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Seclusion and Restraint Supplement

April to June 2024



BUREAU OF HEALTH INFORMATION

1 Reserve Road St Leonards NSW 2065 Australia

Telephone: +61 2 9464 4444

bhi.nsw.gov.au

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The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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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 seven 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 April to June 2024 (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 2023–24 is less than 4.1% for each hospital and less than 30.0% for JHFMHN.

In the April to June 2024 quarter, the percentage of acute mental health episodes of care with at least one seclusion event in NSW was 3.3%, similar to the same quarter the previous year (Figure 1, Table 1). The percentage was 4.1% or above in 9 hospitals: Concord (8.3), Liverpool (8.2), Maitland (7.1), Manning (6.8), Nepean (6.5), Hunter New England Mater Mental Health Centre (5.2), Cumberland (4.9), Tamworth (4.6) and Blacktown (4.1) (Table 1).

The percentage of acute mental health episodes of care with at least one physical restraint event in NSW was 4.3%, down 0.3 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. handson 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, April to June 2024

3.3% with >1 seclusion event



96.7% with no seclusion event

4.3% with ≥1 physical restraint event



95.7% with no physical restraint event

Note: Seclusion and restraint data were drawn from the HIE on 16 July 2024, and manually collected measures received from InforMH, System Information and Analytics, NSW Ministry of Health on 5 August 2024.

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, April to June 2024*

		Secl	usion	Physical restraint		
Hospital	Number of acute mental health episodes of care	% 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	12,106	3.3	0.1	4.3	-0.3	
Armidale	82	0.0	0.0	0.0	0.0	
Bankstown-Lidcombe	222	2.3	-3.6	4.1	1.2	
Blacktown	390	4.1	1.5	4.9	1.2	
Blue Mountains	106	†	‡	†	‡	
Braeside	39	0.0	0.0	0.0	‡	
Broken Hill	52	†	‡	†	‡	
Children's at Westmead	41	†	‡	†	‡	
Coffs Harbour	198	†	‡	†	‡	
Dubbo	73	†	‡	†	‡	
Gosford	138	†	‡	6.5	‡	
Goulburn	245	2.0	-0.7	4.5	-0.9	
Greenwich	61	0.0	0.0	t	‡	
John Hunter	76	†	‡	t	‡	
Kempsey	98	0.0	0.0	0.0	0.0	
Lismore	253	3.6	‡	6.3	0.2	
Liverpool	440	8.2	1.1	5.5	2.0	
Macquarie	55	†	‡	t	‡	
Maitland	141	7.1	2.3	3.5	-3.6	
Manning	132	6.8	‡	3.8	-2.8	
Morisset	18	0.0	‡	†	‡	
Nepean	541	6.5	0.6	5.7	-1.0	
Northern Beaches#	325	†	‡	2.2	-0.8	
Port Macquarie	93	0.0	0.0	†	‡	
Royal North Shore	365	2.5	‡	6.0	2.6	
Royal Prince Alfred	704	2.6	-0.4	4.3	0.2	
Shellharbour	454	3.3	-0.5	2.6	-0.7	
South East Regional	126	0.0	‡	†	‡	
St George	270	2.2	-1.7	5.6	0.4	
St Vincent's	276	†	‡	2.9	-0.1	
Sutherland	163	†	‡	5.5	1.8	
Sydney Children's	341	0.0	0.0	†	‡	
Tamworth	174	4.6	-0.5	2.9	-3.3	
Tweed	292	1.7	‡	4.8	-3.5	
Wagga Wagga	361	†	‡	2.5	-0.3	
Westmead	201	0.0	0.0	2.5	-1.7	
Wollongong	259	2.7	-2.1	2.3	-0.3	
Wyong	274	2.9	‡	4.0	0.4	
Campbelltown§	556	1.4	Ω	3.6	Ω	
Concord	637	8.3	-0.5	6.9	-0.1	
Cumberland	735	4.9	0.9	5.3	1.4	
Hornsby	352	4.0	0.9	6.8	-2.3	
Hunter New England Mater Mh		5.2	1.1	5.1	-0.9	
Orange	411	2.2	‡	3.6	1.0	
Prince of Wales	473	1.1	-0.9	5.3	-2.2	
The Forensic Hospital	57	17.5	5.2	15.8	-14.0	

^{*} 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.

[†] Result suppressed to protect patient privacy as the count of episodes or patients with a seclusion/physical restraint event is fewer than five and greater than zero.

[‡] Result suppressed to protect patient privacy as the count of episodes or patients with a seclusion/physical restraint event in the reporting period or in the same quarter the previous year is fewer than five and greater than zero.

[#] 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 <u>technical supplement</u>.

 $[\]boldsymbol{\Omega}$ Comparison with the same quarter previous year has been suppressed as the data is not comparable.

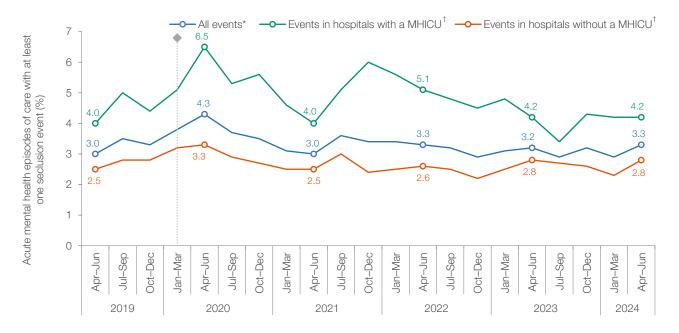
Seclusion and physical restraint

The percentage of acute mental health episodes of care in NSW with at least one seclusion event was 3.3% in April to June 2024, up from the preceding quarter, but similar to the same quarter the previous year (Figure 2).

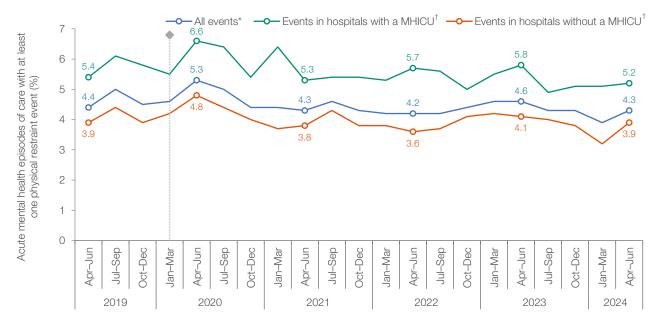
The percentage of acute mental health episodes of care in NSW with at least one physical restraint event was 4.3% in April to June 2024, up from the preceding quarter, but down compared with the same quarter the previous year (Figure 3).

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 varied more 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, April 2019 to June 2024



Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one physical restraint event, April 2019 to June 2024



^{* &#}x27;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.
From July to September 2023, results for Campbelltown Hospital are included in aggregated data for hospitals with a MHICU. 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 638 seclusion events in April to June 2024, up 39 events from the same quarter the previous year. There were 904 physical restraint events, down 24 events from the same quarter the previous year (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 57 mechanical restraint events in NSW public hospitals with specialised acute mental health inpatient units (excluding the Forensic Hospital). This was up 15 events from the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 27 mechanical restraint events, up 11 events from the same quarter the previous year (data not shown).

The NSW Health KPI target for the rate of seclusion in 2023–24 is less than 5.1 per 1,000 bed days for each hospital. In April to June 2024, the rate of seclusion in NSW was 4.7 per 1,000 bed days, similar to the same quarter the previous year (Table 2).

The rate of seclusion was below 5.1 per 1,000 bed days in 20 hospitals. The rate was 5.1 or above in 12 hospitals: Liverpool (14.8), Manning (14.4), Nepean (9.7), Concord (8.1), Blacktown (7.6), Tamworth (7.5), Hunter New England Mater Mental Health Centre (7.0), Shellharbour (6.9), Maitland (6.4), Cumberland (6.0), Royal Prince Alfred (5.4) and Hornsby (5.1) (Table 2).

The rate of physical restraint in NSW was 6.7 per 1,000 bed days, down from 7.1 per 1,000 bed days in the same quarter the previous year. The rate varied widely across hospitals and was above the NSW average in 11 hospitals: Hornsby (18.4), Royal North Shore (12.5), Tweed (11.6), Blacktown (11.4), Goulburn (10.2), Hunter New England Mater Mental Health Centre (9.3), Liverpool (9.0), Nepean (8.2), Royal Prince Alfred (8.2), Sutherland (7.6) and Lismore (7.4) (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

Number and rate of seclusion and physical restraint events occurring in specialised acute mental Table 2 health inpatient units, by public hospital, April to June 2024

			Seclusion		Physical restraint			
	Hospital	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	638	39.0	4.7	904	-24.0	6.7	
	Armidale	0	0.0	Change events Rate per of physical in events nce one 1,000 bed ear ago days a solution of the second	0.0			
No mental health intensive care unit	Bankstown-Lidcombe	5	-10.0	1.8	10	4.0	3.6	
	Blacktown	24	7.0	7.6	36	13.0	11.4	
	Blue Mountains	†	‡	†	†	‡	†	
	Braeside	0	0.0	0.0	0	‡	0.0	
	Broken Hill	†	‡	t	t	‡	†	
	Children's at Westmead	t	‡	t	t	‡	†	
	Coffs Harbour	t	‡	†	t	‡	†	
MHICU No mental health intensive care unit	Dubbo	t	‡	†	t	‡	t	
	Gosford	t	‡	t	16	‡	6.7	
	Goulburn	8	2.0		22	3.0	10.2	
	Greenwich	0	0.0	0.0	t	‡	†	
#	John Hunter	†	‡	†	†	‡	†	
un 6	Kempsey	0	0.0			0.0	0.0	
are	Lismore	12	‡		25	2.0	7.4	
Θ 0	Liverpool	72	13.0	14.8	44	14.0	9.0	
siv	Macquarie	†	‡	†	t	‡	†	
ter	Maitland	13					5.4	
i⊒ T	Manning	24	‡		8	-3.0	4.8	
alt	Morisset	0	‡		t	‡	†	
l he	Nepean	59		9.7			8.2	
nta	Northern Beaches#	†		†	10	-1.0	4.7	
me	Port Macquarie	0	0.0		†	‡	†	
9	Royal North Shore	11	‡				12.5	
	Royal Prince Alfred	39					8.2	
	Shellharbour	23	5.0		19	4.0	5.7	
	South East Regional	0	Ŧ		Т	+	†	
	St George	10	-4.0	3.5	•	· · · · · · · · · · · · · · · · · · ·	6.0	
	St Vincent's	+	+	- I	•		4.7	
	Sutherland	-	+	1	1/	8.0	7.6	
	Sydney Children's	0		······	· · · · · · · · · · · · · · · · · · ·	+	0.5	
	Tamworth Tweed	15	4.0		7		3.5	
	Wagga Wagga	8	±	3. <i>1</i> +	······		11.6 3.9	
	Westmead		· · · · · · · · · · · · · · · · · · ·		• · · · · · · · · · · · · · · · · · · ·		1.3	
	Wollongong	7	· · · · · · · · · · · · · · · · · · ·		•		6.7	
	Wyong	12		· · · · · · · · · · · · · · · · · · ·	•	· · · · · · · · · · · · · · · · · · ·	4.5	
	Campbelltown§	8					4.2	
	Concord	92	8.0			6.0	6.3	
	Cumberland	52		· · · · · · · · · · · · · · · · · · ·	• · · · · · · · · · · · · · · · · · · ·		5.1	
<u>ਹ</u>	Hornsby	25		· · · · · · · · · · · · · · · · · · ·	•		18.4	
Ξ	Hunter New England Mater MH	62	· · · · · · · · · · · · · · · · · · ·		•		9.3	
	Orange	15	,.o ‡	· · · · · · · · · · · · · · · · · · ·			5.4	
	Prince of Wales	6	-3.0	-	•		5.5	
핔	The Forensic Hospital	22					11.6	
,	1							

[†] Result suppressed to protect patient privacy as the count of episodes or patients with a seclusion/physical restraint event is fewer than five and greater than zero.

[‡] Result suppressed to protect patient privacy as the count of episodes or patients with a seclusion/physical restraint event in the reporting period or in the same quarter the previous year is fewer than five and greater than zero.

[#] 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.

^{\$} From July to September 2023, Campbelltown Hospital has been classified as a hospital with a MHICU. Ω Comparison with the same quarter previous year has been suppressed as the data is not comparable.

Seclusion events and rate

There were 638 seclusion events in April to June 2024, up from the five-year record low in the preceding quarter. The number of seclusion events in hospitals with a MHICU decreased compared with the same quarter the previous year. For hospitals without a MHICU, the number of seclusion events increased compared with the same quarter the previous year (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 in NSW was 4.7 per 1,000 bed days in April to June 2024, up from the five-year record low in the preceding quarter. The rate of seclusion in hospitals with a MHICU was typically higher than those without a MHICU (Figure 5).

Figure 4 Number of seclusion events occurring in specialised acute mental health inpatient units, April 2019 to June 2024

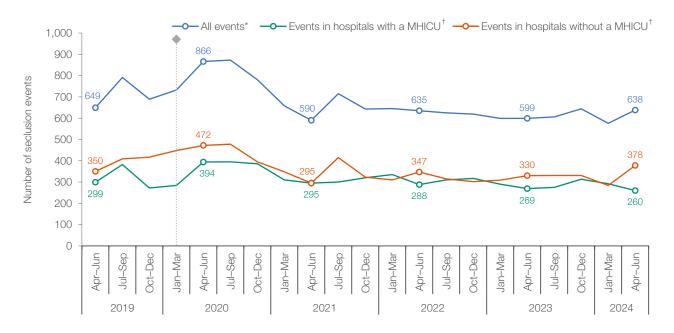
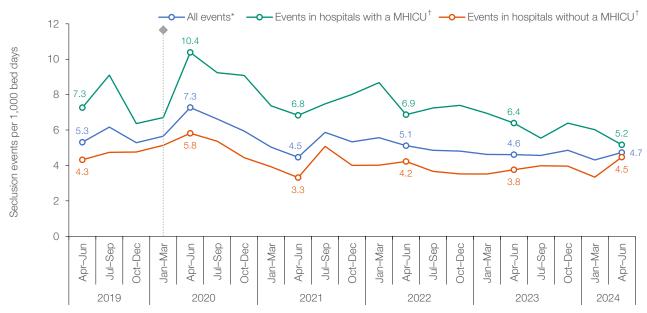


Figure 5 Number of seclusion events per 1,000 bed days in specialised acute mental health inpatient units, April 2019 to June 2024



^{* &#}x27;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. From July to September 2023, results for Campbelltown Hospital are included in aggregated data for hospitals with a MHICU. 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

There were 904 physical restraint events in April to June 2024, up from the five-year record low in the preceding quarter, but down compared with the same quarter the previous year (Figure 6).

The rate of physical restraint refers to the number of physical restraint events per 1,000 bed days. The rate was 6.7 per 1,000 bed days in April to June 2024, up from the five-year record low in the preceding quarter, but down compared with the same quarter the previous year. The rate of physical restraint in hospitals with a MHICU was typically higher than those without a MHICU (Figure 7).

Figure 6 Number of physical restraint events occurring in specialised acute mental health inpatient units, April 2019 to June 2024

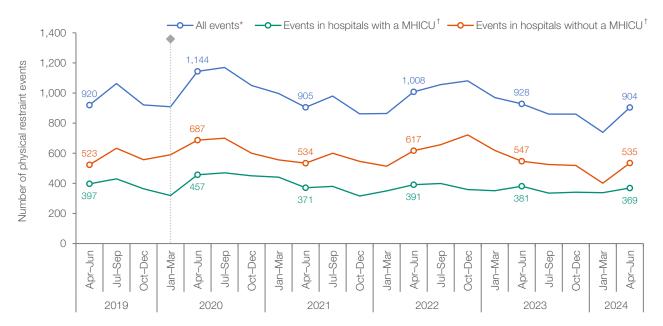
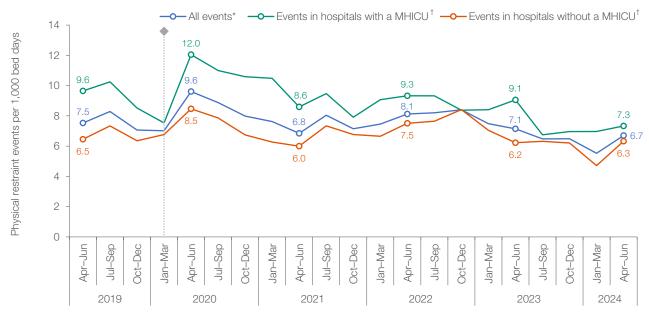


Figure 7 Number of physical restraint events per 1,000 bed days in specialised acute mental health inpatient units, April 2019 to June 2024



^{* &#}x27;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. From July to September 2023, results for Campbelltown Hospital are included in aggregated data for hospitals with a MHICU. For more information, including which hospitals are included each guarter, 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

Seclusion and restraint should only be used as a last resort when other options are unsuccessful in maintaining the safety of patients, staff, or others. When used, 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 2023–24 is less than four hours.

The average duration of a seclusion event was 9 hours 41 minutes in NSW in April to June 2024, up 1 hour 36 minutes compared with the same quarter the previous year (Table 3). The average duration was longer than four hours in 13 hospitals: Nepean (26h 38m), Cumberland (20h 6m), Royal North Shore (11h 28m), Blacktown (10h 52m), Royal Prince Alfred (10h 45m), Hunter New England Mater Mental Health Centre (10h 34m), Concord (8h 48m), Liverpool (8h 31m), Prince of Wales (8h 14m),

Bankstown-Lidcombe (6h 39m), Tweed (6h 31m), Campbelltown (5h 12m) and Tamworth (4h 40m) (Table 3).

In April to June 2024, the average duration of a physical restraint event in NSW was 5 minutes, similar to the same quarter the previous year (Table 3).

The average duration of a mechanical restraint event in NSW (excluding the Forensic Hospital) was 1 hour 4 minutes, down 31 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 59 minutes, down 6 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, April to June 2024

	Seclusi	on	Physical restraint		
Hospital	Average duration	Change since one year ago	Average duration	Change since one year ago	
NSW	9h 41m	1h 36m	5m	1m	
Armidale	0m	0m	0m	0m	
Bankstown-Lidcombe	6h 39m	3h 9m	1m	0m	
Blacktown	10h 52m	8h 6m	1m	0m	
Blue Mountains	†	‡	†	‡	
Braeside	0m	0m	0m	‡	
Broken Hill	t	‡	t	‡	
Children's at Westmead	t	‡	†	‡	
Coffs Harbour	t	‡	†	‡	
Dubbo	t	‡	t	‡	
Gosford	t	‡	3m	‡	
Goulburn	2h 50m	38m	3m	-1m	
Greenwich	0m	0m	†	1	
John Hunter	†	‡	†	‡	
Kempsey	0m	0m	0m	0m	
Lismore	1h 46m	‡	7m	-4m	
Liverpool	8h 31m	1h 6m	1m	-1m	
Macquarie	†	‡	†	1	
Maitland	1h 36m	-1h 35m	13m	10m	
Manning	3h 55m	‡	6m	3m	
Morisset	0m	‡	t		
Nepean	26h 38m	13h 40m	10m	8m	
Northern Beaches#	†	‡	3m	2m	
Port Macquarie	0m	0m	†		
Royal North Shore	11h 28m	‡	1m	0m	
Royal Prince Alfred	10h 45m	-4h 45m	4m	0m	
Shellharbour	2h 0m	-1h 5m	2m	-2m	
South East Regional	0m	‡	†	‡	
St George	3h 0m	-47m	1m	-1m	
St Vincent's	t	‡	4m	2m	
Sutherland	†	‡	2m	-1m	
Sydney Children's	0m	0m	†		
Tamworth	4h 40m	3h 7m	1m	-4m	
Tweed	6h 31m	‡ ·	3m	1m	
Wagga Wagga	†	‡	1m	-1m	
Westmead	0m	0m	2m	0m	
Wollongong	1h 53m	-8m	3m	1m	
Wyong	1h 20m	‡	4m	-1m	
Campbelltown [§]	5h 12m	Ω	2m	Ω	
Concord	8h 48m	-6h 47m	4m	0m	
Cumberland	20h 6m	4h 37m	3m	1m	
Hornsby	2h 40m	-30m	14m	8m	
Hunter New England Mater MH	10h 34m	5h 37m	8m	1m	
Orange	57m	‡	2m	1m	
Prince of Wales	8h 14m	2h 7m	5m	3m	
The Forensic Hospital	27h 32m	4h 12m	16m	7m	

[†] Result suppressed to protect patient privacy as the count of episodes or patients with a seclusion/physical restraint event is fewer than five and greater than zero.

[‡] Result suppressed to protect patient privacy as the count of episodes or patients with a seclusion/physical restraint event in the reporting period or in the same quarter the previous year is fewer than five and greater than zero.

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[§] From July to September 2023, Campbelltown Hospital has been classified as a hospital with a MHICU.

 $[\]Omega$ Comparison with the same quarter previous year has been suppressed as the data is not comparable.

Duration of seclusion and physical restraint events

The NSW Health KPI target for an 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 2016.

There was a downward trend in the average duration of a seclusion event between July to September 2023 and January to March 2024, however, it increased in April to June 2024 to 9 hours 41 minutes. The average duration of a seclusion event in hospitals with a MHICU was typically longer and showed more variation than in hospitals without a MHICU (Figure 8).

The average duration of a physical restraint event was relatively stable between January to March 2023 and January to March 2024, however it increased to 5 minutes 7 seconds in April to June 2024. 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, April 2019 to June 2024

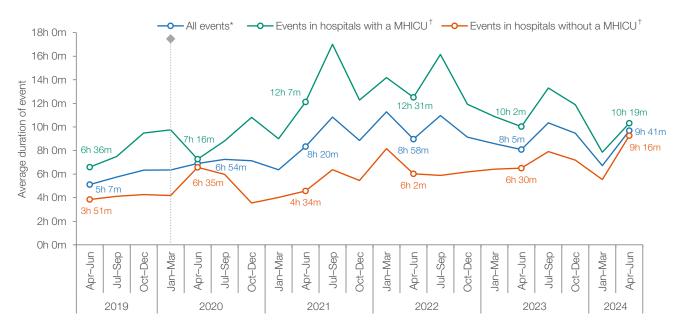
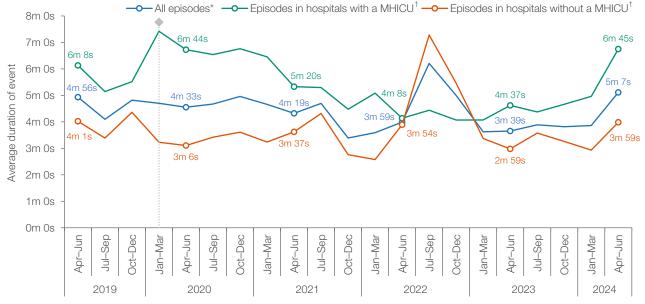


Figure 9 Average duration of physical restraint events occurring in specialised acute mental health inpatient units, April 2019 to June 2024



^{* &#}x27;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. From July to September 2023, results for Campbelltown Hospital are included in aggregated data for hospitals with a MHICU. For more information, including which hospitals are included each guarter, 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.

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