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Annual Report 2023

Sligo Leitrim Mental Health Service Acute Mental Health Unit

Code of Practice in the Use of Physical Restraint

The total number of persons that the approved centre can accommodate at any one time	25
The total number of persons that were admitted during the reporting period	383
The total number of persons who were physically restrained during the reporting period	15
The total number of episodes of physical restraint	26
The shortest episode of physical restraint	1 minute
The longest episode of physical restraint	10 minutes

Sligo Leitrim Mental Health Service (SLMHS) has been effective in reducing the use of physical restraint in the Acute Mental Health Unit (AMHU) of Sligo University Hospital. This has occurred with risk assessment and risk mitigation, alongside practical environmental initiatives to minimise stimulation for patients admitted under the Mental Health Act 2001, for example providing service users with a designated low stimulus environment on arrival to the unit. Through a combination of regular audit and education, we continue to comply with the rules governing physical restraint.

Our reduction policy has 6 strands all of which contribute to the reduction of physical restraint and we are compliant with the policy across all the domains. These include leadership, using data to inform practice, workforce development, use of restraint and seclusion reduction tools, engaging consumers in inpatient settings and debriefing techniques.

The Approved Centre has a review governance system in place whereby any issues identified with practices or documentation pertaining to the Code of Practice on Physical Restraint are escalated to the Multidisciplinary Restrictive Practice Review and Oversight Committee. This committee consists of a Clinical Director, Executive Clinical Director, Area Director of Nursing, Assistant Director of Nursing, Business Manager, Nursing Staff and the Mental Health Act Administrator.

The Review and Oversight Committee meet on a quarterly basis to discuss the activity of the previous three months and to address any areas of concern raised. Actions and recommendations from the Review and Oversight Committee meeting are subsequently implemented. Minutes of quarterly meetings are recorded and a report of each meeting is subsequently produced. This report is circulated to all relevant staff in addition to upload on the Mental Health Commission Comprehensive Information System portal.

All staff who participate, or may participate, in the use of physical restraint have received the appropriate training to do so. In addition, HSE-Land training modules on Restrictive Practices have been promoted for all staff with additional sessions included in the postgraduate teaching programme for medical staff as well as trauma informed care, cultural competence, human rights, training in PMAV, positive behaviour support, and a focus on alternatives to seclusion/restraint.

Following an episode of physical restraint, the Service User involved is asked to complete a questionnaire. This enables the Service User to express their own thoughts and suggestions in order to prevent this event reoccurring and it enables the Service to identify areas where improvement may be required.

The approved centre continues to strive for compliance with the Code of Practice on the Use of Physical Restraint (2022) and the approved centre policy on the Reduction of Restrictive Practice by implementing CAPAs, auditing each episode of Physical restraint and having quarterly Review and Oversight Committee meetings.



Pauline Ackermann
Nominee Proprietor/ General Manager
Mental Health Service
Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo