Annual Report on the Use of Physical Restraint, Seclusion and Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others

2023

Department of Psychiatry

St. Luke's Hospital

Kilkenny

CONTENTS

Glossary Pg. 3

Summary of findings 2023 Pg. 6

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

2. **Statements** Pg. 8

3. **Use of seclusion**
   - 3.1 Residents placed in seclusion Pg. 10
   - 3.2 Duration of seclusion Pg. 12

4. **Use of Physical Restraint**
   - 4.1 Residents physical restrained Pg. 15
   - 4.2 Duration of physical restraint Pg. 17

5. **Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others**. Pg. 19

6. **Conclusion** Pg. 20

GLOSSARY

APPROVED CENTRE

A “centre” means a hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or mental disorder. An “approved centre” is a centre that is registered pursuant to the Mental Health Act 2001-2018. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the Mental Health Act 2001-2018.

CONSULTANT PSYCHIATRIST

Means a consultant psychiatrist who is employed by the HSE or by an approved centre or a person who name is entered on the division of psychiatry or the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council.

DE-ESCALATION

The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.

DIGNITY

The right of an individual to privacy, bodily integrity and autonomy, and to be treated with respect as a person in their own right.

MECHANICAL MEANS OF BODILY RESTRAINT

For the purpose of the rules, mechanical means of bodily restraint is defined as “the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a person’s body”.

PERSON

All references to “person” in this document shall be taken to mean a voluntary or involuntary patient or resident, as defined in the 2001 Act.

POLICY

Written statement that clearly indicates the position of the organisation on a given subject.

POSITIVE BEHAVIOUR SUPPORT

Positive behaviour support involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of the behaviours. These causes may be social, environmental, cognitive, or emotional. The approach is one of the behaviour change as opposed to behaviour management.

PHYSICAL RESTRAINT

For the purpose of the Code of Practice, physical restraint is defined as "the use of physical force (by one or more persons") for the preventing the free movement of a person's body when the person poses an immediate threat of serious harm to self or others.

REPRESENTATIVE

An individual chosen by the person who is being cared for (e.g. friend, family member, advocate) or a legal professional appointed by the person, statutory organisation or court to represent the person.

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 for enduring risk of harm to self or others, physical restraint and seclusion

RIGHTS-BASED APPROACH

Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of policies and programmes. The principles of equality and freedom from discrimination are central.

RISK ASSESSMENT

An assessment to gauge risk in relation to the person, designed and recognised for use in mental health settings.

SECLUSION

For the purpose of this rules, seclusion is defined as "the placing or leaving of a person in any room, at any time, day or night, such that the person is prevented from leaving the room by any means".

TRAUMA-INFORMED CARE

Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising persons using mental health services and staff.

UNSAFE BEHAVIOUR

When a person acts in such a way that they may injure themselves or others.

SUMMARY OF FINDINGS 2023

Restrictive practices can only be used in strictly controlled circumstances as set out in the rules and codes of practice published by the Mental Health Commission. Approved centres are required to have systems in place to reduce and where possible, eliminate restrictive practices (MHC 2022).

SECLUSION

- In 2023, there was a **65.5% reduction in seclusion hours** compared to 2022 data.
- **30 residents were secluded** resulting in **34 seclusion episodes**.
- **73.5%** of secluded residents were secluded for **8 hours or less**.
- **Seclusion lasting over 24 hours** accounted for **6%** of all episodes.
- **65%** of secluded residents were **male**.
- There was **1 episode (3%)** where a resident was secluded for **over 72 hours.**

PHYSICAL RESTRAINT

- In 2023, there was a **30% reduction in physical restraint minutes** compared to 2022 data.
- There were **57 episodes** of physical restraint in 2023.
- **34 residents** were physical restrained.
- The majority of physically restrained residents **(56%)** were **under the age of 50** in 2023.
- **56%** of residents who were restrained were **male.**
- **82.5%** of physical restraints were for **less than 5 minutes**.
- The **highest proportion (16%)** of episodes of physical restraint in 2023 were initiated between **4pm and 5pm**.

- One resident was prescribed the use of bedrails as a safety and falls prevention measure.

1. About the Data

1.1 Data coverage

Data is presented for the Department of Psychiatry during 2023

1.2 Data collection

Approved centres are required to return non-identifiable aggregate date on the use of physical restraint, seclusion and mechanical means of bodily restraint for enduring risk of harm to self or others as part of an annual report on restrictive practices.

1.3 Data limitations

2023 is the first year that approved centres are required to capture aggregate data as part of an annual report on restrictive practices.

2. STATEMENTS

STATEMENT 1

Statement on the effectiveness of the Department of Psychiatry's actions to reduce or where possible eliminate the use of physical restraint, seclusion and mechanical means of bodily restraint for ending risk of harm to self or others.

The Department of Psychiatry is committed to the reduction of both the frequency and duration of physical restraint, seclusion and mechanical means of bodily restraint for enduring risk of harm to self or others. The service is committed to adhering to the principle that the use of restrictive practices and interventions should only take place following a risk assessment and where there are no alternative means to support the patient's safety.

The Department of Psychiatry emphasises the importance of strong governance and oversight mechanisms as key to successful reduction and where possible, elimination of restrictive practices.

The Department of Psychiatry in 2023 has achieved a 65.5% reduction in seclusion hours and a 30% reduction in physical restraint minutes compared to 2022 data. This was achieved through the implementation of a comprehensive restrictive practice reduction policy, the establishment of a restrictive practice reduction-working group and the analysis of each restrictive practice episode by its newly formed multidisciplinary review and oversight committee.

Furthermore, staff have undertaken training on trauma-informed care, alternatives to physical restraint and seclusion, cultural competencies, positive behaviour support, human rights, including the legal principles of restrictive interventions.

As part of the revised rules governing the use of mechanical means of bodily restraint for enduring risk of harm to self or others, the Department of Psychiatry used cot sides for one resident as a safety and falls prevention measure. This data was not captured in 2022.

STATEMENT 2

Statement on the Department of Psychiatry's compliance with the rules governing the use of seclusion, rules governing the use of mechanical means of Bodily Restraint and Code of Practice on the use of physical restraint.

The Department of Psychiatry recognises that restrictive practices compromises a person's liberty and that its use must be the safest and least restrictive options of last resort necessary to manage the immediate risk. The restrictive practice must be proportionate to the assessed risk, employed for the shortest possible duration and its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control (MHC 2022).

Achieving compliance with the relevant Rule or Code of Practice is a key priority for the Department of Psychiatry. In order to achieve this priority, the services audit committee audits all episodes of physical restraint, seclusion and mechanical means of bodily restraint. Audit findings are discussed at the approved centres monthly Quality Patient Safety Committee (QPSC) meeting and at the services newly formed Multidisciplinary Review and Oversight Committee meeting.

The 2023 annual inspection by the Mental Health Commission found that the Department of Psychiatry was fully compliant with the rules governing the use of seclusion, rules governing the use of mechanical means and bodily restraint and with the code of practice on the use of physical restraint.

STATEMENT 3

Statement on the compliance with the approved centres own reduction policy

The Department of Psychiatry has a comprehensive restrictive practice reduction policy, which outlines how the service aims to reduce, or where possible eliminate the use of restrictive practices within the Department of Psychiatry.

The Policy places strong emphasis on leadership of senior clinical and administrative staff, the use of data and post incident reviews in its efforts to reduce the incidents of restrictive practices and to inform practice. The policy outlines specific reduction tools including positive behavioural support approaches and how workforce development and training are key to successful reduction or, where possible elimination of restrictive practices.

The Department of Psychiatry is fully compliant with its own reduction policy.

3. Use of Seclusion

3.1 RESIDENTS PLACED IN SECLUSION

Figure 1

In 2023, there was a 65.5% reduction in seclusion hours compared to 2022 data. Thirty residents were secluded resulting in 34 seclusion episodes.

Figure 1 provides an overview of the age of residents who were secluded in 2023. The average age of a secluded resident was 37. The highest proportion of residents secluded in 2023 were ages 18-29 (38%). The age groups with the lowest percentage of seclusion was 70+ (0%) and under 18 (5.8%)

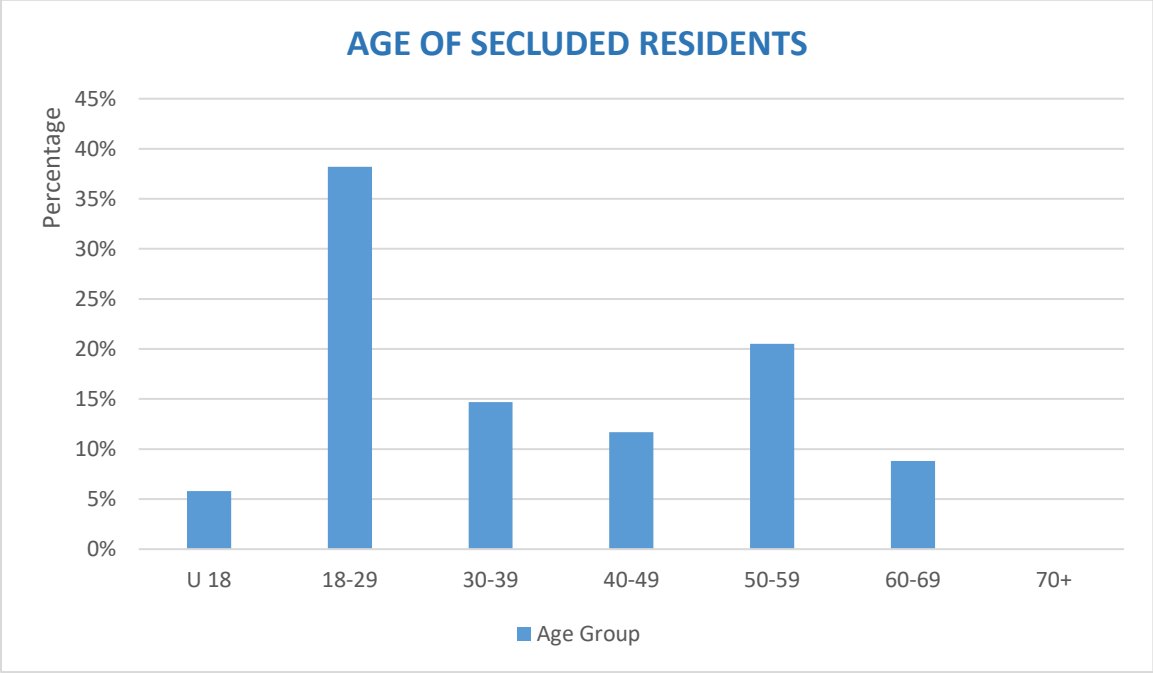
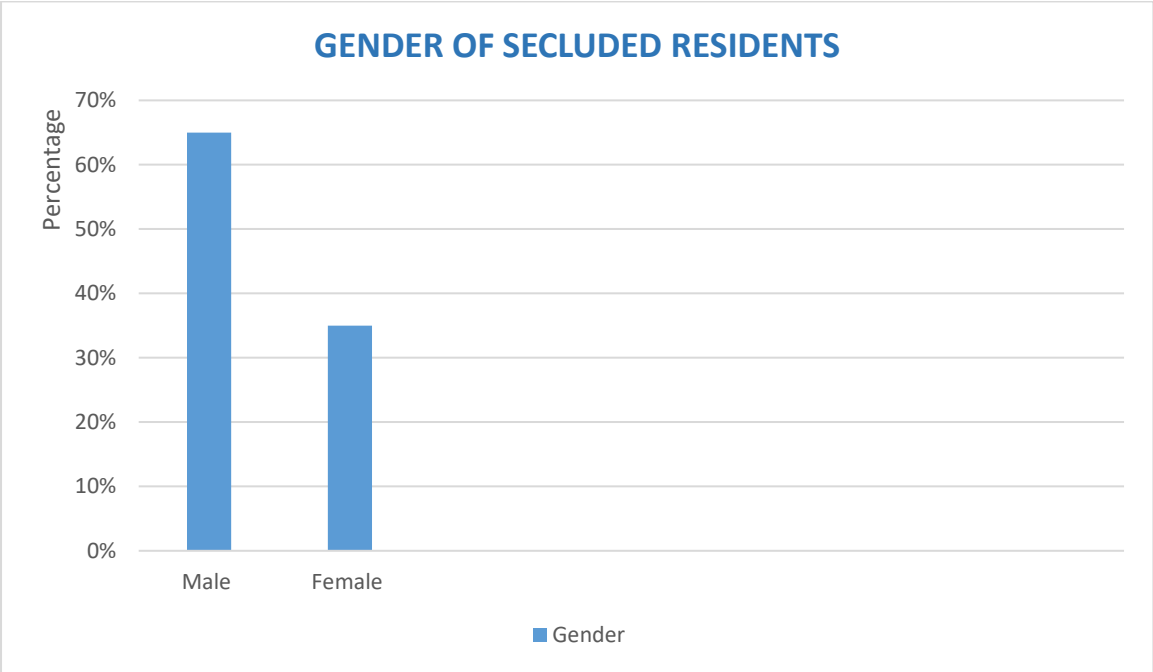


Figure 2

Gender of residents placed in seclusion in 2023.

Figure 2 shows that in 2023 more males (65%) than females (35%) were secluded.



3.2 Duration of seclusion and time commenced.

The rules governing the use of seclusion state “a seclusion order must not be made for a period of time longer that four hours from the commencement of the seclusion episode (MHC 2022).

A seclusion order may be renewed by an order made by a RMP under the supervision of a Consultant Psychiatrist responsible for the care and treatment of the person or the duty Consultant Psychiatrist following a medical examination for a further period not exceeding four hours to a maximum of five renewals (24 hours) of continuous seclusion (6.1). If the person’s seclusion order is to be renewed beyond the initial 24 hours of continuous seclusion, the Consultant Psychiatrist responsible for the care and treatment of the person or the duty Consultant Psychiatrist must undertake a medical examination of the person and this must be recorded in the person’s clinical file (MHC 2022).

Figure 3

Shows that the highest proportion of seclusion episodes (47%) lasted less than four hours with the next most frequent duration being between four and eight hours (26.5%).

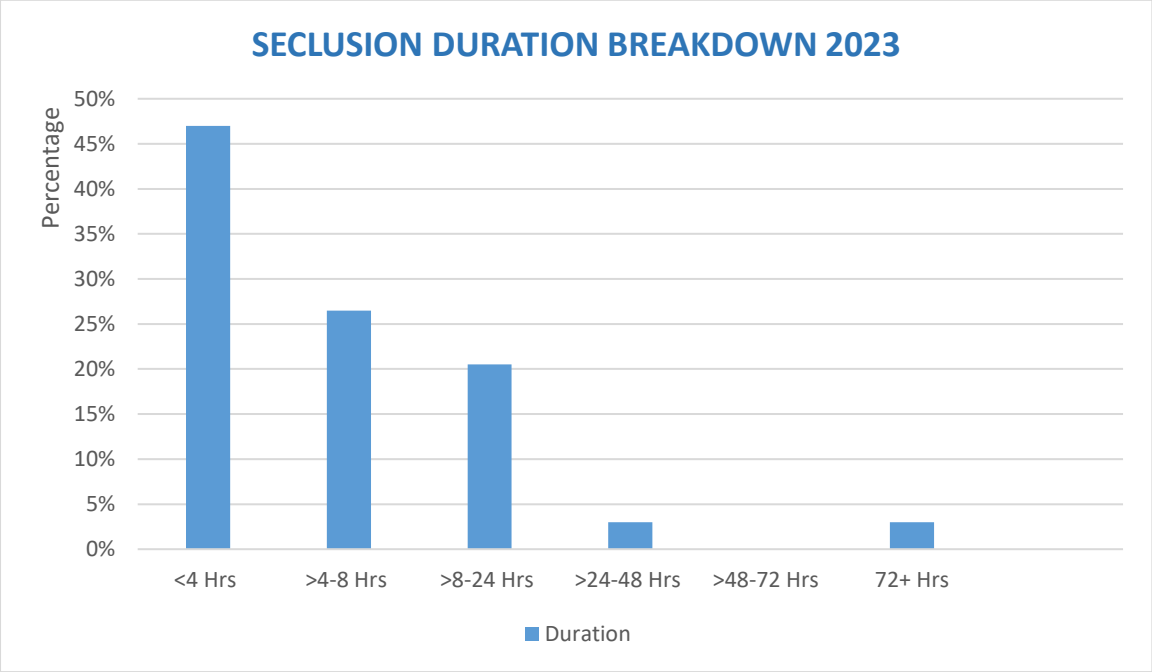


Figure 4

Figure 4 provides a breakdown by hour of when seclusion episodes were commenced. The highest proportion of episodes of seclusion commenced between 5pm and 6pm (15%). The lowest proportion of seclusion episodes commenced between 1:00am and 2:00am, 6:00am and 7:00am, 11:00am and 12:00 and 3:00pm and 4:00pm (3%). There were no seclusion commencements between 8:00pm and 1:00am and 2:00am and 6:00am.

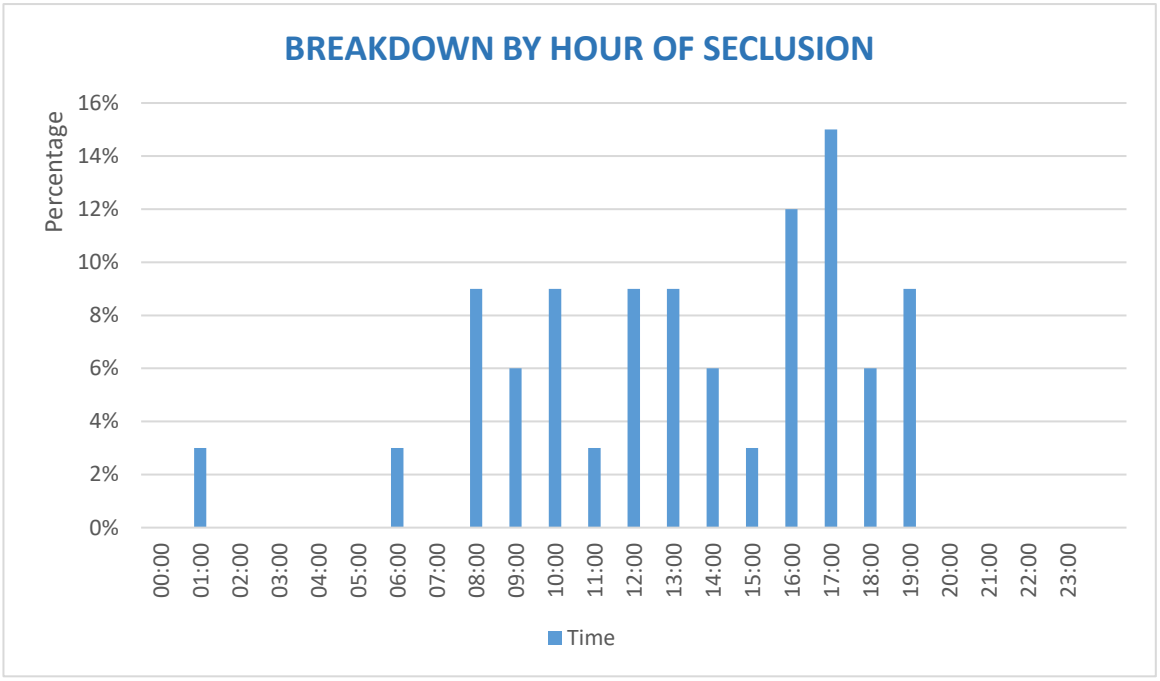
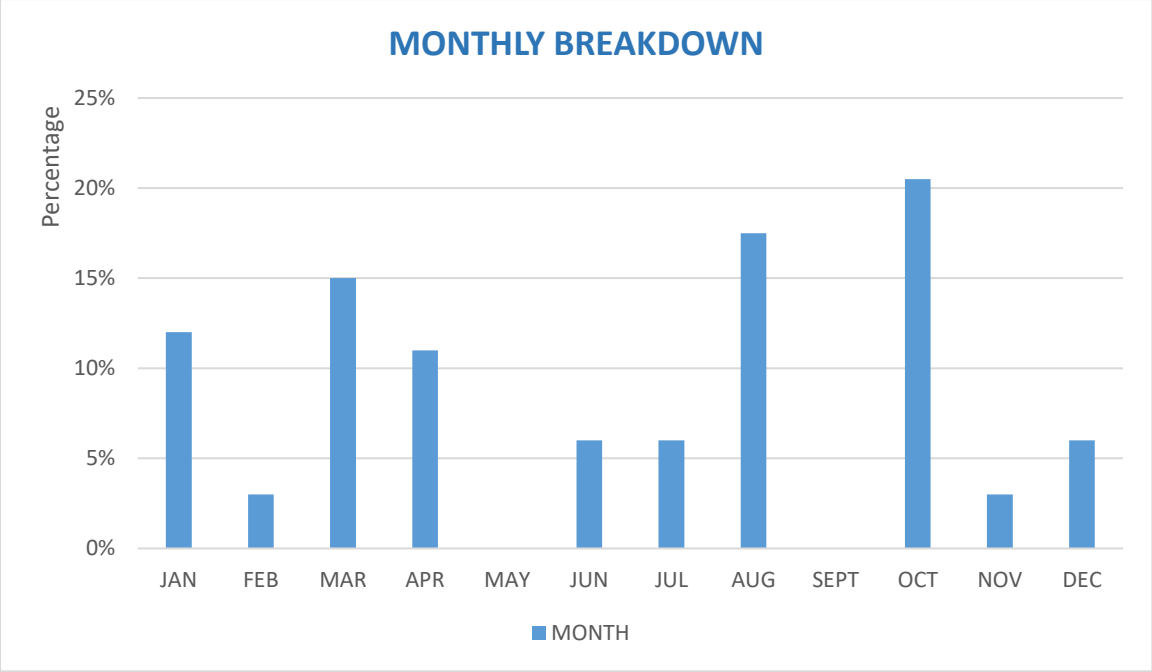


Figure 5

Figure 5 provides a monthly breakdown of the episodes of seclusions. The highest proportion of episodes of seclusion occurred in October (20.5%). The lowest proportion of seclusion episodes occurred in May + September (0%).



4. USE OF PHYSICAL RESTRAINT

4.1 Residents Physically Restrained

For the purpose of the code of practice, physical restraint is defined by "the use of physical force (by one or more persons) for the purpose of preventing the free movement of a person's body when the person poses an immediate threat of serious harm to self or others" (MHC 2022)

In 2023, 34 residents were physically restrained in the Department of Psychiatry. A total 57episodes of physical restraint were recorded. In total 4 hours and 30 minutes of physical restraint was recorded. This represents a 30% reduction on 2022 data.

Figure 6

Figure 6 provides a monthly breakdown of the episodes of physical restraint. The highest proportion of residents physically restrained in 2023 were ages 50-59 (23%). The age group with the lowest percentage of physical restraint were under 18 (3.5%).

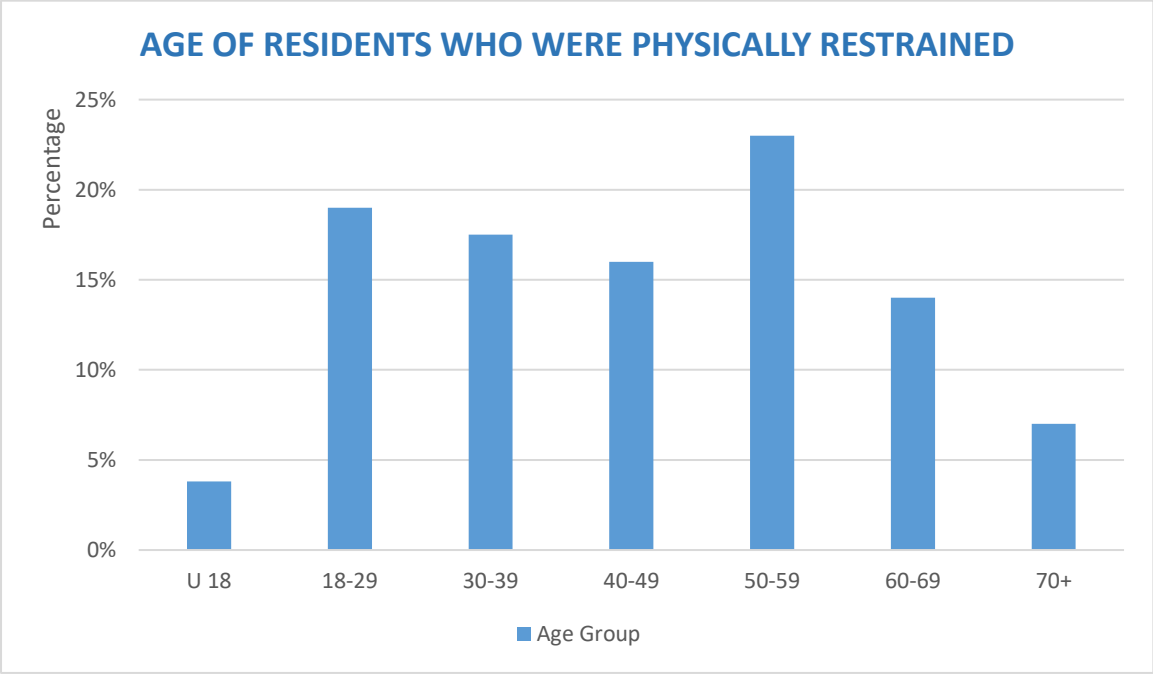
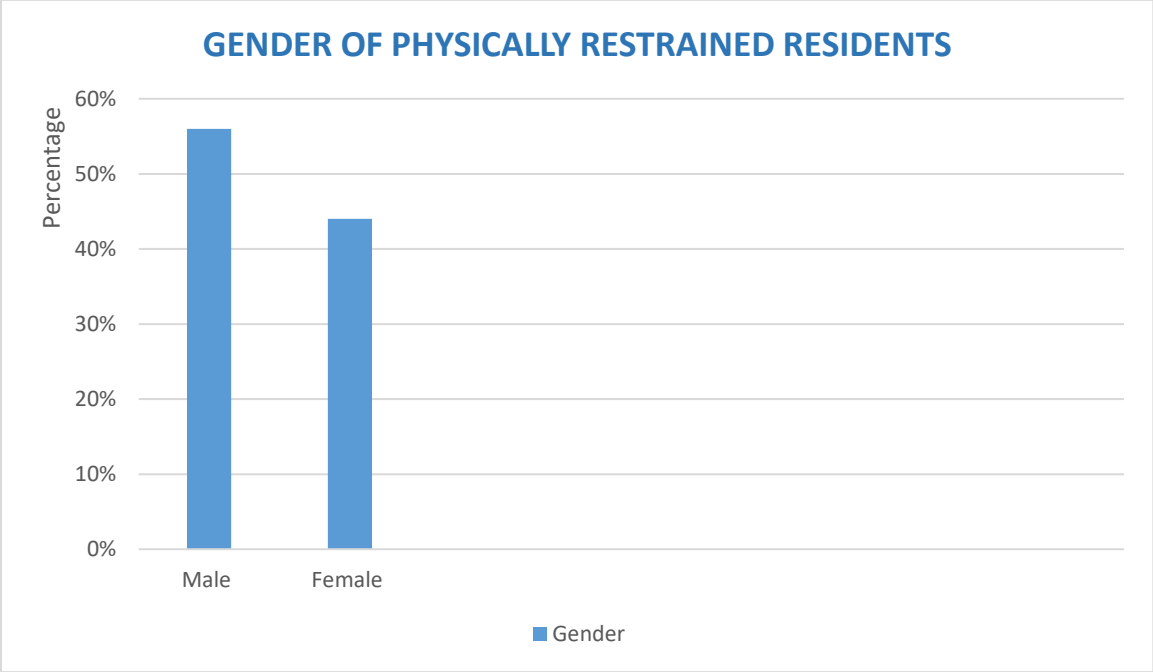


Figure 7

Gender of residents who were physically restrained.

Figure 7 shows that more males (56%) than females (44%) were physically restrained in 2023.



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 should last for a maximum of 10 minutes. An episode of physical restraint may be extended by a renewal order made by a registered medical practitioner or the most senior registered nurse on duty in the unit/ward following a medical examination or nursing review for a further period not exceeding 10 minutes – to a maximum of two renewals of continuous restraint the continuous period of physical restraint should never be longer than 30 minutes.

In 2023, a total of 4 hours and 30 minutes of physical restraint was recorded in the Department of Psychiatry. This represents a 30% reduction on the 2022 data.

An average episode of physical restraint lasted for four minutes. The duration for a single episode of physical restraint ranged from 01 minute to 29 minutes.

Figure 8

Figure 8 show that in 2023 the majority (82.5%) of episodes of physical restraint were for less than 05 minutes. The next most common duration was between 05 and 10 minutes (16%). One episode of physical restraint lasted in excess of 10 minutes.

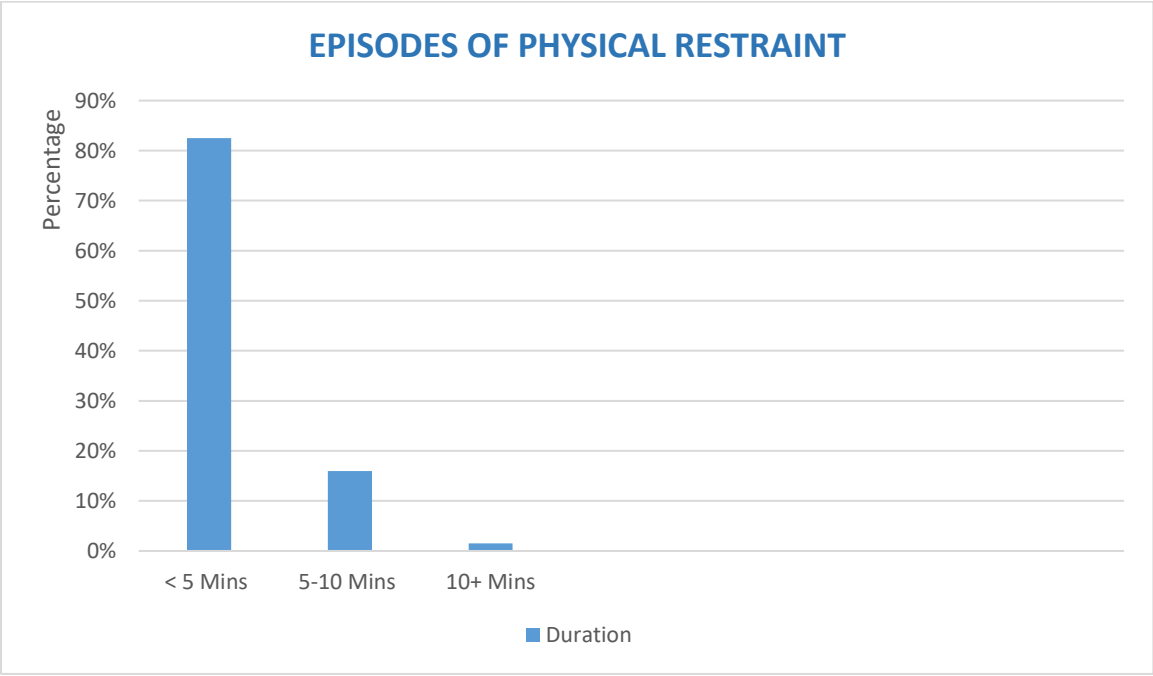


Figure 9

Figure 9 provides a breakdown by hour of when physical restraint episodes were commenced in 2023. The highest proportion of episodes of physical restraint commenced between 4pm and 5pm (16%). The data indicates that episodes of physical restraint are more likely to occur between 8am and 7pm.

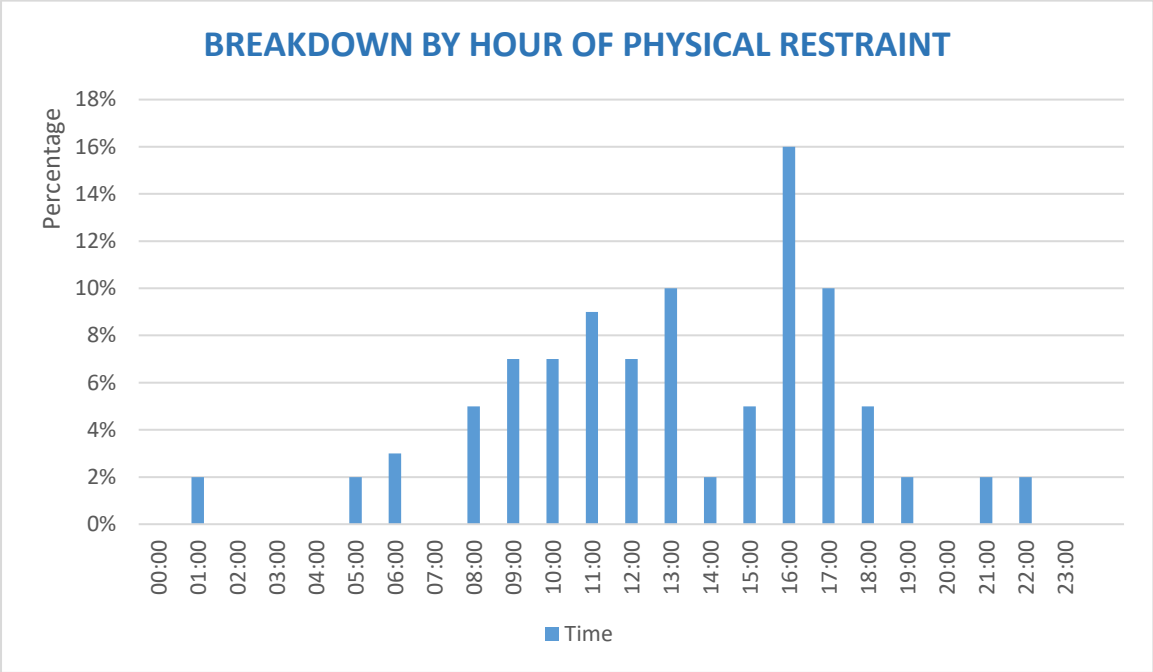
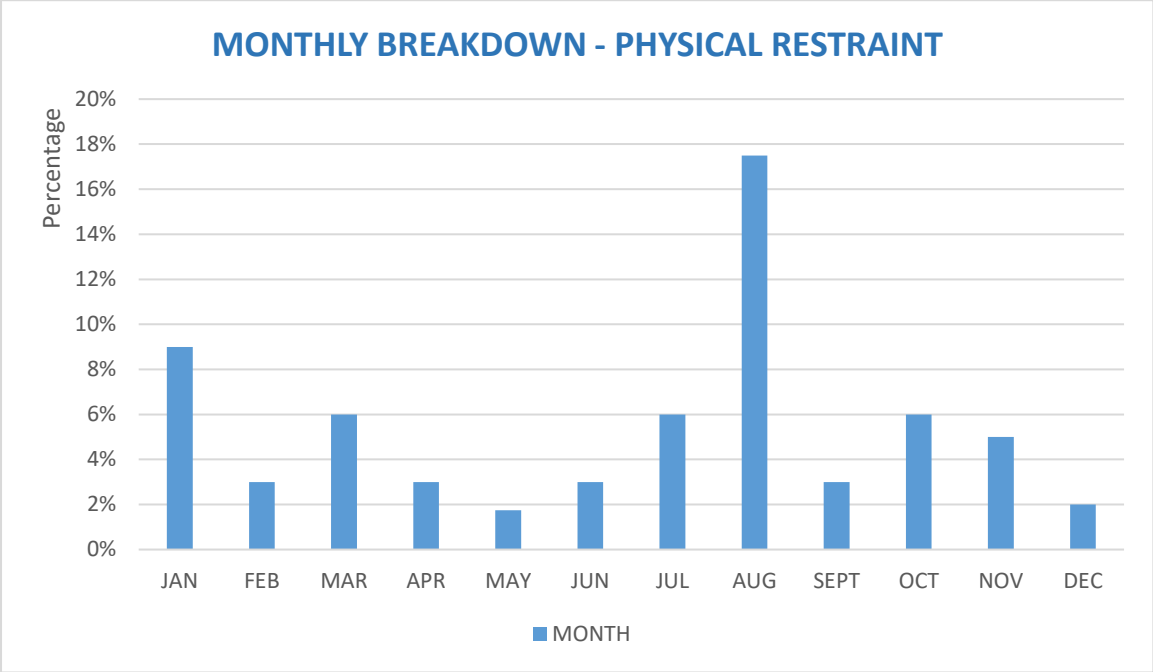


Figure 10

Figure 10 provides a monthly breakdown of the episodes of physical restraint. The highest proportion of episodes of physical restraint occurred in August (17.5%). The lowest proportion of physical restraint occurred in May (1.75%)



5. The Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others.

One resident was prescribed the use of bedrails as a safety and falls prevention measure.

6. Conclusion

USE OF PHYSICAL RESTRAINT

The total number of persons the approved centre can accommodate at any one time = 44

The total number of persons that were admitted during this reporting period = 605

The total number of persons who were physically restrained during the reporting period = 34

The total number of episodes of physical restraint = 57

The shortest episode of physical restraint = 01 minute

The longest episode of physical restraint = 29 minutes

USE OF SECLUSION

The total number of persons the approved centre can accommodate at any one time = 44

The total number of persons that were admitted during this reporting period = 605

The total number of persons who were secluded during the reporting period = 30

The total number of seclusion episodes = 34

The shortest episode of seclusion = 35 minutes

The longest episode of seclusion = 91 hours 10 minutes

USE 0F MECHANICAL MEANS OF BODILY RESTRAINT FOR ENDURING RISK OF HARM TO SELF OR OTHERS.

The total number of persons that the centre can accommodate at any one time = 44

The total number of persons that were admitted during the reporting period = 605

The total number of persons who were mechanically restrained as a result of the use of mechanical means of bodily restraint for enduring risk of harm to self or others = 1