



Annual Review

St Patrick's University Hospital Mechanical Means of Bodily Restraint Activity

2025

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. 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 Rule, 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"*

St Patrick's University Hospital

St Patrick's University Hospital can accommodate 208 inpatient residents at any one time and there were 1804 service users admitted during the reporting period. There were 159 programmes of mechanical means of bodily restraint for enduring risk of harm to self or others in St Patricks University Hospital in 2025 ($Q1 = 38$, $Q2 = 44$, $Q3 = 40$, $Q4 = 37$). This equates to 8.8% of inpatient admissions. 21 (13%) of uses relate to the use of cot sides at ward level. 3 (1.9%) relate to the use of easy chairs without lap belt at ward level. 135 (85%) relate to the use of cot sides to ensure the safety and wellbeing of service users during the recovery phase following the administration of anaesthesia associated with the administration of ECT.

Each programme of mechanical restraint was reviewed. In all cases where mechanical means of bodily restraint was used at ward level, the form of mechanical means of bodily restraint was cot sides (21) and easy chairs without lap belts (3). There was evidence of risk assessment of the safety and suitability of the use of cot sides; a record of an assessment of an enduring risk of harm to self; a record that less restrictive options were not possible; the reason for mechanical means of bodily restraint being applied was recorded; the duration of the restraint was stated; and the use of cot sides was prescribed by a registered medical practitioner. The use of cot sides was recorded on the service users individual care plan in all cases.

In relation to the use of cot sides during the post anaesthesia recovery phase of ECT; St Patricks Mental Health Services recognises that during the administration of ECT, the service user receives a general anaesthetic, muscle relaxant medication, has a seizure, and is unconscious for a period following ECT. The use of cot sides during the recovery period following anaesthesia is an essential safety feature. At all times during the treatment process the service user is under the supervision of a consultant anaesthetist, consultant psychiatrist, psychiatric registrar, and multiple registered psychiatric nurses, all trained in the administration and recovery from anaesthesia for ECT. Responsible medical practitioners prescribe programmes of mechanical restraint for service users prior to their commencing a programme of ECT. These orders are recorded as part of the service users ECT treatment record. These records evidence the risk assessment of the safety and suitability of the use of cot sides; that there is an enduring risk of harm to self; less restrictive options were not possible; the reason for mechanical means of bodily restraint being applied were recorded; the duration of the restraint was stated (e.g. when using their bed); and that the use of cot sides

was prescribed by a registered medical practitioner. The use of cot sides was recorded on each individual's care plan.

St Patrick's University Hospital 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. St Patrick's University Hospital's statement is that, orders for the use of mechanical means of bodily restraint evidence the risk assessment of the safety and suitability of the use of cot sides; that there is an enduring risk of harm to self; less restrictive options were not possible; the reason for mechanical means of bodily restraint being applied were recorded; the duration of the restraint was stated (e.g. when using their bed); and that the use of cot sides was prescribed by a registered medical practitioner. In all episodes of the use of mechanical means of bodily restraint for enduring risk of harm to self or others, the use of cot sides was as an important safety feature.

St Patrick's University Hospital is required to make 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. St Patrick's University Hospital's statement is that all orders for the use of mechanical means of bodily restraint for enduring risk of harm to self or others were compliant with the requirement for the orders for their use in accordance with the Rules.

St Patrick's University Hospital is required to make a statement about compliance with the approved centre's own reduction policy. St Patrick's University Hospital's statement is that St Patrick's University Hospital adheres to its own policy on the reduction of episodes of mechanical means of bodily restraint for enduring risk of harm to self or others.

- An electronic form was developed in 2023 in the service users electronic clinical record to order the use of mechanical means of bodily restraint for enduring risk of harm to self or others
- Quarterly reports have been produced by the multidisciplinary review and oversight committee which have reviewed all uses of mechanical restraint and recommendations for improvement have been implemented.
- Training in restrictive practices has continued on an ongoing basis to all staff that may be involved in the use of mechanical means of bodily restraint for enduring risk of harm to self or others.

Recommended Areas for Improvement

1. The Mental Health Commission should reconsider the Rules and exclude the use of cot sides as a form of mechanical means of bodily 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 Mental Health Commission should reconsider the Rules and exclude, or make exempt, the use of cot sides as a form of mechanical means of bodily 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 30th January 2026.

Signed 
Mr. Paul Gilligan, Chief Executive Officer
Registered Proprietor Nominee
St Patrick's University Hospital