

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 11 such residential care services included for the 2012–13 collection. For more information about the coverage and data quality of this collection, see the [data source](#) section.

Key points

- There were over 6,500 residential episodes of care recorded for over 4,800 residents in 2012–13.
- The number of residential episodes per 10,000 population increased by an average of 15.3% per year between 2008–09 and 2012–13. The estimated number of residents per 10,000 population increased by an annual average of 17.5% over the same period.
- Residents with an involuntary mental health legal status accounted for 22.8% of all episodes in 2012–13, compared with 31.9% in 2008–09.
- When principal diagnosis was specified, schizophrenia was the most common principal diagnosis for residents undergoing residential episodes of care (37.3%), followed by depressive episode (12.1%) and schizoaffective disorder (10.8%).
- The most common length of stay for a completed residential episode was 2 weeks or less (59.5%) in 2012–13, with over 2% lasting longer than 1 year.

Residential mental health care by states and territories

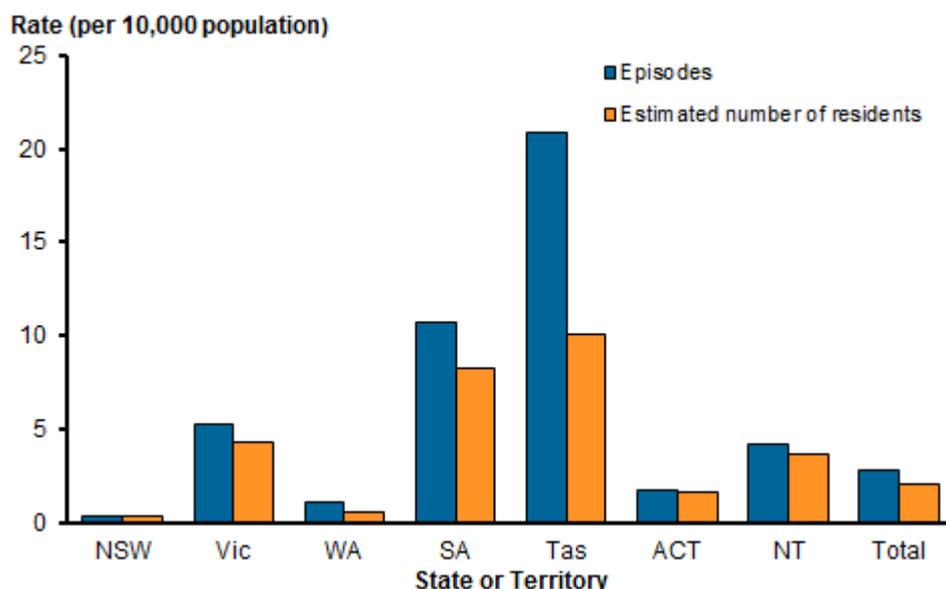
Nationally there were 6,535 continuing and completed [episodes of residential care](#) in 2012–13, with 286,925 [residential care days](#) provided to an estimated 4,828 [residents](#). This equates to an average of 1.4 episodes of care per resident and 43.9 residential care days per episode.

Tasmania reported both the highest rate of episodes of care (20.9 per 10,000 population) and the highest rate of residents (10.0 per 10,000 population) in 2012–13. Both of these figures are noticeably higher than the national averages of 2.9 episodes and 2.1 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 respectively). This reflects the mental health service profile mix of each jurisdiction, with varying degrees of residential care components (see the [Profile of specialised mental health care facilities](#) section for additional information). Queensland does not report any in-scope residential mental health services to the collection.

Nationally, the rate of residential care days was 124.9 per 10,000 population in 2012–13, with Tasmania reporting the highest rate (994.9) and Western Australia reporting the lowest rate (18.0).

Figure RMHC.1: Residential mental health care rates for episodes and estimated number of residents, states and territories, 2012–13



Notes:

1. Queensland does not report any residential mental health services.
2. For jurisdictions that can uniquely identify patients across the jurisdiction, patients 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.

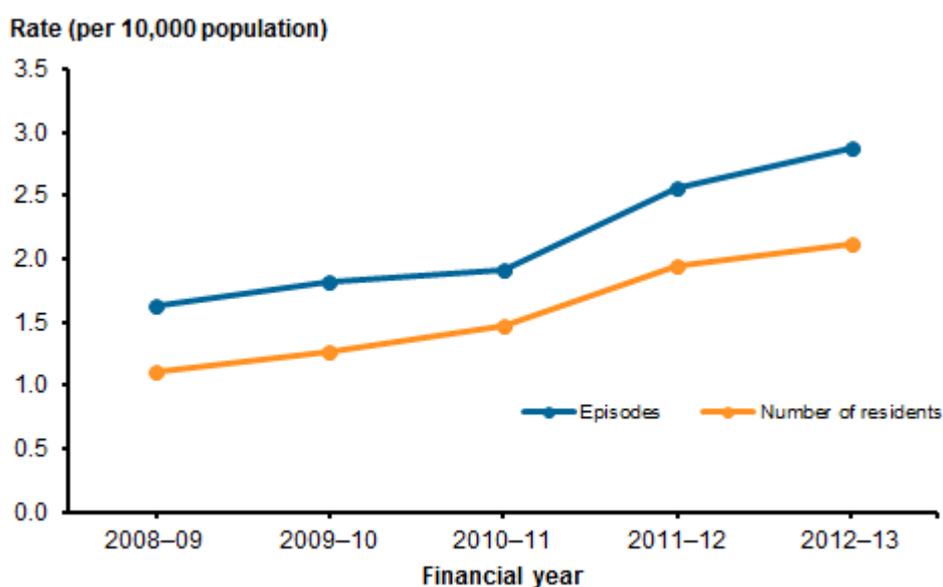
Source: National Residential Mental Health Care Database.

Source data Residential Mental Health Care Table RMHC.1 (540KB XLS).

Residential care over time

The number of residential care episodes per 10,000 population increased by an annual average of 15.3% between 2008–09 and 2012–13 (Figure RMHC.2). Similarly, the estimated number of residents per 10,000 population increased by an annual average of 17.5% over the same period. Because the number of residents increased at a greater rate than the number of episodes, both the average number of episodes per resident and the average number of residential care days per episode decreased over the 5 years to 2012–13. Episodes per resident declined by an annual average of 2.0% (from 1.5 to 1.4), while the average number of residential care days per episode decreased by an annual average of 9.4%, from 65.1 days in 2008–09 to 43.9 days in 2012–13.

Figure RMHC.2: Residential mental health care episodes and estimated number of residents, 2008–09 to 2012–13



Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.2 (540KB XLS).

Characteristics of residential care clients

A typical mental health care resident

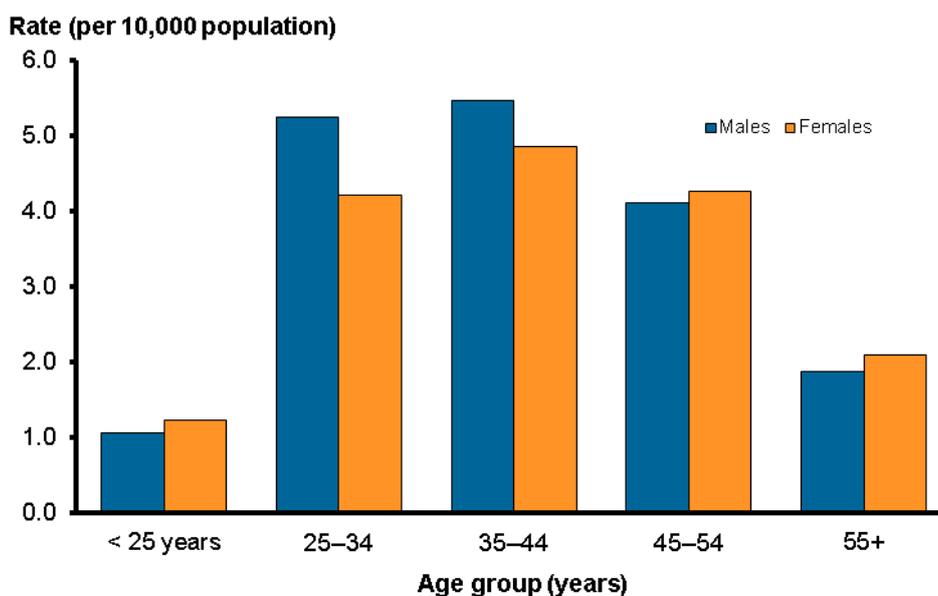
In 2012–13, a typical resident was likely to:

- be aged in the 35–44 years age group, which had the highest rate of episodes (5.2).
- have a principal diagnosis of schizophrenia, which accounted for 1,968 or 37.3% of all episodes that had a principal diagnosis specified.
- have a length of stay of 2 weeks or less, which accounted for over half (59.5%) of all completed residential stays.
- have an average of 1.4 episodes of care.
- be male, with males accessing residential services at a slightly higher rate than females (2.9 and 2.8 per 10,000 population, respectively).
- receive treatment on a voluntary basis (73.2%).

Patient demographics

People aged 35–44 comprised the highest proportion of residential care episodes (25.3%) and had the highest number of episodes per 10,000 population (5.2) in 2012–13. Overall, there were slightly more care episodes for males than females (50.6% and 49.4% respectively). However, there was a slightly higher rate of episodes for females than males in 3 age groups: the less than 25 years age group (1.2 compared with 1.1 per 10,000 population), the 45 to 54 years age group (4.3 compared with 4.1 per 10,000 population) and the 55 and over age group (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, 2012–13



Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.10 (540KB XLS).

Aboriginal and Torres Strait Islander people accounted for 3.6% of all episodes. However, when population size is taken into account, Indigenous Australians accessed residential services at a higher rate than non-Indigenous Australians (4.1 and 2.8 episodes per 10,000 population respectively).

Almost two-thirds (63.7%) 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 highest for people who live in *Inner regional areas* (4.2 per 10,000 population compared to 2.2 per 10,000 population in *Major Cities*).

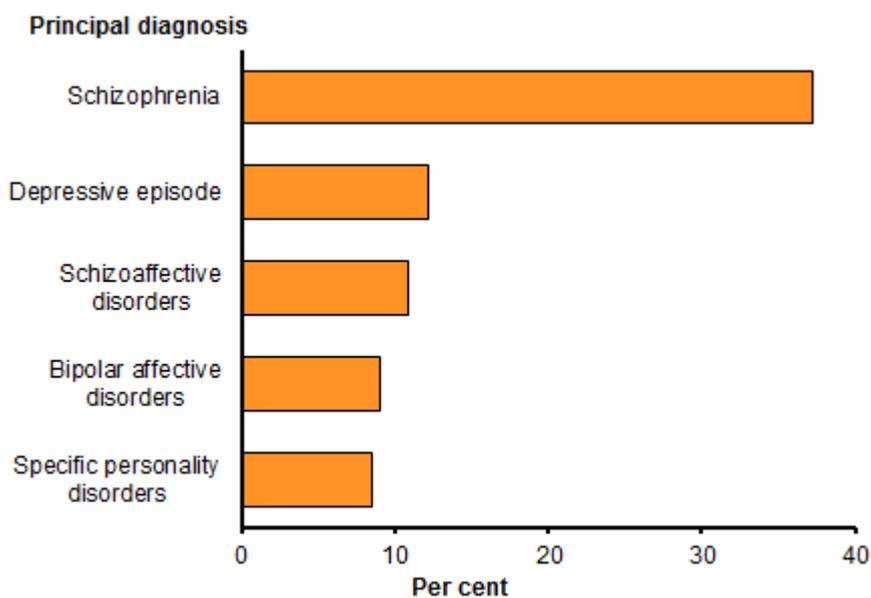
The rate of episodes for Australian-born residents was over twice the rate for those born overseas (3.5 and 1.5 per 10,000 population respectively).

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 a large proportion of episodes of residential care (80.8% or 5,282 episodes) in 2012–13. Figure RMHC.4 shows that residents with a principal diagnosis of schizophrenia accounted for about two-fifths (1,968 or 37.3%) of all episodes.

Figure RMHC.4: Proportion of residential episodes for the 5 most commonly reported principal diagnoses, 2012–13



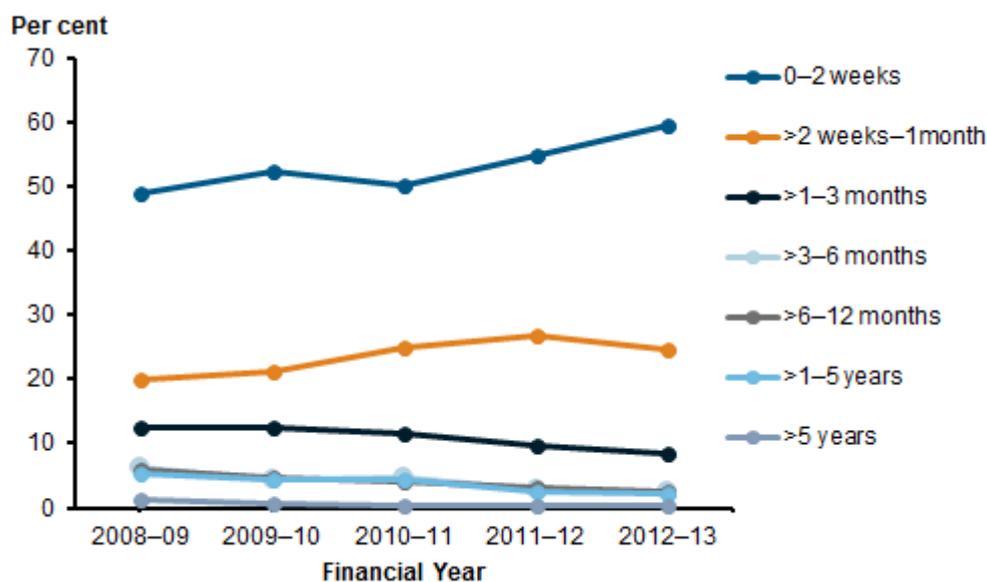
Source: National Residential Mental Health Care Database.
Source data for Residential Mental Health Table RMHC.8 (540KB XLS).

Characteristics of residential care episodes

Length of completed residential stays

There were 5,695 residential episodes that formally ended during 2012–13. Over half (59.5%) were for episodes that were 2 weeks or less in duration (Figure RMHC.5). Nearly 2.5% (142 episodes) lasted longer than 1 year. The proportion of completed residential stays with a length of 0 to 2 weeks increased by an average of 5.0% between 2008–09 and 2012–13. The proportion of completed residential stays with a length of 2 weeks to 1 month also increased, by an average of 5.3% over the same period. All other lengths of stay as a proportion decreased over the 5 years to 2012–13.

Figure RMHC.5: Residential mental health care episodes, by length of completed residential stay, 2008–09 to 2012–13



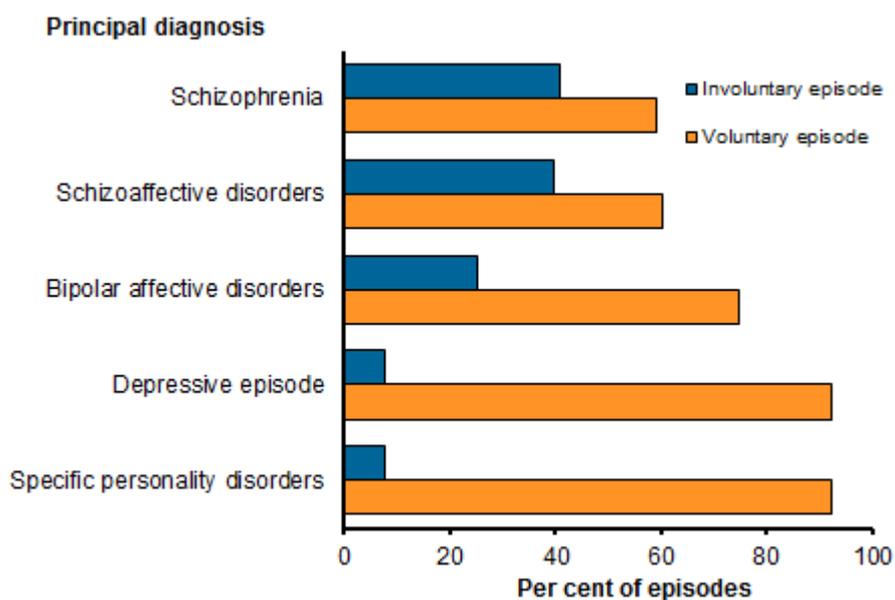
Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.5 (540KB XLS).

Mental health legal status

Under a quarter (22.8%) of residential care episodes were for residents with an involuntary [mental health legal status](#). All episodes of care reported in Western Australia were recorded as voluntary. The proportion of episodes involving an involuntary mental health legal status decreased by an annual average of 8.1% between 2008–09 and 2012–13.

Figure RMHC.6 shows that residents diagnosed with schizophrenia and schizoaffective disorders had the highest proportion of episodes with an involuntary mental health legal status, 40.9% and 39.6% respectively. Residents with a principal diagnosis of schizophrenia accounted for over half of all involuntary episodes of care (804 or 54.0% of the total number of involuntary episodes).

Figure RMHC.6: Proportion of residential episodes for the 5 most commonly reported principal diagnoses, by mental health legal status, 2012–13



Source: National Residential Mental Health Care Database.

Source data Residential Mental Health Care Table RMHC.8 (540KB 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 2012–13: 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: <ul style="list-style-type: none">• 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).