Healthcare Quarterly

Seclusion and Restraint Supplement

October to December 2021

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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 who may be more likely to experience seclusion and restraint.

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 the 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 2021 (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 2021–22 is less than 4.1% for each hospital.

The percentage of acute mental health episodes of care with at least one seclusion event was 3.5%, relatively stable (down 0.1 percentage points) compared with the same quarter the previous year (Figure 1, Table 1). The percentage was 4.1 or above in seven hospitals: Maitland (9.2), Concord (9.0), Cumberland (9.0), Liverpool (6.5), Bankstown-Lidcombe (5.3), Gosford (5.2) and Hornsby (5.2) (Table 1).

The percentage of acute mental health episodes of care with at least one physical restraint event was 4.2%, down 0.2 percentage points compared with the same quarter the previous year (Figure 1, Table 1).

There is 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, October to December 2021*

3.5% with ≥1 **seclusion** event

96.5% with no **seclusion** event
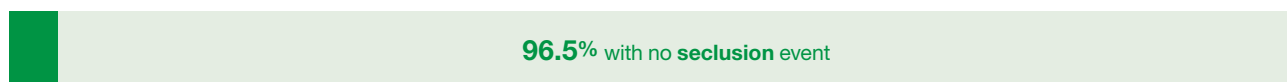
4.2% with ≥1 **physical restraint** event
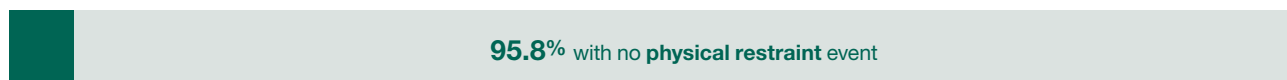
95.8% with no **physical restraint** event

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

Note: Seclusion and restraint data were drawn from the HIE on 19 January 2022, and manually collected measures received from InforMH, System Information and Analytics, NSW Ministry of Health on 4 February 2022.

Table 1

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 2021*

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†	**11,698**	**3.5**	**-0.1**	**4.2**	**-0.2**
Armidale	63	0.0	0.0	0.0	0.0
Bankstown-Lidcombe	228	5.3	-1.6	5.7	-3.6
Blacktown	468	3.2	0.5	3.2	0.7
Blue Mountains	111	0.9	-0.2	3.6	-2.0
Braeside	43	0.0	0.0	11.6	4.9
Broken Hill	50	0.0	-6.6	6.0	4.4
Campbelltown	537	2.0	0.1	2.8	-0.5
Children's at Westmead	79	0.0	0.0	2.5	-6.6
Coffs Harbour	223	2.2	-1.1	2.2	-2.4
Dubbo	96	1.0	1.0	1.0	1.0
Gosford	173	5.2	0.4	8.1	0.7
Goulburn	224	3.1	2.2	6.7	1.0
Greenwich	45	0.0	0.0	4.4	0.0
John Hunter	80	0.0	-2.2	7.5	5.3
Kempsey	19	0.0	0.0	0.0	0.0
Lismore	228	3.5	1.6	5.7	3.4
Liverpool	504	6.5	1.7	4.8	0.7
Macquarie	48	0.0	0.0	8.3	3.9
Maitland	218	9.2	2.1	3.7	-0.9
Manning	117	0.0	-3.0	1.7	-0.5
Morisset	10	0.0	0.0	10.0	10.0
Nepean	531	3.2	-1.5	3.4	-0.5
Port Macquarie	110	0.9	-0.2	0.9	-2.3
Royal North Shore	310	0.3	-0.8	2.6	0.4
Royal Prince Alfred	774	2.7	0.3	2.5	0.0
Shellharbour	381	2.6	-0.6	4.7	1.5
South East Regional	102	0.0	-1.0	2.9	-0.2
St George	246	1.2	0.3	4.5	-0.3
St Joseph's	25	0.0	0.0	4.0	-4.3
St Vincent's	341	0.9	-0.8	2.9	-1.3
Sutherland	231	1.3	-3.2	3.9	-5.1
Sydney Children's	259	0.8	-0.2	1.2	-1.3
Tamworth	201	4.0	1.5	6.0	3.1
Tweed	201	1.0	-0.5	4.0	-2.4
Wagga Wagga	368	0.5	-1.3	4.6	-0.9
Westmead	152	0.0	0.0	4.6	-1.5
Wollongong	279	1.4	-0.9	2.5	1.2
Wyong	279	3.6	-1.8	3.9	-1.9
Concord	779	9.0	-0.4	5.3	-1.4
Cumberland	745	9.0	-0.1	5.8	1.3
Hornsby	344	5.2	1.6	10.2	4.3
Hunter New England Mater MH	697	4.0	-0.5	3.4	-3.0
Orange	385	2.1	0.4	4.4	3.2
Prince of Wales	394	2.5	2.1	5.6	-0.2
The Forensic Hospital†	61	24.6	8.2	26.2	-4.7

Left-side group labels: "No mental health intensive care unit" (Armidale through Wyong), "MHICU" (Concord through Prince of Wales), "JH" (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 the patient cohort. For more information, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*.

Notes: MHICU = Mental Health Intensive Care Unit. JHFMHN = Justice Health and Forensic Mental Health Network.

Results for Northern Beaches Hospital are not included.

Seclusion and physical restraint

Across October to December quarters, the percentage of acute mental health episodes of care in NSW with at least one seclusion event decreased from 4.7% in 2016 to 3.5% in 2021. However, there has been variation during that time.

A notable increase in the first half of 2020 was followed by a decrease until April to June 2021. This percentage increased again in the second half of 2021, primarily driven by events in hospitals with a MHICU (Figure 2).

The percentage of acute mental health episodes of care in NSW with at least one physical restraint event remained relatively stable over the past five years (Figure 3).

The percentage of acute mental health episodes of care with at least one physical restraint event in hospitals with a MHICU was typically higher than in hospitals without a MHICU (Figure 3).

Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion event, October 2016 to December 2021
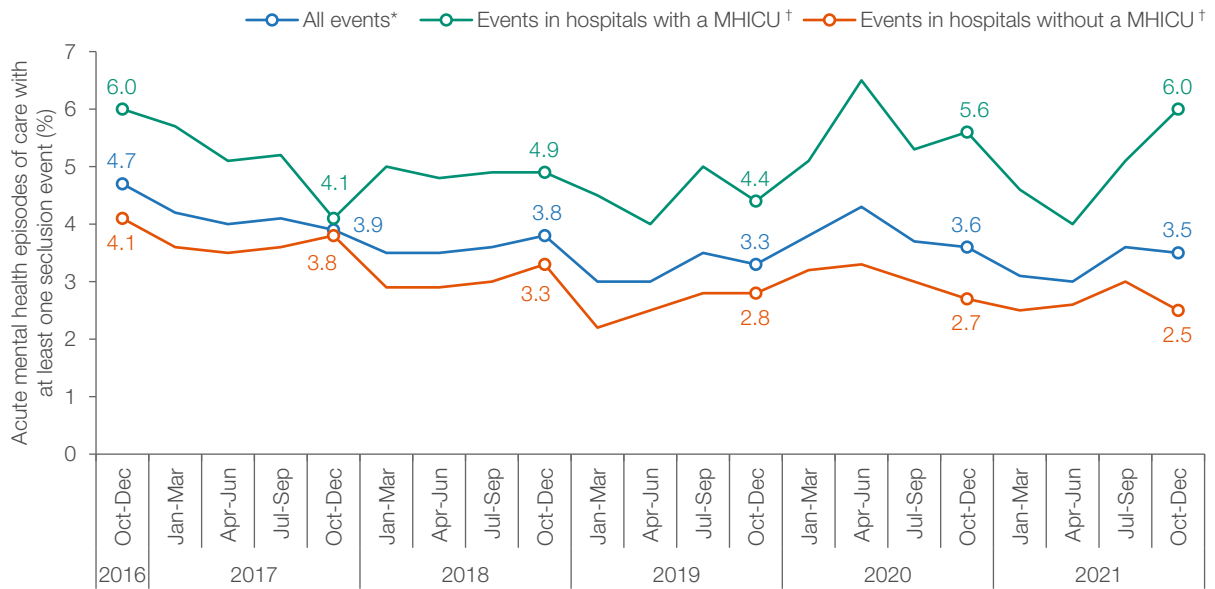
Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one physical restraint event, October 2016 to December 2021
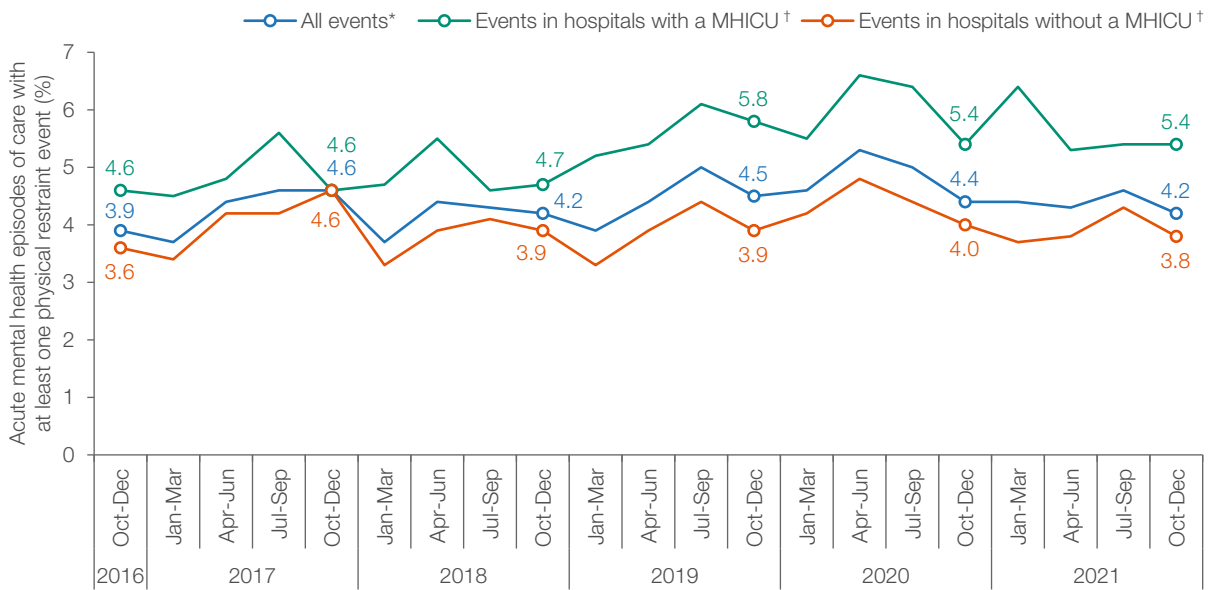
* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).
† MHICU = Mental Health Intensive Care Unit
Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at **bhi.nsw.gov.au**

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 641 seclusion events in October to December 2021, down 133 events compared with the same quarter the previous year. There were 837 physical restraint events, down 162 (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 58 mechanical restraint events in NSW public hospitals with specialised acute mental health units (excluding the Forensic Hospital). This was up by 6 events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 225 mechanical restraint events, up by 100 events compared with the same quarter the previous year (data not shown).

The NSW Health KPI target for rate of seclusion in 2021–22 is less than 5.1 per 1,000 bed days for each hospital. In October to December 2021, the NSW rate of seclusion was 5.4, down 0.6 compared with the same quarter the previous year (Table 2).

The rate of seclusion was below 5.1 per 1,000 bed days in 29 hospitals. The rate was 5.1 or above in 15 hospitals: Liverpool (12.4), Cumberland (12.3), Maitland (11.9), Blacktown (10.1), Hunter New England Mater Mental Health Centre (9.9), Concord (9.0), Bankstown-Lidcombe (8.5), Tamworth (6.7), Goulburn (6.2), Coffs Harbour (5.7), Royal Prince Alfred (5.7), Wyong (5.7), Gosford (5.6), Sydney Children's (5.5) and Hornsby (5.2) (Table 2).

The rate of physical restraint was 7.1 per 1,000 bed days, down 0.6 compared with the same quarter the previous year (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 2021

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	**641**	**-133**	**5.4**	**837**	**-162**	**7.1**
Armidale	0	0	0	0	0	0
Bankstown-Lidcombe	22	-2	8.5	18	-16	7
Blacktown	30	18	10.1	27	16	9.1
Blue Mountains	<5	-1	0.8	9	0	7.4
Braeside	0	0	0	12	-1	8.6
Broken Hill	0	-4	0	<5	2	10.8
Campbelltown	13	-5	2.7	23	-10	4.7
Children's at Westmead	0	0	0	16	3	28.4
Coffs Harbour	15	4	5.7	11	-4	4.2
Dubbo	<5	1	1.3	<5	1	1.3
Gosford	13	-7	5.6	23	-2	9.9
Goulburn	11	9	6.2	39	23	21.8
Greenwich	0	0	0	<5	-4	1.2
John Hunter	0	-9	0	8	-5	16.5
Kempsey	0	0	0	0	0	0
Lismore	13	6	4.4	20	14	6.7
Liverpool	49	-3	12.4	37	9	9.3
Macquarie	0	0	0	5	1	4.4
Maitland	21	2	11.9	8	-1	4.5
Manning	0	-6	0	<5	-1	2.6
Morisset	0	0	0	<5	1	1.8
Nepean	25	-15	5	18	-18	3.6
Port Macquarie	<5	0	0.9	<5	-5	0.9
Royal North Shore	<5	-3	0.4	15	1	5.6
Royal Prince Alfred	34	-5	5.7	32	-1	5.4
Shellharbour	13	-4	3.7	23	6	6.6
South East Regional	0	-1	0	<5	-2	3
St George	<5	-3	1.9	25	6	11.7
St Joseph's	0	0	0	<5	0	1
St Vincent's	<5	-4	1.4	16	-2	5.5
Sutherland	<5	-19	1.6	11	-22	6
Sydney Children's	<5	-5	5.5	13	-5	17.8
Tamworth	11	4	6.7	18	9	10.9
Tweed	<5	-2	1.4	16	-5	7.4
Wagga Wagga	<5	-6	1.2	19	-8	7.7
Westmead	0	0	0	14	-9	5.7
Wollongong	<5	-5	1.5	8	3	3.1
Wyong	22	-2	5.7	21	-2	5.4
Concord	100	-70	9	58	-85	5.2
Cumberland	92	5	12.3	53	6	7.1
Hornsby	23	-14	5.2	66	13	14.9
Hunter New England Mater MH	74	-9	9.9	66	-65	8.8
Orange	13	6	3.1	22	16	5.3
Prince of Wales	18	16	3.5	51	-19	9.8
The Forensic Hospital	57	-55	14.1	68	-105	16.8

Vertical row-group labels: 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 the patient cohort. For more information, see *Measurement Matters: Reporting on seclusion and restraint in NSW public hospitals.*

Notes: MHICU = Mental Health Intensive Care Unit. JHFMHN = Justice Health and Forensic Mental Health Network.

Results for Northern Beaches Hospital are not included.

Seclusion events and rate

Across October to December quarters, the number of seclusion events decreased from 928 in 2016 to 641 in 2021, down 30.9% (287). 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.

Across October to December quarters, the rate decreased from 7.0 per 1,000 bed days in 2016 to 5.4 per 1,000 in 2021. 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 2016 to December 2021
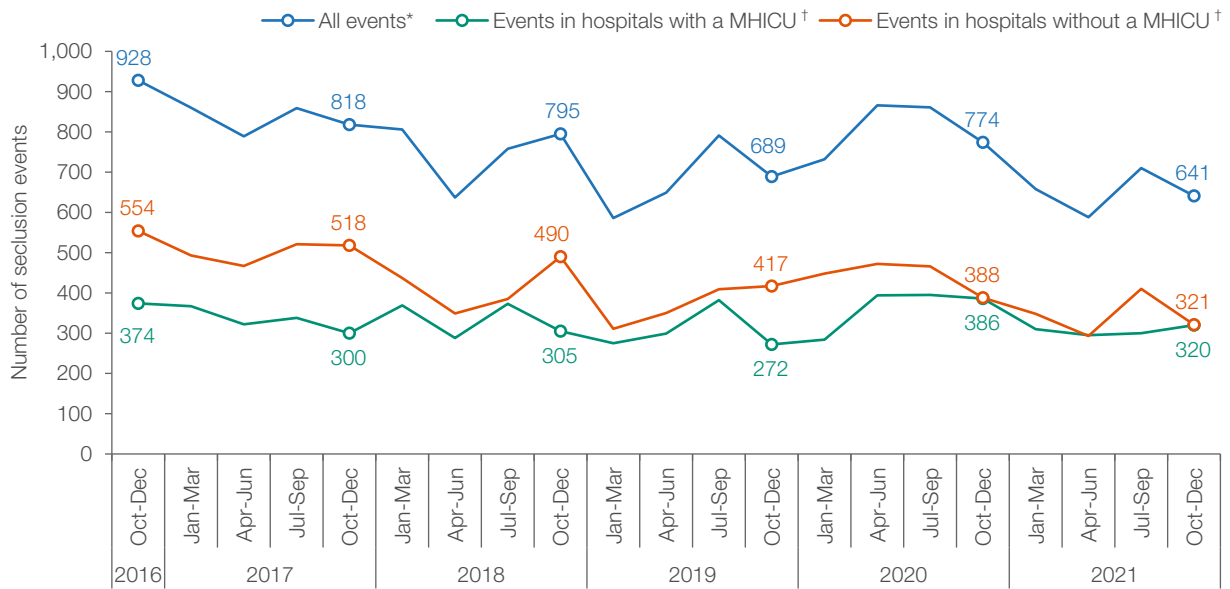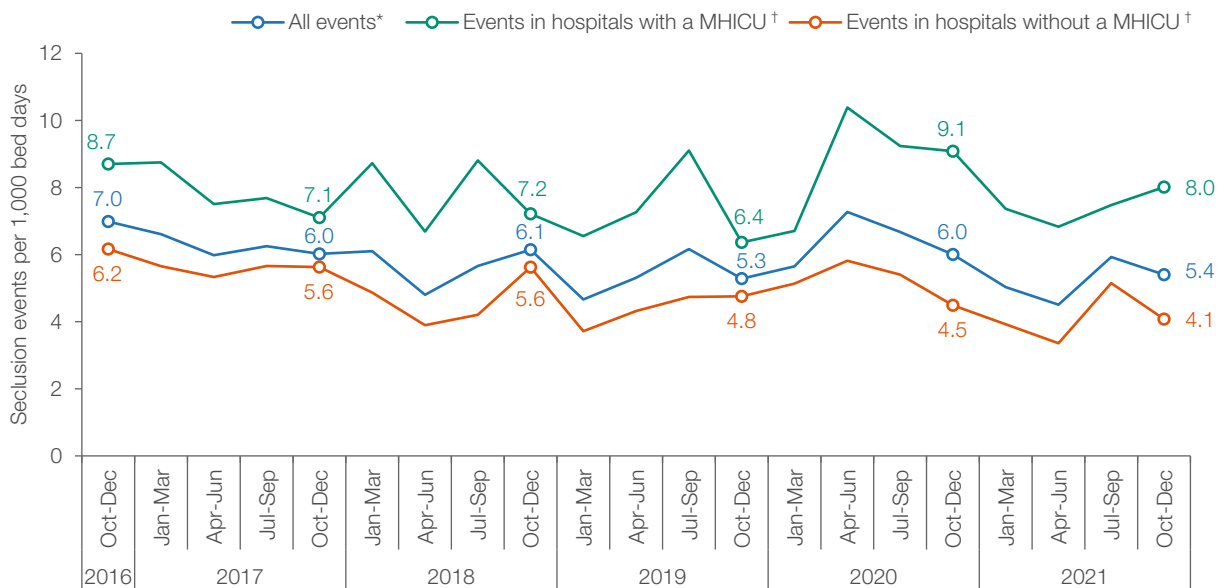

Figure 5

Number of seclusion events per 1,000 bed days in specialised acute mental health inpatient units, October 2016 to December 2021

* '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: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at **bhi.nsw.gov.au**

Physical restraint events and rate

The number of physical restraint events showed some seasonal variation over five years, trending upwards from 757 in October to December 2016 to a peak of 1,144 in April to June 2020, before decreasing to 837 in October to December 2021 (Figure 6).

The rate of physical restraint refers to the number of physical restraint events per 1,000 bed days. The rate has risen over five years from 5.7 in October to December 2016 to 7.1 in October to December 2021. The rate peaked in April to June 2020, followed by a decrease to October to December 2021. The rate of physical restraint in hospitals with a MHICU was typically higher, and showed more variation than in hospitals without a MHICU (Figure 7).

Figure 6

Number of physical restraint events occurring in specialised acute mental health inpatient units, October 2016 to December 2021
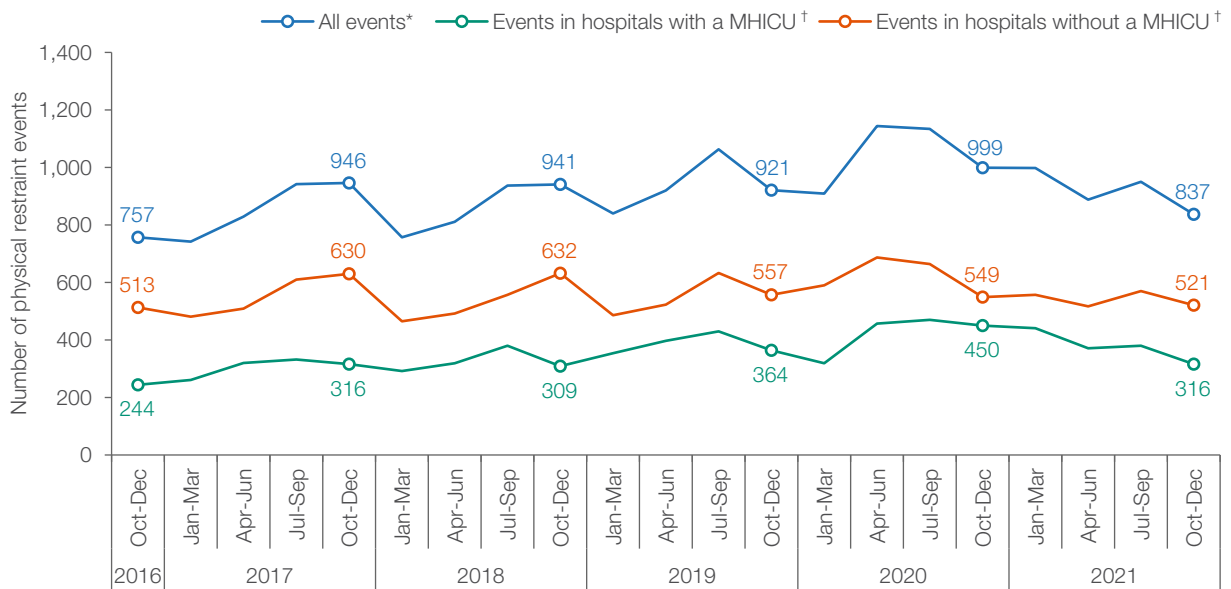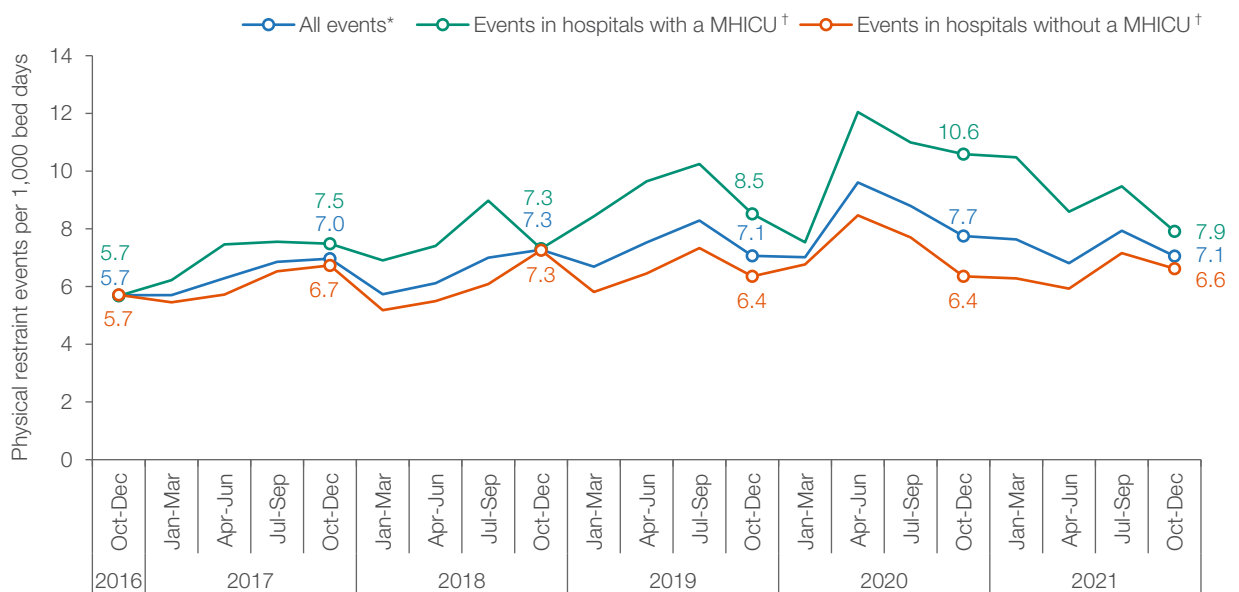

Legend: All events* — Events in hospitals with a MHICU† — Events in hospitals without a MHICU†

Figure 7

Number of physical restraint events per 1,000 bed days in specialised acute mental health inpatient units, October 2016 to December 2021

Legend: All events* — Events in hospitals with a MHICU† — Events in hospitals without a MHICU†

* '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: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at **bhi.nsw.gov.au**

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 lasting considerably longer than others.

The NSW Health KPI target for the average duration of seclusion events in 2021–22 is less than four hours.

Statewide, the average duration of a seclusion event was 8 hours 52 minutes in October to December 2021, up 1 hour 42 minutes compared with the same quarter the previous year (Table 3). The average duration was longer than four hours in eight hospitals: Liverpool (19h 28m), Concord (19h 17m), Cumberland (14h 56m), Prince of Wales (12h 23m), Royal Prince Alfred (7h 7m), Hornsby (6h 40m), Coffs Harbour (5h 45m) and Bankstown-Lidcombe (5h 8m) (Table 3).

In October to December 2021, the average duration of a physical restraint event was 3 minutes, down 2 minutes compared with the same quarter the previous year (Table 3).

The average duration of a mechanical restraint event in NSW public hospitals (excluding the Forensic Hospital) was 1 hour 33 minutes. This was up 2 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 22 minutes, down 17 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 2021

Hospital	Seclusion		Physical restraint	
	Average duration	Change since one year ago	Average duration	Change since one year ago
NSW	**8h 52m**	**1h 42m**	**3m**	**-2m**
Armidale	0m	0m	0m	0m
Bankstown-Lidcombe	5h 8m	-11m	1m	0m
Blacktown	3h 34m	-3h 43m	2m	1m
Blue Mountains	†	‡	2m	0m
Braeside	0m	0m	1m	-5m
Broken Hill	0m	‡	†	‡
Campbelltown	1h 31m	8m	1m	-1m
Children's at Westmead	0m	0m	2m	-3m
Coffs Harbour	5h 45m	-6h 16m	6m	2m
Dubbo	†	‡	†	‡
Gosford	56m	23m	3m	-3m
Goulburn	59m	‡	5m	3m
Greenwich	0m	0m	†	‡
John Hunter	0m	-3h 6m	2m	-1m
Kempsey	0m	0m	0m	0m
Lismore	2h 38m	-3m	3m	-5m
Liverpool	19h 28m	13h 5m	1m	0m
Macquarie	0m	0m	5m	‡
Maitland	3h 37m	1h 8m	3m	-4m
Manning	0m	-46m	†	‡
Morisset	0m	0m	†	‡
Nepean	26m	-3h 25m	2m	0m
Port Macquarie	†	‡	†	‡
Royal North Shore	†	‡	2m	1m
Royal Prince Alfred	7h 7m	4h 8m	8m	2m
Shellharbour	1h 42m	-1h 22m	1m	-1m
South East Regional	0m	‡	†	‡
St George	†	‡	1m	-1m
St Joseph's	0m	0m	†	‡
St Vincent's	†	‡	3m	0m
Sutherland	†	‡	2m	-1m
Sydney Children's	†	‡	4m	-2m
Tamworth	1h 13m	-33m	2m	-27m
Tweed	†	‡	2m	-2m
Wagga Wagga	†	‡	2m	-1m
Westmead	0m	0m	3m	-2m
Wollongong	†	‡	2m	-3m
Wyong	1h 20m	-58m	3m	-2m
Concord	19h 17m	6h 45m	5m	-4m
Cumberland	14h 56m	-8m	2m	-1m
Hornsby	6h 40m	5h 19m	9m	-1m
Hunter New England Mater MH	3h 11m	-4h 55m	4m	-3m
Orange	1h 11m	27m	2m	0m
Prince of Wales	12h 23m	‡	3m	0m
The Forensic Hospital	9h 20m	-1h 1m	7m	-1m

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

* 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*.

† 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.

Notes: MHICU = Mental Health Intensive Care Unit. JHFMHN = Justice Health and Forensic Mental Health Network.

Results for Northern Beaches Hospital are not included.

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 the NSW Health KPI target of four hours since October to December 2016 (Figure 8).

The average duration of a seclusion event increased from 5 hours 23 minutes in October to December 2016 to 8 hours 52 minutes in October to December 2021. There was a sharp increase in average duration from January to March 2021 to July to September 2021, followed by a decrease in October to December 2021. 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 5 minutes 47 seconds in October to December 2018, followed by a gradual decrease to 3 minutes 24 seconds in October to December 2021. The average duration of a physical restraint event in hospitals with a MHICU was typically longer than in hospitals without a MHICU (Figure 9).

Figure 8

Average duration of seclusion events occurring in specialised acute mental health inpatient units, October 2016 to December 2021
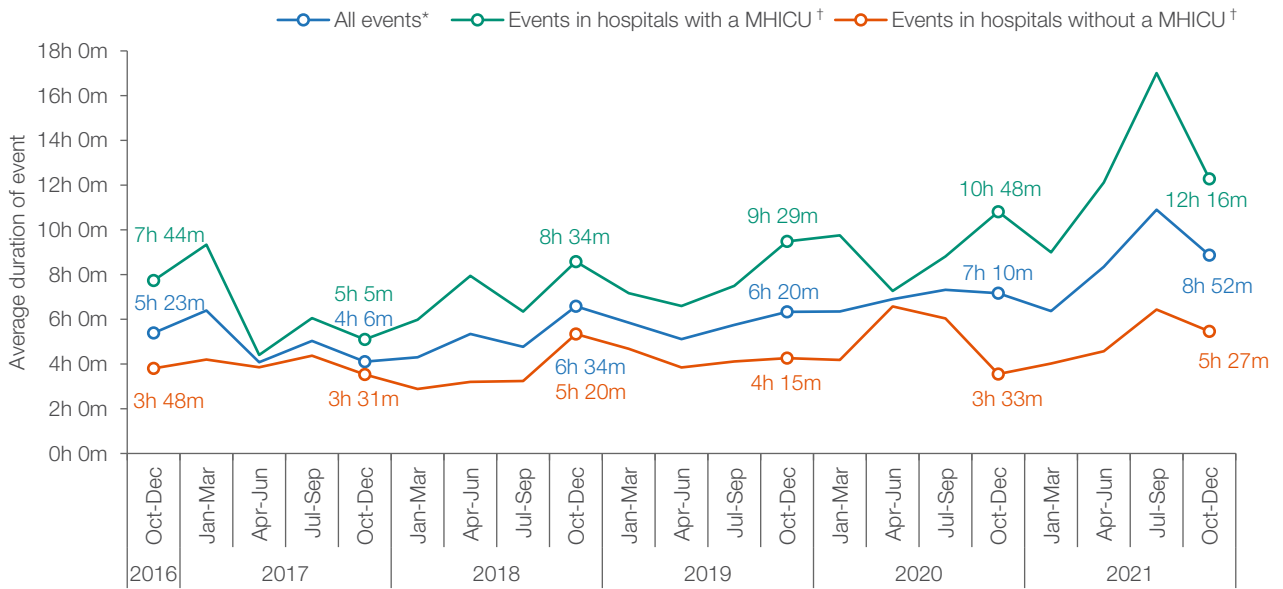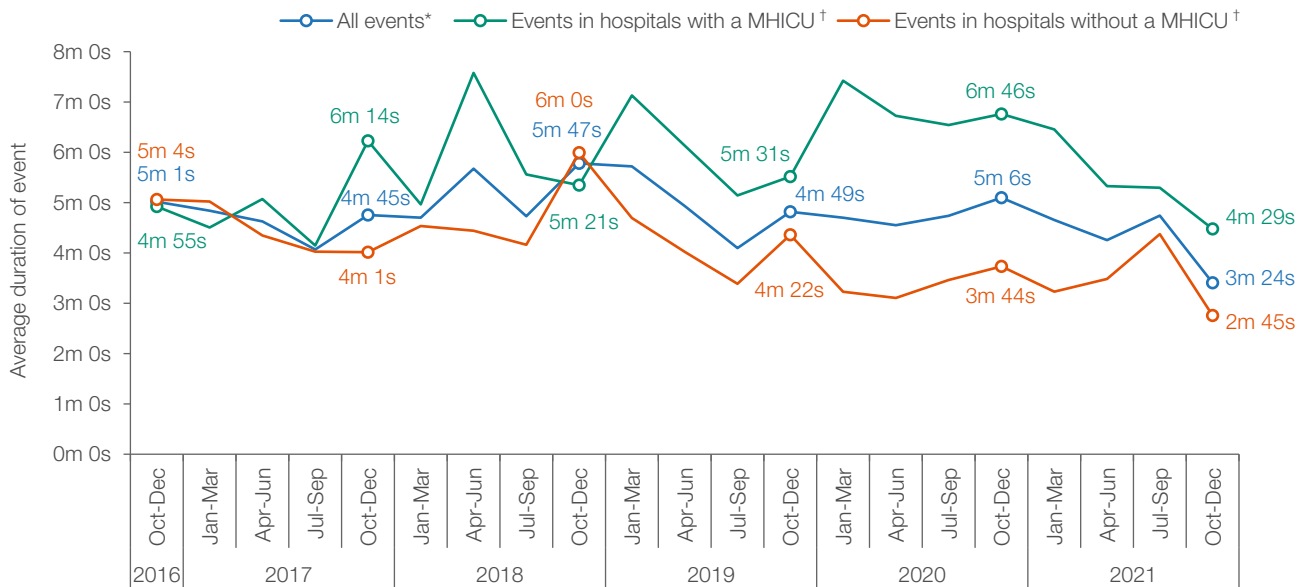
Figure 9

Average duration of physical restraint events occurring in specialised acute mental health inpatient units, October 2016 to December 2021

* '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: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at **bhi.nsw.gov.au**

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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.

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