116	116	=	42	51	+	2.8	2.3	-
12	10		CHO 4	50	50	98	112	+	44	48	+	2.2	2.3	+
24	11	Adolescent In-Patient Unit, St Vincent's Hospital	CAMHS	12	12	52	104	+	20	5	-	2.6	20.8	+
6	12	Department of Psychiatry, Connolly Hospital	CHO 9	47	47	143	101	-	55	49	-	2.6	2.1	-
8	13	Acute Psychiatric Unit, Tallaght Hospital	CHO 7	52	52	125	97	-	55	53	-	2.3	1.8	-
20	14	Phoenix Care Centre	CHO 9	54	54	72	94	+	22	14	-	3.3	6.7	+
7	15	Ashlin Centre	CHO 9	46	46	129	84	-	62	51	-	2.1	1.6	-
3	16	Adult Acute Mental Health Unit, University Hospital Galway	CHO 2	50	50	185	82	-	57	38	-	3.2	2.2	-

Rank 2021	Rank 2022	Approved centre	Sector	# Beds 2021	# Beds 2022	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/resident)		
						2021	2022	Change	2021	2022	Change	2021	2022	Change
4	17	St John of God Hospital & Cluain Mhuire (Public)	INDP	170	170	154	82	-	32	33	+	4.8	2.5	-
19	18	Department of Psychiatry, Midland Regional Hospital, Portlaoise	CHO 8	46	46	82	79	-	21	78	+	3.9	1.0	-
23	19	Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	CHO 4	34	34	58	76	+	28	34	+	2.1	2.2	+
11	20	Department of Psychiatry, St Luke's Hospital	CHO 5	44	44	99	76	-	46	46	-	2.2	1.7	-
28	21	Acute Psychiatric Unit, University Hospital Ennis	CHO 3	39	39	34	59	+	2	37	+	17.0	1.6	-
15	22	Department of Psychiatry, Letterkenny General Hospital	CHO 1	34	34	87	46	-	36	24	=	2.4	1.9	-
22	23	Drogheda Department of Psychiatry	CHO 8	46	46	63	42	-	26	26	-	2.4	1.6	-
23	24	AMHU Sligo University Hospital	CHO 1	25	25	58	41	-	12	21	+	0.0	2.0	+
1	25	Central Mental Hospital *	NFMHS	103	130	417	42	-	18	16	-	23.2	2.6	-
29	26	Teach Aisling	CHO 2	7	10	31	39	+	17	3	-	0.0	13.0	+
31	27	Department of Psychiatry, Roscommon University Hospital	CHO 2	22	22	25	38	+	11	11	-	2.3	3.5	+
13	28	Admission Unit & St Edna's Ward, St Loman's Hospital, Mullingar	CHO 8	44	44	91	35	-	27	21	-	3.4	1.7	-
17	29	St Michael's Unit, Mercy University Hospital, Cork	CHO 4	50	50	85	34	-	36	19	-	2.4	1.8	-
27	30	APU 5B, University Hospital Limerick	CHO 3	50	50	36	33	-	21	19	=	1.7	1.7	+
21	31	Carraig Mór Centre	CHO 4	18	18	70	31	-	39	9	-	1.8	3.4	+

Rank 2021	Rank 2022	Approved centre	Sector	# Beds 2021	# Beds 2022	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/resident)		
						2021	2022	Change	2021	2022	Change	2021	2022	Change
14	32	APU Cavan General Hospital	CHO 1	25	25	88	28	-	18	13	-	4.9	2.2	-
25	33	St Aloysius Ward, Mater Misericordiae University Hospital	CHO 9	13	13	51	28	-	28	13	-	1.8	2.2	+
33	34	St Stephen's Hospital, Cork	CHO 4	87	87	13	19	+	2	10	+	6.5	1.9	-
39	35	Deer Lodge, Co. Kerry	CHO 4	40	40	2	15	+	2	1	-	0.0	15.0	+
40	36	Highfield Healthcare	INDP	112	112	12	15	+	1	3	+	12.0	5.0	-
35	37	Eist Linn CAMH Unit	CAMHS	16	16	7	14	+	2	5	+	3.5	2.8	-
32	38	CMHCR Bantry General Hospital	CHO 4	18	18	23	13	-	3	9	+	7.7	1.4	-
36	39	Bloomfield Mental Health Services	INDP	124	124	6	10	+	1	3	+	6.0	3.3	-
	40	Aiden's Residential Health Care unit **	CHO 5	20	20	0	5		0	1	+	0.0	5.0	+
33	41	St Bridget's Ward & St Marie Goretti's Ward, Cluain Lir Care Centre	CHO 8	42	42	13	5	-	3	3	-	0.0	1.7	+
	42	An Coillin, Catlebar, Co. Mayo	CHO 2	22	22	0	4		0	3	+	0.0	1.3	+
40	43	Grangemore Ward, St Otteran's Hospital**	CHO 5	34	34	5	2	-	1	2	+	5.0	1.0	-
	44	O'Casey Rooms Fairview	CHO 9	21	21	0	2		0	1	+	0.0	2.0	+
37	45	St Joseph's Intellectual Disability Service	NIDS	91	91	5	2	-	1	1	-	5.0	2.0	-
38	46	Blackwater House	CHO 1	16	16	3	1	-	13	1	-	0.0	1.0	+
	47	Haywood lodge	CHO 5	40	40	0	1		0	1	+	0.0	1.0	+
	48	Le Brun House & Whitethorn House Vergemount Mental Health	CHO 6	29	29	0	1		0	1	+	0.0	1.0	+

Rank 2021	Rank 2022	Approved centre	Sector	# Beds 2021	# Beds 2022	# Episodes of physical restraint			# Residents physically restrained			Physical restraint rate (episodes/resident)		
						2021	2022	Change	2021	2022	Change	2021	2022	Change
30	-	Cois Dalua	INDP	16	16	26	0	-	1	0	-	26.0	0.0	-
34	-	Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	CAMHS	20	20	12	0	-	1	0	-	12.0	0.0	-
36	-	Ginesa Suite, St John of God Hospital	CAMHS	12	12	6	0	-	1	0	-	0.0	0.0	-
40	-	Selskar House, Farnogue Residential Healthcare Unit	CHO 5	20	20	5	0	-	1	0	-	5.0	0.0	-
Total		**All applicable approved centre**		**2,311**	**2,438**	**3,460**	**2,945**	**-**	**1,145**	**1,078**	**-**	**3.0**	**2.7**	**-**
		Excluding Central Mental Hospital		**2,208**	**2,308**	**3,013**	**2,903**	**-**	**1,127**	**1,062**	**-**	**2.7**	**2.7**	**+**

* Cental Mental Hospital moved in November 2022 to Portrane and the bed count increased from 106 to 130.

** Grangemore Ward, St Otteran's Hospital & Aidan's Residential Health Care Unit used to operate as one unit with a combind total of 34 beds.

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