



Report on the Use of Seclusion, Mechanical Means of Bodily Restraint and Physical Restraint in Approved Centres in 2008

October 2009

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1. Introduction

The Mental Health Commission, established under the Mental Health Act 2001, is an independent statutory body. One of its statutory duties is to promote, encourage and foster high standards in the delivery of mental health care [Section 33(1)].

Article 40.4.1 of the Constitution explicitly provides for personal liberty: *“No citizen shall be deprived of his personal liberty save in accordance with the law.”* The Commission is strongly of the view that a person must not intentionally or unintentionally be deprived of his/her liberty through the use of restrictive practices except in accordance with the law. The Commission believes that focus needs to be directed towards preventative measures that eliminate or minimise the use of restrictive practices. Changing the culture of services including staff attitudes and practices can help reduce or eliminate the use of these practices.

Section 69 of the 2001 Act authorised the Commission to develop rules for the use of seclusion and mechanical restraint in approved centre settings. The Commission also issued a code of practice on the use of physical restraint in approved centres under Section 33 of the 2001 Act. In accordance with the aforementioned rules and code of practice, approved centres are required to record any use of seclusion or restraint in associated registers and clinical practice form. They are required to compile annual reports on their use of seclusion and restraint and make this available to the Commission upon request. The Commission collects and reports on this information to provide a current picture of activity in individual services and at a national level, which can inform the quality improvement process.

2. Data Collection and Analysis Methodology

- 2008 was the first year that the Commission requested a full year’s data on the use of seclusion and restraint in approved centres (see Appendix 1). 2007 data for Quarters 3 and 4 were returned by services, to the Commission, however due to data validity and reliability issues it was not published.
- Data collection templates based on the registers and clinical practice form, were sent to approved centres (n=64) and they were required to compile data locally and return same to the Commission by 27th February 2009. Where data was outstanding, reminders were sent and by the end of April there was a 100% response rate. This is a marked improvement on the rate of response for 2007 data where around 10% of services made no data returns at all.
- Data was manually checked and validated and a draft report for each approved centre was sent to the Clinical Director for verification on 15th May with a return date of 5th June. It was indicated in the correspondence issued that a non response would be interpreted as verification that the data was correct. Sign off was received in relation to 51 out of 64 approved centres.
- The individual’s right to privacy, dignity and autonomy are central to the operations of the Commission therefore information was requested in aggregate format with no individual patient identifiers included.
- Data was required in four quarterly reports as opposed to one aggregate report for the whole year. This approach makes the data collation and validation process easier, facilitates analysis of short term trends, and allows for comparison between activity in different quarters and activity for the same quarter in different years.

- Data analysis was carried out on two levels, firstly the Commission carried out basic descriptive data analysis and then Professor Catherine Comiskey PHD, Director of Research and Associate Professor of Healthcare Statistics at Trinity College Dublin ran statistical tests on the data to investigate if statistically significant differences were present.

2.1 Data limitations

- As the data is returned in aggregate format without unique patient identifiers or individual service user level data there are limitations to the extent of data analysis that can be carried out.
- Approved Centres vary in size and the type of service they deliver therefore comparative analysis between Approved Centres is crude. (For information regarding individual services see the Approved Centre Inspection Reports 2008 www.mhcirl.ie)
- There is very little historic published data on the use of seclusion and restraint in approved centres in Ireland therefore it is not possible to identify if there has been a change in usage.
- There is a lack of current comparable data available for other jurisdictions to measure usage in Ireland in an international context.

3. Information regarding admissions to approved centres in 2008

Information regarding admission activity in 2008 may provide some context in relation to the use of seclusion and restraint. The following information was reported by the Health Research Board¹:

- There were 20,752 admissions to approved centres in 2008 a rate of 489.5 per 100,000 population.
- There were an equal proportion of male and female admissions.
- HSE South had the highest rate of all admissions, at 521.4 per 100,000 population
- Admission rates were highest in Roscommon Mental Health catchment area, at 686.5 per 100,000, followed by Waterford, at 642.7, and Kerry, at 607.1. Cavan/Monaghan had the lowest rate of all admissions, at 162.5 per 100,000 population.

¹ Health Research Board. National Psychiatric Inpatient Reporting System (NPIRS) Preliminary National Bulletin Ireland 2008 (July 2009)

4. Seclusion and Restraint Data National Overview

We can see from Table 1 that in 2008, seclusion was used in 30 approved centres, mechanical means of bodily restraint was used in 11 approved centres and physical restraint was used in 49 approved centres. See Appendix 2 for details of returns made by individual approved centres.

Abbreviations used in Table 1:

√ = Approved Centre indicated Positive data returns (i.e. that they used the intervention)

NR = Approved Centres indicated Nil returns (confirmed zero use in 2008)

DNU = Approved Centre indicated that they Do Not Use

Table 1: Overview of 2008 data returns by Service Provider/HSE Area, number and percentage of approved centres.

HSE Area/ Service Provider	Data Type		
	Seclusion	Mechanical Means of Bodily Restraint	Physical Restraint
HSE Dublin Mid Leinster	√ = 6 (55%) NR = 1 (9%) DNU = 4 (36%)	√ = 1 (9%) NR = 2 (18%) DNU = 8 (73%)	√ = 11 (100%) NR = 0 (0%) DNU = 0 (0%)
HSE Dublin North East	√ = 7 (64%) NR = 1 (9%) DNU = 3 (27%)	√ = 3 (27%) NR = 6 (55%) DNU = 2 (18%)	√ = 10 (91%) NR = 0 (0%) DNU = 1 (9%)
HSE South	√ = 9 (56%) NR = 2 (13%) DNU = 5 (31%)	√ = 2 (13%) NR = 5 (31%) DNU = 9 (56%)	√ = 12 (75%) NR = 2 (12.5%) DNU = 2 (12.5%)
HSE West	√ = 6 (33%) NR = 2 (11%) DNU = 10 (56%)	√ = 4 (22%) NR = 3 (17%) DNU = 11 (61%)	√ = 12 (67%) NR = 4 (22%) DNU = 2 (11%)
Independent Service Provider	√ = 2 (25%) NR = 2 (25%) DNU = 4 (50%)	√ = 1 (12%) NR = 2 (25%) DNU = 5 (63%)	√ = 4 (50%) NR = 2 (25%) DNU = 2 (25%)
All Approved Centres	√ = 30 (47%) NR = 8 (12%) DNU = 26 (41%)	√ = 11 (17%) NR = 18 (28%) DNU = 35 (55%)	√ = 49 (77%) NR = 8 (12%) DNU = 7 (11%)

5. Report on the use of Seclusion in 2008

5.1 Definition of Seclusion

The Mental Health Act 2001 provides for the use of seclusion for the purposes of treatment or to prevent the patient from injuring himself or herself or others. For the purposes of the Section 69(2) *Rules Governing the use of Seclusion (and Mechanical Means of Bodily Restraint)*, seclusion is defined 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” (Section 1.1).

5.2 Recording Episodes of Seclusion

The Rules prescribe that all uses of seclusion must be clearly recorded, as soon as is practicable, on the Register for Seclusion. Data in this report was manually extracted locally from each approved centre’s Register for Seclusion and returned to the Commission in four quarterly reports using a prescribed template (see Appendix 4).

5.3 Seclusion Data Analysis

Table 1 shows that in 2008 less than half 47% (n=30) of all approved centres reported that they placed residents in seclusion, 12% (n=8) of approved centres indicated that they did not have any episodes of seclusion and 41% (n=26) indicated that they do not use seclusion (see Appendix 2 for approved centre level data).

National Variance between Approved Centres and Service Providers

There were a total of 2642 episodes of seclusion reported in 2008 (Table 2). Over half of all episodes (n=1730) took place in six approved centres; each of which reported using over 100 episodes.

The highest number of seclusion episodes (n=540) took place in St Joseph’s Intellectual Disability Service; a large service which can accommodate 172 residents including service users with challenging behaviour. The second highest number of episodes of seclusion (n=505) took place in St Brendan’s Hospital; a centre which has a number of secure wards.

HSE Dublin North East had the highest usage of seclusion however it should be noted that the two centres (St Joseph’s Intellectual Disability Service and St Brendan’s Hospital) with the highest number of seclusion episodes are both located in this HSE Area. HSE South had the greatest number of approved centres (n=9) that reported using seclusion. Independent Service Providers reported the lowest number of seclusion episodes.

Additional analysis on national variance regarding use of seclusion is available in Appendix 2.

Table 2: Number of episodes of seclusion used in Approved Centres in 2008 by Service Provider/HSE Area.

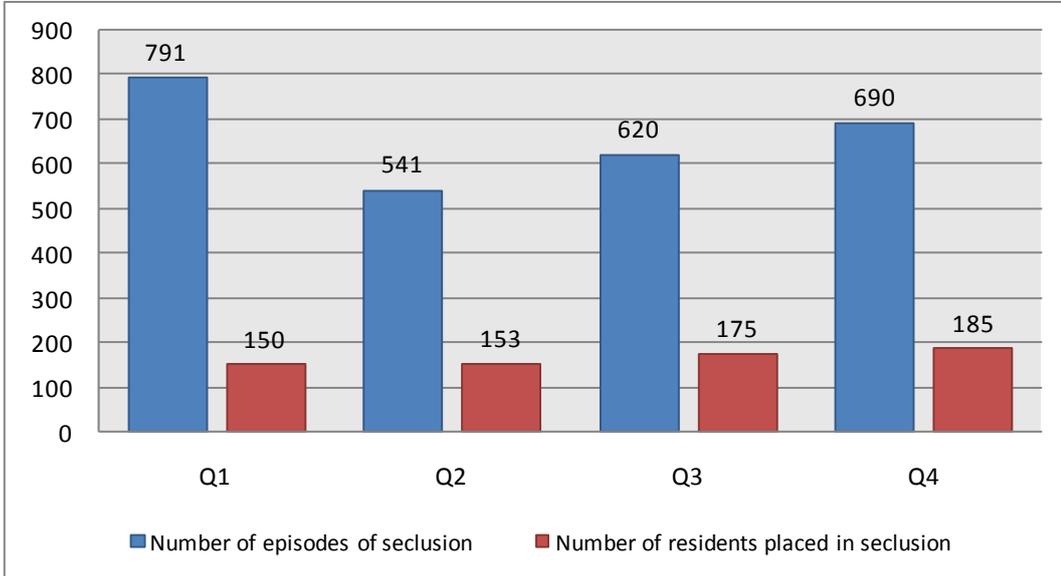
HSE Dublin Mid-Leinster		
Mental Health Catchment Area	Approved Centre Name	Number of Seclusion Episodes
Dublin South West	Acute Psychiatric Unit AMNCH, Tallaght	36
East Wicklow	Newcastle Hospital	52
Kildare West/Wicklow	Lakeview Unit, Naas General Hospital	180
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise	45
Longford/Westmeath	St Loman's Hospital, Mullingar	39
National Forensic Service	Central Mental Hospital	104
Total		456
<i>Rate per 100,000 population (excluding seclusion in Central Mental Hospital - National Service)</i>		28.9
HSE Dublin North East		
Mental Health Catchment Area	Approved Centre Name	Number of Seclusion Episodes
Dublin North	St Ita's Hospital - Mental Health Services	60
Dublin North Central	St Vincent's Hospital	30
Dublin North Central	Acute Psychiatric Unit, St Aloysius Ward, Mater Misericordiae Hospital	12
Dublin North West	St Brendan's Hospital	505
Louth/Meath	St Brigid's Hospital, Ardee	75
Louth/Meath	Department of Psychiatry, Our Lady's Hospital, Navan	57
National Intellectual Disability Service	St Joseph's Intellectual Disability Services, St Ita's Hospital	540
Total		1279
<i>Rate per 100,000 population (excluding seclusion in St. Joseph's IDS - National Service)</i>		79.9
HSE South		
Mental Health Catchment Area	Approved Centre Name	Number of Seclusion Episodes
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny	27
Kerry	St Finan's Hospital	41
Kerry	Acute Mental Health Admission Unit, Kerry General Hospital	17
North Lee	Carraig Mór Centre	7
South Tipperary	St Michael's Unit, South Tipperary General Hospital	41
South Tipperary	St Luke's Hospital, Clonmel	26
Waterford	Department of Psychiatry, Waterford Regional Hospital	53
Waterford	St Otteran's Hospital	15
Wexford	St Senan's Hospital	61
Total		288
<i>Rate per 100,000 population</i>		26.6
HSE West		
Mental Health Catchment Area	Approved Centre Name	Number of Seclusion Episodes
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	43
East Galway	St Brigid's Hospital, Ballinasloe	12
Mayo	Adult Mental Health Unit, Mayo General Hospital	49
Roscommon	Department of Psychiatry, County Hospital Roscommon	223
Sligo/Leitrim	Ballytivnan Sligo/Leitrim Mental Health Services	30
West Galway	Psychiatric Unit, University College Hospital Galway	17
Total		374
<i>Rate per 100,000 population</i>		36.9
Independent Service Provider		
Mental Health Catchment Area	Approved Centre Name	Number of Seclusion Episodes
Independent	Palmerstown View, Stewart's Hospital	67
Independent	St John of God Hospital Limited	178
Total		245
<i>Rate per 100,000 is not calculated as admissions to the independent sector are from patients on a national basis</i>		

Rates of seclusion per 100,000 are calculated by multiplying the number of episodes of seclusion in each HSE Area by 100,000 and dividing by the total population of the Area (see Appendix 3 for the population of each HSE Area)

Episodes of Seclusion by Quarter

Figure 1 show that the highest number of episodes of seclusion occurred in Quarter 1. One or more residents were placed in seclusion on multiple occasions in each quarter.

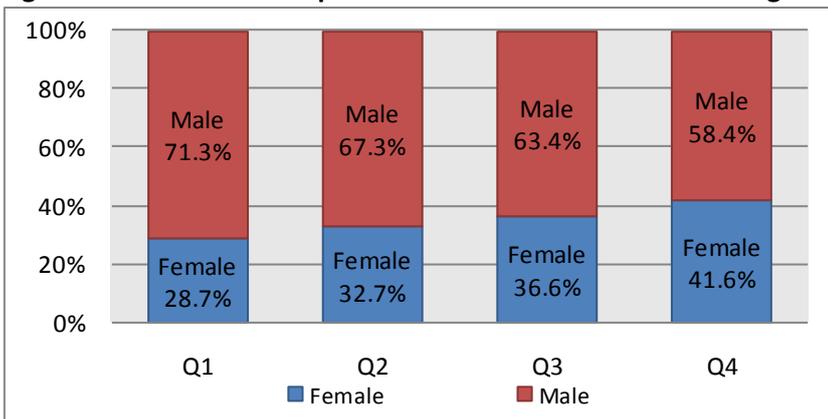
Figure 1: Number of Episodes of Seclusion and number of residents place in seclusion by quarter in 2008.



Gender

In all quarters the percentage of males placed in seclusion was greater than the percentage of females (Figure 2).

Figure 2: Gender of those placed in seclusion in 2008. Percentage of residents



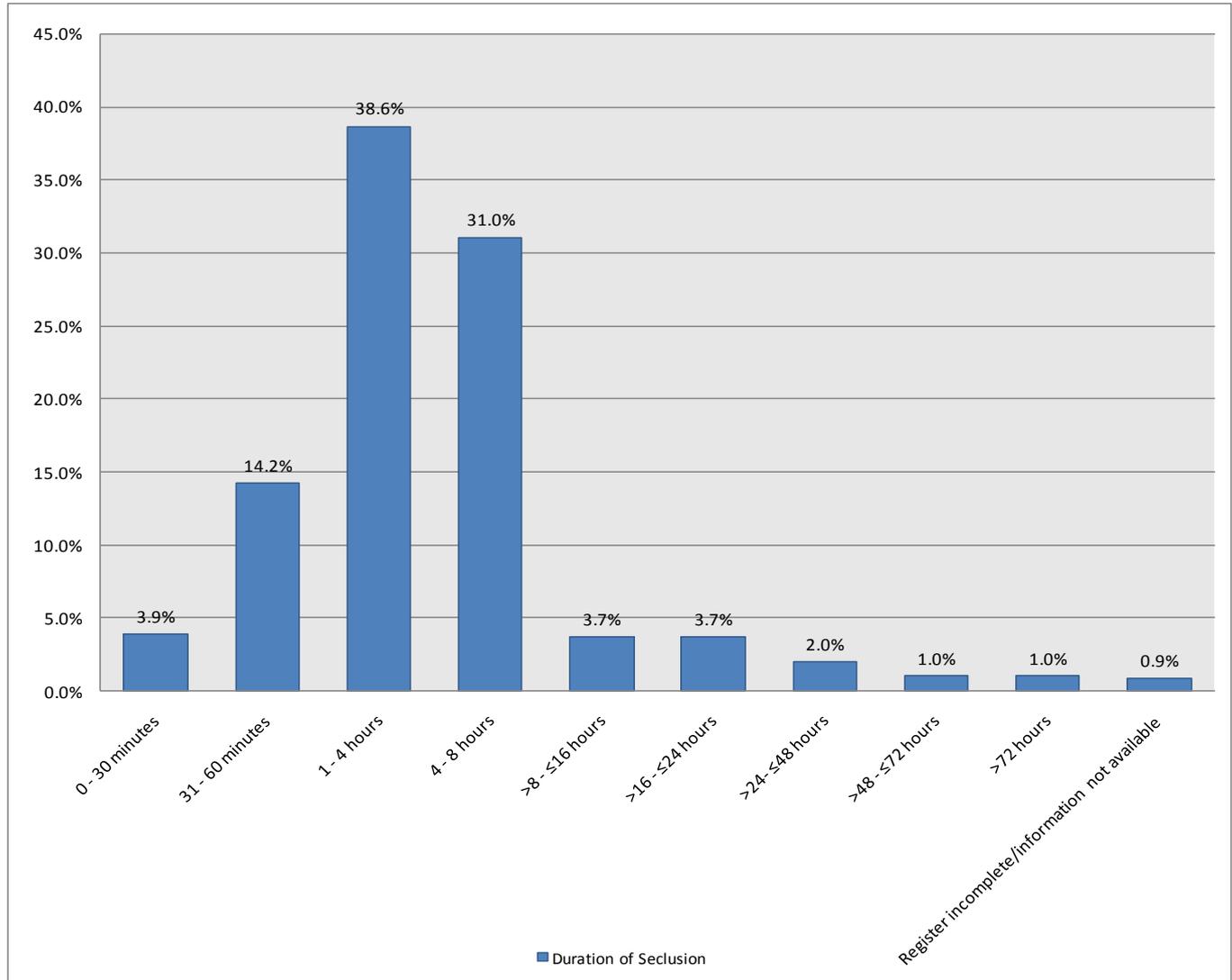
Additional analysis regarding gender of those placed in seclusion is available in Appendix 2

Duration of Seclusion

Section 2.6 of the Rules states that “A seclusion order under these rules shall remain in force for a maximum period of 8 hours from the time of its making and then shall expire.”

Almost 90% (n=2318) of seclusion episodes lasted less than eight hours (Figure 3). The highest percentage 38.6% (n=1021) of episodes lasted between one to four hours followed by 31.0% (n= 818) which lasted four to eight hours. 1.0% (n=25) of episodes of seclusion were reported to have lasted more than 72 hours. The Rules require that where seclusion lasts for a period exceeding 72 hours a notification must be sent to the Inspector of Mental Health Services. Data returns were cross checked with notifications received by the Inspector in 2008 however there were some inconsistencies between the two sets of information therefore it is not possible to report further on the episodes of seclusion that exceeded 72 hours.

Figure 3: Duration of seclusion in 2008 Percentage of episodes.



Additional analysis regarding duration of seclusion is available in Appendix 2

6. Report on the use of Mechanical Means of Bodily Restraint in 2008

6.1 Definition of Mechanical Means of Bodily Restraint

The Mental Health Act 2001 provides for the use of mechanical means of bodily restraint for the purposes of treatment or to prevent the patient from injuring himself or herself or others. For the purposes of the Section 69(2) *Rules Governing the use of Mechanical Means of Bodily Restraint (and Seclusion)* 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 patient’s body” (Section 13.1).

6.2 Recording Episodes of Mechanical Means of Bodily Restraint

The Rules prescribe that all uses of mechanical means of bodily restraint to prevent immediate threat to self or others must be clearly recorded, as soon as is practicable, on the Register for Mechanical Restraint. Data (on the use of mechanical means of bodily restraint) in this report was manually extracted locally from the approved centre’s Register for Mechanical Restraint and returned to the Commission in four quarterly reports using a prescribed template (see Appendix 4).

6.3 Mechanical Means of Bodily Restraint data limitations

Only mechanical restraint that is used to prevent immediate threat to self or others is required to be recorded in the Register for Mechanical Restraint however it appears that some centres may be recording the use of mechanical restraint to prevent enduring self harm in the register also which therefore may have been included in their data returns for 2008. If this is the case the data included in this report may be slightly skewed.

6.4 Mechanical Means of Bodily Restraint Data Analysis

Table 1 shows that 11 approved centres (17.2%) reported use of mechanical means of bodily restraint (see Appendix 2 approved centre level data).

National Variance between Approved Centres and Service Provider

The highest reported usage of mechanical means of bodily restraint was in St Vincent’s Hospital, Fairview (n=26), all of these episodes of restraint involved the use of a type of restraining chair and related to a small number of residents. The next highest usage of mechanical restraint was in Kylemore clinic (n=22) all of these episodes related to the use of bed rails at night, the purpose of which was likely to have been to prevent enduring self harm as oppose to prevent immediate threat to self or others, in which case this data should not have been returned to the Commission. Eight out of eleven centres reported three or less episodes of mechanical restraint in 2008 (Table 3).

Table 3: Number of episodes of mechanical means of bodily restraint used in Approved Centres in 2008, by Service Provider/HSE Area

HSE Dublin Mid-Leinster		
Mental Health Catchment Area	Approved Centre Name	Number of Episodes of Mechanical Restraint in 2008
Longford/Westmeath	St Loman's Hospital, Mullingar	1
Total		1
<i>Rate per 100,000 population</i>		<i>0.8</i>
HSE Dublin North East		
Mental Health Catchment Area	Approved Centre Name	Number of Episodes of Mechanical Restraint in 2008
Cavan/Monaghan	St Davnet's Hospital - Wards 4, 8 and 15	2
Dublin North West	St Brendan's Hospital	1
Dublin North Central	St Vincent's Hospital	26
Total		29
<i>Rate per 100,000 population</i>		<i>3.1</i>
HSE South		
Mental Health Catchment Area	Approved Centre Name	Number of Episodes of Mechanical Restraint in 2008
North Cork	St Stephen's Hospital	3
South Lee	South Lee Mental Health Unit, Cork University Hospital	1
Total		4
<i>Rate per 100,000 population</i>		<i>0.4</i>
HSE West		
Mental Health Catchment Area	Approved Centre Name	Number of Episodes of Mechanical Restraint in 2008
Limerick	St Joseph's Hospital	2
Mayo	Adult Mental Health Unit, Mayo General Hospital	11
Mayo	Teach Aisling	1
Roscommon	Department of Psychiatry, County Hospital Roscommon	1
Total		15
<i>Rate per 100,000 population</i>		<i>1.5</i>
Independent Service Provider		
Mental Health Catchment Area	Approved Centre Name	Number of Episodes of Mechanical Restraint in 2008
N/A	Kylemore Clinic	22
Total		22

Rate per 100,000 is not calculated as admissions to the independent sector are from patients on a national basis

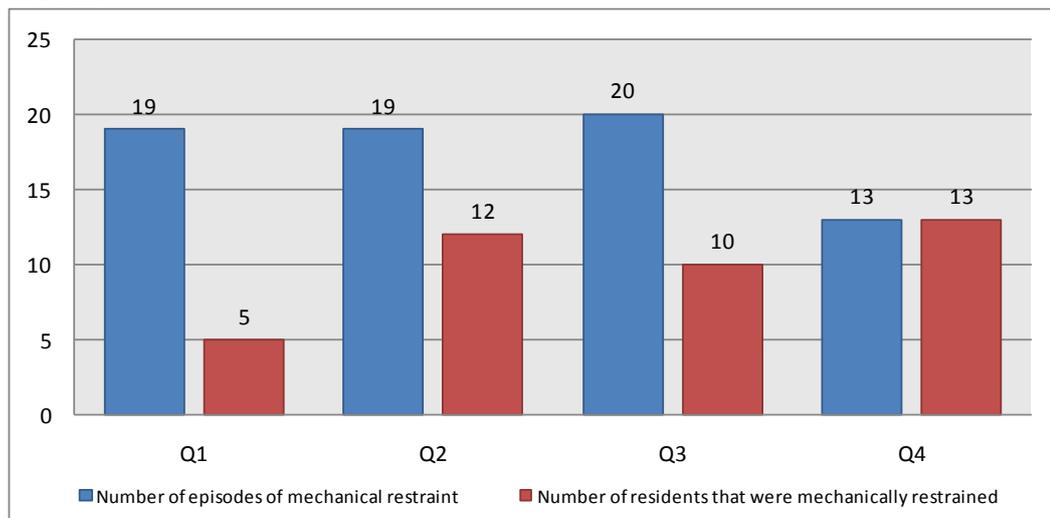
Rates of mechanical means of bodily restraint per 100,000 are calculated by multiplying the number of episodes of mechanical restraint in each HSE Area by 100,000 and dividing by the total population of the Area (see Appendix 3 for the population of each HSE Area)

Further analysis on national variance regarding use of mechanical restraint is available in Appendix 2.

Episodes of mechanical means of bodily restraint by Quarter

The highest usage of mechanical means of bodily restraint was in Quarter 3. In Quarters 1, 2 and 3 one or more residents were mechanically restrained on more than one occasion. Figure 4 show the number of episodes of mechanical restraint that took place in each quarter in 2008 and the number of residents that were mechanically restrained.

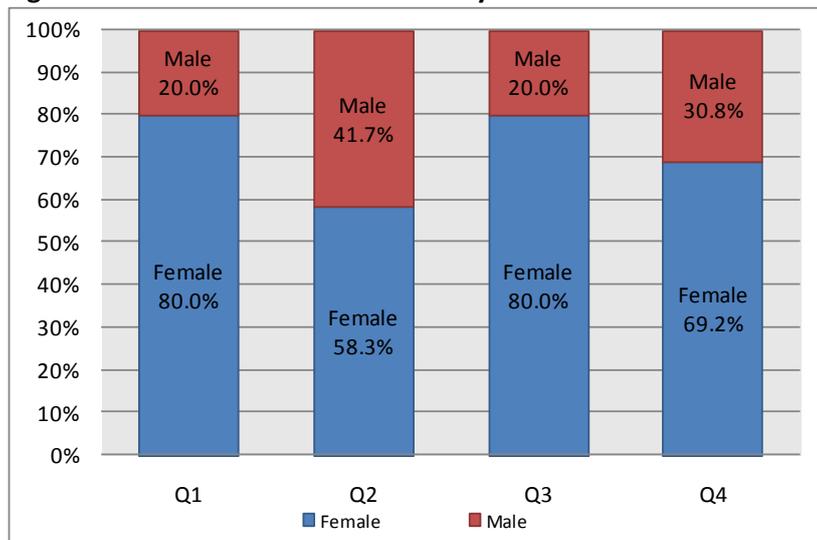
Figure 4: Number of episodes of mechanical restraint and number of residents mechanically restrained by quarter in 2008.



Gender

A higher percentage of females than males were mechanically restrained in each quarter in 2008 (Figure 5).

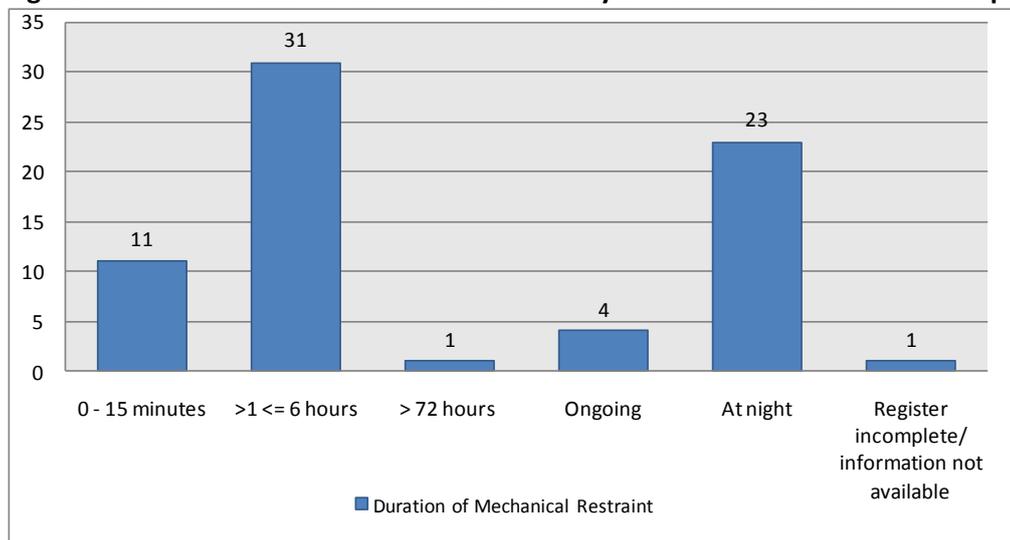
Figure 5: Gender of those mechanically restrained in 2008. Percentage of residents



Duration of mechanical restraint

Almost half (n=31) of mechanical restraint episodes lasted between 1 to 6 hours in duration (Figure 6). Twenty seven episodes of restraint were reported as either ongoing or at night, of which 25 related to the use of cot sides/bed rails.

Figure 6: Duration of mechanical means of bodily restraint in 2008. Number of episodes.

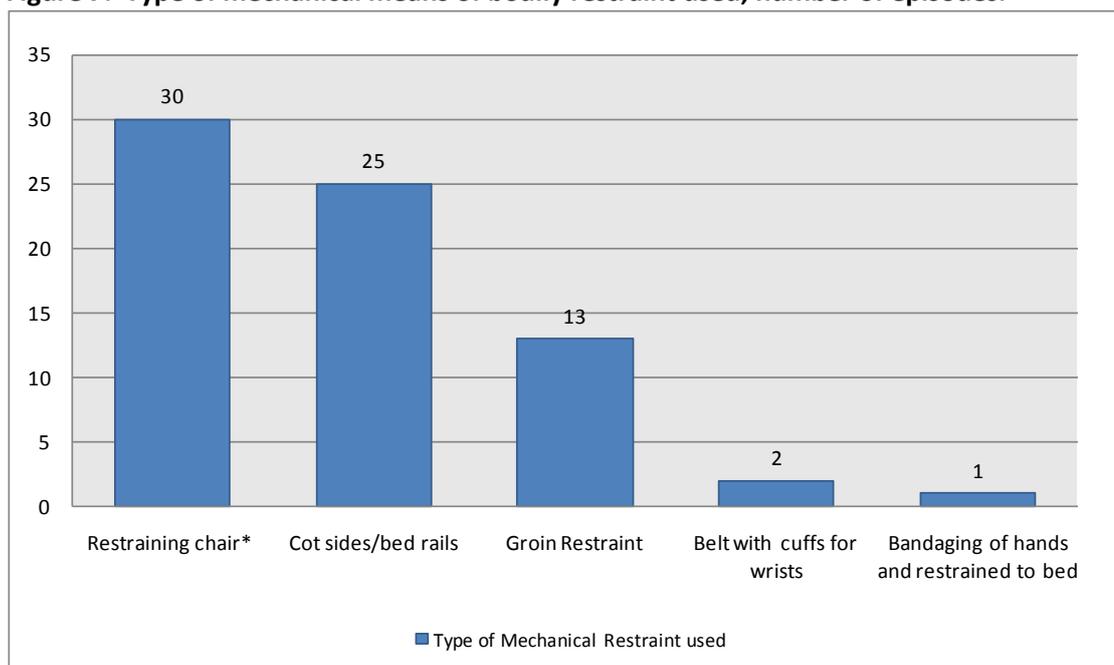


Further analysis on duration of mechanical restraint is available in Appendix 2.

Type of mechanical restraint

Restraining chairs were the most common form of mechanical restraint used (n=30) followed by cot sides/bed rails (n=25) and groin restraints (n=13), (Figure 7).

Figure 7: Type of mechanical means of bodily restraint used, number of episodes.



*Restraining chair includes Buxton chairs, table top chairs and chairs with seat belt like restraint

7. Report on the use of Physical Restraint in 2008

7.1 Definition of Physical Restraint

For the purpose of the Section 33(3)(e) *Code of Practice on the Use of Physical Restraint in Approved Centres*, physical restraint is defined as “the use of physical force (by one or more persons) for the purpose of preventing the free movement of a resident’s body”.

7.2 Recording episodes of Physical Restraint

Under the Code of Practice all uses of physical restraint should be entered in the Clinical Practice Form for Physical Restraint. Data (on the use of physical restraint) in this report was manually extracted locally from the approved centre’s Clinical Practice Forms for Physical Restraint and returned to the Commission four quarterly reports using a prescribed template (see Appendix 4).

7.3 Physical Restraint Data Analysis

A total of 2123 orders for physical restraint were reported in 2008. Table 1 shows that 49 approved centres (76.6%) indicated that they used physical restraint in 2008 (see Appendix 2 for approved centre level data).

National Variance between Approved Centres and Service Provider

The highest usage of physical restraint was in St Joseph’s Intellectual Disability Service (n=251), followed by St John of God Hospital Limited (n=183), St Patrick’s Hospital (n=166) and St Brendan’s Hospital (n= 112).

HSE Dublin North East reported the highest usage of physical restraint, 670 episodes and a rate of 45.3 per 100,000 population. However St Joseph’s Intellectual Disability Service is located in this HSE Area and their use of physical restraint accounts for almost 38% of physical restraint in this area. HSE West reported the lowest number of episodes of physical restraint, 328 episodes and a rate of 32.4 per 100,000 population. In HSE Dublin Mid-Leinster when episodes of physical restraint that occurred in Central Mental Hospital were excluded this HSE Area had the lowest rate of physical restraint with a rate of 25.2 per 100,000 population.

Further analysis on national variance regarding use of physical restraint is available in Appendix 2.

Table 4: Number of episodes of physical restraint used in Approved Centres in 2008, by Service Provider/HSE Area

HSE Dublin Mid-Leinster		
Mental Health Catchment Area	Approved Centre Name	Number of Physical Restraint Episodes in 2008
Child and Adolescent Service	Warrenstown Child & Adolescent Inpatient Unit	6
Dublin South City	Jonathan Swift Clinic	52
Dublin South East	Elm Mount Unit, St Vincent's University Hospital	67
Dublin South West	Acute Psychiatric Unit AMNCH	71
Dublin South West	St Loman's Hospital, Palmerstown	1
East Wicklow	Newcastle Hospital	46
Kildare West/Wicklow	Lakeview Unit, Naas General Hospital	7
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise	25
Laois/Offaly	St Fintan's Hospital	1
Longford/Westmeath	St Loman's Hospital, Mullingar	31
National Forensic Service	Central Mental Hospital	37
Total		344
<i>Rate per 100,000 population (excluding physical restraint in Central Mental Hospital - National Service)</i>		<i>25.2</i>

Table 4 continued

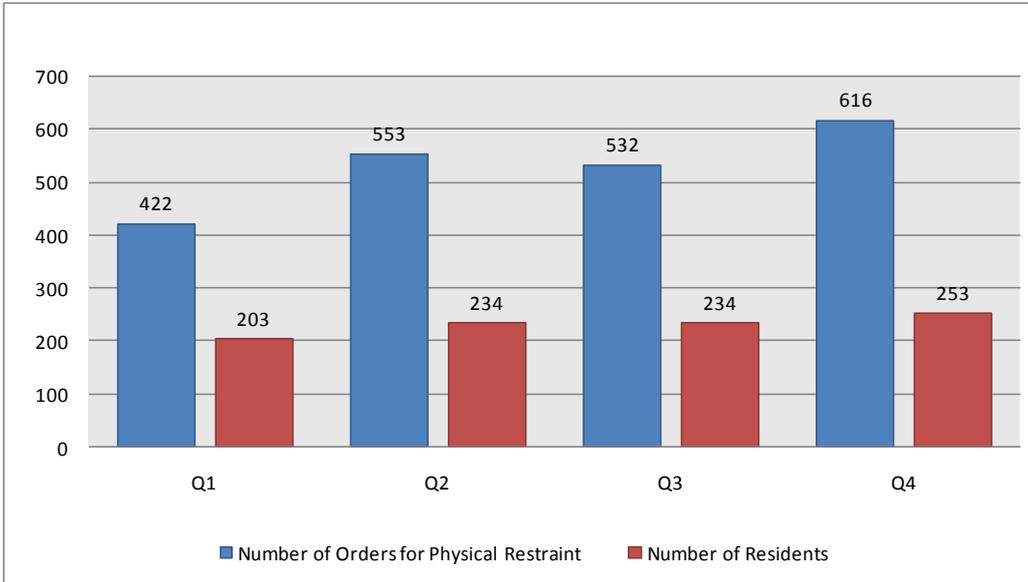
HSE Dublin North East		
Mental Health Catchment Area	Approved Centre Name	Number of Physical Restraint Episodes in 2008
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital	14
Cavan/Monaghan	St Davnet's Hospital - Wards 4, 8 and 15	2
Dublin North	St Ita's Hospital - Mental Health Services	55
Dublin North Central	St Vincent's Hospital	66
Dublin North Central	Acute Psychiatric Unit, St Aloysius Ward, Mater Misericordiae Hospital	29
Dublin North West	St Brendan's Hospital	112
Dublin North West	Department of Psychiatry, Connolly Hospital	16
Louth/Meath	St Brigid's Hospital, Ardee	89
Louth/Meath	Department of Psychiatry, Our Lady's Hospital, Navan	36
National Intellectual Disability Service	St Joseph's Intellectual Disability Services, St Ita's Hospital	251
Total		670
<i>Rate per 100,000 population (excluding physical restraint in St. Joseph's IDS)</i>		<i>45.3</i>
HSE South		
Mental Health Catchment Area	Approved Centre Name	Number of Physical Restraint Episodes in 2008
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny	18
Kerry	St Finan's Hospital	17
Kerry	Acute Mental Health Admission Unit, Kerry General Hospital	58
North Cork	St Stephen's Hospital	24
North Lee	St Michael's Unit, Mercy Hospital	47
North Lee	Carraig Mór Centre	46
South Lee	South Lee Mental Health Unit, Cork University Hospital	10
South Tipperary	St Luke's Hospital, Clonmel	19
South Tipperary	St Michael's Unit, South Tipperary General Hospital	31
Waterford	Department of Psychiatry, Waterford Regional Hospital	26
West Cork	Acute Psychiatric Unit, Bantry General Hospital	10
Wexford	St Senan's Hospital	52
Total		358
<i>Rate per 100,000 population</i>		<i>33.1</i>
HSE West		
Mental Health Catchment Area	Approved Centre Name	Number of Physical Restraint Episodes in 2008
Child and Adolescent Service	St Anne's Children's Centre	10
Clare	Orchard Grove	3
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	91
Donegal	Acute Psychiatric Unit, Carnamuggagh	72
East Galway	St Brigid's Hospital, Ballinasloe	20
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital	23
Limerick	St Joseph's Hospital	8
Mayo	Adult Mental Health Unit, Mayo General Hospital	21
Mayo	Teach Aisling	4
Roscommon	Department of Psychiatry, County Hospital Roscommon	12
Sligo/Leitrim	Ballytivnan Sligo/Leitrim Mental Health Services	44
West Galway	Psychiatric Unit, University College Hospital Galway	20
Total		328
<i>Rate per 100,000 population</i>		<i>32.4</i>
Independent Service Provider		
Mental Health Catchment Area	Approved Centre Name	Number of Physical Restraint Episodes in 2008
N/A	Palmerstown View, Stewart's Hospital	73
N/A	St Edmundsbury Hospital	1
N/A	St John of God Hospital Limited	183
N/A	St Patrick's Hospital	166
Total		423
<i>Rate per 100,000 is not calculated as admissions to the independent sector are from patients on a national basis</i>		

Rates of physical restraint per 100,000 are calculated by multiplying the number of episodes of physical restraint in each HSE Area by 100,000 and dividing by the total population of the Area (see Appendix 3 for the population of each HSE Area)

Episodes of physical restraint by Quarter

The highest use of physical restraint was in Quarter 4 and the lowest in Quarter 1 (see Figure 8). Physical Restraint was used on one or more residents on multiple occasions in each quarter, residents were physically restrained on average between 2.1 and 2.4 times each.

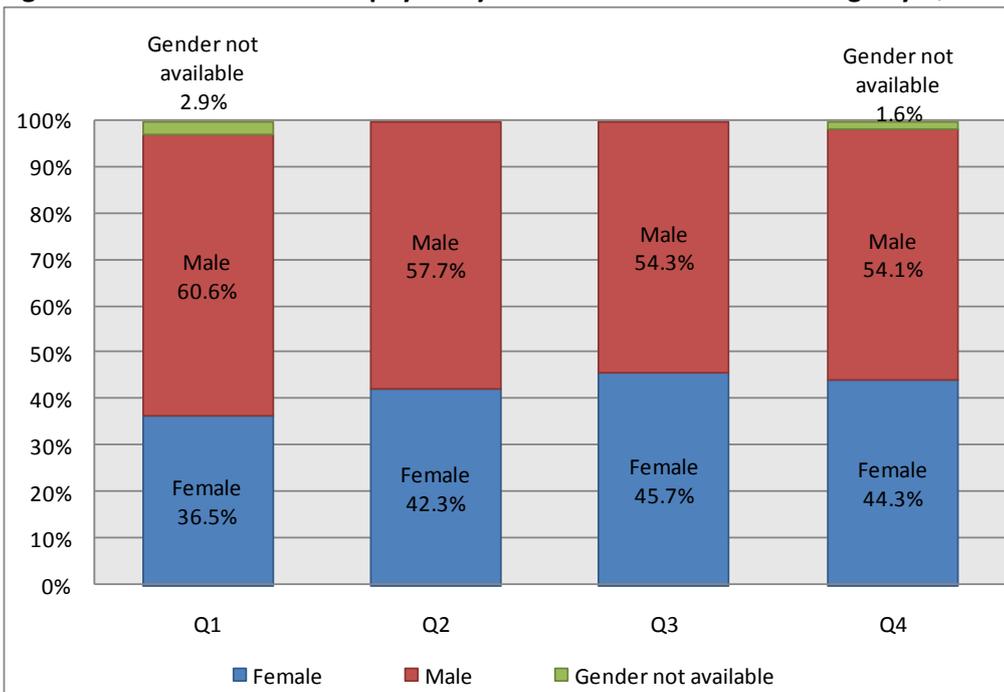
Figure 8: Number of Orders of Physical Restraint and number of residents that were restrained by Quarter in 2008



Gender of residents

Slightly more males than females were physically restrained in each quarter in 2008 (Figure 9).

Figure 9: Gender of residents physically restrained in 2008. Percentage by Quarter.

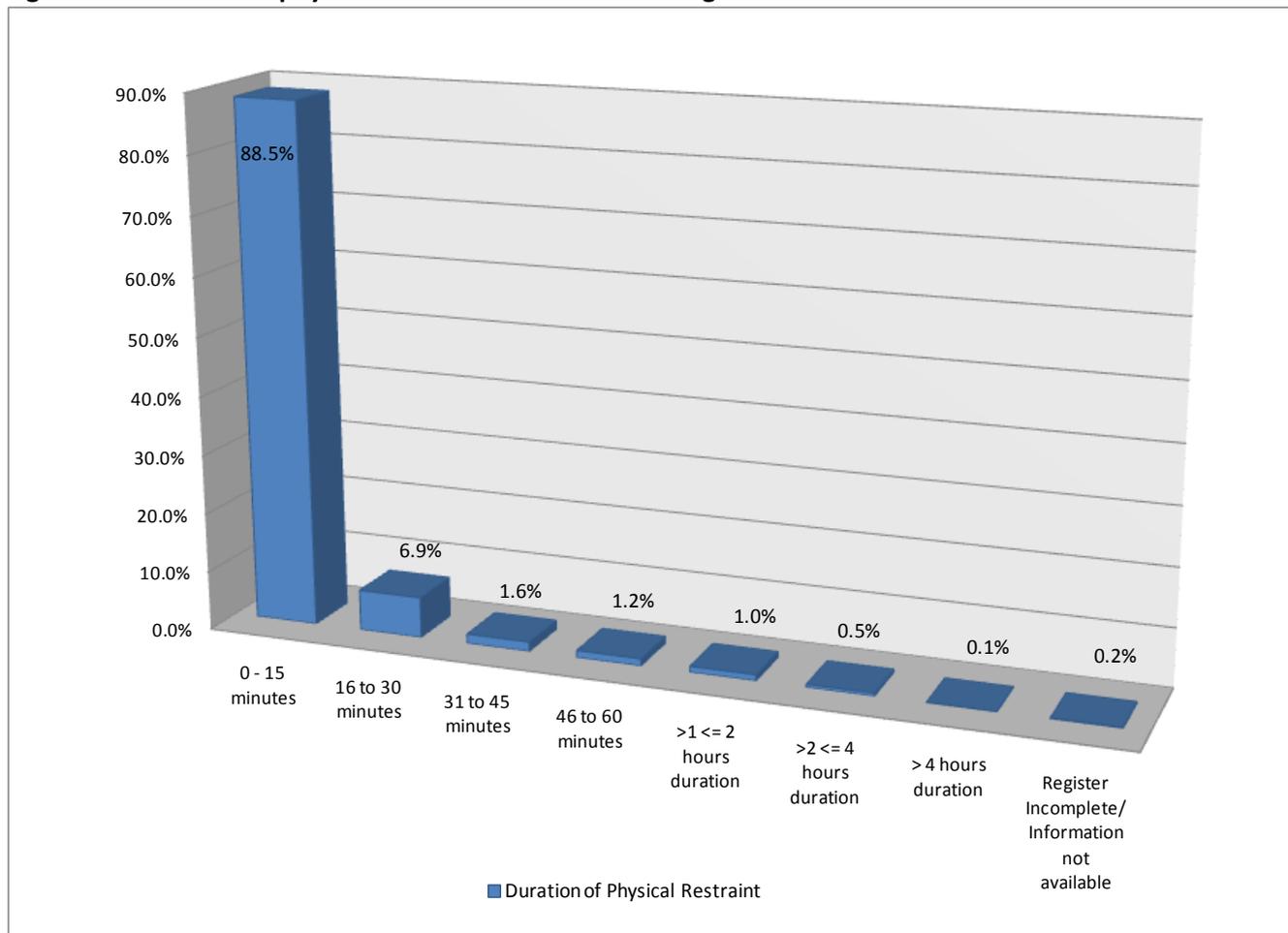


Further analysis on gender of those physically restrained is available in Appendix 2.

Duration of Physical Restraint

Over 95% of physical restraint used (n=2025) had a duration of less than 30 minutes, 2.8% lasted more than 30 minutes but less than one hour and 1.6% more than one hour (some centres indicated that this related to intermittent use of physical restraint on the same day and that this was not a continuous duration of physical restraint but was only recorded once on the clinical practice form).

Figure 10: Duration of physical restraint in 2008. Percentage of orders.



Further analysis on duration of physical restraint is available in Appendix 2.

8. Conclusion and Recommendations

The aim of the data collection was to report on the use of seclusion, mechanical means of bodily restraint and physical restraint in 2008 as captured in the seclusion and mechanical restraint registers and the clinical practice form for physical restraint.

Ideally this data would be used to evaluate, not only service capacity and utilization, but understanding, measuring and evaluating intervention outcomes within services, given the varying demographic profiles of residents and varying intervention episodes and duration. In order to meet these reporting requirements it is essential to collect individual anonymous but linked longitudinal data. In the absence of a national unique patient identifier the Commission would need to collect individual level records with patient initials and date of birth to enable us to link records. If collected these fields would be disassociated from the data following validated and aggregation and would not be linked to any published data, thereby protecting individual's anonymity. In order to proceed in this manner the Commission would need to commence discussions with the Data Protection Commissioner. As data collection is currently a manual process, in the absence of appropriate data collection systems it is suggested that requesting approved centres to provide additional fields of data is not practicable and may lend to challenging data validation issues.

An alternative suggestion is that the Commission could consider carrying out a once off longitudinal intervention and service evaluation outcome study on a randomized cohort of patients within the services. This research would be carried out independently and would provide the Commission with independent evidence on access to services, treatment outcome and service effectiveness. This evidence could then be used to guide and inform policy and financial decisions for service provision. Furthermore such an evaluation should be conducted with maximum added value in that its structures, protocols, databases and methodologies should be designed to enable the Commission to repeat the study at regular possibly 5 yearly intervals in the future.

Finally, the Commission acknowledges that in the absence of mental health information systems the process of manual data collection can be an arduous task for services and appreciates the co-operation of all those involved in returning the information requested to enable the Commission to compile this report. Thanks to the cooperation of staff in approved centres the quality of 2008 data was much improved on data for 2007 and it will provide a meaningful baseline against which services can measure seclusion and restraint activity going forward.

Appendix 1 - List of centres entered on the Register of Approved Centres

As at 31 December 2008 there were 64 centres entered on the Register of Approved Centres.

HSE Dublin Mid-Leinster	
Mental Health Catchment Area	Approved Centre Name
Child and Adolescent	Warrenstown Child & Adolescent Inpatient Unit
Dublin South City	Jonathan Swift Clinic
Dublin South East	Elm Mount Unit, St Vincent's University Hospital
Dublin South West	Acute Psychiatric Unit AMNCH
Dublin South West	St Loman's Hospital, Palmerstown
East Wicklow	Newcastle Hospital
Kildare/West Wicklow	Lakeview Unit, Naas General Hospital
Laois/Offaly	Department of Psychiatry, Midland Regional Hospital, Portlaoise
Laois/Offaly	St Fintan's Hospital
Longford/Westmeath	St Loman's Hospital, Mullingar
National Forensic Service	Central Mental Hospital
HSE Dublin North East	
Mental Health Catchment Area	Approved Centre Name
Cavan/Monaghan	Acute Psychiatric Unit, Cavan General Hospital
Cavan/Monaghan	St Davnet's Hospital - Wards 4, 8 and 15
Dublin North	St Ita's Hospital - Mental Health Services
Dublin North Central	Acute Psychiatric Unit, St Aloysius Ward, Mater Misericordiae Hospital
Dublin North Central	St Vincent's Hospital
Dublin North West	St Brendan's Hospital
Dublin North West	Sycamore Unit, Connolly Hospital
Dublin North West	Department of Psychiatry, Connolly Hospital
Intellectual Disability Service	St Joseph's Intellectual Disability Services, St Ita's Hospital
Louth/Meath	St Brigid's Hospital, Ardee
Louth/Meath	Department of Psychiatry, Our Lady's Hospital, Navan
HSE South	
Mental Health Catchment Area	Approved Centre Name
Carlow/Kilkenny	Department of Psychiatry, St Luke's Hospital, Kilkenny
Carlow/Kilkenny	St Canice's Hospital
Carlow/Kilkenny	St Dympna's Hospital
Kerry	Acute Mental Health Admission Unit, Kerry General Hospital
Kerry	St Finan's Hospital
North Cork	St Stephen's Hospital
North Lee	Carraig Mór Centre
North Lee	St Michael's Unit, Mercy Hospital
South Lee	South Lee Mental Health Unit, Cork University Hospital
South Lee	St Finbarr's Hospital
South Tipperary	St Michael's Unit, South Tipperary General Hospital
South Tipperary	St Luke's Hospital, Clonmel
Waterford	Department of Psychiatry, Waterford Regional Hospital
Waterford	St Otteran's Hospital
West Cork	Acute Psychiatric Unit, Bantry General Hospital
Wexford	St Senan's Hospital

HSE West	
Mental Health Catchment Area	Approved Centre Name
Child and Adolescent Service	St Anne's Children's Centre
Clare	Cappahard Lodge*
Clare	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis
Clare	Orchard Grove
Donegal	Acute Psychiatric Unit, Carnamuggagh
Donegal	St Conal's Hospital
East Galway	St Brigid's Hospital, Ballinasloe
Limerick	Acute Psychiatric Unit 5B, Midwestern Regional Hospital
Limerick	St Joseph's Hospital
Limerick	Tearmann Ward and Curragour Ward, St Camillus' Hospital*
Mayo	St Anne's Unit, Sacred Heart Hospital*
Mayo	Teach Aisling
Mayo	Adult Mental Health Unit, Mayo General Hospital
Mayo	An Coillín
Roscommon	Department of Psychiatry, County Hospital Roscommon
Sligo/Leitrim	Ballytivnan Sligo/Leitrim Mental Health Services
West Galway	Unit 9A, Merlin Park University Hospital
West Galway	Psychiatric Unit, University College Hospital Galway
Independent Service Provider	
Mental Health Catchment Area	Approved Centre Name
Independent	Bloomfield Care Centre - Bloomfield, Kylemore, Owendoher & Swanbrook Wings
Independent	Hampstead Private Hospital
Independent	Highfield Private Hospital
Independent	Kylemore Clinic
Independent	Palmerstown View, Stewart's Hospital
Independent	St Edmundsbury Hospital
Independent	St John of God Hospital Limited
Independent	St Patrick's Hospital

* These three centres were only entered on the register of approved centres on 01 October 2008 so there is only a partial year of data in the report from them.

Appendix 2 – Additional data and analysis

Table A1. Type of seclusion and restraint data returned by approved centres

Approved Centre Name	Seclusion	Mechanical Means of Bodily Restraint	Physical Restraint
Acute Mental Health Admission Unit, Kerry General Hospital	√	DNU	√
Acute Psychiatric Unit 5B, Midwestern Regional Hospital	DNU	DNU	√
Acute Psychiatric Unit AMNCH	√	DNU	√
Acute Psychiatric Unit, Bantry General Hospital	DNU	DNU	√
Acute Psychiatric Unit, Carnamuggagh	DNU	DNU	√
Acute Psychiatric Unit, Cavan General Hospital	DNU	NR	√
Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	√	DNU	√
Acute Psychiatric Unit, St Aloysius Ward, Mater Misericordiae Hospital	√	NR	√
Adult Mental Health Unit, Mayo General Hospital	√	√	√
An Coillín	DNU	DNU	DNU
Ballytivnan Sligo/Leitrim Mental Health Services	√	DNU	√
Bloomfield Care Centre - Bloomfield, Kylemore, Owendoher & Swanbrook Wings	DNU	DNU	DNU
Cappahard Lodge	NR	NR	NR
Carraig Mór Centre	√	DNU	√
Central Mental Hospital	√	NR	√
Department of Psychiatry, Connolly Hospital	NR	NR	√
Department of Psychiatry, County Hospital Roscommon	√	√	√
Department of Psychiatry, Midland Regional Hospital, Portlaoise	√	DNU	√
Department of Psychiatry, Our Lady's Hospital, Navan	√	NR	√
Department of Psychiatry, St Luke's Hospital, Kilkenny	√	DNU	√
Department of Psychiatry, Waterford Regional Hospital	√	NR	√
Elm Mount Unit, St Vincent's University Hospital	NR	NR	√
Hampstead Private Hospital	NR	NR	NR
Highfield Private Hospital	NR	NR	NR
Jonathan Swift Clinic	DNU	DNU	√
Kylemore Clinic	DNU	√	DNU
Lakeview Unit, Naas General Hospital	√	DNU	√
Newcastle Hospital	√	DNU	√
Orchard Grove	NR	DNU	√
Palmerstown View, Stewart's Hospital	√	DNU	√
Psychiatric Unit, University College Hospital Galway	√	DNU	√
South Lee Mental Health Unit, Cork University Hospital	NR	√	√
St Anne's Children's Centre	DNU	NR	√
St Anne's Unit, Sacred Heart Hospital	DNU	DNU	DNU
St Brendan's Hospital	√	√	√
St Brigid's Hospital, Ardee	√	NR	√
St Brigid's Hospital, Ballinasloe	√	DNU	√
St Canice's Hospital	DNU	DNU	DNU
St Conal's Hospital	DNU	DNU	NR
St Davnet's Hospital - Wards 4, 8 and 15	DNU	√	√
St Dympna's Hospital	DNU	DNU	DNU
St Edmundsbury Hospital	DNU	DNU	√
St Finan's Hospital	√	DNU	√
St Finbarr's Hospital	NR	NR	NR
St Fintan's Hospital	DNU	DNU	√
St Ita's Hospital - Mental Health Services	√	NR	√
St John of God Hospital Limited	√	DNU	√
St Joseph's Hospital	DNU	√	√
St Joseph's Intellectual Disability Services, St Ita's Hospital	√	DNU	√
St Loman's Hospital, Mullingar	√	√	√
St Loman's Hospital, Palmerstown	DNU	DNU	√
St Luke's Hospital, Clonmel	√	NR	√
St Michael's Unit, Mercy Hospital	DNU	DNU	√
St Michael's Unit, South Tipperary General Hospital	√	NR	√
St Otteran's Hospital	√	NR	NR
St Patrick's Hospital	DNU	DNU	√
St Senan's Hospital	√	DNU	√
St Stephen's Hospital	DNU	√	√
St Vincent's Hospital	√	√	√
Sycamore Unit, Connolly Hospital	DNU	DNU	DNU
Teach Aisling	DNU	√	√
Tearmann Ward and Curragour Ward, St Camillus' Hospital	DNU	NR	NR
Unit 9A, Merlin Park University Hospital	DNU	DNU	NR
Warrenstown Child & Adolescent Inpatient Unit	DNU	DNU	√

Additional seclusion analysis

Seclusion national variance

Analysis in Table 2 provides data on the total number of episodes of seclusion in 2008 within each approved centre. In order to ascertain if there were any real differences between regions the analysis in Table S1 below provides details on the mean number of episodes of seclusion per quarter within each region. A statistical test called an analysis of variance or ANOVA² is then carried out on these mean values. An analysis of variance (ANOVA) comparing the mean number of episodes of seclusion per quarter between each region revealed a statistically significant difference between regions ($F=5.080$, $p=0.001$) with the greatest number of seclusions being observed in the HSE, Dublin North East Region. Furthermore, post hoc t-tests revealed a significant difference between the mean number of seclusions per quarter observed in HSE Dublin North East and HSE South ($p=0.036$). Details on the mean number of seclusions per quarter per region are provided in **Table S1**.

Table S1 Mean number of episodes of seclusions per quarter by region

	N	Mean	Std. Dev	95% Confidence Interval for Mean		Minimum	Maximum
				Lower Bound	Upper Bound		
HSE Dublin Mid Leinster	24	19.00	17.03	11.81	26.19	0	56
HSE Dublin North East	28	45.68	62.82	21.32	70.04	0	236
HSE South	36	8.00	7.26	5.54	10.46	0	28
HSE West	24	15.58	27.03	4.17	27.00	0	133
Independent Service Provider	8	30.62	31.80	4.04	57.21	14	108
Total	120	22.02	37.07	15.32	28.72	0	236

In order to compare the number of seclusions per quarter within each region further the ratio of number of seclusions to number of residents was computed and analysed and no statistically significant differences between regions were observed ($F=1.346$, $p=0.258$). However HSE South continued to have the lowest seclusion rate. Details are provided in **Table S2**.

Table S2 Mean ratio, per quarter, of episodes of seclusion per resident secluded by region

	N	Mean	Std. Dev	95% Confidence Interval for Mean		Minimum	Maximum
				Lower Bound	Upper Bound		
HSE Dublin Mid Leinster	23	2.89	2.68	1.74	4.05	1.00	12.00
HSE Dublin North East	27	4.60	5.72	2.33	6.86	1.00	26.22
HSE South	30	2.76	2.39	1.86	3.65	0.67	11.00
HSE West	20	5.50	9.46	1.08	9.93	1.00	44.33
Independent Service Provider	8	5.77	3.37	2.95	8.59	2.88	12.00
Total	108	3.98	5.39	2.95	5.01	0.67	44.33

Further analysis of the ratio of the number of episodes of seclusion to the number of residents secluded on the basis of approved centre did reveal statistically significant differences between approved centres ($F=2.585$,

² ANOVA test: allows one to compare mean values and decide if differences are due to chance or not. If differences are not due to chance then one can say there exists significant differences between the mean values.

$p < 0.001$). Mean seclusion ratios per resident secluded per quarter varied from 1.09 in one centre to 16.91 in another.

Gender (seclusion)

The ratio of females to males was computed where possible by dividing the number of female residents in each approved centre at each quarter by the number of males. The ratio was not computed when the number of males was zero. The mean ratio per quarter was found to be 0.63 indicating that for every 10 male residents per quarter there were 6.3 females.

Duration of seclusion

Details on the duration of seclusion by region are provided in **Table S3**. This table provides information on the mean number of seclusions per quarter within each region, the standard deviation and the minimum and maximum number of seclusions for each seclusion time. For example it can be seen that within the HSE Dublin Mid Leinster Region for any one quarter there was a maximum of 40 seclusions which lasted for 1 to 4 hours.

Table S3: Descriptive Statistics on number and of individuals secluded by duration of seclusion and Service Provider/HSE Region

		0 - 30 minutes	31 to 60 minutes	1 - 4 hours	4 - 8 hours	8 - 16 hours	16 - 24 hours	24 - 48 hours	48 - 72 hours	72 + hours
HSE Dublin Mid Leinster	Mean	0.33	0.17	8.42	3.33	1.94	3.67	1.50	0.67	1.06
	Std. Dev	0.82	0.48	12.74	3.69	2.01	6.64	1.38	1.03	2.26
	Minimum	0	0	0	0	0	0	0	0	0
	Maximum	3	2	40	14	8	26	4	3	7
HSE Dublin North East	Mean	2.29	11.36	11.75	17.29	1.81	0.90	0.76	0.33	0.19
	Std. Dev	6.54	37.22	18.96	38.84	1.78	1.22	0.83	0.58	0.40
	Minimum	0	0	0	0	0	0	0	0	0
	Maximum	32	184	92	170	6	5	2	2	1
HSE South	Mean	0.31	0.31	3.69	1.72	1.05	0.58	0.53	0.42	0.11
	Std. Dev	0.62	0.82	4.78	2.41	1.27	0.90	0.91	0.69	0.32
	Minimum	0	0	0	0	0	0	0	0	0
	Maximum	3	4	23	9	4	3	3	2	1
HSE West	Mean	0.63	0.63	9.08	4.96	0.50	0.25	0.12	0.00	0.00
	Std. Dev	1.41	1.38	21.45	6.77	1.07	0.46	0.35	0.00	0.00
	Minimum	0	0	0	0	0	0	0	0	0
	Maximum	6	6	103	30	3	1	1	0	0
Independent Service Provider	Mean	0.75	3.38	17.38	9.12	0.00	0.00	0.00	0.00	0.00
	Std. Dev	1.49	3.58	12.74	15.22	0.00	0.00	0.00	0.00	0.00
	Minimum	0	0	8	0	0	0	0	0	0
	Maximum	4	11	48	45	0	0	0	0	0
All Approved Centres	Mean	0.87	3.12	8.51	6.82	1.39	1.40	0.77	0.39	0.36
	Std. Dev	3.33	18.36	15.26	20.16	1.68	3.66	1.07	0.73	1.23
	Minimum	0	0	0	0	0	0	0	0	0
	Maximum	32	184	103	170	8	26	4	3	7

Additional Mechanical Means of Bodily Restraint Analysis

Mechanical means of bodily restraint national variance

The analysis in Table 3 provides information on the total number of episodes of mechanical restraint by approved centre for 2008. An analysis of variance comparing the mean number of episodes of mechanical restraint per quarter between each region revealed a statistically significant difference between regions ($F=2.634$, $p=0.049$). In order to compare the number of mechanical restraints per quarter within each region further the ratio of number of mechanical restraints to number of residents was computed where possible. This more in-depth analysis did not reveal statistically significant differences between regions ($F=0.296$, $p=0.875$). Details are provided in **Table S4**.

Table S4: Mean ratio per quarter, of numbers of mechanical restraining orders per resident restrained by Service Provider/HSE Area

	N	Mean	Std. Dev	95% Confidence Interval for Mean		Minimum	Maximum
				Lower Bound	Upper Bound		
HSE Dublin Mid Leinster	1	1.00				1.00	1.00
HSE Dublin North East	6	2.83	2.32	0.40	5.26	1.00	7.00
HSE South	2	2.00	1.41	-10.71	14.71	1.00	3.00
HSE West	6	2.50	3.67	-1.36	6.36	1.00	10.00
Independent Service Provider	3	1.00	0.00	1.0	1.00	1.00	1.00
Total (all approved centres)	18	2.22	2.49	0.99	3.46	1.00	10.00

Duration of mechanical restraint

Summary statistics on the duration of mechanical restraints were computed for each region and are presented in **Table S5**.

Table S5: Descriptive Statistics on number and of individuals mechanically restrained by duration of restraint and HSE Region

		0 - 15 mins	>1<=6 hours	>72 hours	Ongoing	At night
HSE Dublin Mid Leinster	Mean	0.00	1.00			
	Std. Dev	0.00				
	Minimum	0	1			
	Maximum	0	1			
HSE Dublin North East	Mean	0.00	4.83			
	Std. Dev	0.00	5.15			
	Minimum	0	1			
	Maximum	0	14			
HSE South	Mean	0.00			2.00	1.00
	Std. Dev	0.00				
	Minimum	0			2	1
	Maximum	0			2	1
HSE West	Mean	0.69	1.00	1.00	1.00	
	Std. Dev	2.50			.000	
	Minimum	0	1	1	1	
	Maximum	10	1	1	1	

Table S5: continued

		0 - 15 mins	>1<=6 hours	>72 hours	Ongoing	At night
Independent Service Provider	Mean	0.00				7.33
	Std. Dev	0.00				0.58
	Minimum	0				7
	Maximum	0				8

Additional Physical Restraint Analysis

Physical Restraint National Variance

Analysis of variance comparing the mean number of episodes of physical restraint per quarter between each region revealed a statistically significant difference between regions ($F=10.927$, $p<0.001$). In order to compare the number of physical restraints per quarter within each region further the ratio of number of physical restraints to number of residents was computed where possible. This analysis also revealed statistically significant differences between regions ($F=5.326$, $p<0.001$) with Independent Services Providers having the highest mean ratio. Details are provided in **Table S6**.

Table S6 Mean ratio per quarter, of numbers of physical restraining orders per resident restrained by region

	N	Mean	Std. Dev	95% Confidence Interval for Mean		Minimum	Maximum
				Lower Bound	Upper Bound		
HSE Dublin Mid Leinster	37	1.72	0.75	1.47	1.98	1.00	4.00
HSE Dublin North East	37	2.78	2.99	1.79	3.78	1.00	14.00
HSE South	45	1.83	1.16	1.48	2.17	1.00	7.00
HSE West	40	1.95	1.71	1.40	2.49	1.00	9.00
Independent Service Provider	13	4.05	2.40	2.60	5.50	1.00	10.00
Total	172	2.21	1.96	1.91	2.50	1.00	14.00

Gender (physical restraint)

The ratio of the number of female to male residents physically restrained was computed where possible, the mean ratio obtained was 0.89 (sd 1.08) indicating that for every 10 male residents physically restrained per quarter 8.9 females were physically restrained.

Duration of physical restraint

Summary statistics on the duration of physical restraints were computed for each region and are presented in Table S7.

Table S7 Descriptive Statistics on number and of individuals physically restrained by duration of restraint and HSE Region

HSE Region		0 - 15 minutes	16 to 30 minutes	31 to 45 minutes	46 to 60 minutes	>1 <= 2 hours duration	>2 <= 4 hours duration
HSE Dublin Mid Leinster	Mean	6.9	0.66	.14	.05	1.00	1.00
	Std. Dev	6.85	1.22	.347	.211		
	Minimum	0	0	0	0	1	1
	Maximum	25	4	1	1	1	1
HSE Dublin North East	Mean	15.45	0.67	0.22	0.18	1.00	1.00
	Std. Dev	20.87	1.67	0.70	.45	0.00	0.00
	Minimum	0	0	0	0	1	1
	Maximum	101	10	3	2	1	1
HSE South	Mean	6.04	0.75	0.17	0.23	1.00	1.00
	Std. Dev	4.84	1.48	0.48	0.52	0.00	0.00
	Minimum	0	0	0	0	1	1
	Maximum	19	7	2	2	1	1
HSE West	Mean	5.94	0.52	0.17	0.06	1.33	1.00
	Std. Dev	6.82	1.03	0.52	0.24	0.58	0.00
	Minimum	0	0	0	0	1	1
	Maximum	27	5	2	1	2	1
Independent Service Provider	Mean	23.88	1.81	0.12	0.19	1.67	2.00
	Std. Dev	18.93	3.43	0.34	0.54	0.58	
	Minimum	0	0	0	0	1	2
	Maximum	57	13	1	2	2	2

Appendix 3: Population by HSE Area

HSE Area populations	
	Total
Dublin Mid-Leinster ^a	1,219,101
Dublin North-East	925,157
South	1,081,968
West	1,013,622
Total	4,239,848

Source: Health Atlas Ireland, Health Promotion Unit, Dr Steeven's Hospital, Dublin 8.

^a Catchment populations for Areas 1, 2, 3, 4 and 5 are provisional and subject to change pending confirmation from LHOs. The numbers involved are small.

Appendix 4 - Data collection templates used in 2008

Report on the Use of Seclusion

Information should be sourced directly from the Seclusion Register			
1.	Quarter:	Year: 2008	
2.	Approved Centre Name		
			Total
3.	Number of Seclusion Orders (A seclusion order under the rules shall remain in force for a maximum period of 8 hours from the time of its making and then shall expire)		
4.	Number of Patients that were placed in seclusion. Only enter the same patient/person once.		
		Female	Male
5.	Gender (breakdown of patients)		
6.	Duration of Seclusion		
	0 to 30 minutes		
	31 to 60 minutes		
	1- 4 hours		
	4 - 8 hours		
	Other, please specify (where order was renewed one or more times)		
7.	Report Completed by:	Name:	Job title: Date

Report on the Use of Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others

Information should be sourced directly from the Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others			
1.	Quarter:	Year: 2008	
2.	Approved Centre Name		
			Total
3.	Number of Episodes of Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others		
4.	Number of Patients that were mechanically restrained. Only enter the same patient/person once.		
		Female	Male
5.	Gender (breakdown of patients)		
6.	Duration of Mechanical Means of Bodily Restraint		
	0 to 15 minutes		
	16 to 30 minutes		
	31 to 45 minutes		
	46 to 60 minutes		
	Other (please specify)		
7.	Type of Mechanical Restraint Used (list each type of mechanical restraint used only once with the number of times used in the total number column)		
8.	Report Completed by:	Name:	Job title: Date

Report on the Use of Physical Restraint

Information should be sourced directly from the Clinical Practice Form for Physical Restraint				
1.	Quarter:	Year: 2008		
2.	Approved Centre Name			
				Total
3.	Number of Orders for Physical Restraint			
4.	Number of residents that were physically restrained. Only enter the same resident once.			
				Total
		Female	Male	Total
5.	Gender (breakdown of residents)			
6.	Duration of Physical Restraint			
	0 to 15 minutes			
	16 to 30 minutes			
	31 to 45 minutes			
	46 to 60 minutes			
	Other (please specify)			
7.	Form Completed by:			
	Name:	Job title:	Date:	



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