



Statement on compliance with the rules governing seclusion, restraint & mechanical restraint for 2024

Approved Centre Name: Linn Dara Approved Centre CAMHS

The total number of persons that the centre can accommodate at any one time	24
The total number of persons that were admitted during the reporting period	81

Rules Governing the Use of Seclusion

Issued Under Section 69(2) of the Mental Health Act 2001-2018.

The total number of persons who were secluded during the reporting period	1
The total number of seclusion episodes	3
The shortest episode of seclusion	5hrs 34mins
The longest episode of seclusion	17hrs 9mins

A statement about the effectiveness of the approved centre's actions to reduce or, where possible, eliminate the use of seclusion.

Linn Dara Approved Centre is a Health Service Executive funded and run service. The service provides acute, emergency, and specialist inpatient child and adolescent mental health services on a tertiary basis. Linn Dara Approved Centre is a 24-bed centre that is divided into three units: Rowan, Oak, and Hazel. Rowan and Hazel consists of 11 individual beds, and the Oak unit has two beds, providing high-dependency observation and care. Currently Hazel ward is closed due to staff shortages.

In 2022, a Reducing Restrictive Practices Committee was established. A working group for restrictive interventions in Linn Dara-approved centres meets monthly to review and discuss the trends in data. The group aims to review each episode for compliance with the Mental Health Commission Code of Practice on the use of Physical Restraint in Approved Centres (2022) and rules Governing the Use of Seclusion. To review trends and analysis, reduction, and improvement opportunities. The data is compiled and compared to the previous month. The reason for a restrictive intervention, the type of intervention, the duration, and the trend are discussed in detail at the meeting. A discussion and minutes are taken—a review of the current trends and the circumstances surrounding the de-escalation before the restrictive practice. A policy on restraint reduction has been implemented in Linn Dara Mental Health Services. The policy outlines a commitment to reducing restrictive practices. The following practices are currently in place to reduce or, where possible, eliminate the use of Seclusion and Physical Restraint in Linn Dara;

1. Staff are trained in TMVA and Breakaway Techniques with an emphasis on De-escalation.
2. Training is provided in both Trauma Informed Care and Positive Behaviour Support approaches to care & restrictive practice training.
3. A communication passport has been developed and implemented for young people to support them in communicating their needs.



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4. Sooth boxes are available for all young people
5. Each young person is assigned a key worker on admission
6. A weekly MDT meeting where the young person's ICP is updated in collaboration with the young person's needs. Young people are supported through the use of the headspace toolkit.

A statement about the approved centre's compliance with the rules governing the use of seclusion

All local PPPGs and documentation are in adherence to the Rules Governing the Use of Seclusion, which commenced in January 2023. Monthly Audits are carried out, and the findings are reported back to the reduction in restrictive practices meeting, which is held monthly. Regular CPDs are provided concerning the approved centre's use of restrictive practices to ensure compliance. The approved centre developed a document called the debriefing tool as part of reducing restrictive interventions. The debriefing document allows the young person to express themselves freely about their experience of a restrictive intervention and an opportunity for staff to learn from the young person's perspective of the incident. This is currently being reviewed to support further engagement from young people with a visual debriefing tool. There were three seclusion episodes in 2024.

A statement about compliance with the approved centre's reduction policy



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A Policy Development Group in CHO 7 came together from 4 approved centres under one registered proprietor (Head of Mental Health) to draft a reducing restrictive practices policy. The policy set out the direction and vision of CHO 7 mental health in reducing restrictive practices and the mechanisms that need to be in place to support and facilitate the same. The Policy outlined how Linn Dara MHS shall adopt the key intervention themes outlined in the MHC (2014) Seclusion and Restraint Reduction Strategy as the main guidance to demonstrate their commitment to reducing restrictive practices. In a similar fashion to the MHC 2014 strategy, each key theme outlines actions that shall be implemented. It is envisaged that through the approved centres proactive approach to ensuring each theme and subsequent actions are addressed, this will ultimately result in an overall reduction of Restrictive Practices. There is a subgroup currently that meets fortnightly to review the audit process within the 4 approved centres. There is also a working group that has been established to enable collaborative working and sharing of knowledge across the 4 approved centres. The sub-group identified practical measures to eliminate the unnecessary use of restraint and seclusion in line with the 8 pillars of the MHC 2014 Seclusion and Restraint Reduction Strategy. The key objectives are to eliminate unnecessary use of all restrictive practice in the service using evidence-based strategies, to develop and action plan for each pillar of the 2014 Seclusion and Restraint Reduction Strategy, to drive, support and facilitate the required service improvement and cultural change within the services. The findings are reported to the CHO7 Restrictive Practices Oversight Group through the chair, and the subgroup advises and reports to each service Reducing Restrictive Practices Groups. The approved centre (Linn Dara) established an MDT working group that meets monthly. The working group for restrictive interventions in Linn Dara-approved centre meets to review and discuss the trends in data. The group aims to review each episode for compliance with the Mental Health Commission Code of Practice on Use of Physical Restraint in Approved Centres (2022), Rules Governing the Use of Seclusion. To review trends and analysis, reduction, and improvement opportunities. The data is compiled and compared to the previous month. The reason for a restrictive intervention, the type of intervention, the duration, and the trend are discussed in detail at the meeting. A discussion and minutes are taken—a review of the current trends, the circumstances surrounding them, and the de-escalation before the restrictive practice. A policy on restraint reduction has been implemented in Linn Dara Mental Health Services. The report of the committee is presented at the local governance and QSSI. Action plans are devised, and any risk issues are escalated via the local QSSI function. Training is provided for all staff on

1. TMVA - There are TMVA instructors within the Linn Dara Service.
3. Training on restrictive practice is delivered to staff and is part of the induction for nurses
4. Trauma-informed care training was delivered to staff
5. Positive Behavioural Support (PBS) was delivered to staff
6. A policy on Safeguarding has been implemented
7. Induction training for nursing staff was recently delivered
8. Team Supervision for MDT staff is monthly



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Code of Practice on the Use of Physical Restraint

Issued Pursuant to Section 33(3) (e) of the Mental Health Act 2001-2018

The total number of persons who were physically restrained during the reporting period	14
The total number of episodes of physical restraint	130
The shortest episode of physical restraint	1 min (less than)
The longest episode of physical restraint	30mins

A statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce physical restraint

Within the Linn Dara Approved Centre, the use of physical restraint is only used when the person poses an immediate threat of serious harm to themselves or others. The Child and Adolescent Mental Health Service (CAMHS), Linn Dara, endeavours to ensure the safety of young people, staff, and visitors to the Approved Centre. To achieve this, it may be necessary at times to physically restrain a young person. It is the policy of the (CAMHS) Linn Dara Approved Centre that where physical restraint is required, it is conducted in strict conformity with the terms of the Mental Health Act 2001 and the updated Code of Practice on the use of Physical Restraint in Approved Centres (Mental Health Commission, 2022). It is the policy of the (CAMHS) Linn Dara Approved Centre that physical restraint shall only be used in the best interest of the young person where all other methods of therapeutic interventions have failed for the shortest possible duration only when any young person poses an immediate threat of serious harm to self or others and all alternative interventions to manage the young person's unsafe behaviour have been considered for prescribed clinical interventions which are part of the young person's Individual Care Plan (i.e., phlebotomy, nasogastric feed plan). In 2022, a Reducing Restrictive Practices Committee was established. The working group for restrictive interventions in Linn Dara-approved centre meets every month to review and discuss the trends in data. The group aims to review each episode for compliance with the Mental Health Commission Code of Practice on Use of Physical Restraint in Approved Centres (2022), Rules Governing the Use of Seclusion. To review trends and analysis, reduction, and improvement opportunities. The data is compiled and compared to the previous month. The reason for a restrictive intervention, the type of intervention, the duration, and the trend are discussed in detail at the meeting. A discussion and minutes are taken—a review of the current trends and the circumstances surrounding the de-escalation before the restrictive practice. A policy on restraint reduction has been implemented in Linn Dara Mental Health Services. The policy outlines a commitment to reducing restrictive practices. The following practices are currently in place to reduce or, where possible, eliminate the use of Seclusion and Physical Restraint in Linn Dara:

1. Staff are trained in TMVA and Breakaway Techniques with an emphasis on De-escalation.



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2. Training has commenced in both Trauma Informed Care and Positive Behaviour Support approaches to care & restrictive practice training.
3. A Communication passport has been developed and implemented for young people to support them in communicating their needs.
4. Sooth boxes are available for all young people
5. Each young person is assigned a key worker on admission
6. A weekly MDT meeting where the young persons' ICP is updated in collaboration with the young persons' needs.

A statement about the approved centre's compliance with the code of practice on the use of physical restraint

All local PPPGs and documentation are in adherence to the Code of Practice on the Use of Physical Restraint, which commenced in January 2023. The approved centre developed a document called the debriefing tool as part of reducing restrictive interventions. This tool allows the young person to express themselves freely about their experience of a restrictive intervention and provides an opportunity for staff to learn from the young person's perspective of the incident within a structured process. Following the debrief with the young person, this is reviewed by the MDT to reduce/eliminate the use of restrictive interventions for the young person. Each episode of physical restraint is reviewed in real time by the nurse in charge. The young person is supported to engage in the debrief process within 2 days. An MDT review is carried out within 5 days post restraint. The young person's care plan is updated to reflect the outcome/ preferences following the process. Each episode is audited, set out in the code of practice on the use of physical restraints. Out of the 130 episodes of physical restraint, there was a high compliance rate. Audits continue to be completed to ensure processes are being followed and the young person's care plan is updated to identify preferences.

A statement about compliance with the approved centre's reduction policy

A Policy Development Group in CHO 7 came together from 4 approved centres under one registered proprietor (Head of Mental Health) to draft a reducing restrictive practices policy. The policy set out the direction and vision of CHO 7 mental health in reducing restrictive practices and the mechanisms that need to be in place to support and facilitate the same. The Policy outlined how Linn Dara MHS shall adopt the key intervention themes outlined in the MHC (2014) Seclusion and Restraint Reduction Strategy as the main guidance to demonstrate their commitment to reducing restrictive practices. In a similar fashion to the MHC 2014 strategy, each key theme outlines actions that shall be implemented. It is envisaged that through the approved centres proactive approach to ensuring each theme and subsequent actions are addressed, this will ultimately result in an overall reduction of Restrictive Practices. There is a subgroup currently that meets fortnightly to review the audit process within the 4 approved centres. There is also a working group that has been established to enable collaborative working and sharing of knowledge across the 4 approved centres. The sub-group identified practical measures to



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eliminate the unnecessary use of restraint and seclusion in line with the 8 pillars of the MHC 2014 Seclusion and Restraint Reduction Strategy. The key objectives are to eliminate unnecessary use of all restrictive practice in the service using evidence-based strategies, to develop and action plan for each pillar of the 2014 Seclusion and Restraint Reduction Strategy, to drive, support and facilitate the required service improvement and cultural change within the services. The findings are reported to the CHO7 Restrictive Practices Oversight Group through the chair, and the subgroup will advise and report to each service Reducing Restrictive Practices Groups. The approved centre (Linn Dara) established an MDT working group that meets monthly. The working group for restrictive interventions in Linn Dara-approved centre meets to review and discuss the trends in data. The group aims to review each episode for compliance with the Mental Health Commission Code of Practice on Use of Physical Restraint in Approved Centres (2022), Rules Governing the Use of Seclusion. To review trends and analysis, reduction, and improvement opportunities. The data is compiled and compared to the previous month. The reason for a restrictive intervention, the type of intervention, the duration, and the trend are discussed in detail at the meeting. A discussion and minutes are taken—a review of the current trends, the circumstances surrounding them, and the de-escalation before the restrictive practice. A policy on restraint reduction has been implemented in Linn Dara Mental Health Services. The report of the committee is presented at the local governance and QSSI. Action plans are devised, and any risk issues are escalated via the local QSSI function. Training is provided for all staff on

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6. A policy on Safeguarding has been implemented
7. Induction training for nursing staff was recently delivered
8. Team Supervision for MDT staff is monthly

Rules Governing the Use of Mechanical Means of Bodily Restraint

Issued Under Section 69(2) of the Mental Health Act 2001-2018.

The total number of persons who were mechanically restrained under Part 3 (Immediate Risk of Harm)	N/A
The total number of episodes of mechanical restraints under Part 3 (Immediate Risk of Harm)	N/A
The shortest episode of mechanical restraint under Part 3 (Immediate Risk of Harm)	N/A
The longest total episode of mechanically restraint: Part 3 (Immediate Risk of Harm)	N/A



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The total number of persons who were mechanically restrained (Part 4: enduring risk of harm to self or others)	N/A
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A statement about the effectiveness of the approved centre's actions to reduce and, where possible, eliminate mechanical means of bodily restraint

N/A

A statement about the approved centre's compliance with the rules governing the use of mechanical means of bodily restraint

N/A

A statement about the compliance with the approved centre's own reduction policy

N/A

Signed by Registered Proprietor Nominee: Kevin Brady

**If you do not have a Digital Signature, typing your name will be accepted as your signature.*