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.

For information related to staffing, beds and the number of residential care facilities that provide specialised mental health care, see the facilities section. For details about the calculation of national rates see the footnotes in each of the tables. For more information about the coverage and data quality of this collection, see the data source section.

Key points

- There were 7,727 episodes of residential care recorded for 5,840 residents in 2015–16. This equates to an average of 1.3 episodes of care per resident and 40 residential care days per episode.
- The number of episodes per 10,000 population increased from 2.5 in 2011–12 to 3.2 in 2015–16. The estimated number of residents per 10,000 population increased from 1.9 to 2.4 respectively over the same period.
- Residents with an involuntary mental health legal status accounted for 19.4% of episodes with a valid legal status recorded in 2015–16.
- *Schizophrenia* (27.1%) was the most commonly recorded principal diagnosis for residents undergoing residential episodes of care, followed by *Specific personality disorder* (10.4%) and *Depressive episode* (9.6%) in 2015–16.
- The most common length of stay for a completed residential episode was 2 weeks or less (54.7% of episodes completed on or before 30 June 2016) in 2015–16, with 2.3% of episodes lasting longer than 1 year.

Data in this section were last updated in October 2017.

Service Provision

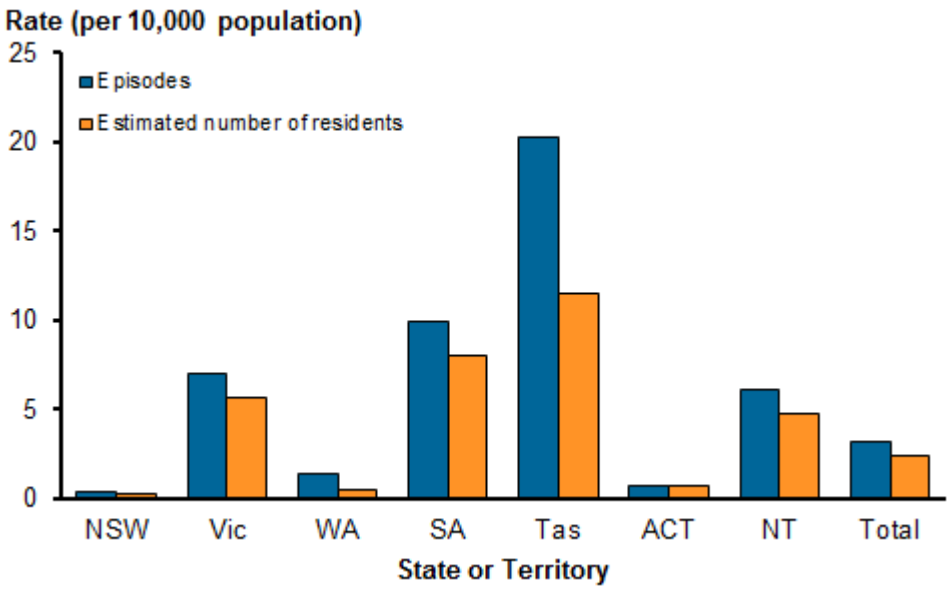
States and territories

Nationally there were 7,727 continuing and completed episodes of residential care in 2015–16, with 307,447 residential care days provided to an estimated 5,840 residents. This equates to an average of 1.3 episodes of care per resident and 40 residential care days per episode.

Tasmania reported the highest rate of episodes of care (20.3 per 10,000 population) and the highest rate of residents (11.5 per 10,000 population) in 2015–16. Tasmania, South Australia, Victoria and the Northern Territory reported higher rates than the national averages of 3.2 episodes and 2.4 residents per 10,000 population (Figure RMHC.1). New South Wales had the lowest rate for both episodes and residents (0.4 and 0.3 per 10,000 population). Queensland does not report any in-scope residential mental health services to the collection. These data reflect the varying residential care components of the mental health service profile mix of each jurisdiction (see the Profile of specialised mental health care facilities section for additional information).

Nationally, the rate of residential care days was 128.4 per 10,000 population in 2015–16, with Tasmania reporting the highest rate (1,101.1) and Western Australia reporting the lowest (11.3).

Figure RMHC.1: Residential mental health care episodes and estimated number of residents, states and territories, 2015–16



Notes:

1. Queensland does not report any in-scope residential mental health services.

2. For jurisdictions that can uniquely identify residents across the jurisdiction, residents who made use of services from multiple providers were only counted once. Therefore comparisons between jurisdictions should be made with caution. See the online data source of the Residential mental health care section for more information.

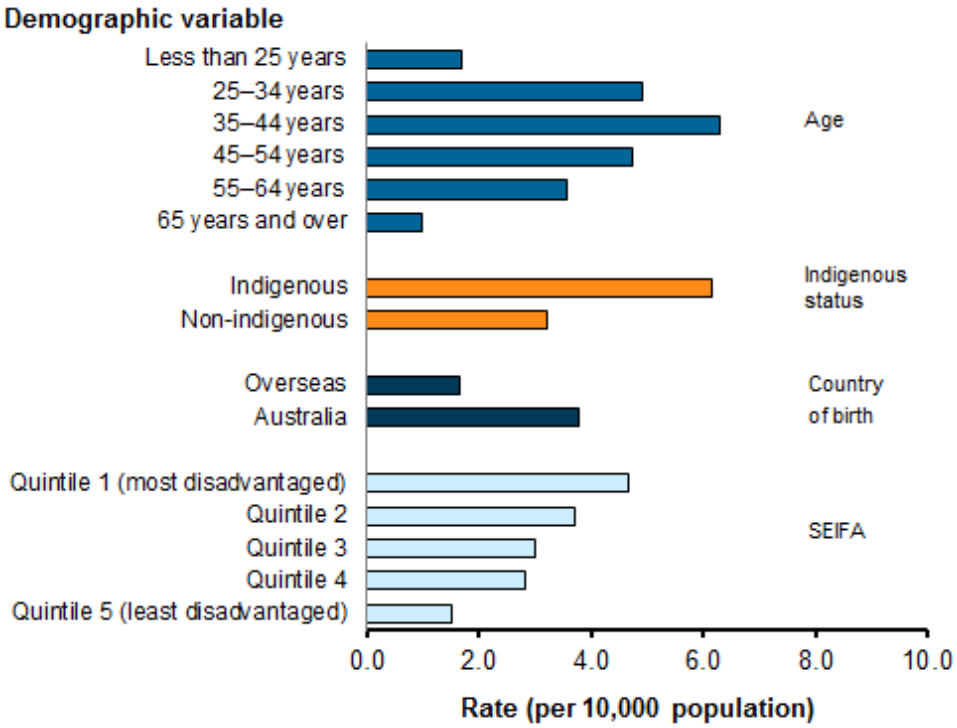
Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.1 (82KB XLS)

Resident characteristics

Resident demographics

People aged 35–44 years had the highest proportion of residential care episodes (25.5%) and number of episodes per 10,000 population (6.1) in 2015–16. Overall, there were slightly more residential care episodes for females (50.5%) than males (49.5%); however, when the population was taken into account, rates for males and females were the same at approximately 3.2 episodes per 10,000 population.

Figure RMHC.2: Rates of residential episodes, by demographic variables, 2015–16



Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.6 (82KB XLS).

Aboriginal and Torres Strait Islander people accounted for 5.3% of all episodes where Indigenous status was recorded. Indigenous Australians had more than twice the rate of episodes of residential care compared to non-Indigenous Australians (6.4 episodes per 10,000 population for Indigenous Australians and 3.1 for non-Indigenous Australians).

Almost two-thirds (63.3%) of residential care episodes were for people who usually live in *Major cities*. However, the rate of residential care episodes was highest for people who live in *Inner regional* areas (5.3 per 10,000 population compared to 2.8 per 10,000 population in *Major Cities*).

The rate of episodes for Australian-born residents (3.8 per 10,000 population) was over twice the rate for those born overseas (1.7). Residential care episodes were most common for people usually living in areas

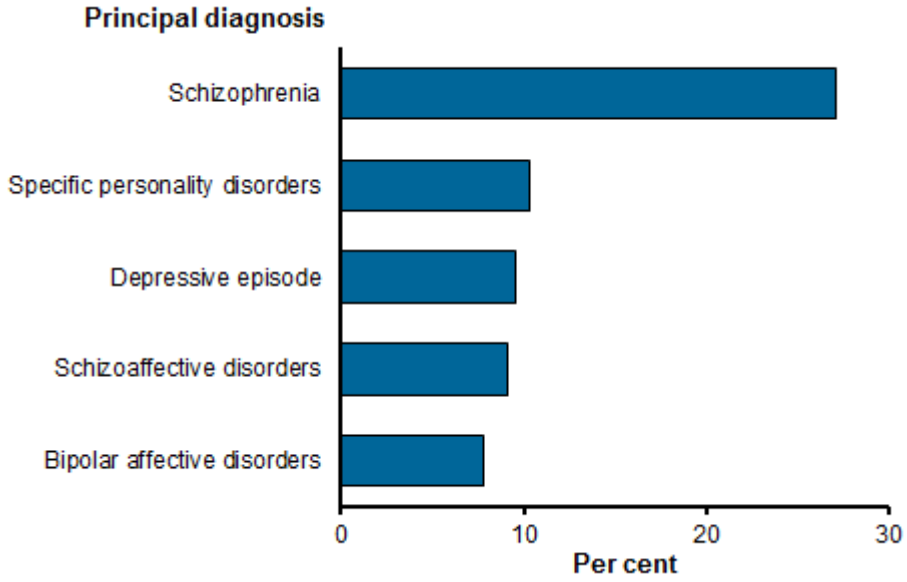
classified as being in the lowest (most disadvantaged) socioeconomic status quintile (29.7%). Residents from the most disadvantaged areas also had the highest rate of episodes of residential care (4.7 per 10,000 population), with rates decreasing with increasing socioeconomic status quintile. People from the highest (least disadvantaged) socioeconomic quintile areas had the lowest rate of episodes of residential care (1.5 per 10,000 population).

Principal diagnosis

The principal diagnosis recorded for people who have an episode of residential mental health care 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). See the Health-related classifications section for further information.

The most common principal diagnosis recorded was *Schizophrenia* (2,094 episodes or 27.1%) followed by *Specific personality disorders* (800 episodes or 10.4%) in 2015–16 (Figure RMHC.3). A large proportion of episodes had a principal diagnosis of *Mental disorder, not otherwise specified* (F99) (8.1%). See the data source section for further information on principal diagnosis data quality issues.

Figure RMHC.3: Proportion of residential episodes for the 5 most commonly reported principal diagnoses, 2015–16



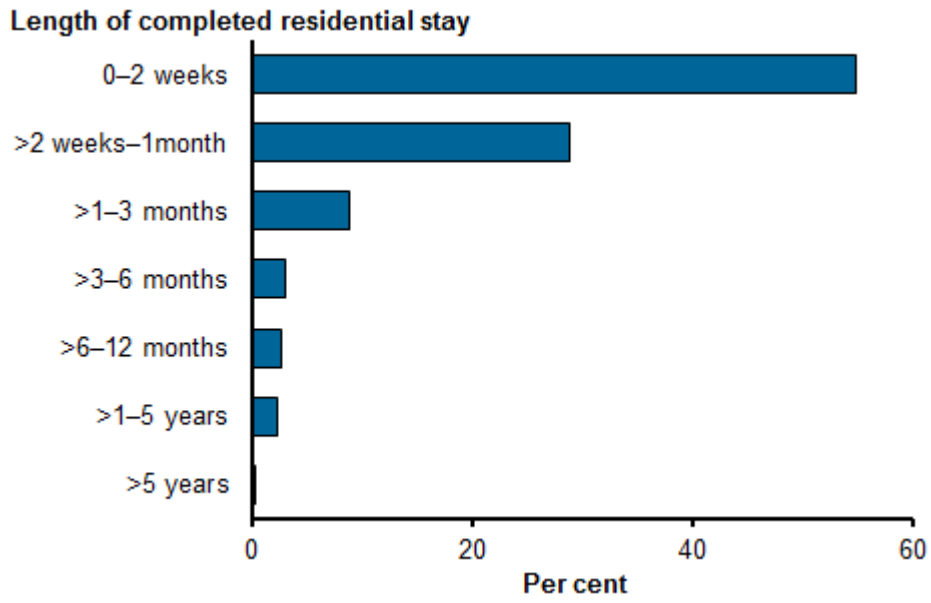
Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Table RMHC.14 (82KB XLS).

Characteristics of residential care episodes

Length of completed residential stay

In 2015–16, 6,858 residential episodes of care formally ended before the end of the reference period (known as completed residential stay). Completed episodes of care were most commonly 2 weeks or less (3,754 or 54.7%) (Figure RMHC.4). A small number (161 episodes or 2.3%) lasted longer than 1 year.

Figure RMHC.4: Residential mental health care episodes (per cent), by length of completed residential stay, 2015–16



Notes:

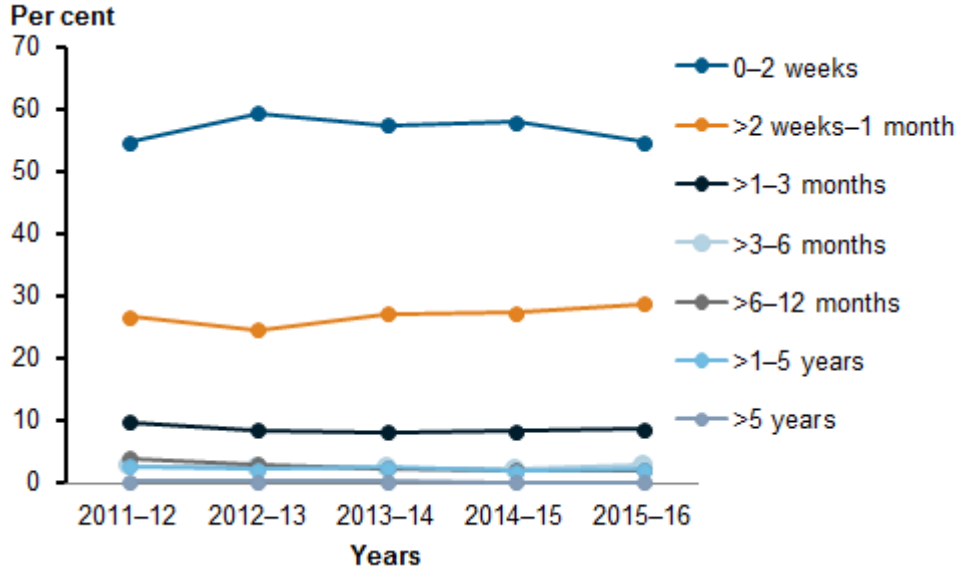
1. Includes only those episodes that formally ended during the reference period, therefore, episodes ending as a result of the end of reference period were excluded.

Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.7 (82KB XLS).

Trends

The proportion of completed residential stays with a length of 0 to 2 weeks increased from 54.9% in 2011–12 to 58.1% in 2014–15, declining to 54.7% in 2015–16 (Figure RMHC.5). The proportion of completed residential stays with a length of 2 weeks to 1 month increased over the 2011–12 to 2015–16 period, while all other lengths of stay as a proportion decreased.

Figure RMHC.5: Residential mental health care episodes (per cent), by length of completed residential stay, 2011–12 to 2015–16



Notes:

1. Includes only those episodes that formally ended during the reference period, therefore, episodes ending as a result of the end of reference period were excluded.

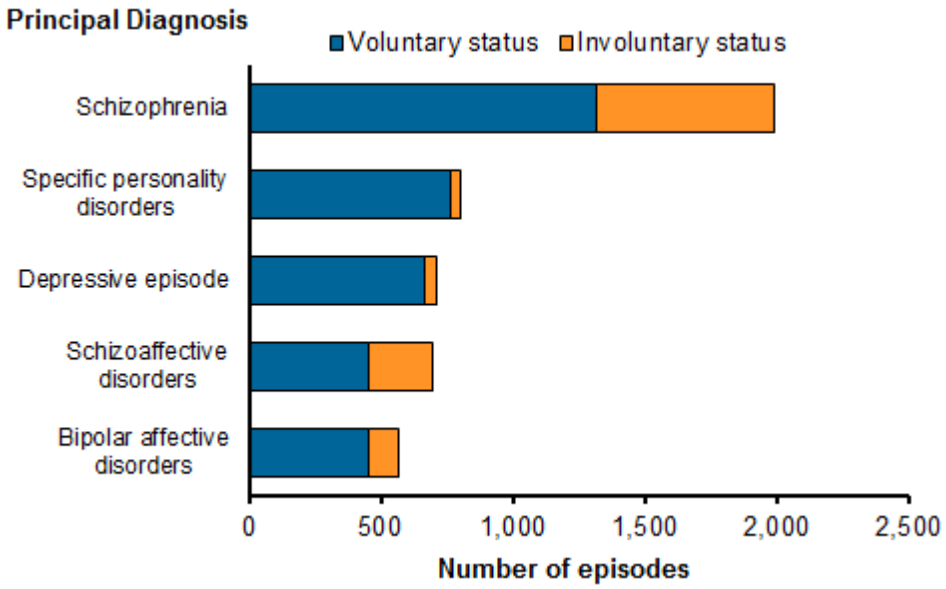
Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.8 (82KB XLS).

Mental health legal status

Fewer than one-fifth (19.4% or 1,452 episodes) of residential care episodes were for residents with an involuntary mental health legal status in 2015–16; a decrease from 26.2% in 2011–12. Interpretation of time series results should be made with caution due to jurisdictional data quality improvements and a variable proportion of not reported mental health legal status during this period. See the data source section for further information.

Residents with a principal diagnosis of *Schizophrenia* accounted for nearly half (670 episodes or 46.1%) of all involuntary episodes of care. The proportion of episodes for residents with an involuntary mental health legal status was highest for those with a principal diagnosis of *Schizoaffective disorders* (35.0% or 244 episodes) and *Schizophrenia* (33.7% or 670 episodes) compared to the next three most common principal diagnoses (Figure RMHC.6).

Figure RMHC.6: Residential episodes for the 5 most commonly reported principal diagnoses, by mental health legal status, 2015–16



Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.11 (82KB XLS).

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 2015–16 National Residential Mental Health Care Database,2017; 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).