Healthcare Quarterly

Seclusion and Restraint Supplement

October to December 2022

bureau of
**health
information**

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Seclusion and physical restraint

Seclusion and restraint involves the use of interventions to restrict the freedom of movement of a patient. These restrictive practices are not therapeutic but may be needed to support care. They should only be used as a last resort when other options are unsuccessful in maintaining safety for the patient, staff or others.

In NSW, there are more than 40 public hospitals, plus the forensic hospital, with specialised acute mental health units that treat patients with varying severities of mental illness. There are Mental Health Intensive Care Units (MHICUs) in six of these hospitals, providing treatment for patients with a higher level of clinical severity and complexity.

The Justice Health and Forensic Mental Health Network (JHFMHN) provides specialised mental health services for forensic patients. JHFMHN is reported separately and not included in NSW totals to acknowledge the differences in model of care and patient cohort.

BHI does not report on seclusion and restraint events in non-acute specialised mental health inpatient units or in emergency departments (EDs).

Most episodes of care in acute mental health units did not have a seclusion or restraint event in October to December 2022 (Figure 1).

The NSW Health Performance Framework includes three key performance indicators (KPIs) related to the use of restrictive practices. The KPI target for the percentage of acute mental health episodes of care with at least one seclusion event in 2022–23 is less than 4.1% for each hospital.

The percentage of acute mental health episodes of care with at least one seclusion event in NSW was 2.9%, down 0.5 percentage points compared with the same quarter the previous year (Figure 1, Table 1). The percentage was 4.1 or above in 9 hospitals: Morisset (11.8), Concord (7.0), Cumberland (6.3), Liverpool (5.7), Broken Hill (5.4), Shellharbour (5.2), Maitland (5.0), Hornsby (4.8) and Lismore (4.5) (Table 1).

The percentage of acute mental health episodes of care with at least one physical restraint event in NSW was 4.4%, relatively stable (up 0.1 percentage points) compared with the same quarter the previous year (Figure 1, Table 1).

There was variation across public hospitals in the use of these interventions (Table 1).

For more information on analyses of seclusion and restraint, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals* at **bhi.nsw.gov.au/BHI_reports/measurement_matters**

> A **seclusion event** occurs when a patient is placed alone in a room or an area at any time of day or night, with no freedom of exit. The duration of the event, or the size and type of area in which a patient is confined is not relevant in determining what is or is not seclusion.

> A **restraint event** occurs when a patient's freedom of movement is restricted by physical means (i.e. hands-on immobilisation by healthcare staff) or mechanical means (i.e. application of devices).

Figure 1   Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion or physical restraint event, NSW, October to December 2022

2.9% with ≥1 **seclusion** event

97.1% with no **seclusion** event
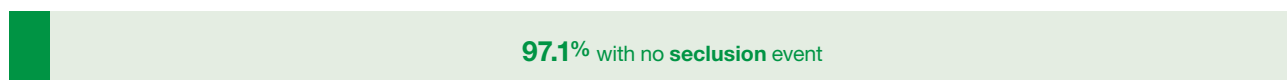
4.4% with ≥1 **physical restraint** event

95.6% with no **physical restraint** event
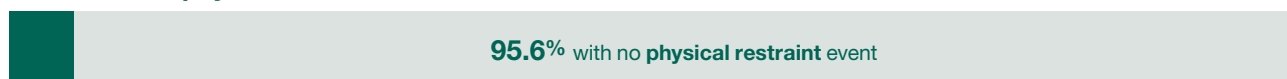
Note: Seclusion and restraint data were drawn from the HIE on 19 January 2023, and manually collected measures received from InforMH, System Information and Analytics, NSW Ministry of Health on 3 February 2023.

Table 1 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion or physical restraint event, by public hospital, October to December 2022*

Hospital	Number of acute mental health episodes of care	Seclusion		Physical restraint	
		% of episodes with at least one event	Percentage point change since one year ago	% of episodes with at least one event	Percentage point change since one year ago
NSW†	**11,881**	**2.9**	**-0.5**	**4.4**	**0.1**
Armidale	72	0	0	0	0
Bankstown-Lidcombe	203	3.9	-1.4	4.4	-1.3
Blacktown	439	1.4	-1.8	3.6	0.4
Blue Mountains	104	0	-0.9	3.8	0.2
Braeside	39	0	0	2.6	-9.0
Broken Hill	37	5.4	5.4	2.7	-3.3
Campbelltown	603	2.2	0.2	3.8	1.0
Children's at Westmead	31	0	0	22.6	20.1
Coffs Harbour	235	2.6	0.4	3.0	0.8
Dubbo	97	2.1	1.1	2.1	1.1
Gosford	130	0.8	-4.4	0.8	-7.3
Goulburn	175	1.1	-2.0	4.0	-2.7
Greenwich	62	0	0	8.1	3.7
John Hunter	69	1.4	1.4	10.1	2.6
Kempsey	82	0	0	0	0
Lismore	221	4.5	1.0	9.0	3.3
Liverpool	545	5.7	-0.8	3.7	-1.1
Macquarie	54	0	0	3.7	-4.6
Maitland	161	5.0	-4.2	2.5	-1.2
Manning	94	0	0	3.2	1.5
Morisset	17	11.8	11.8	11.8	1.8
Nepean	499	2.4	-0.8	3.8	0.4
Northern Beaches§	301	1.3	1.0	5.3	0.6
Port Macquarie	97	2.1	1.2	5.2	4.3
Royal North Shore	394	1.0	0.7	3.3	0.7
Royal Prince Alfred	623	3.0	0.3	3.9	1.4
Shellharbour	420	5.2	2.6	5.0	0.3
South East Regional	91	0	0	2.2	-0.7
St George	272	1.5	0.3	6.3	1.8
St Joseph's	28	0	0	3.6	-0.4
St Vincent's	302	1.3	0.4	2.6	-0.3
Sutherland	172	1.7	0.4	7.0	3.1
Sydney Children's	181	0	-0.8	2.2	1.0
Tamworth	182	3.3	-0.7	4.4	-1.6
Tweed	240	0.8	-0.2	2.1	-1.9
Wagga Wagga	339	0.3	-0.2	3.5	-1.1
Westmead	158	0	0	3.2	-1.4
Wollongong	284	1.8	0.4	4.9	2.4
Wyong	319	2.5	-1.1	4.1	0.2
Concord	710	7.0	-2.0	7.6	2.3
Cumberland	918	6.3	-2.7	3.6	-2.2
Hornsby	312	4.8	-0.4	8.7	-1.5
Hunter New England Mater MH	800	3.6	-0.4	4.0	0.6
Orange	372	1.1	-1.0	1.6	-2.8
Prince of Wales	397	0.3	-2.2	6.3	0.7
The Forensic Hospital†	57	21.1	-3.5	29.8	3.6

(Left margin labels: "No mental health intensive care unit" for rows Armidale–Wyong; "MHICU" for rows Concord–Prince of Wales; "JH" for The Forensic Hospital)

* Episodes of care include same-day, overnight, completed and non-completed episodes excluding episodes at the Forensic Hospital. Episodes of care for the Forensic Hospital include same-day, overnight, completed and non-completed episodes.

† Justice Health (JH) is not included in NSW totals because of the differences in model of care and patient cohort. For more information, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at **bhi.nsw.gov.au**

§ Northern Beaches operates as a public/private partnership with NSW Health. Only public patients are included in the Northern Beaches analysis. For more information, please refer to the **technical supplement**.

Notes: MHICU = Mental Health Intensive Care Unit.

Seclusion and physical restraint

The percentage of acute mental health episodes of care in NSW with at least one seclusion event peaked at 4.3% in April to June 2020, decreasing to 2.9% in October to December 2022 (Figure 2).

The percentage of acute mental health episodes of care in NSW with at least one physical restraint event showed variation over five years. It increased from 4.6% in October to December 2017 to a peak of 5.3% in April to June 2020, before decreasing to 4.4% in 2022. (Figure 3).

The percentage of acute mental health episodes of care with at least one seclusion or physical restraint event in hospitals with a MHICU was typically higher, and showed more variation than in hospitals without a MHICU (Figures 2, 3).

Figure 2 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion event, October 2017 to December 2022
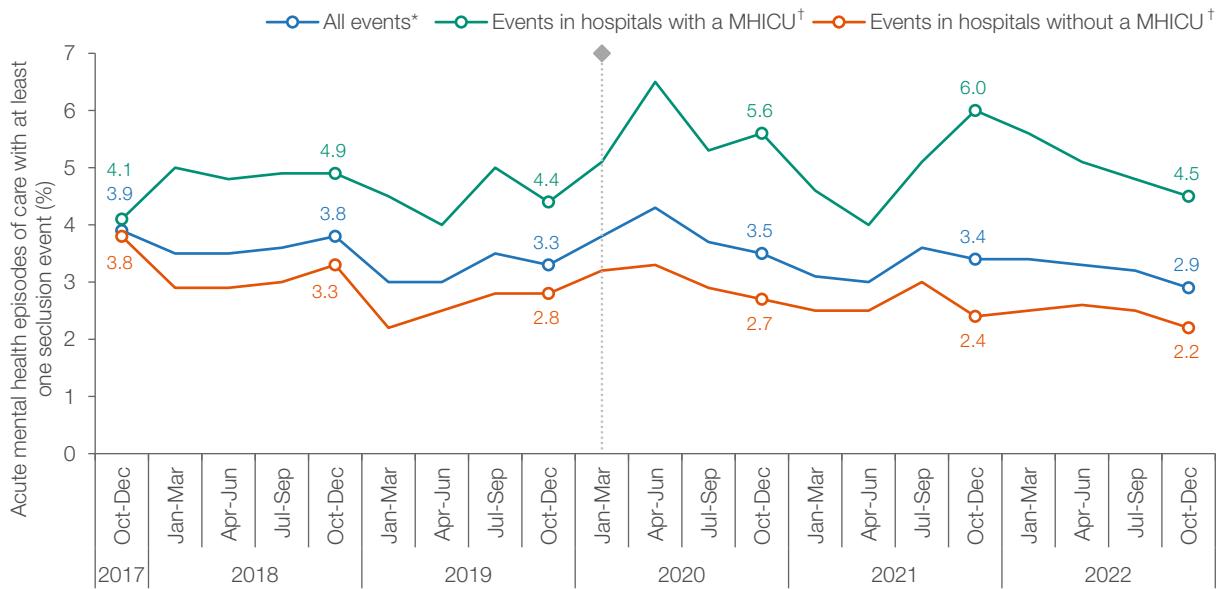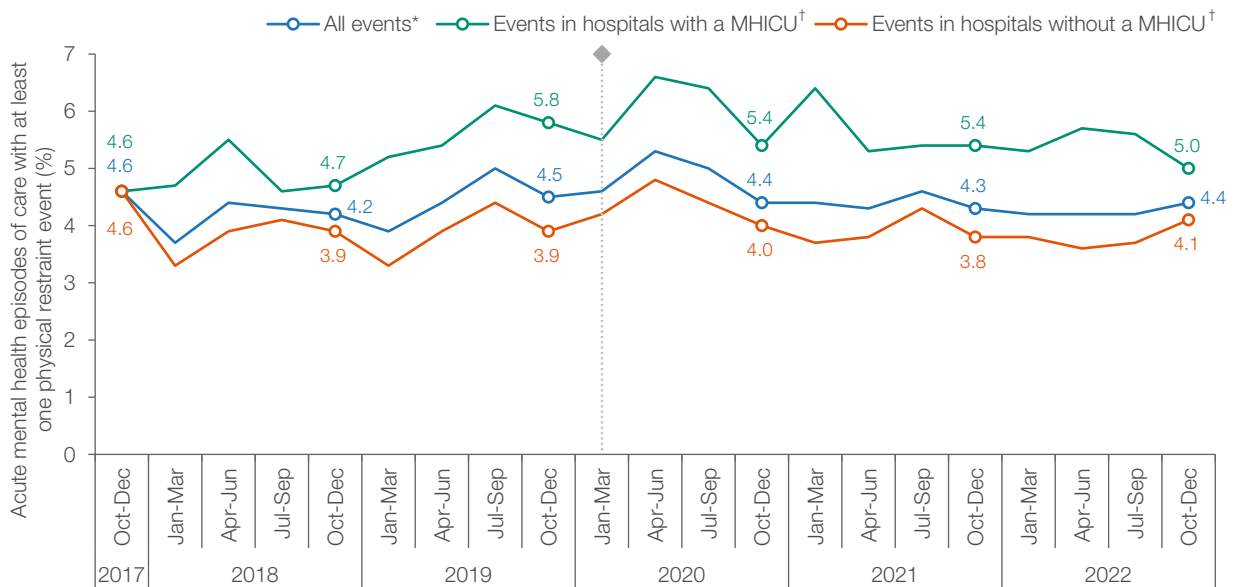

Figure 3 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one physical restraint event, October 2017 to December 2022

* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).

† MHICU = Mental Health Intensive Care Unit

Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.

◆ The World Health Organisation (WHO) declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Seclusion and restraint events and rate

Use of seclusion and restraint in hospitals can be affected by a range of factors including the acuity and mix of patients, local models of care, staffing levels and training, and the physical environment of the unit.

Across NSW, there were 619 seclusion events in October to December 2022, down 24 events compared with the same quarter the previous year. There were 1,081 physical restraint events, up 219 (Table 2).

The number of seclusion and restraint events varied across public hospitals. The highest numbers of seclusion and restraint events mostly occurred in hospitals with a MHICU, and at the Forensic Hospital (Table 2).

There were 36 mechanical restraint events in NSW public hospitals with specialised acute mental health units (excluding the Forensic Hospital). This was down by 22 events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 184 mechanical restraint events, down by 41 events compared with the same quarter the previous year (data not shown).

The NSW Health KPI target for rate of seclusion in 2022–23 is less than 5.1 per 1,000 bed days for each hospital. In October to December 2022, the NSW rate of seclusion was 4.8, down 0.5 compared with the same quarter the previous year (Table 2).

The rate of seclusion was below 5.1 per 1,000 bed days in 35 hospitals. The rate was 5.1 or above in 10 hospitals: Broken Hill (37.5), Liverpool (12.7), Cumberland (10.3), Hunter New England Mater Mental Health Centre (10.0), Concord (9.5), Tamworth (8.1), Shellharbour (7.6), Lismore (6.5), Nepean (6.1) and Maitland (5.8) (Table 2).

The rate of physical restraint in NSW was 8.4 per 1,000 bed days, up 1.3 compared with the same quarter the previous year. The rate varied very widely across hospitals and was above the NSW average in 15 hospitals: Sydney Children's (117.9), John Hunter (66.0), Children's at Westmead (56.1), Wollongong (27.1), Goulburn (20.0), Coffs Harbour (17.3), St George (16.4), Hornsby (12.6), Broken Hill (12.5), Greenwich (12.5), Northern Beaches (12.5), Lismore (11.9), Hunter New England Mater Mental Health Centre (10.6), Concord (9.9) and Sutherland (9.7) (Table 2).

> For more information on analyses of seclusion and restraint, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals* at **bhi.nsw.gov.au/BHI_reports/measurement_matters**

Table 2   Number and rate of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, October to December 2022

Hospital	Seclusion			Physical restraint		
	Total number of seclusion events	Change in events since one year ago	Rate per 1,000 bed days	Total number of physical restraint events	Change in events since one year ago	Rate per 1,000 bed days
NSW	**619**	**-24**	**4.8**	**1,081**	**219**	**8.4**
Armidale	0	0	0	0	0	0
Bankstown-Lidcombe	12	-10	4.2	11	-7	3.8
Blacktown	9	-21	3.1	20	-7	7.0
Blue Mountains	0	-1	0	6	-3	4.7
Braeside	0	0	0	<5	-11	0.7
Broken Hill	6	6	37.5	<5	-2	12.5
Campbelltown	15	2	2.8	31	8	5.7
Children's at Westmead	0	0	0	33	17	56.1
Coffs Harbour	8	-7	3.2	43	32	17.3
Dubbo	<5	1	2.4	<5	2	3.6
Gosford	<5	-11	0.9	<5	-22	0.5
Goulburn	<5	-7	3.5	23	-16	20.0
Greenwich	0	0	0	21	19	12.5
John Hunter	<5	1	2.1	32	24	66.0
Kempsey	0	0	0	0	0	0
Lismore	19	6	6.5	35	15	11.9
Liverpool	58	9	12.7	35	-2	7.7
Macquarie	0	0	0	<5	-3	1.6
Maitland	12	-9	5.8	<5	-4	1.9
Manning	0	0	0	7	4	4.6
Morisset	<5	3	4.0	<5	3	5.3
Nepean	34	9	6.1	35	17	6.3
Northern Beaches§	6	4	2.9	26	1	12.5
Port Macquarie	<5	2	3.0	7	6	6.9
Royal North Shore	5	4	1.4	19	4	5.5
Royal Prince Alfred	26	-8	3.6	27	-5	3.8
Shellharbour	27	14	7.6	25	2	7.1
South East Regional	0	0	0	<5	-1	2.4
St George	5	1	2.0	41	16	16.4
St Joseph's	0	0	0	<5	0	1.0
St Vincent's	<5	0	1.4	12	-4	4.1
Sutherland	6	3	2.8	21	10	9.7
Sydney Children's	0	-4	0	62	49	117.9
Tamworth	15	4	8.1	12	-6	6.5
Tweed	<5	-1	0.9	5	-11	2.4
Wagga Wagga	<5	-1	0.8	16	-3	6.0
Westmead	0	0	0	7	-7	3.0
Wollongong	7	3	2.6	73	65	27.1
Wyong	9	-13	2.3	17	-4	4.3
Concord	111	11	9.5	115	57	9.9
Cumberland	89	-3	10.3	44	-9	5.1
Hornsby	22	-1	4.5	62	-4	12.6
Hunter New England Mater MH	87	13	10.0	93	27	10.6
Orange	5	-8	1.4	9	-13	2.4
Prince of Wales	<5	-15	0.6	36	-15	6.9
The Forensic Hospital	131	74	31.6	174	106	42.0

Row group labels (left margin): "No mental health intensive care unit" (Armidale through Wyong), "MHICU" (Concord through Prince of Wales), "JH" (The Forensic Hospital).

* Justice Health (JH) is not included in NSW totals because of the differences in model of care and patient cohort. For more information, see *Measurement Matters: Reporting on seclusion and restraint in NSW public hospitals,* available at **bhi.nsw.gov.au**

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Notes: MHICU = Mental Health Intensive Care Unit.

Seclusion events and rate

Across October to December quarters, the number of seclusion events decreased from 818 in 2017 to 619 in 2022, down 24.3% (199) over five years. The number of seclusion events in hospitals with a MHICU remained relatively stable over the past five years (Figure 4).

The rate of seclusion is the number of seclusion events per 1,000 bed days. Since 2018–19, the NSW Ministry of Health's KPI target for the rate of seclusion has been less than 5.1 per 1,000 bed days.

The rate of seclusion peaked at 7.3 in April to June 2020, decreasing to 4.8 per 1,000 in October to December 2022. The rate of seclusion in hospitals with a MHICU was typically higher and showed more variation than in hospitals without a MHICU (Figure 5).

Figure 4

Number of seclusion events occurring in specialised acute mental health inpatient units, October 2017 to December 2022
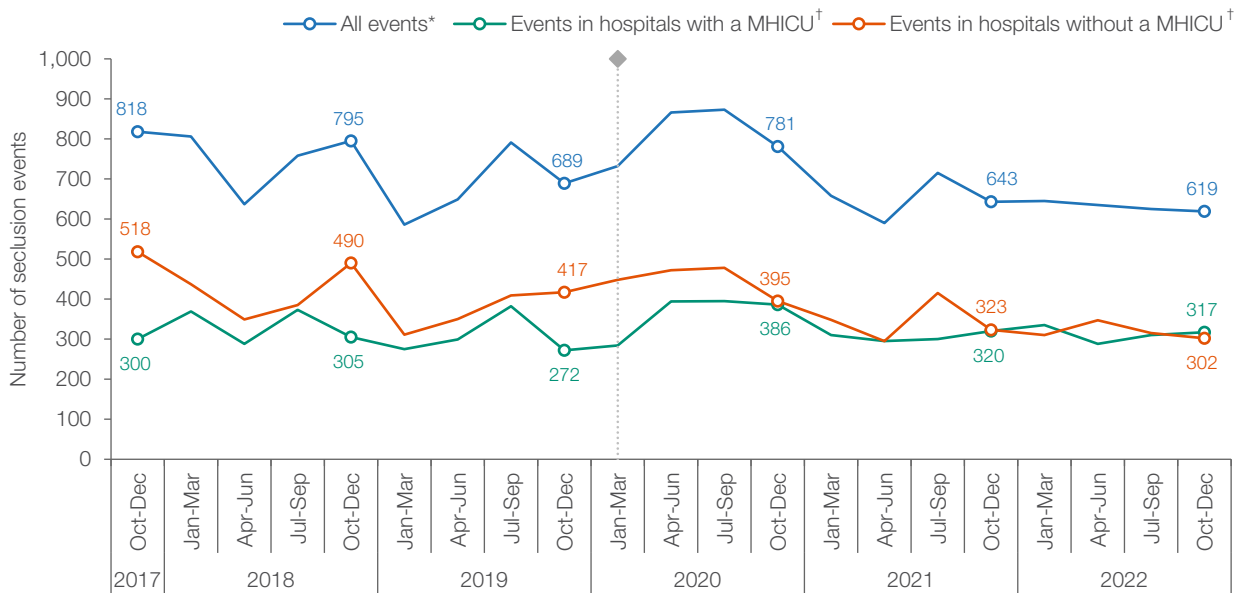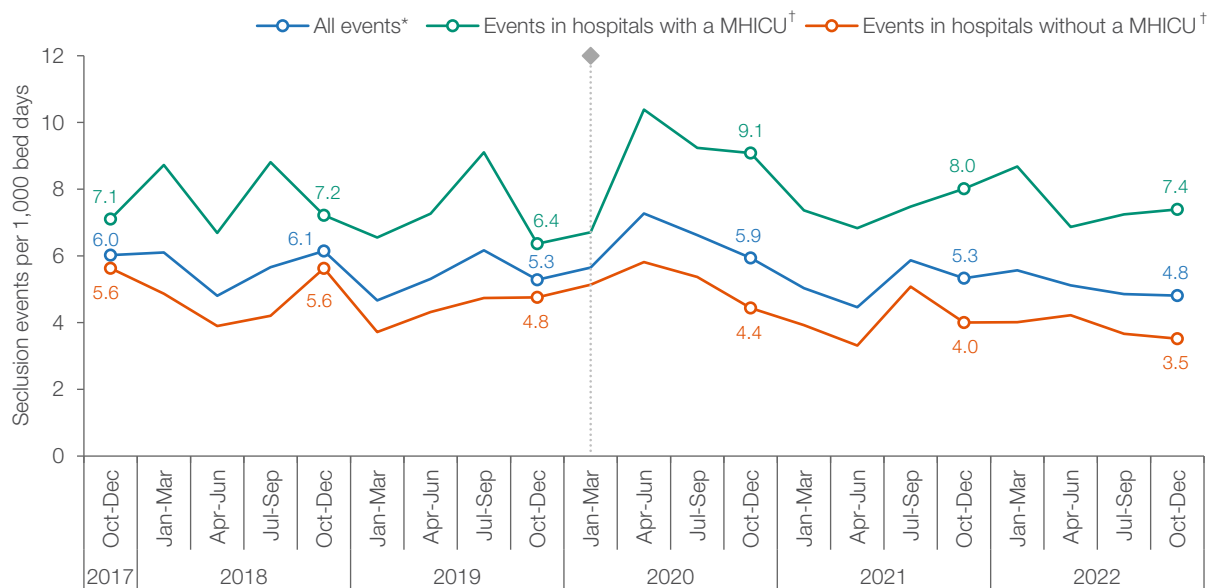

Figure 5

Number of seclusion events per 1,000 bed days in specialised acute mental health inpatient units, October 2017 to December 2022

* 'All events' includes all seclusion events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).

† MHICU = Mental Health Intensive Care Unit

Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Physical restraint events and rate

The number of physical restraint events showed some seasonal variation, trending upwards to a peak of 1,170 in July to September 2020 (data not shown). It then decreased to the end of 2021 before increasing to 1,081 in October to December 2022. The increase in 2022 was primarily in hospitals without a MHICU (Figure 6).

The rate of physical restraint refers to the number of physical restraint events per 1,000 bed days. It followed a similar trend to the number of physical restraint events over five years. The rate peaked at 9.6 in April to June 2020 (data not shown), followed by a decrease to the end of 2021, before increasing again in 2022. The decrease in rate of physical restraint from mid-2020 was more pronounced in hospitals with a MHICU than in hospitals without a MHICU (Figure 7).

Figure 6

Number of physical restraint events occurring in specialised acute mental health inpatient units, October 2017 to December 2022
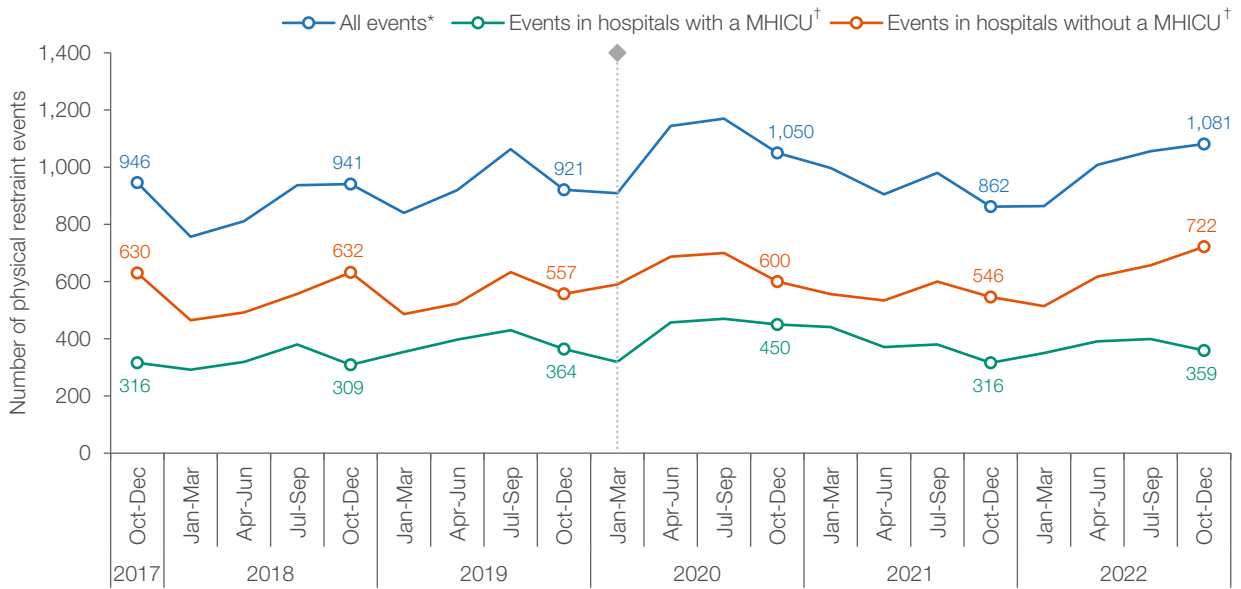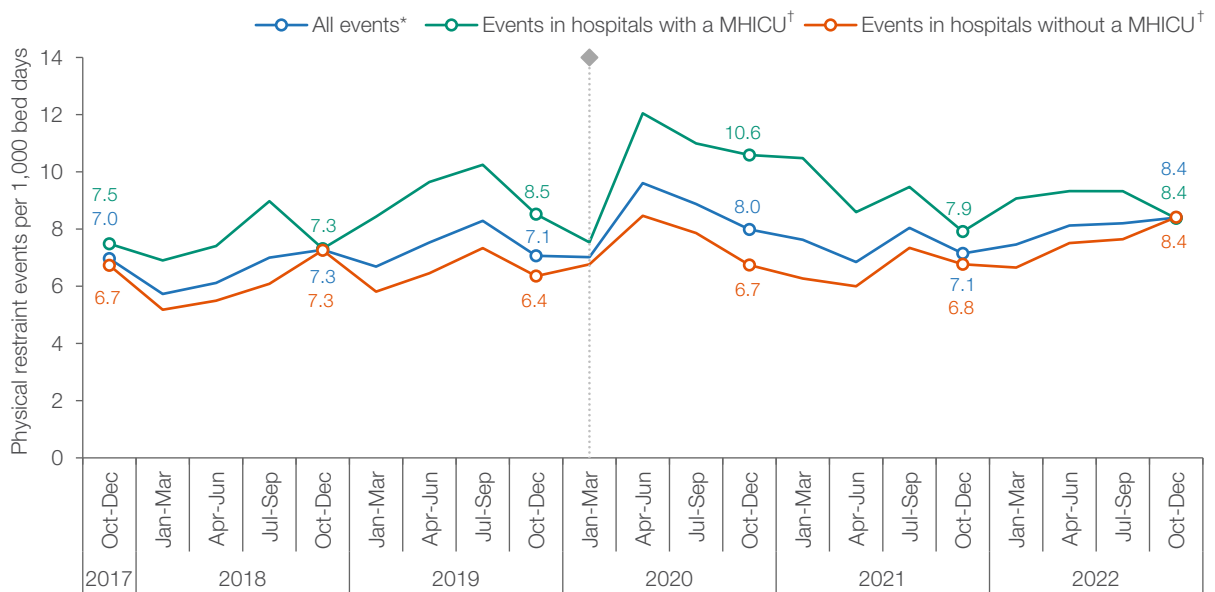

Figure 7

Number of physical restraint events per 1,000 bed days in specialised acute mental health inpatient units, October 2017 to December 2022

* 'All events' includes all physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the JHFMHN.
† MHICU = Mental Health Intensive Care Unit
Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020.
For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Duration of seclusion and physical restraint events

While seclusion and restraint are used to maintain safety for a patient, staff or others, the length of time that an individual is exposed to these restrictive interventions should be as short as possible.

When examining average duration of seclusion and restraint events, it should be noted that variation can be affected by a single event, or a small number of events, lasting considerably longer than others.

The NSW Health KPI target for the average duration of seclusion events in 2022–23 is less than four hours.

Statewide, the average duration of a seclusion event was 9 hours 8 minutes in October to December 2022, up 17 minutes compared with the same quarter the previous year (Table 3). The average duration was longer than four hours in 11 hospitals: Cumberland (17h 2m), Hornsby (16h 18m), Nepean (13h 59m), Concord (13h 12m), Royal Prince Alfred (10h 13m), Bankstown-Lidcombe (7h 18m), Liverpool (6h 48m), Blacktown (6h 27m), Lismore (6h 3m), Maitland (5h 26m) and Hunter New England Mater Mental Health Centre (4h 57m) (Table 3).

In October to December 2022, the average duration of a physical restraint event was 5 minutes in NSW, up 2 minutes compared with the same quarter the previous year. The average duration was 10 minutes or longer in two hospitals: Sydney Children's (27m) and Royal Prince Alfred (10m) (Table 3).

The average duration of a mechanical restraint event in NSW public hospitals (excluding the Forensic Hospital) was 1 hour 53 minutes. This was up 20 minutes compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, the average duration of a mechanical restraint event was 1 hour 24 minutes, up 1 hour 2 minutes compared with the same quarter the previous year (data not shown).

Table 3   Average duration of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, October to December 2022

		Seclusion		Physical restraint	
	Hospital	Average duration	Change since one year ago	Average duration	Change since one year ago
	NSW	**9h 8m**	**17m**	**5m**	**2m**
No mental health intensive care unit	Armidale	0m	0m	0m	0m
	Bankstown-Lidcombe	7h 18m	2h 10m	2m	1m
	Blacktown	6h 27m	2h 53m	1m	-1m
	Blue Mountains	0m	‡	3m	1m
	Braeside	0m	0m	†	‡
	Broken Hill	1h 31m	1h 31m	†	‡
	Campbelltown	2h 3m	32m	3m	2m
	Children's at Westmead	0m	0m	5m	3m
	Coffs Harbour	3h 10m	-2h 35m	6m	0m
	Dubbo	†	‡	†	‡
	Gosford	†	‡	†	‡
	Goulburn	†	‡	3m	-2m
	Greenwich	0m	0m	1m	‡
	John Hunter	†	‡	4m	2m
	Kempsey	0m	0m	0m	0m
	Lismore	6h 3m	3h 25m	3m	0m
	Liverpool	6h 48m	-12h 40m	1m	0m
	Macquarie	0m	0m	†	‡
	Maitland	5h 26m	1h 49m	†	‡
	Manning	0m	0m	4m	‡
	Morisset	†	‡	†	‡
	Nepean	13h 59m	13h 33m	3m	1m
	Northern Beaches§	2h 5m	‡	3m	0m
	Port Macquarie	†	‡	4m	‡
	Royal North Shore	3h 57m	‡	2m	0m
	Royal Prince Alfred	10h 13m	3h 6m	10m	2m
	Shellharbour	3h 55m	2h 13m	6m	5m
	South East Regional	0m	0m	†	‡
	St George	2h 26m	‡	1m	0m
	St Joseph's	0m	0m	†	‡
	St Vincent's	†	‡	2m	-1m
	Sutherland	2h 28m	‡	3m	1m
	Sydney Children's	0m	‡	27m	23m
	Tamworth	2h 27m	1h 14m	2m	0m
	Tweed	†	‡	1m	-1m
	Wagga Wagga	†	‡	2m	0m
	Westmead	0m	0m	2m	-1m
	Wollongong	2h 28m	‡	3m	1m
	Wyong	59m	-21m	3m	0m
MHICU	Concord	13h 12m	-6h 5m	4m	-1m
	Cumberland	17h 2m	2h 6m	2m	0m
	Hornsby	16h 18m	9h 38m	6m	-3m
	Hunter New England Mater MH	4h 57m	1h 46m	5m	1m
	Orange	55m	-16m	4m	2m
	Prince of Wales	†	‡	3m	0m
JH	The Forensic Hospital	18h 19m	8h 59m	4m	-3m

* Justice Health (JH) is not included in NSW totals because of the differences in model of care and the patient cohort. For more information, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at **bhi.nsw.gov.au**

† Suppressed due to small number of seclusion/physical restraint events in the reporting period, to protect patient privacy.

‡ Suppressed due to small number of seclusion/physical restraint events in the reporting period or in the same quarter the previous year, to protect patient privacy.

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Notes: MHICU = Mental Health Intensive Care Unit.

Duration of seclusion and physical restraint events

The NSW Health KPI for average seclusion duration of less than four hours has been in place since 2017–18.

The average duration of a seclusion event at NSW level has been longer than four hours since October to December 2017 (Figure 8).

The average duration of a seclusion event increased from 4 hours 6 minutes in October to December 2017 to 9 hours 8 minutes in October to December 2022. The increase in average duration of a seclusion event was more pronounced in hospitals with a MHICU than in hospitals without a MHICU (Figure 8).

The average duration of a physical restraint event varied over five years. It peaked at 6 minutes 12 seconds in July to September 2022 (data not shown), followed by a decrease to 5 minutes in October to December 2022. Hospitals with a MHICU have seen a downward trend in the average duration of physical restraint events since early 2020. The hospitals without a MHICU saw a sharp increase in the average duration of physical restraint events in July to September 2022, followed by a decrease to 5 minutes 27 seconds in October to December 2022 (Figure 9).

Figure 8   Average duration of seclusion events occurring in specialised acute mental health inpatient units, October 2017 to December 2022
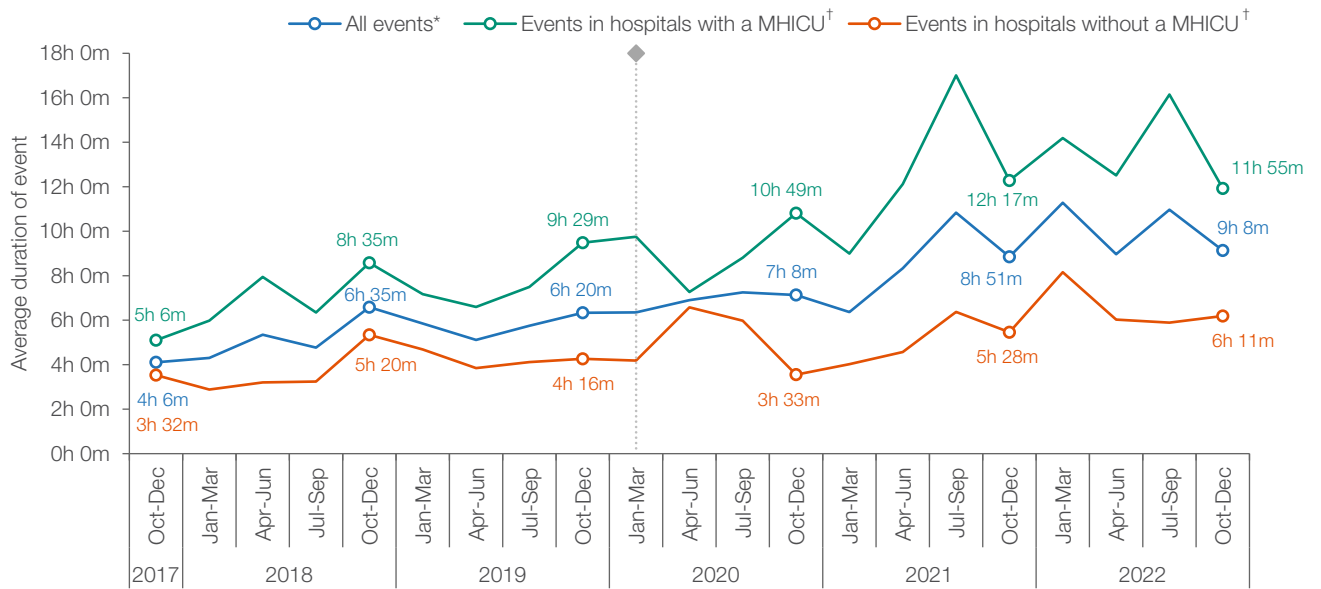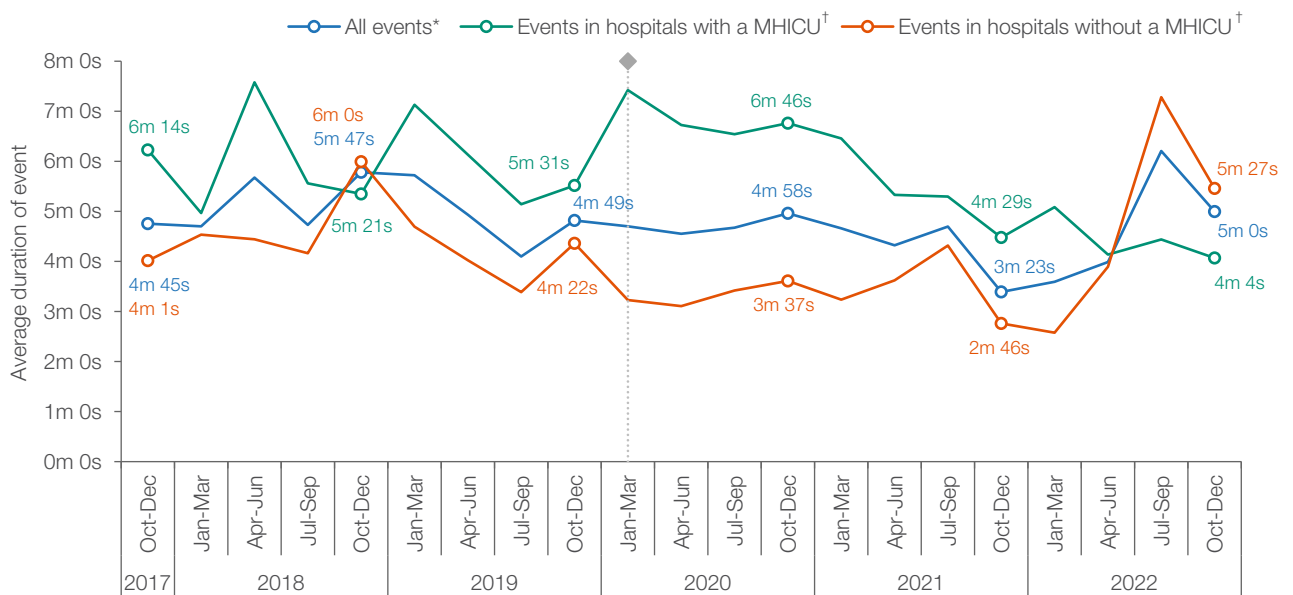

Figure 9   Average duration of physical restraint events occurring in specialised acute mental health inpatient units, October 2017 to December 2022

* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the JHFMHN.
† MHICU = Mental Health Intensive Care Unit
Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020.
For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

About the Bureau of Health Information

The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW healthcare system.

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences and outcomes of care in public hospitals and other healthcare facilities.

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and supply data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

bhi.nsw.gov.au