Residential mental health care

Residential mental health care services provide specialised mental health care on an overnight basis in a domestic-like environment. Residential mental health services may include rehabilitation, treatment or extended care. They are described in this section using data from the National Residential Mental Health Care Database (NRMHCD). The scope for this collection is all episodes of care in all government-funded residential mental health services in Australia, except those residential care services that are in receipt of funding under the *Aged Care Act 1997* and subject to other Commonwealth reporting requirements. The inclusion of non-government-operated services in receipt of government funding is optional, with 12 such residential care services included for the 2011–12 collection. For more information about the coverage and data quality of this collection, see the data source section.

Key points

- There were over 5,700 residential episodes of care recorded for over 4,300 residents in 2011–12.
- The number of residential episodes per 10,000 population increased by an average of 13.7% per year between 2007–08 and 2011–12. The estimated number of residents per 10,000 population increased by an annual average of 17.7% over the same period.
- Residents with an involuntary mental health legal status accounted for 25.1% of all episodes in 2011–12, compared with 34.4% in 2007–08.
- When principal diagnosis was specified, schizophrenia was by far the most common principal diagnosis for residents undergoing residential episodes of care (44.0%), followed by schizoaffective disorder (11.7%) and depressive episode (10.5%).
- The most common length of stay for a completed residential episode was 2 weeks or less (54.9%) in 2011–12, with just under 3% lasting longer than 1 year.

Residential care by states and territories

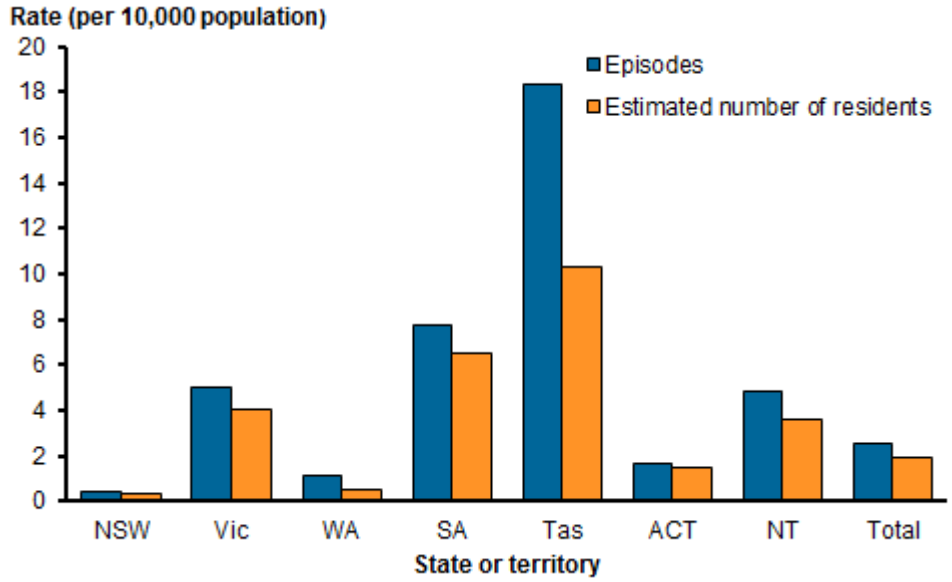
Nationally there were 5,727 continuing and completed episodes of residential care in 2011–12, with 297,987 residential care days provided to an estimated 4,359 residents. This equates to an average of 1.3 episodes of care per resident and 52.0 residential care days per episode.

Tasmania reported both the highest rate of episodes of care (18.4 per 10,000 population) and the highest rate of residents (10.3 per 10,000 population) in 2011–12. Both of these figures are noticeably higher than the national averages of 2.6 episodes and 2.0 residents per 10,000 population (Figure RMHC.1). This reflects the mental health service profile mix of Tasmania, which has a substantial residential care component (see the Profile of specialised mental health care facilities section for additional information).

New South Wales had the lowest rate for both episodes and residents (0.4 and 0.3 per 10,000 population respectively), again, reflecting the service profile mix for the state. Queensland does not report any in-scope residential mental health services to the collection.

Nationally, the rate of residential care days was 132.2 per 10,000 population in 2011–12, with Tasmania reporting the highest rate (1,218.5) and Western Australia reporting the lowest rate (16.6).

Figure RMHC.1: Residential mental health care rates for episodes and estimated number of residents, states and territories, 2011–12



Notes:

1. Queensland does not report any residential mental health services.
2. The number of residents is likely to be overestimated, as residents who made use of services from multiple providers may be counted separately each time.

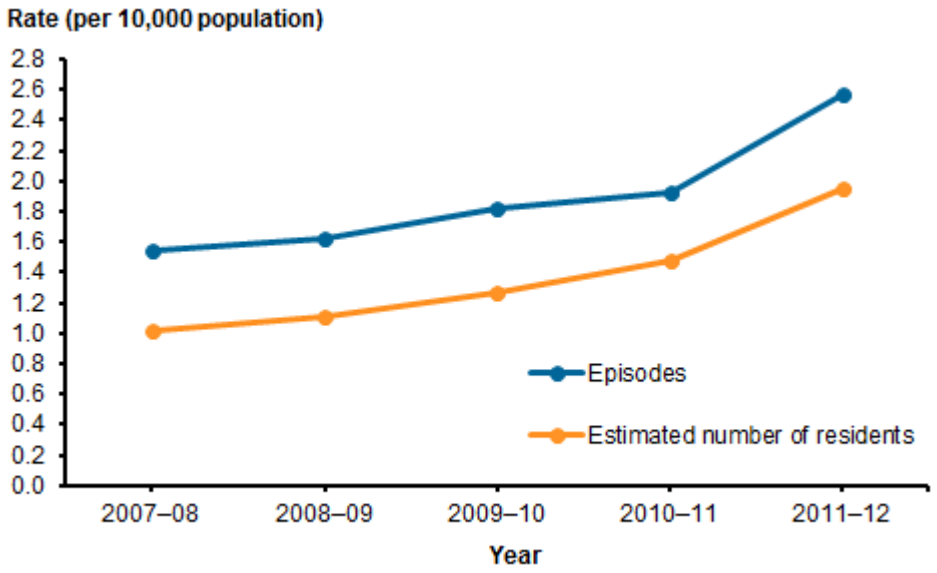
Source: National Residential Mental Health Care Database.
Source data for this figure are accessible from Table RMHC.1 (540KB XLS) in the Residential Mental Health Care excel table downloads.

Alt text: A vertical bar chart showing residential mental health care rates for episodes and estimated number of residents for all jurisdictions in 2011–12. Tas had the highest rates for both epsiodes and estimated number of residents (18.4 and 10.3 per 10,000 population respectively), followed by SA (7.7 and 6.5), Vic (5.0 and 4.1), NT (4.9 and 3.6), ACT (1.7 and 1.5), WA (1.2 and 0.5) and NSW (0.4 and 0.3). Nationally, the rate for episodes and estimated number of residents was 2.6 and 2.0 respectively. Refer to Table RMHC.1.

Residential care over time

The number of residential care episodes per 10,000 population increased by an annual average of 13.7% between 2007–08 and 2011–12 (Figure RMHC.2). Similarly, the estimated number of residents per 10,000 population increased by an annual average of 17.7% over the same period. Since the estimated number of residents increased at a greater rate than the number of episodes, this has resulted in decreases in both the average number of episodes per resident and the average number of residential care days per episode over the 5 years to 2011–12. Episodes per resident declined by an annual average of 3.5% (from 1.5 to 1.3), while the average number of residential care days per episode decreased by an annual average of 8.4%, from 73.8 days in 2007–08 to 52.0 days in 2011–12.

Figure RMHC.2: Residential mental health care episodes and estimated number of residents, 2007–08 to 2011–12



Source: National Residential Mental Health Care Database.
Source data for this figure are accessible from Table RMHC.2 (540KB XLS) in the Residential Mental Health Care excel table downloads.

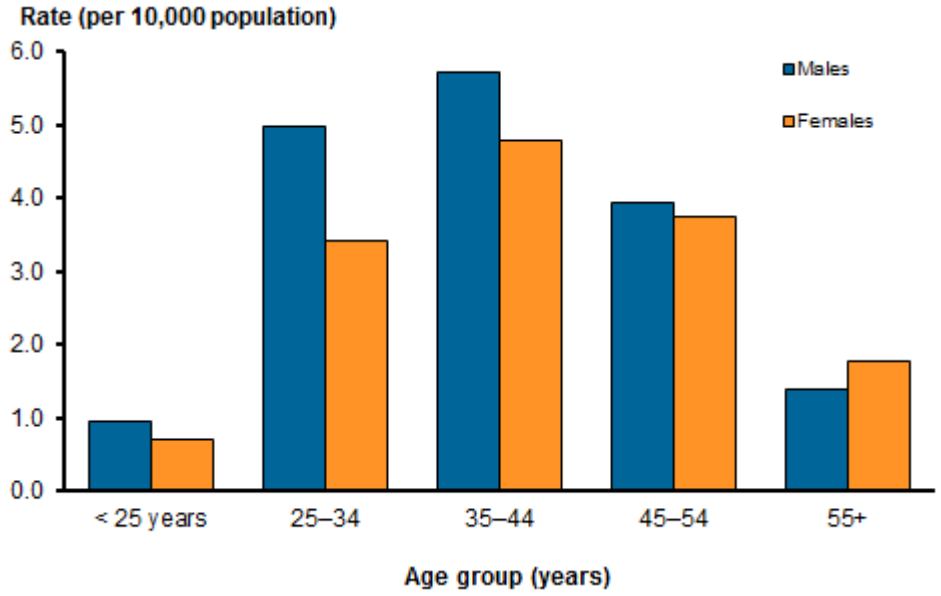
Alt text: A line chart with two lines showing that residential mental health care rates for episodes and estimated number of residents per 10,000 population have increased from 2007–08 to 2011–12. 2007–08: episodes 1.5 and estimated number of residents were 1.0; 2008–09: episodes 1.6 and residents 1.1; 2009–10: episodes 1.8 and residents 1.3; 2010–11: episodes 1.9 and residents 1.5 and 2011–12: episodes 2.6 and residents 2.0. Data are accessible in Table RMHC.2.

Characteristics of residential care clients

Patient demographics

People aged 35–44 comprised the highest proportion of residential care episodes (29.1%) and had the highest number of episodes per 10,000 population (5.2) in 2011–12. Overall, there were more residential care episodes for males than females (53.2% and 46.8% respectively), except for the 55 and over age group which had a higher rate of episodes for females than males (1.8 compared with 1.4 per 10,000 population) (Figure RMHC.3).

Figure RMHC.3: Rates of residential episodes, by age group and sex, 2011–12



Source: National Residential Mental Health Care Database.
Source data for this figure are accessible from Table RMHC.10 (540KB XLS) in the Residential Mental Health Care excel table downloads.

Alt text: A vertical bar chart showing rates of residential mental health care episodes per 10,000 population by age group and sex in 2011–12. Less than 25 years: males 1.0 and females 0.7; 25–34 years: males 5.0 and females 3.4; 35–44 years: males 5.7 and females 4.8; 45–54 years: males 3.9 and females 3.8 and 55+ years: males 1.4 and females 1.8. Refer to Table RMHC.10.

Aboriginal and Torres Strait Islander people accounted for 4.2% of all episodes. However, when population size is taken into account, Indigenous Australians accessed residential services at more than double the rate of non-Indigenous Australians (5.0 and 2.4 episodes per 10,000 population respectively).

Almost two-thirds (63.2%) of residential care episodes were for people who usually live in *Major cities*. However, after taking population size into account, the rate of residential care episodes was found to be highest for people who live in *Inner regional* areas (4.4 per 10,000 population compared to 2.2 per 10,000 population in *Major Cities*).

The rate of episodes for Australian-born residents was over twice the rate for those born overseas (3.2 and 1.2 per 10,000 population respectively).

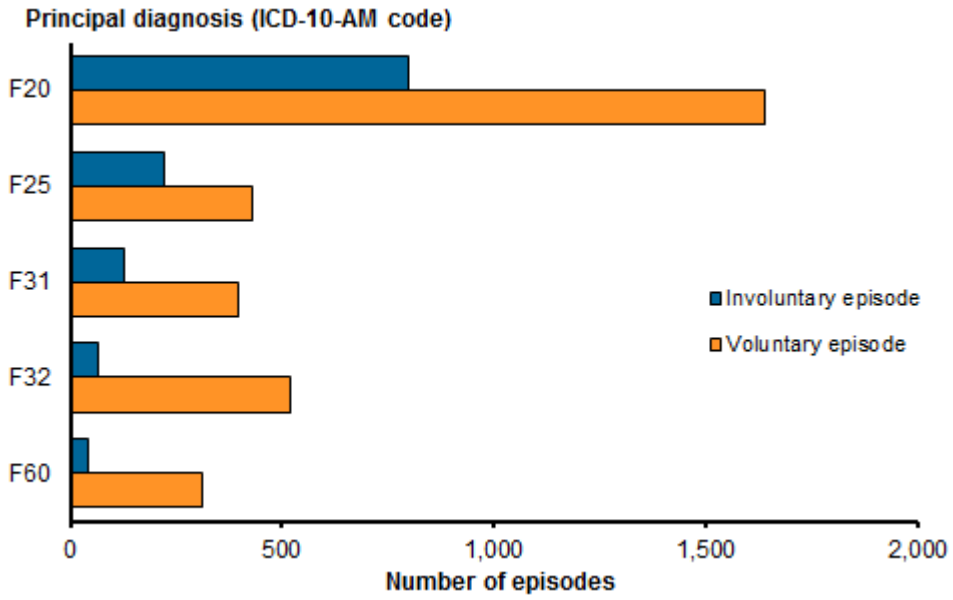
Principal diagnosis

The principal diagnosis recorded for residents who have a mental health-related residential care episode is based on the broad categories listed in the Mental and behavioural disorders chapter (Chapter 5) of the *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification* (ICD-10-AM edition). Further information on this is included in the technical information section.

A principal diagnosis was specified for the large majority of episodes of residential care (97.0% or 5,555 episodes) in 2011–12. Of these episodes, residents with a principal diagnosis of schizophrenia (ICD-10-AM code F20) accounted for about two-fifths (2,442 or 44.0%).

Figure RMHC.4 shows that residents with a principal diagnosis of schizophrenia accounted for over half of all involuntary episodes of care (800 or 55.6% of the total number of involuntary episodes). Residents diagnosed with schizoaffective disorders and schizophrenia had the highest proportion of episodes with an involuntary mental health legal status, 34.1% and 32.8% respectively.

Figure RMHC.4: Residential episodes for the 5 most commonly reported principal diagnoses, by mental health legal status, 2011–12



Key
F20 Schizophrenia
F25 Schizoaffective disorders
F31 Bipolar affective disorders
F32 Depressive episode
F60 Specific personality disorders

Source: National Residential Mental Health Care Database.
Source data for this figure are accessible from the Table RMHC.8 (540KB XLS) in the Residential Mental Health Care excel table downloads.

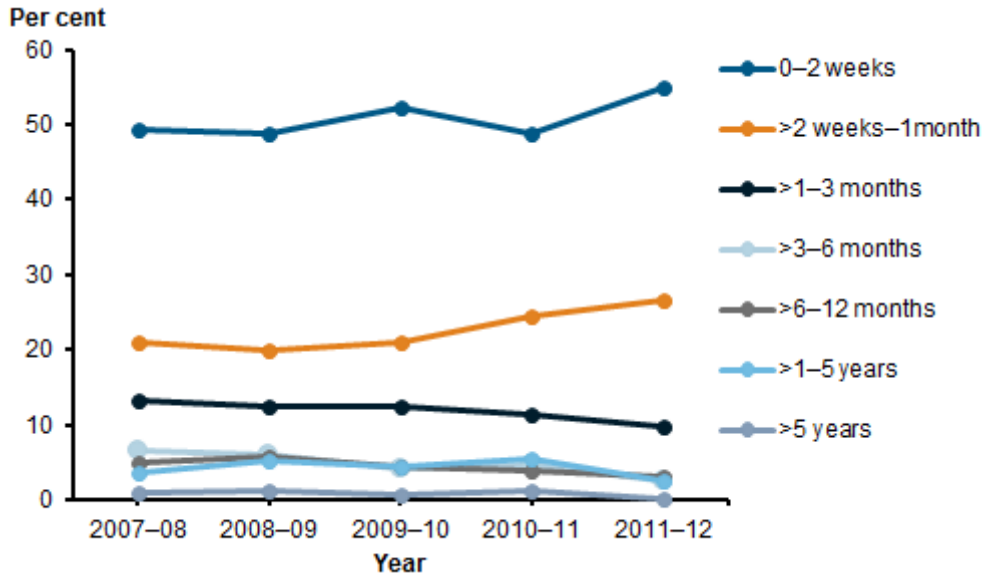
Alt text: A horizontal bar chart showing the 5 most commonly reported principal diagnoses by mental health legal status, involuntary and voluntary, in 2011–12. Schizophrenia: involuntary episodes 800 and voluntary episodes 1,642; Schizoaffective disorders: involuntary episodes 221 and voluntary episodes 427; bipolar affective disorders: involuntary episodes 125 and voluntary episodes 396; depressive episode: involuntary episodes 65 and voluntary episodes 520 and specific personality disorders: involuntary episode 40 and voluntary episode 311. Data are accessible in Table RMHC.8.

Characteristics of residential care episodes

Length of completed residential stays

There were 4,850 residential episodes that formally ended during 2011–12. About half (54.9%) were for episodes that were 2 weeks or less in duration (Figure RMHC.5). Nearly 3% (139 episodes) lasted longer than 1 year. The proportion of completed residential stays with a length of 0 to 2 weeks increased slightly by an average of 2.7% between 2007–08 and 2011–12. The proportion of completed residential stays with a length of 2 weeks to 1 month also increased, by an average of 6.1% over the same period. All other lengths of stay as a proportion decreased over the 5 years to 2011–12.

Figure RMHC.5: Residential mental health care episodes, by length of completed residential stay, 2007–08 to 2011–12



Source: National Residential Mental Health Care Database.
Source data for this figure are accessible from Table RMHC.5 (540KB XLS) in the Residential Mental Health Care excel table downloads.

Alt text: A line chart with 6 lines showing residential mental health care episodes by length of completed residential stay (per cent) in 2007–08 to 2011–12. 0 to 2 weeks: 49.3% in 2007–08 to 54.9% in 2011–12; greater than 2 weeks to 1 month: 21.1% to 26.7%; greater than 1 month to 3 months: 13.4% to 9.8%; greater than 3 months to 6 months: 6.5% to 2.7%; greater than 6 months to 12 months: 5.1% to 3.1%; greater than 1 year to 5 years: 3.7% to 2.6% and greater than 5 years: 1.0% to 0.2%. Refer to Table RMHC.5.

Mental health legal status

About a quarter (25.1%) of residential care episodes were for residents with an involuntary mental health legal status. All episodes of care reported in New South Wales and Western Australia were recorded as voluntary. Whilst the total numbers of involuntary episodes has increased nationally, the proportion of episodes involving an involuntary mental health legal status decreased by an annual average of 7.6% between 2007–08 and 2011–12.

Data source

National Residential Mental Health Care Database

Quality Statements for National Minimum Data Sets (NMDSs) are published annually on the Metadata Online Registry (METeOR). Statements provide information on the institutional environment, timeliness, accessibility, interpretability, relevance, accuracy and coherence. See the Residential mental health care NMDS 2011–12: National Residential Mental Health Care Database, 2013; Quality Statement.

Key Concepts

Residential mental health care

Key Concept	Description
Episodes of residential care	**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)) and the end of residential care (either through the formal end of residential care, commencement of leave intended to be greater than 7 days, or the end of the reference period (that is, 30 June)). An individual can have one or more episodes of care during the reference period.
Mental health legal status	The state and territory mental health acts and regulations provide the legislative cover that safeguards the rights and governs the treatment of patients with mental illness in admitted patient care, residential care and community-based services. The legislation varies between the state and territory jurisdictions but all contain provisions for the assessment, admission and treatment of patients on an involuntary basis, defined as 'persons who are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care'.
Resident	A **resident** is a person who receives residential care intended to be for a minimum of 1 night.
Residential care days	**Residential care days** refer to the number of days of care the resident received in the episode of residential care. The number of days a resident was in residential care is calculated by subtracting the date on which the residential stay started from the episode end date and deducting any leave days. These leave days may occur for a variety of reasons, including receiving treatment by a health service or spending time in the community. Note that leave days taken prior to 2009–10 were not accounted for due to lack of data.
Residential mental health care	**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 • encourages the residents 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 the day.
Residential stay	**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. It may

	involve more than one reference period (that is, more than one episode of residential care).