

## Bloomfield Hospital Annual Report on the use of Physical Restraint in the Approved Centre

### 1. The National Context and the role of Mental Health Commission

On 12 December 2025 Minister for Mental Health and Government Chief Whip, Mary Butler TD, welcomed the Mental Health Commission's report on the use of restrictive practices in approved centres in Ireland in 2024.

This report notes the significant downward trend in restrictive practices in recent years following the implementation of revised, human rights-based rules governing the use of seclusion and mechanical restraint, and a Code of Practice on the use of physical restraint.

*"I welcome this report from the Mental Health Commission which confirms the combined use of restrictive practices in Irish mental health centres has fallen to its lowest level since national reporting began in 2008.*

*This progress reflects the ongoing commitment of services to upholding the rights and dignity of every person receiving care, and to embed a person-centred, and recovery-oriented approach."*

The introduction of the revised Rules and Code - which came into effect on 1 January 2023 - occurred because of international developments around human rights, the advancement of person-centred care, and evidence demonstrating that restrictive practices can have harmful physical and psychological consequences.

Key statistics from the report:

- In 2024, there were 2,836 total episodes of restrictive practices (seclusion and physical restraint), a decrease of 18% from 3,467 episodes in 2023.
- Total restrictive practices have decreased by 48.64% over five years, from 5,830 episodes in 2020 to 2,836 in 2024 – the lowest annual total since reporting began in 2008.
- There were 2,092 episodes of physical restraint in 2024 involving 844 people, down from 2,572 episodes involving 879 people in 2023.
- There were 2,572 episodes of physical restraint reported in 2023 involving 879 people, a decrease from 2,945 episodes involving 1,078 people in 2022.
- The number of episodes of seclusion decreased from 1,364 in 2022 to 895 in 2023 (representing a 34% reduction), while the number of residents who were secluded decreased from 620 people in 2022 to 473 in 2023 (a 24% reduction).
- There were approximately nine reported incidents of mechanical restraint in 2023, again a decrease from 2022.

The use of mechanical restraint continues to be rare.

**Restrictive Practices:** This includes the use of mechanical means of bodily restraint to prevent immediate threat to self or others, physical restraint and seclusion.

**Definition of Seclusion:** The placing or leaving of a person in any room at any time, day or night, such that the person is prevented from leaving the room by any means.

**Definition of Mechanical Restraint:** The use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient's body.

**Definition of Physical Restraint:** The use of physical force (by one or more persons) for the purpose of preventing the free movement of a person's body when the person poses an immediate threat of serious harm to self or others.

## 2. Introduction to the Bloomfield Hospital Annual Report on the use Physical Restraint

Pursuant to Part 3: Use of Physical Restraint, section 7.7 of the code of Practice on the use of Physical Restraint, Bloomfield Hospital has compiled this annual report on the use of Physical Restraint in the Approved Centre.

At Bloomfield Hospital we focus on the aim of reducing restrictive practices, designing prescriptions and “*best practices*” and gathering statistics on the use of seclusion and restraint which are progressive, proactive initiatives. However, we fully appreciate that is not the same as setting out to eliminate these practices. It is only the latter which will ensure systemic change leading to a human-rights based mental health system. Bloomfield Hospital is on a focused journey to reduce considerably and to ultimately eliminate restrictive practices.

## 3. Best Practice and an evidenced based approach

Bloomfield Hospital is committed and actively working on full compliance with the Code of Practice on the Use of Physical Restraint (MHC: 2022).

Bloomfield Hospital is encouraged by the work of MHC with service providers over the past five years which has helped reduce episodes of physical restraint, and the number of residents that are physically restrained. *“It is clear from our work with them that this generation of clinicians are determined to ensure that everyone has a therapeutic encounter if or when they enter our mental health services, and that the use of coercion is not part of that culture.”*

We are also cognisant of World Health Organisation's “*Guidance on community mental health services: promoting person-centred and rights-based approaches*” which affirms that mental health care must be grounded in a human rights-based approach, as recommended by the WHO Comprehensive Mental Health Action Plan 2020-2030, endorsed by the World Health Assembly in May 2021. In addition, we have utilised some relevant resources from Mental Health Europe and in particular findings and recommendations in the report titled *Promising practices in prevention, reduction and elimination of coercion across Europe*. The findings of this report examine best practice and innovative approaches across Europe which are helpful and also correspond with other recent observations about coercion and

restraint in mental health <sup>1</sup> and observed perceptions of involuntary treatment or restraint are overwhelmingly traumatic <sup>2</sup> and can be grouped in four categories:

- negative psychological impact,
- re-traumatisation,
- perceptions of unethical practices,
- and broken spirit.

There can be several reasons why present psychiatric practices should be reconsidered and changed, but the voices of those who experienced involuntary treatment should be integral part of any debate.

**4. Statement about the effectiveness of Bloomfield Hospital’s actions to eliminate, where possible, and reduce physical restraint.**

There are a number of approaches and initiatives that Bloomfield Hospital has utilised to reduce and eliminate where possible the use of physical restraint and to outline the effectiveness of our actions to eliminate, where possible and reduce physical restraint.

**Monitoring and data collection.** We are continuously collecting and monitoring data on the use of restrictive practice and jointly reviewing incidents to see what can be learned. We are routinely recording all data on the use of restrictive practice and immediate analysis after an incident. The Data and findings are presented to the hospital clinical governance committee.

**Review of DATA**

Physical Restraints 2025	
Killakee	7
Pearson	2
<b>Total</b>	<b>9</b>

Mechanical Restraints 2025	
Bed Rails	24
Lap Belts	29
<b>Total</b>	<b>53</b>

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<sup>1</sup> Service user perspectives on coercion and restraint in mental health - Diana Rose ,Emma Perry, Sarah Rae, and Naomi Good- 2017

<sup>2</sup> Perspectives on the experience of being physically restrained: An integrative review of the qualitative literature- Tania D. Strout- 2010

From the data the following observations are made. There were three (3) residents who were restrained. Five of the restraints relate to one resident. All residents were treated with dignity and respect. In general, the restraint was the safest and least restrictive option of last resort to manage the immediate situation, be proportionate to the assessed risk and employed for the shortest time possible.

In 2024 there were three (3) residents who were restrained with a total number of restraints of 4.

The 2025 statistics represent an 55% increase in the number of restraints. This statistic is skewed as 55% of the restraints involved one resident who presented with patterns of behaviour more challenging than any admission since 2021.

The mechanical restraint statistics are a reflection of the age profile, disability and infirmity of our resident profile.

**Focusing on our residents.** A key strategy is focusing on the will and preferences of residents, involving staff and peers in initiatives and devoting more time to improving communication with residents in the context of their families and social experiences.

Resident involvement:

- Meaningfully involving residents (and relatives if relevant) in all levels of the programme to reduce restrictive practices.
- Developing a deeper understanding of residents in order to see their experiences in a trauma-informed, empathetic manner, and working together to build resilience. We are hopefully developing a cooperative culture, rather than a restrictive culture, to reduce incidents of aggression, self-harm and physical intervention.
- Preventing residents from experiencing boredom by introducing more leisure activities.
- Focusing on strengths of residents and utilising those strengths to develop harmonious communities within Bloomfield Hospital and show casing those talents and strengths at community meetings.

**Training.** We train staff members in conflict resolution, de-escalation techniques, trauma-informed care, recovery, therapeutic relationships, etc. We are continuously developing and refining our training programmes in collaboration with residents and promoting training in de-escalation techniques. We are training internal trainers to become experts in de-escalation techniques, and we continue to develop our trained inhouse TMVA trainers particularly in relation to breakaway and de-escalation techniques.

#### Staff training in relation to Restraint 2025:

Training Type	Total Number of Staff for Training	Number of Trained Staff	Completion %
TMVA Breakaway	195	159	82%
TMVA Restraint	152	105	69%
Becoming Trauma Aware	159	139	88%

**Post-incident analysis:** We regularly analyse what happened immediately after an incident and again 48 hours later with all staff members, resident and family members (if required).

**Improving physical environments:** We focus on creating a pleasant and relaxing, fresh and modern facility and environment that is conducive to contentment.

**Leadership:** A senior manager takes the lead on implementing a policy to reduce coercion and introduce the required organisational changes and full involvement, commitment and support of the Chief Executive, Clinical Director and Senior Management team.

## 5. Statement about Bloomfield Hospital's compliance with the code of practice

Bloomfield Hospital's values, which embrace our Quaker ethos to strive for justice, provide quality care and enable our residents to live their life to the fullest, in conjunction with Bloomfield Hospital's policies and the Code of Practice for Physical Restraint (Mental Health Commission), ensure that we promote residents' right to be free from restraint, balanced with protecting the safety of service users, staff and visitors.

Bloomfield Hospital adopts a holistic multidisciplinary approach that is grounded in evidence-based assessment and treatment, the recovery model, trauma-informed care and human rights. Bloomfield Hospital aims to reduce or, where possible, eliminate the use of physical restraint within its approved centre.

Bloomfield Hospital promotes in policy, procedures and practice, that the use of physical restraint should only be used as a last resort, in rare and exceptional circumstances, after all alternatives have been considered and risk assessed, and only in the best interests of the resident when he or she poses an immediate threat of serious harm to self or others.

Bloomfield Hospital has designated in policy specific responsibilities for adherence to the code of practice from the Chief Executive, Clinical Director, Director of Nursing, MDTs, Nursing Management and Staff, and AHPs.

We as an organisation continually review our Physical Restraint Reduction plan using evidence-based practice to guide our clinical objectives meeting initially 6 months, and then annually.

At Bloomfield Hospital we continue to train all clinical staff annually in the Therapeutic Management of Violence and Aggression (TMVA).

MDTs at Bloomfield Hospital have diligently adhered to the orders for physical restraint and confirm that there were no other less restrictive ways available to manage the resident's presentation. The requirement and timeline for medical examination are adhered to, as is the time limits for the restraint.

All other matters in relation to the recording, signing, informing and notification to MHC are strictly observed. All staff are effectively trained and are competent to ensure that matters relating to the dignity and safety of the resident are strictly observed in accordance with the code of practice.

The use of physical restraint will conclude as soon as it is safe to do so. It may be ended at any time (within the maximum 10-minute time frame) from when the restraint was ordered. The restraint can be ended by the team member leading the restraint team.

At Bloomfield Hospital it is mandatory that an *in-person focused debrief* is offered to the resident who was restrained. The focused debrief must occur within two working days (i.e. days other than Saturday/Sunday and bank holidays) of the episode of restraint unless it is the preference of the resident who was restrained to have the debrief outside of this

timeframe. The focused debrief must follow every episode of restraint. This focused debrief is person-centred: i.e. it gives the resident the opportunity to discuss the restraint with members of the multidisciplinary team involved in the resident's care and treatment. A focused MDT review with the resident occurs post restraint no later than 5 working days from the date of the physical restraint.

All uses of physical restraint are clearly recorded in the resident's clinical file by the registered medical practitioners or registered nurse who ordered the restraint. All uses of physical restraint are clearly recorded on the *Clinical Practice Form for Physical Restraint* (Appendix 1 to Code of Practice on the use of restraint- MHC 2022) in accordance with Provision 5.7, by the person who ordered the physical restraint. The completed form is uploaded to the CIS system within 3 working days to notify the Mental Health Commission that a restraint has taken place. The original form is placed in the resident's clinical file by the staff nurse in charge of the unit. This copy is available to the Inspector of Mental Health Commission and/or the Mental Health Commission on request.

Bloomfield Hospital is substantially compliant with the code of practice on the use of physical restraint. Each quarter and annually, an analysis of all data related to episodes of aggression and violence, including episodes of physical restraint, is completed and considered by the Clinical Governance Committee. These analyses inform the continuous process of risk assessment.

As a quality initiative Bloomfield Hospital is developing formal assessments utilising the Dynamic Appraisal of Situational Aggression (DASA).

## **6. Statement about Bloomfield Hospital Compliance with our own reduction strategy and policy**

Bloomfield Hospital is closely monitoring its reduction strategy and policy to measure our level of compliance and adherence.

**The use of data to inform practice:** The Clinical Governance Committee considers all data in relation to all episodes of physical restraint on a quarterly and annual basis to ensure compliance with relevant legislative requirements, to identify opportunities for advancement, and to progress with opportunities to enhance the safety of the clinical environment for service users, staff and visitors.

**Specific reduction tools in use.** Bloomfield Hospital employs, and views, the following as essential tools to reduce or, where possible, to eliminate the use of physical restraint within its approved centre to which we adhere in a progressive and diligent fashion:

- Staff recruitment
- Staff retention
- Skill mix and staffing levels
- Staff undergraduate training
- Multidisciplinary teamwork
- Communication
- Staff training in Therapeutic Management of Aggression and Violence including identification of risk, de-escalation, trauma-informed care, positive behaviour support, safe management of risk, physical restraint, and in-person debriefing
- Multidisciplinary assessment of risk prior to admission, on admission, and throughout the course of the resident's admission

- Multidisciplinary, person-centred, needs-based care planning
- Provision of evidence-based treatments to amend the symptoms of ill-health that contribute to a propensity towards violence
- An approach based on trauma-informed care
- Record of care process.

### **Development of Staff**

Bloomfield Hospital invests considerable efforts in its recruitment process to ensure staff have the appropriate levels and types of undergraduate training and professional competency to meet the assessed needs of its services.

### **Use of post-incident reviews to inform practice.**

Staff at Bloomfield Hospital use positive behaviour support as a person-centred approach to identifying and meeting a person's support needs, in particular if the resident is distressed and at risk of harming themselves or others. Staff use this approach, in conjunction with many other approaches, to work with the service user to understand why they are distressed, the impact their environment has on them, and the best ways to keep them safe. Comprehensive, person centred, needs-based, multidisciplinary care plans are developed, where possible, with the resident.

### **Principles Underpinning the Reduction of Physical Restraint at Bloomfield Hospital.**

We continue to strengthen our Physical Restraint Reduction Plan which embraces our Quaker ethos to strive for justice, provide quality care and enable our residents to live their life to the fullest. The Chief Executive Clinical Director, Director of Nursing and the Senior Management Team are committed to the key principles underpinning the reduction of physical restraint at Bloomfield Hospital.

We are committed to the principle that physical restraint should be used as a last resort, in rare and exceptional circumstances, after all alternatives have been considered and risk assessed and only in the best interests of the resident when he or she poses an immediate threat of serious harm to self or others. We continue to reduce, where possible, the use of restraint within the Approved Centre. We continually promote all alternative options to be considered and risk assessed to avoid the need for Physical Restraint.

The Registered Proprietor will ensure that the annual report regarding physical restraint and the restraint reduction plan is made publicly available on Bloomfield Hospital's website.

The Registered Proprietor has appointed Helen Rourke (Assistant Director of Nursing) as the named senior manager who is responsible for the approved centre's reduction of physical restraint.

**Joe Kelly**

**Chief Executive**

**15 January 2026**