

8 Residential mental health care

8.1 Introduction

In addition to admitted patient mental health-related care provided in hospitals, another form of mental health-related non-ambulatory care is *residential mental health care*. This chapter presents information on such care that is provided by government-funded and operated residential mental health services. Non-government operated services and services that are staffed less than 24 hours a day are not included. The data presented are from the inaugural collection of the National Residential Mental Health Care Database (NRMHCD) which is a collation of data on *episodes of residential care*. Appendix 1 provides information about the coverage and data quality of this collection.

Key concepts

Residential mental health care refers to residential care provided by residential mental health services. A residential mental health service is a specialised mental health service that:

- employs mental health-trained staff on-site;
- provides rehabilitation, treatment or extended care to residents for whom the care is intended to be on an overnight basis and in a domestic-like environment; and
- encourages the resident to take responsibility for their daily living activities.

These services include those that employ mental health trained staff on-site 24 hours per day and other services with less intensive staffing. However, all these services employ on-site mental health trained staff for some part of each day.

Episodes of residential care are defined as a period of care between the start of residential care (either through the formal start of the residential stay or the start of a new reference period (that is, 1 July 2004)) and the end of residential care (either through the formal end of residential care, commencement of leave intended to be greater than seven days or the end of the reference period (that is, 30 June 2005)). An individual can have one or more episodes of care during the reference period.

Residential stay refers to the period of care beginning with a formal start of residential care and ending with a formal end of the residential care and accommodation. It may involve more than one reference period (that is, more than one episode of residential care).

A **resident** is a person who receives residential care intended to be for a minimum of one night.

Residential care days refer to the number of days of care the resident received in the episode of residential care.

8.2 Episodes of residential care

In 2004–05, there were 2,194 episodes of residential care provided to 1,431 *residents* (Table 8.1). This corresponds to an average of 1.5 episodes of care per resident. The number of residents reported may be an over-estimate because there is no means to determine if any one person made use of services from multiple providers.

Victoria reported the highest number of residential mental health care episodes (728), followed by Tasmania (721). However, the age-standardised data indicate that, relative to its

population size and age structure, Tasmania had the highest number of episodes of residential mental health care per 10,000 population (15.3). New South Wales and South Australia had the lowest number of episodes per 10,000 population (both 0.6). Note that differences in the data across the states and territories may be due to differences in service delivery practices and/or the types of establishments categorised as residential mental health care facilities. Interpretation of the differences between jurisdictions therefore needs to be done with care. Queensland and the Northern Territory do not have any residential services and therefore do not provide data to the collection.

For the 2,194 episodes of residential care, there were 188,351 *residential care days*. Tasmania had the highest number of residential care days per 10,000 population (677.0), followed by the Australian Capital Territory (377.8) and Victoria (182.9).

Table 8.1: Episodes of residential mental health care, number of residents and residential care days, states and territories, 2004–05

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT ^(a)	Total
Episodes	388	728	..	203	91	721	63	..	2,194
Estimated number of residents ^(b)	302	494	..	154	83	337	61	..	1,431
Average episodes per resident ^(b)	1.3	1.5	..	1.3	1.1	2.1	1.0	..	1.5
Residential care days	39,772	91,462	..	5,509	4,555	34,434	12,619	..	188,351
	Rate (per 10,000 population)^(c)								
Episodes	0.6	1.5	..	1.0	0.6	15.3	1.9	..	1.1
Estimated number of residents ^(b)	0.4	1.0	..	0.8	0.5	7.0	1.9	..	0.7
Residential care days	58.3	182.9	..	27.4	30.9	677.0	377.8	..	93.1

(a) Queensland and the Northern Territory do not have any residential mental health services.

(b) The number of residents is likely to be overestimated since residents who made use of services from multiple providers are counted separately each time.

(c) Rates were directly age-standardised as detailed in Appendix 2.

.. Not applicable.

Source: National Residential Mental Health Care Database.

Table 8.2 presents data on the number of episodes of residential care by mental health legal status and jurisdiction. Nationally, for 10.6% (or 231) of episodes of residential mental health care, the resident's mental health legal status was classed as 'involuntary'. There were different patterns across jurisdictions, with relatively higher proportions of residents with an involuntary status recorded for the Australian Capital Territory (50.8%), Victoria (18.3%) and South Australia (16.5%). At least some part of these differences may reflect differences in legislative arrangements regarding legal status among the jurisdictions.

Table 8.2: Episodes of residential mental health care by mental health legal status, states and territories, 2004–05

Mental health legal status	NSW	Vic	WA	SA	Tas	ACT	Total
Involuntary	0	133	0	15	51	32	231
Voluntary	322	595	203	75	670	31	1,896
Total^(a)	388	728	203	91	721	63	2,194

(a) Includes episodes for which mental health legal status was not reported.

Source: National Residential Mental Health Care Database.

8.3 Patient demographics

Table 8.3 presents information on the number of episodes of residential care in 2004–05 according to the demographic characteristics of those receiving care. In addition, the number of episodes per 10,000 population is given in order to take into account relative population sizes and age structures. As these are reports of episodes (rather than persons), the rates provide information on the number of episodes relative to the size of the population subgroup.

The largest number of episodes of residential care was for residents aged 25 to 34 years (31.3%; 2.4 episodes per 10,000 population) followed by those aged 35 to 44 years (23.0%; 1.7 per 10,000 population).

Male residents accounted for 61.2% of episodes while females accounted for 38.8%; relative to their population size and age structure, males had more episodes than females (1.3 and 0.8 per 10,000 population, respectively).

The data on episodes of residential care for Indigenous Australians compared with other Australians must be interpreted with caution due to uncertainty about the quality of Indigenous identification among the jurisdictions. Table 8.3 presents national data on Indigenous status; however, only Western Australia, Tasmania and the Australian Capital Territory reported their data to be of acceptable quality (see Appendix 1 for more information). As a consequence, it is likely that the number of residential mental health care episodes for Indigenous Australians is underestimated. The data indicate that Indigenous Australians accounted for 3% of episodes. However, when the size and age structure of the Indigenous and other Australian populations were taken into account, there was a higher number of episodes per 10,000 population for Indigenous Australians than for other Australians (1.5 and 1.0 episodes respectively).

The number of episodes per 10,000 population for Australian-born residents was more than double the rate for those born overseas (1.3 and 0.5 respectively).

The highest number of episodes per 10,000 population was for residents living in Inner regional areas (2.7 per 10,000 population), followed by Major cities (0.7) and Outer regional areas (0.6).

The most frequently reported marital status was 'never married' (72.9%), followed by 'married' (10.4%), and 'divorced' (9.1%).

8.4 Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for occasioning the resident's episode of residential mental health care. Table 8.4 presents the number of residential mental health care episodes for principal diagnosis groups for 2004–05. In this table, diagnoses are classified according to the *International Classification of Diseases, 10th revision, Australian Modification* (ICD-10-AM). Note that these data should be interpreted with caution due to variability in the data collection and coding practices in relation to principal diagnosis across Australia (for more information, see Appendix 1).

A principal diagnosis was specified for 95.0% (2,084) of episodes of residential care. For those episodes, the most common principal diagnosis was *Schizophrenia* (F20), which was reported for more than half of the episodes (60.2%). The next most common principal diagnosis was *Schizoaffective disorder* (F25), which accounted for 11.1% of the episodes, followed by *Depressive episode* (F32, 6.5%) and *Bipolar affective disorder* (F31, 5.0%).

Table 8.3: Episodes of residential mental health care by patient demographic characteristics, 2004–05

Patient demographics	Number of episodes^(a)	Per cent of episodes^(b)	Rate (per 10,000 population)^(c)
Age			
Less than 15 years	1	0.0	0.0
15–24	290	13.2	1.0
25–34 years	687	31.3	2.4
35–44 years	504	23.0	1.7
45–54 years	386	17.6	1.4
55–64 years	207	9.4	1.0
65 years and over	119	5.4	0.5
Sex			
Male	1,342	61.2	1.3
Female	852	38.8	0.8
Indigenous status^{(d)(e)}			
Indigenous Australians	61	3.0	1.5
Other Australians	2,000	97.0	1.0
Country of birth			
Australia	1,900	87.6	1.3
Overseas	268	12.4	0.5
Remoteness area of usual residence			
Major city	912	43.2	0.7
Inner regional	1,070	50.7	2.7
Outer regional	125	5.9	0.6
Remote and Very remote	5	0.2	0.1
Marital status^(e)			
Never married	1,359	72.9	..
Widowed	54	2.9	..
Divorced	170	9.1	..
Separated	88	4.7	..
Married	193	10.4	..
Total	2,194	100.0	1.1

(a) The numbers of episodes for each demographic variable may not sum to the total due to missing and/or not reported data.

(b) The percentages shown do not include those episodes for which the demographic information was missing and/or not reported.

(c) Rates were directly age-standardised, with the exception of age which is a crude rate, as detailed in Appendix 2.

(d) These data should be interpreted with caution due to likely under identification of Indigenous Australians.

(e) Information on this data element was missing or not reported for more than 5 per cent of episodes.

.. Not applicable.

Source: National Residential Mental Health Care Database.

Table 8.4: Episodes of residential mental health care by principal diagnosis in ICD-10-AM groupings, 2004–05

Principal diagnosis		Number of episodes	Per cent of specified principal diagnoses
F00–F03	Dementia	49	2.4
F04–F09	Other organic mental disorders	7	0.3
F10	Mental and behavioural disorders due to use of alcohol	3	0.1
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	22	1.1
F20	Schizophrenia	1,254	60.2
F21, F24, F28, F29	Schizotypal and other delusional disorders	28	1.3
F22	Persistent delusional disorders	4	0.2
F23	Acute and transient psychotic disorders	28	1.3
F25	Schizoaffective disorders	232	11.1
F30	Manic episode	7	0.3
F31	Bipolar affective disorders	105	5.0
F32	Depressive episode	135	6.5
F33	Recurrent depressive disorders	8	0.4
F34	Persistent mood (affective) disorders	1	0.0
F38, F39	Other and unspecified mood (affective) disorders	0	0.0
F40	Phobic anxiety disorders	1	0.0
F41	Other anxiety disorders	31	1.5
F42	Obsessive-compulsive disorders	11	0.5
F43	Reaction to severe stress and adjustment disorders	25	1.2
F44	Dissociative (conversion) disorders	14	0.7
F45, F48	Somatoform and other neurotic disorders	0	0.0
F50	Eating disorders	3	0.1
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	0	0.0
F60	Specific personality disorders	86	4.1
F61–F69	Disorders of adult personality and behaviour	3	0.1
F70–F79	Mental retardation	5	0.2
F80–F89	Disorders of psychological development	2	0.1
F90	Hyperkinetic disorders	0	0.0
F91	Conduct disorders	2	0.1
F92–F98	Other and unspecified disorders with onset in childhood and adolescence	0	0.0
	Other ^(a)	18	0.9
<i>Total with specified principal diagnosis</i>		<i>2,084</i>	<i>100.0</i>
F99	Mental disorder not otherwise specified	41	
	Not reported	69	
<i>Total with unspecified principal diagnosis</i>		<i>110</i>	
Total		2,194	

(a) Includes all reported diagnoses that are not in the 'Mental and behavioural disorders' chapter of ICD-10-AM (codes F00 to F99).

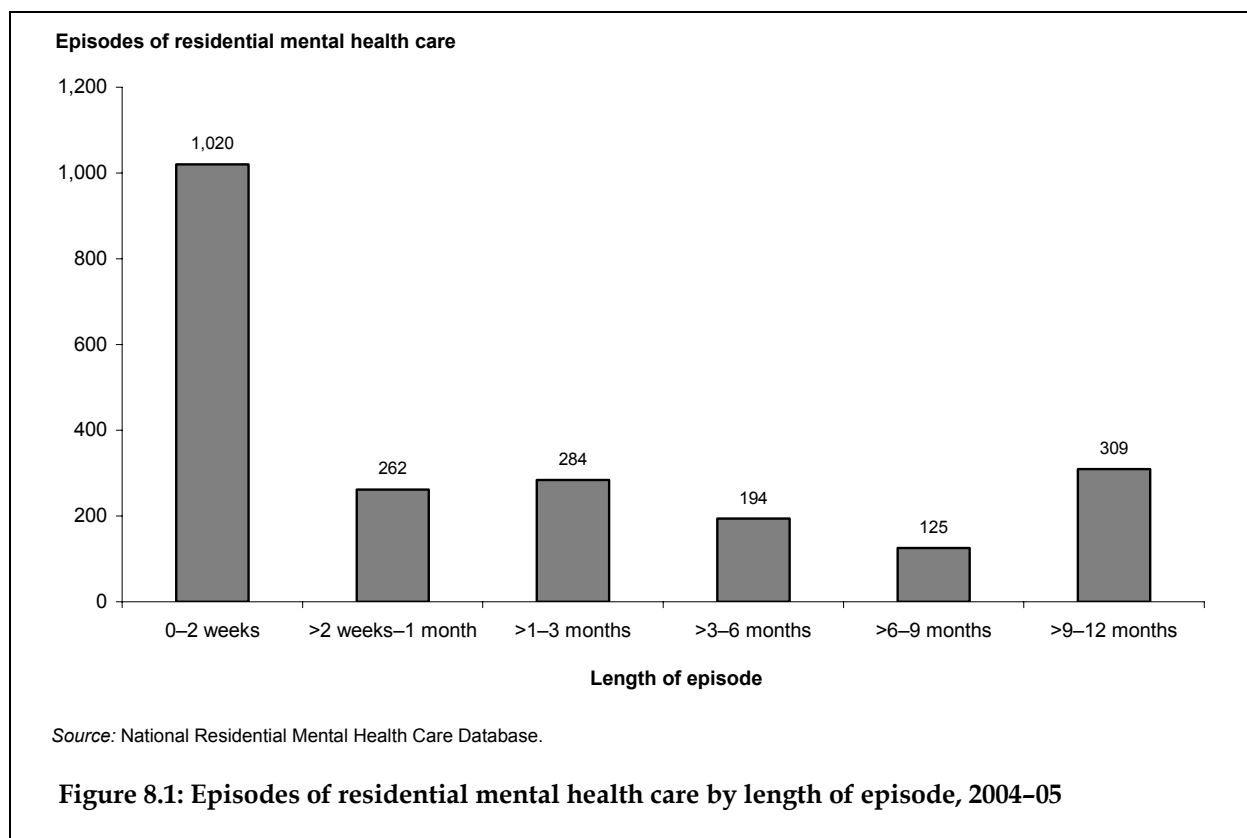
Source: National Residential Mental Health Care Database.

8.5 Length of episodes and residential stays

Episodes

The NRMHCD collects data on the episodes of residential mental health care which occurred during the collection period (that is, from 1 July 2004 to 30 June 2005). The length of episode is calculated by subtracting the date on which the episode started from the episode end date and deducting leave days. These leave days may occur for a variety of reasons including receiving treatment by a specialised or non-specialised health service or spending time in the community. Note that episodes which started and ended on the same day are allocated an episode length of one day; in 2004–05, there were 58 such episodes.

In relation to the 2,194 episodes of residential mental health care in 2004–05, there was a total of 188,351 residential mental health care days. The average length of stay was 85.8 days, the most common length of stay was 3 days and the median length of stay was 19 days (Figure 8.1). There were 258 reports of episodes longer than 326 days.



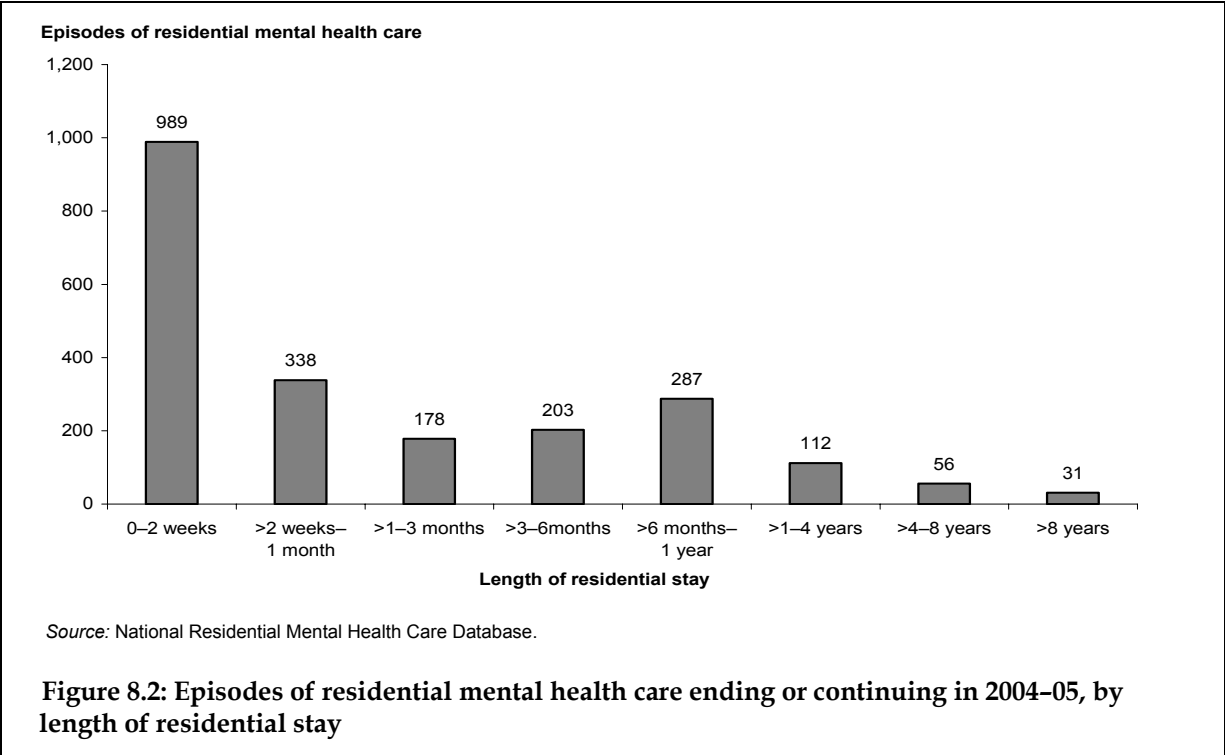
Residential stays

Of the episodes of residential mental health care in 2004–05, 76.8% started in the 2004–05 collection period (that is, between 1 July 2004 and 30 June 2005), while the remaining episodes began prior to the data collection period (that is, before 1 July 2004). The number of days the resident was in residential care before 1 July 2004 can be added to the length of the

episode within 2004–05 to provide an estimate of the length of *residential stays*. However, the number of leave days the resident had before 1 July 2004 has not been taken into account as this information was not available from jurisdictions other than Western Australia and South Australia. (Note that for those two states, the number of leave days before 1 July 2004 totalled 5,281 days or 8.1% of residential care days; if taken into account, these would have reduced the average length of residential stays for these jurisdictions and given a more accurate calculation). Thus the number of days presented for residential stays are not strictly comparable with the data presented above for episodes of residential care as the latter take leave days into account.

When the numbers of residential care days before 1 July 2004 are taken into account, the average length of residential stay was 271.1 days. The most common length of stay was 3 days and the median length of stay was 21 days. Note that the data on residential stays includes both those episodes that formally ended during 2004–05 and those that did not.

Figure 8.2 shows the distribution of the length of residential stays for the episodes reported in 2004–05. There were 31 reports of residential stays of longer than 8 years (15 of these were for longer than 10 years).



8.6 Additional data

Additional tables containing data on episodes of residential mental health care are available on the AIHW website. See Section 1.5 for details on how to access these tables.