



Approved Centre Name:
 Central Mental Hospital, National Forensic Mental
 Health Services

The total number of persons that the centre can accommodate at any one time	130
The total number of persons that were admitted during the reporting period	46
The total number of persons who were secluded during the reporting period	43

Rules Governing the Use of Mechanical Means of Bodily Restraint

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

The total number of persons who were mechanically restrained	8
The total number of episodes of mechanically restrained	8
The shortest episode of mechanically restraint	4mins
The longest total episode of mechanically restraint	340mins
The total number of persons who were mechanically restrained as a result of mechanical means of bodily restraint for enduring risk of harm to self or others	8

A statement about the effectiveness of the approved centre's actions to reduce and, where possible, eliminate mechanical means of bodily restraint

The Central Mental Hospital (CMH) is committed to making continual efforts to avoid, reduce and, where possible, eliminate all restrictive practices. Metal handcuffs are used in the CMH as a means of mechanical bodily restraint, as required, in compliance with the Rules Governing the Use of Mechanical means of Bodily Restraint Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018 dated September 2022. The CMH reviews and updates the Approved Center's Mechanical Restraint Policy yearly. The use of metal handcuffs, in the CMH is used only in the context of escorting and transporting patients outside of the Central Mental Hospital.

The CMH safer holding system is a form of mechanical restraint which can be used to control and manage violent and aggressive or serious self-injurious behaviour with specific approved circumstances. The purpose of this form of mechanical restraint is to provide therapeutic engagement of patients in long-term seclusion with the aim of reducing the length of time seclusion is used for an individually assessed patient.

There is a Standard Operating Procedure for the use of the Safer Holding System, utilised by the CMH.

Each episode of mechanical restraint is reviewed at the CMH governance committee, the Intrusive and Restrictive Practices committee (I&RP), to ensure that all considerations are addressed for the patient in line with Mental Health Commission MHC rules governing the use of mechanical means of restraint, 2022.

A monthly and quarterly report on the number and circumstances for each episode of mechanical restraint used is reviewed by the I&RP committee and reported to the Area Management Team.



Approved Centre Name:

Central Mental Hospital, National Forensic Mental Health Services

A statement about the approved centre's compliance with the rules governing the use of mechanical means of bodily restraint

The MHC rules governing the use of mechanical restraint, 2022 informs the CMH Policy on mechanical restraint. This policy is reviewed each year.

The CMH reports all episodes of Mechanical restraint to the Mental Health commission.

Education regarding the use of mechanical restraint is provided to staff at induction to the service.

Education Re; the rules is available on www.HSEland.ie Module 4: Changes to the Rules on Mechanical Restraint for existing staff to complete.

The Intrusive and Restrictive Practice Committee, CMH, reviews each episode of mechanical restraint to audit and strive for 100% compliance with the rules. the following points are checked for each episode

- 1) Was a full risk assessment completed and the patient violence care plan up to date?
- 2) Where metal handcuffs were used, was there a prior patient interview completed and authorisation by Duty/Treating Consultant?
- 3) Planned Admission: Was there a plan, in clinical file to identify the conditions in which handcuffs could be used?
- 4) For an emergency, was there authorisation and a plan to identify when handcuffs could be used?
- 5) Was the patient informed of and was it recorded: the reasons for, the duration of and the circumstances required to cease the use of mechanical restraints?
- 6) Was the patient continuously observed and was a nursing review completed each 15 minutes?
- 7) Following the restraint was a medical examination of the patient carried out within 4 hours? Was the consultant informed and this recorded?
- 8) If consultant orders to continue, was the duration recorded on the register? Did a consultant undertake a medical review and sign the register within 24hrs?
- 9) Was the next of kin informed?

A statement about the compliance with the approved centre's own reduction policy

The Central Mental Hospital has developed a NFMHS Restrictive Practice Reduction Policy, 2024, in line with the MHC changes to the rules and code of practice on restrictive practice, 2022 and MHC Seclusion and restraint reduction strategy, 2014.

The purpose of this policy is:

- To clearly document how NFMHS Approved Centre will aim to reduce the frequency and duration of seclusion and restraint episodes. Considerations regarding the use of Mechanical Restraint in the form of Safer Holding System (Soft Cuffs) and Metal handcuffs is detailed in the NFMHS Mechanical restraint policy
- To provide a framework for the reduction of restrictive practices within our service, in order to improve service user experience whilst maintaining safe services.
- To provide leadership and evidence based guidance and data to inform practice.
- To provide training and workforce development to appropriate staff and outline the responsibilities each staff member has in relation to their role.

The Intrusive and Restrictive Practices Review committee is chaired by the Clinical Director of the Central Mental Hospital. The Intrusive and Restrictive Practices review committee meet monthly has the following responsibilities:

- To ensure compliance with the
- Statutory regulations, codes of practice and rules of the Mental Health Act 2001-2018.
- Mental Health Commission, Code of Practice for the use of physical restraint, 2022.
- Mental Health Commission, Rules Governing the use of Seclusion, 2022.



Approved Centre Name:

Central Mental Hospital, National Forensic Mental Health Services

- To identify, action and follow up on any matter related to the implementation of restrictive or intrusive practices.
- To monitor and track emerging trends/patterns through data analysis.
- To facilitate the promotion of intrusive and restrictive practices reduction within the NFMHS approved centres.
- To review the usage of any intrusive or restrictive practice for each patient.



Approved Centre Name:
Central Mental Hospital, National Forensic Mental
Health Services

Rules Governing the Use of Seclusion

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

The total number of seclusion episodes	69
The shortest episode of seclusion	7hrs
The longest episode of seclusion	8766hrs

A statement about the effectiveness of the approved centre's actions to reduce or, where possible, eliminate the use of seclusion

The Central Mental Hospital is committed to making continual efforts to avoid, reduce and, where possible, eliminate all restrictive practices.

The CMH updates NFMHS Seclusion policy yearly. The purpose of this Policy is to ensure that all staff of the NFMHS are aware of their roles and responsibilities as they pertain to the use of seclusion within the NFMHS and to ensure that all practices adhere to Section 69(2) 'Rules Governing the Use of Seclusion' as laid down by the Mental Health Commission (MHC). The Policy aims to ensure that if seclusion is deemed required, that the patient's rights, dignity, information and experience are held central to the process before, during and after the seclusion process.

Each episode of seclusion is reviewed by the CMH Intrusive and Restrictive Practices committee. A monthly and quarterly report on the number and circumstances for each episode of seclusion is reviewed by the I&RP committee and reported to the Area Management Team.

A statement about the approved centre's compliance with the rules governing the use of seclusion

The Intrusive and Restrictive Practice Committee, CMH, reviews each episode of seclusion to audit practice and strive for 100% compliance with the rules.

The following points are checked for each episode

- 1) Was an Order for seclusion made and by whom, was there a comprehensive risk assessment & DASA done and recorded in the clinical file?
- 2) Did the Nurse in charge explain to the patient the reasons for, likely duration of and conditions to cease seclusion ?
- 3) Was the Registrar, Consultant and the patient's representative or NOK informed?
- 4) Was the patient observed continuously for the 1st hour and a written record for every 15 minute observations?
- 5) Did a Nursing review take place every 2 hours, a medical review within first 2 hours and then every 4 hours and was refractory clothing reviewed?
- 6) Did the consultant review every 24 hours and sign the register for Seclusion and was the MHC informed within each 72 hour period?
- 7) Was the patient offered an in-person debrief with the MDT within 2 days of the ending of seclusion and the patients care plan updated following the debrief?

Education regarding the use of seclusion of is provided to all clinical staff at induction to the service.

Education support on the rules is available on www.HSEland.ie Module 2; changes to the rules on Seclusion.



Approved Centre Name:

Central Mental Hospital, National Forensic Mental Health Services

A statement about the compliance with the approved centre's own reduction policy

The Intrusive and Restrictive Practices Review committee is chaired by the Clinical Director of the Central Mental Hospital.

The Intrusive and Restrictive Practices review committee meet monthly has the following responsibilities:

- To ensure compliance with the
- Statutory regulations, codes of practice and rules of the Mental Health Act 2001-2018.
- Mental Health Commission, Code of Practice for the use of physical restraint, 2022.
- Mental Health Commission, Rules Governing the use of Seclusion, 2022.
- To identify, action and follow up on any matter related to the implementation of restrictive or intrusive practices.
- To monitor and track emerging trends/patterns through data analysis.
- To facilitate the promotion of intrusive and restrictive practices reduction within the NFMHS approved centres.
- To review the usage of any intrusive or restrictive practice for each patient.



Approved Centre Name:
Central Mental Hospital, National Forensic Mental
Health Services

Code of Practice on the Use of Physical Restraint

Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001-2018

The total number of persons who were physically restrained during the reporting period	24
The total number of episodes of physical restraint	67
The shortest episode of physical restraint	1min
The longest episode of physical restraint	7mins

A statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce physical restraint

The Central Mental Hospital is committed to making continual efforts to avoid, reduce and, where possible, eliminate all restrictive practices.

The CMH updates the NFMHS Therapeutic Management of Violence and Aggression and use of Physical Restraint Policy on a yearly basis. It is the policy of the NFMHS to ensure that patients who experience physical restraint do so only where appropriate, and that patients receive the appropriate information and communication, support, monitoring and follow up debrief during and after physical restraint.

Physical Restraint as utilised in the National Forensic Mental Health Service (NFMHS), is a prescribed therapeutic intervention and must only be used when all alternative options have been considered or implemented. Physical Restraint forms part of a broader approach to the therapeutic management of aggression and violence, and is always part of a larger treatment plan which includes interventions such as use increased levels of observation, de-escalation techniques and prescribed medication.

A statement about the approved centre's compliance with the code of practice on the use of physical restraint

The Intrusive and Restrictive Practice Committee, CMH, reviews each episode of seclusion to audit practice and strive for 100% compliance with the rules.

The following points are checked for each episode

- 1) Who was the incident Lead, were there designated roles and consideration to same gender present?
- 2) Was the patient continually assessed to ensure and clinical indicators and observations conducted?
- 3) Was treating/duty consultant notified, was a medical examination done within 2 hours?
- 4) Was an Order for Physical Restraint made, was it extended, what were the reasons?
- 5) During the episode was the patient informed of the reason, likely duration of and how to end the restraint?
- 6) Who ended and reasons why the restraint was ended and was this recorded in clinical file?
- 7) Where consent is valid, was the patient's Next of Kin informed,



Approved Centre Name:

Central Mental Hospital, National Forensic Mental Health Services

8) Was the patient afforded the opportunity to discuss the episode with members of the MDT and was this recorded in clinical file?

9) Was this episode reviewed by the MDT members within 72 hours and documented in the clinical file?

10) Was the patient's Care Plan updated following debrief with MDT members

A statement about the compliance with the approved centre's own reduction policy

The Intrusive and Restrictive Practices Review committee is chaired by the Clinical Director of the Central Mental Hospital.

The Intrusive and Restrictive Practices review committee meet monthly has the following responsibilities:

- To ensure compliance with the
 - o Statutory regulations, codes of practice and rules of the Mental Health Act 2001-2018.
 - o Mental Health Commission, Code of Practice for the use of physical restraint, 2022.
 - o Mental Health Commission, Rules Governing the use of Seclusion, 2022.
- To identify, action and follow up on any matter related to the implementation of restrictive or intrusive practices.
- To monitor and track emerging trends/patterns through data analysis.
- To facilitate the promotion of intrusive and restrictive practices reduction within the NFMHS Approved Centre.
- To review the usage of any intrusive or restrictive practice for each patient.

Signed by Registered Proprietor Nominee: Pat Bergin

**If you don't have a Digital Signature, typing your name will be accepted as your signature.*