8 Residential mental health care

8.1 Introduction

Non-ambulatory mental health-related care can be accessed via hospitals, as discussed in Chapter 7, or through facilities providing residential mental health services. This chapter presents information on this type of care funded by government. The data presented are from the National Residential Mental Health Care Database (NRMHCD), which is a collation of data on episodes of residential care. The database was inaugurated in 2004–05 and this is the second time that the data was reported. The scope for this collection is all episodes of residential care for residents in all government funded and operated residential mental health services in Australia, except those residential care services that are in receipt of funding under the Aged Care Act. Appendix 1 provides information about the coverage and data quality of this collection.

Government-funded residential mental health care can be provided by both government and non-government organisations. These organisations can be staffed 24 hours a day or less (see Appendix 1). While no data from non-government organisations were collected for financial year 2004–05, data from two non-government organisations in Tasmania were included in the 2005–06 data and reported.

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 residents to take responsibility for their daily living activities.

These services are provided by mental health-trained staff 24 hours a day, or at least 50 hours per week with at least 6 hours staffing on any single 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 2005) 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 2006)). 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. 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 States and territories

In 2005–06, there were 2,345 ***episodes of residential care*** with 222,003 ***residential care days*** provided to 1,584 ***residents*** (Table 8.1). This corresponds to an average of 1.5 episodes of care per resident and 95 residential care days per episode. The number of residents reported may be an overestimate because residents who made use of services from multiple providers were counted separately each time and there is no means to identify these residents individually.

There were noticeable differences in the data across the states and territories. These may be due to differences in service delivery practices and/or the types of establishments categorised as residential mental health care facilities. Therefore, caution should be used in the interpretation of differences between jurisdictions. Queensland and the Northern Territory do not currently report any residential mental health care service data to the collection.

Table 8.1: Episodes of residential mental health care, number of residents and residential care days, states and territories, 2005–06

	NSW	Vic	Qld[a]	WA	SA	Tas	ACT	NT[a]	Total
Episodes	436	791	. .	177	140	741	60	. .	2,345
Estimated number of residents[b]	316	554	. .	132	129	399	54	. .	1,584
Average episodes per resident[b]	1.4	1.4	. .	1.3	1.1	1.9	1.1	. .	1.5
Residential care days	50,480	88,145	. .	4,211	11,211	54,830	13,126	. .	222,003
Average residential care days per episode	116	111	. .	24	80	74	219	. .	95
				Rate (per 10,000 population)					
Episodes[c]	0.6	1.6	. .	0.9	1.0	14.1	1.8	. .	1.1
Estimated number of residents[b][c]	0.5	1.1	. .	0.7	0.9	8.1	1.6	. .	0.8
Residential care days	73.8	174.8	. .	20.8	76.0	1,066.9	393.4	. .	108.2

(a) Queensland and the Northern Territory do not report residential mental health service data.

(b) The number of residents is likely to be overestimated, as 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.

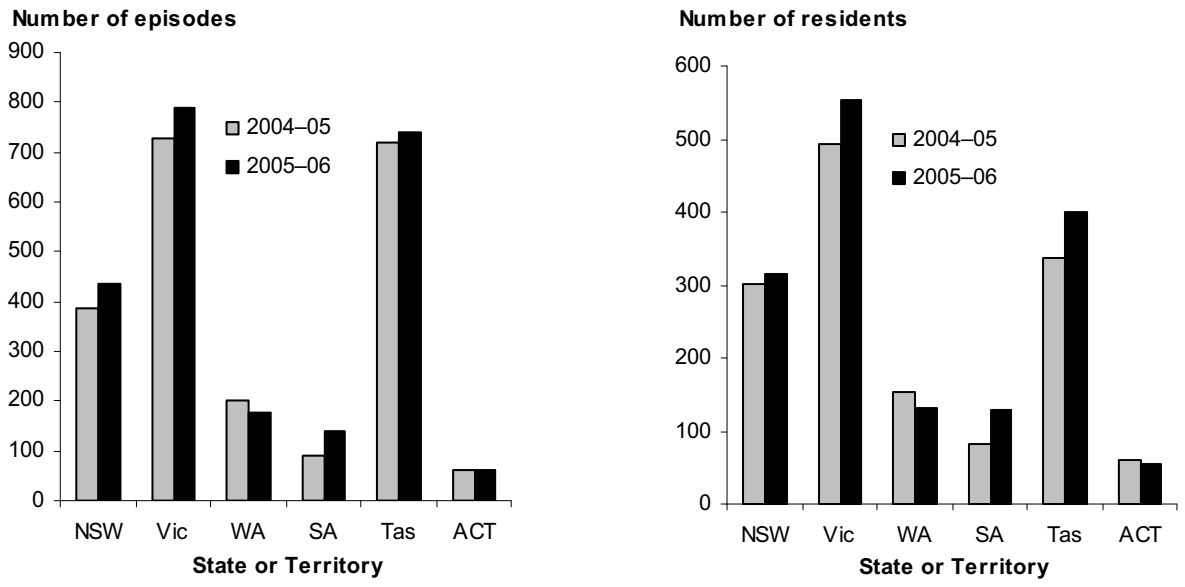
Tasmania reported the highest average number of episodes per resident compared with the national average (1.9 and 1.5, respectively). This is possibly due to the inclusion of a respite residential unit which admits patients for short stays to stabilise them. The highest average residential care days per episode was reported by the Australian Capital Territory (219 days). The incorporation of forensic patients in the Australian Capital Territory residential facility is a possible contributing factor.

Taking population size into consideration, Tasmania also reported the highest numbers per 10,000 population for the number of episodes (14.1), estimated number of residents (8.1) and residential care days (1,067). New South Wales had the lowest number of episodes (0.6) and

residents (0.5) per 10,000 population, while Western Australia reported the lowest number of residential care days (20.8).

8.3 Changes 2004–05 to 2005–06

There were noticeable changes for some jurisdictions in the number of residential care episodes and residents accessing care between 2004–05 and 2005–06 (Figure 8.1). South Australia reported the highest increase in the number of episodes (53.8%) and residents (55.4%) from 2004–05. This is possibly due to an increase in the coverage of data being reported. For 2004–05, South Australia estimated their coverage to be between 33% (based on the number of in-scope services actually reporting to the collection) and 87% (based on the estimated number of episodes). By contrast their estimate for 2005–06, is a 100% data coverage (see Appendix 1 for further information on NRMHCD data coverage). The inclusion of two Tasmanian non-government organisations in the 2005–06 data may also have contributed to an 18.4% increase in the number of residents and 2.8% increase in the number of episodes for Tasmania.



Note: The number of residents is likely to be overestimated, as residents who used services from multiple providers are counted separately each time.

Source: National Residential Mental Health Care Database.

Figure 8.1: Residential mental health care episodes and residents, states and territories, 2004–05 to 2005–06

8.4 Mental health legal status

Table 8.2 presents data on the number of episodes of residential care by mental health legal status and jurisdiction. The majority of residential care episodes were for residents with voluntary legal status (63.9%), and in the case of Western Australia, all residential care episodes were voluntary. However, this was not the case for the Australian Capital Territory, with over 50% of reported episodes being classified as involuntary. The evident jurisdictional

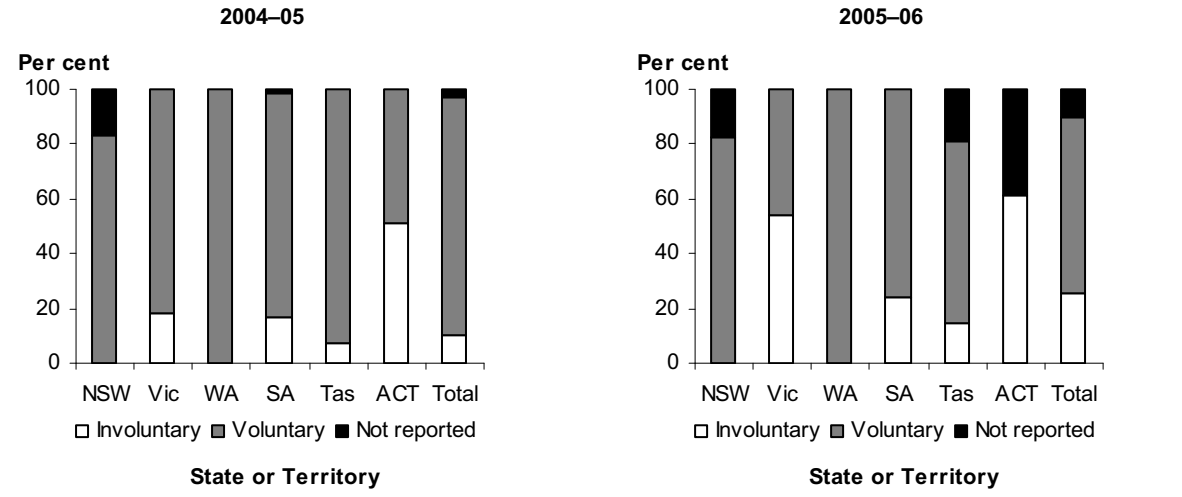
differences are likely to be a reflection of the different legal status legislative arrangements in place in the jurisdictions.

Figure 8.2 shows the jurisdictional comparison of episodes by mental health legal status between 2004–05 and 2005–06. It shows an overall increase in proportion of involuntary episodes especially for Victoria, South Australia, Tasmania and the Australian Capital Territory. There were also noticeable increases in the overall proportion of episodes with no mental health legal status reported.

Table 8.2: Episodes of residential mental health care, by mental health legal status, states and territories, 2005–06

Mental health legal status	NSW	Vic	WA	SA	Tas	ACT	Total
Involuntary	0	428	0	34	107	37	606
Voluntary	361	363	177	106	492	0	1,499
Not reported	75	0	0	0	142	23	240
Total	**436**	**791**	**177**	**140**	**741**	**60**	**2,345**

Source: National Residential Mental Health Care Database.



Source: National Residential Mental Health Care Database.

Figure 8.2: Residential mental health care episodes, by mental health legal status, states and territories, 2004–05 to 2005–06

8.5 Patient demographics

Table 8.3 provides a summary of the demographics of patients receiving residential mental health care in 2005–06. In addition, a rate (per 10,000 population) is reported to account for relative population sizes and age structure differences. As these are reports of episodes of care rather than patients, the rates cannot be interpreted as the number of patients with specific characteristics per 10,000 population. Rather, they provide information on the number of episodes relative to the size of the population subgroup.

Table 8.3: Episodes of residential mental health care, by patient demographic characteristics, 2005–06

Patient demographics	Number of episodes[a]	Per cent of episodes[b]	Rate (per 10,000 population)[c]
Age (years)			
Less than 15	21	0.9	0.1
15–24	270	11.8	0.9
25–34	693	30.3	2.4
35–44	518	22.6	1.7
45–54	342	14.9	1.2
55–64	199	8.7	0.9
65+	247	10.8	0.9
Sex			
Male	1,409	61.4	1.4
Female	885	38.6	0.8
Indigenous status[d]			
Indigenous Australians	64	97.2	1.7
Other Australians	2,226	2.8	1.1
Country of birth			
Australia	1,965	86.8	1.4
Overseas	299	13.2	0.5
Remoteness area of usual residence			
Major cities	1,049	47.0	0.8
Inner regional	1,032	46.2	2.5
Outer regional	134	6.0	0.7
Remote and Very remote	19	0.9	0.4
Marital status[e]			
Never married	1,464	71.3	. .
Widowed	97	4.7	. .
Divorced	190	9.3	. .
Separated	103	5.0	. .
Married	198	9.6	. .
Total	**2,345**	**100.0**	**1.1**

(a) The numbers of service contacts 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 service contacts 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 3.

(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 12% of episodes.

. . Not applicable.

Source: National Residential Mental Health Care Database.

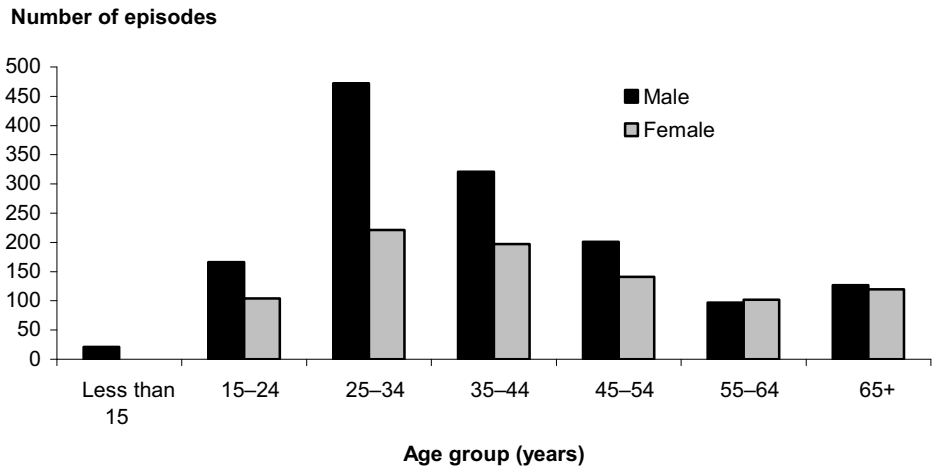
The highest proportion of residential care episodes was for patients aged 25–34 years and 35–44 years (30.3% and 22.6%, respectively). The 25–34 age group also had the highest number of episodes per 10,000 population, which was twice that of the 45–54 years age group (2.4 and 1.2, respectively). The lowest proportion of episodes was for patients aged less than 15 years (0.9%).

There were more residential care episodes involving males than females. This is particularly marked for those aged 25–44 years (Figure 8.3).

The rate of episodes for Australian-born patients was noticeably higher than the rate of those born overseas (1.4 and 0.5, respectively). Likewise, a higher rate of episodes was noted for those living in inner regional areas, which was more than three times that of those in major cities (2.5 and 0.8, respectively).

Nearly three-quarters of the episodes (71.3%) involved those who were never married. This is potentially explained by the predominance of the younger age groups in residential care.

The data show that the typical episode involves an Australian-born, non-Indigenous male aged 15–34 who has never been married and lives in a major city.



Source: National Residential Mental Health Care Database.

Figure 8.3: Residential mental health care episodes, by age and sex, 2005–06

8.6 Principal diagnosis

Principal diagnosis refers to the diagnosis deemed to be chiefly responsible for 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 2005–06. In this table, diagnoses are classified according to the *International Statistical Classification of Diseases and Related Health Problems, 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).

In 2005–06, a principal diagnosis was specified for 92.2% of episodes of residential care (2,162). For those episodes, the principal diagnosis of *Schizophrenia* (F20) accounted for the largest number of residential care episodes (1,268 or 58.6%). It was also the most commonly

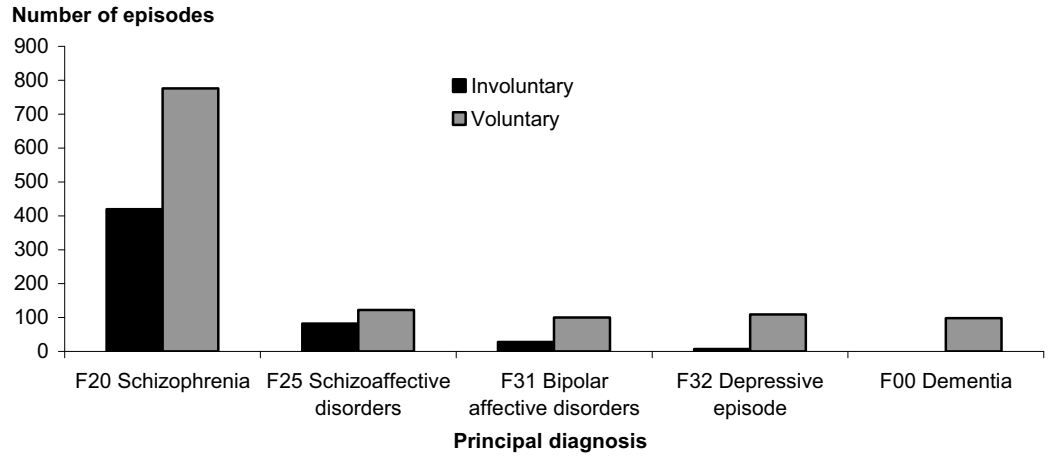
reported diagnosis for episodes with involuntary mental health legal status (419 or 69.1% out of 606) (Table 8.2; Figure 8.4). For the principal diagnosis of *Schizoaffective disorders* (F25), there was also a relatively high proportion of involuntary episodes (40.2%, excluding episodes with no mental health legal status reported).

Table 8.4: Episodes of residential mental health care, by principal diagnosis in ICD-10-AM groupings, 2005–06

Principal diagnosis		Number of episodes	Specified principal diagnoses (per cent)
F00–F03	Dementia	113	5.2
F04–F09	Other organic mental disorders	13	0.6
F10	Mental and behavioural disorders due to use of alcohol	9	0.4
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	13	0.6
F20	Schizophrenia	1,268	58.6
F21, F24, F28, F29	Schizotypal and other delusional disorders	38	1.8
F22	Persistent delusional disorders	10	0.5
F23	Acute and transient psychotic disorders	24	1.1
F25	Schizoaffective disorders	220	10.2
F30	Manic episode	7	0.3
F31	Bipolar affective disorders	134	6.2
F32	Depressive episode	122	5.6
F33	Recurrent depressive disorders	13	0.6
F34	Persistent mood (affective) disorders	2	0.1
F38, F39	Other and unspecified mood (affective) disorders	0	0.0
F40	Phobic anxiety disorders	2	0.1
F41	Other anxiety disorders	22	1.0
F42	Obsessive-compulsive disorders	6	0.3
F43	Reaction to severe stress and adjustment disorders	29	1.3
F44	Dissociative (conversion) disorders	5	0.2
F45, F48	Somatoform and other neurotic disorders	0	0.0
F50	Eating disorders	1	0.0
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	2	0.1
F60	Specific personality disorders	55	2.5
F61–F69	Disorders of adult personality and behaviour	3	0.1
F70–F79	Mental retardation	10	0.5
F80–F89	Disorders of psychological development	7	0.3
F90	Hyperkinetic disorders	0	0.0
F91	Conduct disorders	4	0.2
F92–F98	Other and unspecified disorders with onset in childhood and adolescence	1	0.0
	Other[(a)]	29	1.3
Total with specified principal diagnosis		*2,162*	100.0
F99	Mental disorder not otherwise specified	*133*	
	Not reported	50	
Total with unspecified principal diagnosis		*183*	
Total		**2,345**	

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

Source: National Residential Mental Health Care Database.



Source: National Residential Mental Health Care Database.

Figure 8.4: Five most commonly reported principal diagnoses, by mental health legal status, 2005–06

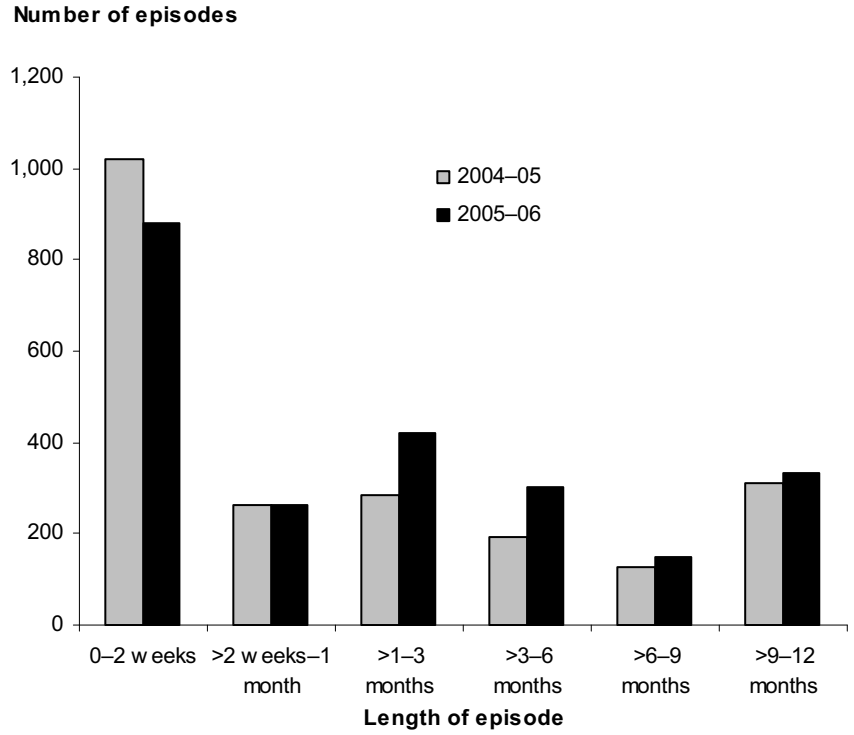
8.7 Length of episodes and residential stays

Episodes

The NRMHCD collects data on the episodes of residential mental health care that occurred during the collection period (that is, from 1 July 2005 to 30 June 2006). 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 that started and ended on the same day are allocated an episode length of one day; in 2005–06, there were 75 such episodes.

In relation to the 2,345 episodes of residential mental health care in 2005–06, there was a total of 222,003 residential mental health care days. The average length of stay per episode was 95 days, the most common length of stay was 365 days (184 episodes or 7.8%), and the median length of stay was 33 days.

Figure 8.5 compares the length of stay for episodes between 2004–05 and 2005–06. There was a general increase in the number of residential episodes with longer length of stay (more than 2 weeks) in 2005–06. The highest increase was for episodes with length of stay more than 3 to 6 months (55.2%). For episodes lasting less than 2 weeks, there was a 13.6% reduction in the total number of episodes.



Source: National Residential Mental Health Care Database.

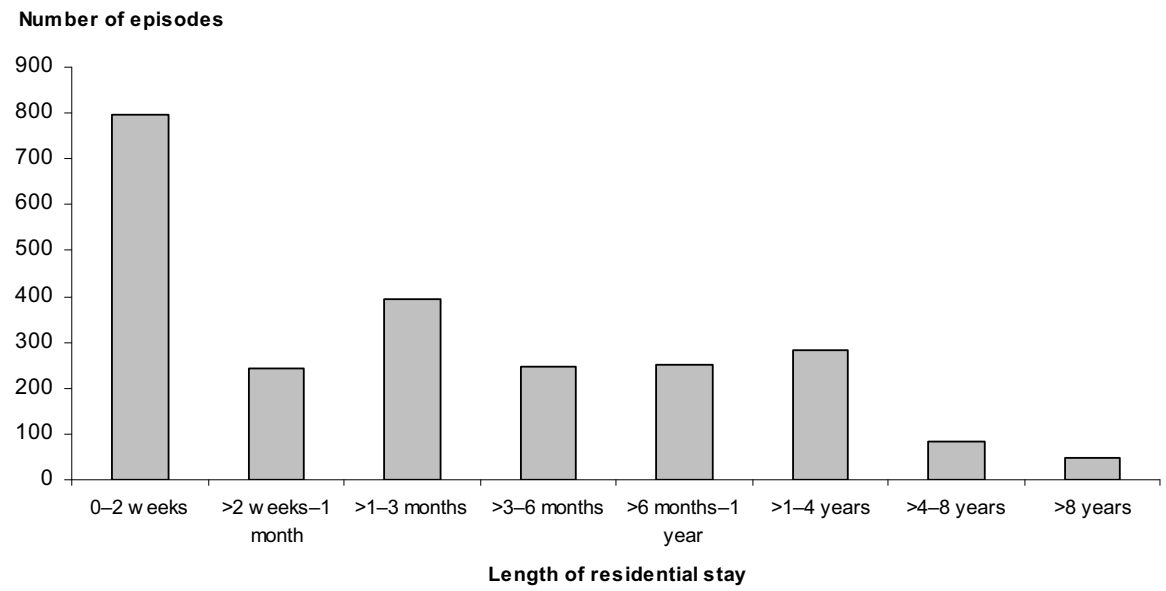
Figure 8.5: Episodes of residential mental health care, by length of episode, 2004–05 and 2005–06

Residential stays

Of the 2,345 residential mental health care episodes reported in 2005–06, 1,717 (73.2%) episodes began during the collection period (1 July 2005 to 30 June 2006), with the remainder beginning before 1 July 2005. The number of days a resident was in residential care before 1 July 2005 can be added to the length of the episode within 2005–06 to give an estimate of the length of residential stays. Figure 8.6 shows the distribution of the length of residential stays for the episodes reported in 2005–06.The figures presented are only estimates because the number of leave days before 1 July 2005 were not accounted for.

When the number of residential care days before 1 July 2005 is taken into account, the average length of residential stay was 310.5 days. The most common length of stay was 3 days and the median length of stay was 41 days. Note that the data on residential stays include both episodes that formally ended during 2005–06 and those that did not.

Episodes with residential stay longer than 1 year constituted 17.4% (407 out of 2,345) of all episodes. There were 48 reports of residential stays of longer than 8 years, with 31 of these lasting longer than 10 years. The longest length of residential stay was 39.2 years.



Source: National Residential Mental Health Care Database.

Figure 8.6: Episodes of residential mental health care ending or continuing in 2005–06, by length of residential stay

8.8 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).