



# Annual Review

## Willow Grove Adolescent Unit Mechanical Means of Bodily Restraint Activity 2024

## Report to the review and oversight committee regarding SPMHS implementation of the Rules Governing the Use of Mechanical Means of Bodily Restraint

St Patrick's Mental Health Services does not use mechanical means of bodily restraint for immediate threat of serious harm to self or others. St Patrick's Mental Health Services does use cot sides and easy chairs only as important safety features for some service users, and therefore this meets the Mental Health Commissions definition and interpretation of use of mechanical means of bodily restraint for enduring risk of harm to self or others.

It is important to note the communication from the Mental Health Commission to all approved centres received in February 2023 that states, "*the use of bedrails and cot sides meet the definition of mechanical means of bodily restraint **regardless of the reason or motivation for its use**. Therefore, the Rules Governing the Use of Mechanical Means of Bodily Restraint apply in all instances where bed rails and cot sites are used*". The use of cot sides is required as an important safety feature to prevent falls in the unconscious patient after medical procedures involving anaesthesia. This is true in all general, maternity, paediatric and psychiatric hospitals where procedures involving anaesthesia are performed. However, the use of cot sides for this purpose is only regulated and considered a form of mechanical restraint in psychiatric hospitals. While this approach from the regulator of mental health services imposes unnecessary stigma on the mental health service user that uses cot sides as an important safety feature in this context, St Patrick's Mental Health Services must adhere to the Rules on mechanical restraint. Apart from recovery from anaesthesia, an additional small number of service user residents in St Patrick's Mental Health Services used cot sides or easy chairs as an important safety feature. The majority if these users proactively request to use cot sides, or consent to their use. Although, it would appear reasonable to assume that one cannot institute mechanical restraint on oneself, even choosing to use cot sides meets the Regulators interpretation of mechanical means of bodily restraint. Therefore, despite the stigma associated with the Mental Health Commission's terminology and interpretation, St Patrick's Mental Health Services must comply with the Rules. St Patrick's Mental Health Services acknowledges that there are a very small number of service users each year that use these devices as important safety features and due to their presentation and frailty, they do not have the capacity to consent to the use of cot sides or easy chairs and are at high risk from injury if they were to experience a fall.

As required by the Mental Health Commission Rules, Section 10.7, all information gathered regarding the use of mechanical means of bodily restraint for enduring risk or harm to self or others must be held in the approved centre and used to compile an annual report on the use of mechanical means of bodily restraint for enduring risk or harm to self or others at the approved centre. This report, which must be signed by the Registered Proprietor Nominee, must be made available on the Registered Proprietor's website within six months of the end of the calendar year and available, upon request, to the public. As stipulated by the Rules, the annual report must contain:

1. aggregate data that must not identify any individuals
2. a statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce mechanical means of bodily restraint for enduring risk of harm to self or others

3. a statement about the approved centre's compliance with the rules on the use of mechanical means of bodily restraint for enduring risk of harm to self or others
4. a statement about the compliance with the approved centre's own reduction policy and
5. the data as specified in Appendix 4 of the rule, data that is required to be published as part of the approved centre's annual report on the use of mechanical means of bodily restraint for enduring risk of harm to self or others:
  - i. The total number of persons that the centre can accommodate at any one time\*
  - ii. The total number of persons that were admitted during the reporting period\*
  - iii. 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\*

*\*Where this number is five or less the report must state "less than or equal to five"*

All approved centres must produce and publish an annual report on the use of mechanical restraint. Where mechanical restraint has not been used in the relevant 12-month period, then points i and ii above must only be reported on.

### Willow Grove Adolescent Unit

Willow Grove Adolescent Unit can accommodate 14 inpatient residents at any one time and there were 137 service users admitted during the reporting period. There were no programmes of mechanical means of bodily restraint for enduring risk of harm to self or others in Willow Grove Adolescent Unit in 2024.

Willow Grove Adolescent Unit is required to make a statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce mechanical means of bodily restraint for enduring risk of harm to self or others. Willow Grove Adolescent Unit's statement is that; there were no order for the use of mechanical means of bodily restraint for enduring risk of harm to self or others in Willow Grove Adolescent Unit in 2024. If mechanical means of bodily restraint for enduring risk of harm to self or others is used in the future, it will only ever be used as an important safety feature, based on comprehensive assessment, and established clinical need.

### Areas for Improvement

1. The MHC should reconsider the Rule and exclude the use of cot sides as a form of mechanical restraint when used in the recovery phase following ECT. This would bring the practice in line with general, maternity, and paediatric hospitals and remove the associated stigma imposed by the Regulator.
2. The MHC should reconsider the Rule and exclude, or make exempt, the use of cot sides as a form of mechanical restraint in cases where a service user requests the use of cot sides as an important safety feature, or as a form of comfort, on the basis that one cannot impose mechanical restraint on oneself.

### Review

This report was considered by the Multidisciplinary Review and Oversight Committee, the Clinical Governance Committee on Friday, 07<sup>th</sup> February 2025.

Signed \_\_\_\_\_  
Mr Paul Gilligan, Chief Executive Officer  
Registered Proprietor Nominee  
Willow Grove Adolescent Unit