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.

Data for the ACT were not available for the 2014–15 reporting period. See the footnotes in each of the tables for details about the calculation of national rates. For more information about the coverage and data quality of this collection, see the data source section.

Key points

- There were about 7,750 episodes of residential care recorded for around 5,800 residents in 2014–15. This equates to an average of 1.3 episodes of care per resident and 39 residential care days per episode.
- The number of episodes per 10,000 population increased from 1.9 in 2010–11 to 3.3 in 2014–15. The estimated number of residents per 10,000 population increased from 1.5 to 2.5 respectively for the same periods.
- Residents with an involuntary mental health legal status accounted for 19.1% of episodes with a valid legal status recorded in 2014–15.
- Schizophrenia was the most common principal diagnosis for residents undergoing residential episodes of care (24.8%), followed by specific personality disorder (10.8%) and depressive episode (9.8%).
- The most common length of stay for a completed residential episode was 2 weeks or less (58.1% of episodes completed on or before 30 June 2015) in 2014–15, with 1.9% of episodes lasting longer than 1 year.

Data in this section were last updated in October 2016.

Service Provision

States and territories

Nationally there were 7,749 continuing and completed episodes of residential care in 2014–15, with 301,701 residential care days provided to an estimated 5,819 residents. This equates to an average of 1.3 episodes of care per resident and 39 residential care days per episode (Table RMHC.1).

Tasmania reported the highest rate of episodes of care (21.3 per 10,000 population) and the highest rate of residents (11.9 per 10,000 population) in 2014–15. Tasmania, South Australia and Victoria reported higher rates than the national averages of 3.3 episodes and 2.5 residents per 10,000 population (Figure RMHC.1). New South Wales had the lowest rate for both episodes and residents (0.5 and 0.3 per 10,000 population). Queensland does not report any in-scope residential mental health services to the collection (Table RMHC.1). These data reflect the mental health service profile mix of each jurisdiction, with varying residential care components (see the Profile of specialised mental health care facilities section for additional information).

Nationally, the rate of residential care days was 129.8 per 10,000 population in 2014–15, with Tasmania reporting the highest rate (1,008.3) and Western Australia reporting the lowest (12.1) (Table RMHC.1).

Figure RMHC.1: Residential mental health care rates for episodes and estimated number of residents, states and territories, 2014–15

Notes:

1. Queensland does not report any in-scope residential mental health services.
2. Data for the ACT were not available for the 2014-15 reporting period.
3. 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.

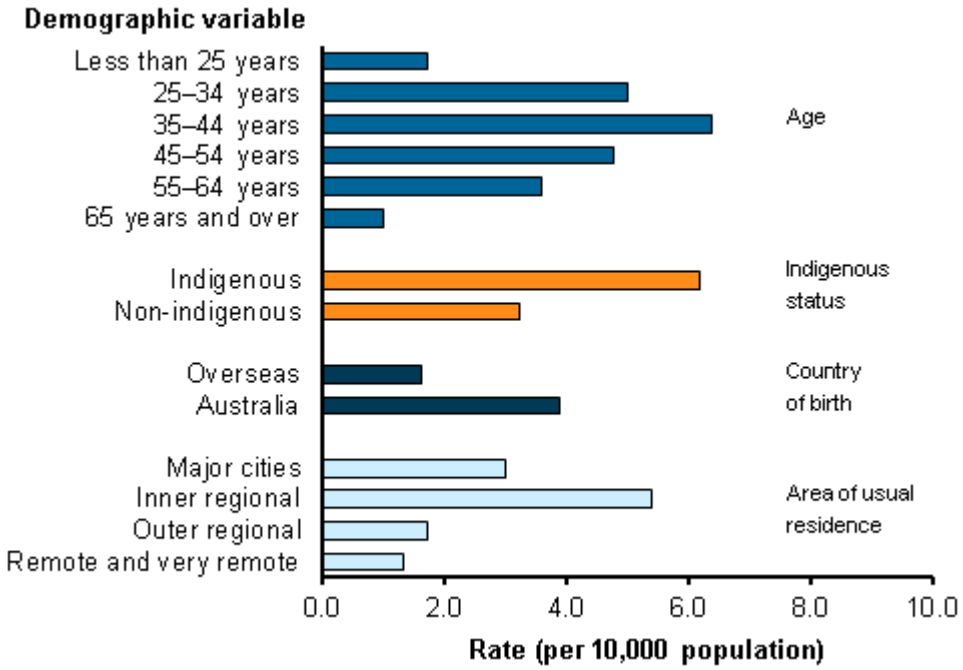
Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.1 (808KB XLS).

Resident characteristics

Resident demographics

People aged 35–44 years had the highest proportion of residential care episodes (26.0%) and number of episodes per 10,000 population (6.3) in 2014–15. Overall, there were slightly more residential care episodes for females (50.7%) than males (49.3%); however, when the population was taken into account, rates for males and females were similar (3.3 and 3.4 episodes per 10,000 population, respectively). The rate of residential care episodes for females was higher than males in 2 age groups: less than 25 and 45–54 (Figure RMHC.2) (Table RMHC.3).

Figure RMHC.2: Rates of residential episodes, by demographic variables, 2014–15



Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.6 (808KB XLS).

Aboriginal and Torres Strait Islander people accounted for 4.7% of all episodes where Indigenous status was recorded. Indigenous Australians had almost twice the rate of episodes of residential care compared to non-Indigenous Australians (6.2 episodes per 10,000 population for Indigenous Australians and 3.2 for non-Indigenous Australians) (Table RMHC.6).

Around two-thirds (64.0%) 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 (5.4 per 10,000 population compared to 3.0 per 10,000 population in *Major Cities*) (Table RMHC.6).

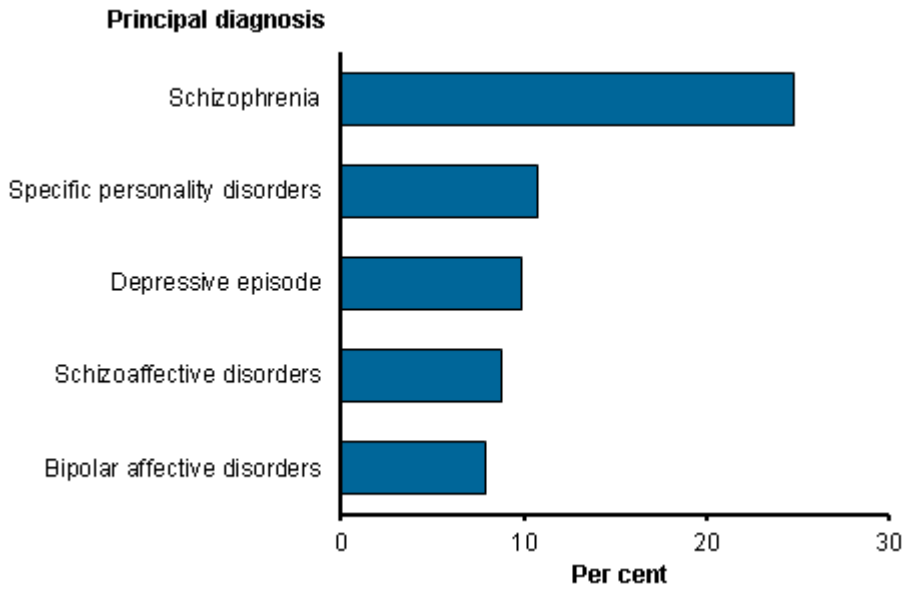
The rate of episodes for Australian-born residents (3.9 per 10,000 population) was over twice the rate for those born overseas (1.6 per 10,000 population) (Table RMHC.6). Residential care episodes were most common for people living in areas classified as being in the lowest (most disadvantaged) socioeconomic status quintile (29.8%). Residents from the most disadvantaged areas also had the highest rate of episodes of residential care (4.8 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 (1.6 per 10,000 population) (Table RMHC.6).

Principal diagnosis

The principal diagnosis recorded for people who have an episode of care in 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 (1,920 episodes or 24.8%) followed by Specific personality disorders (836 episodes or 10.8%) in 2014–15 (Figure RMHC.3). A large proportion of episodes had a principal diagnosis of Mental disorder, not otherwise specified (F99) (9.2%) (Table RMHC.15). 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, 2014–15



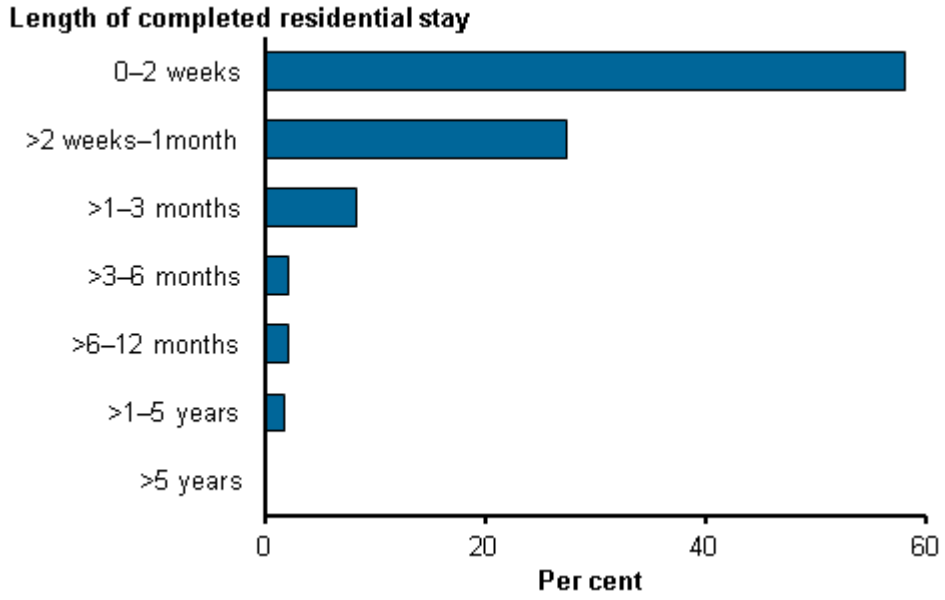
Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Table RMHC.15 (808KB XLS).

Characteristics of residential care episodes

Length of completed residential stay

There were 6,851 residential episodes of care that formally ended during 2014–15, that is, the episode did not end due to the end of the reference period. Completed episodes of care were most commonly 2 weeks or less (3,980 or 58.1%) (Figure RMHC.4). A small number (131 episodes or 1.9%) lasted longer than 1 year (Table RMHC.7).

Figure RMHC.4: Residential mental health care episodes (per cent), by length of completed residential stay, 2014–15



Notes:

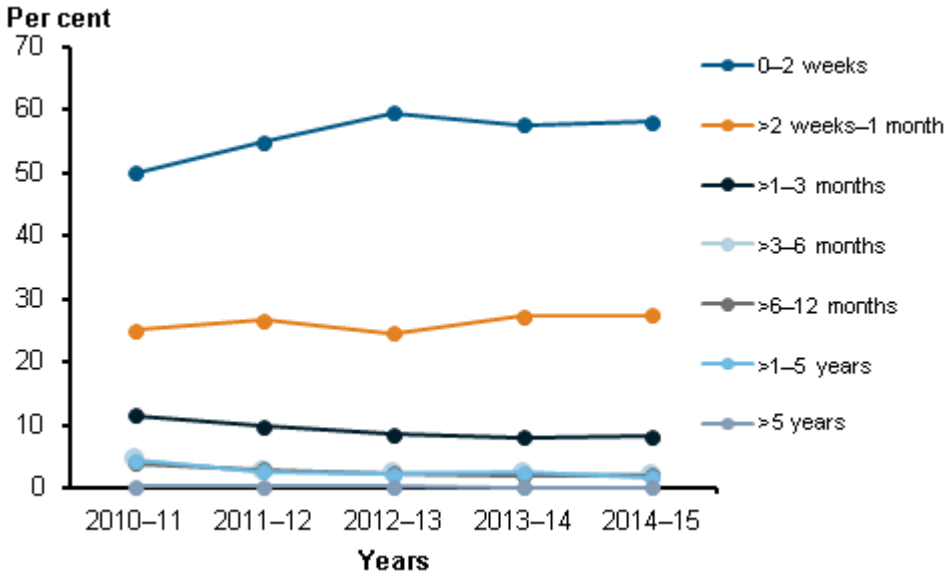
1. Includes only those episodes that formally ended during the reference period, therefore, episodes ending as a result of the end of reference period were excluded.

Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.7 (808KB XLS).

Trends

The proportion of completed residential stays with a length of 0 to 2 weeks increased from 50.0% in 2010–11 to 58.1% in 2014–15 (Figure RMHC.5). The proportion of completed residential stays with a length of 2 weeks to 1 month also increased slightly over the same period, while all other lengths of stay as a proportion decreased (Table RMHC.8).

Figure RMHC.5: Residential mental health care episodes (per cent), by length of completed residential stay, 2010–11 to 2014–15



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.

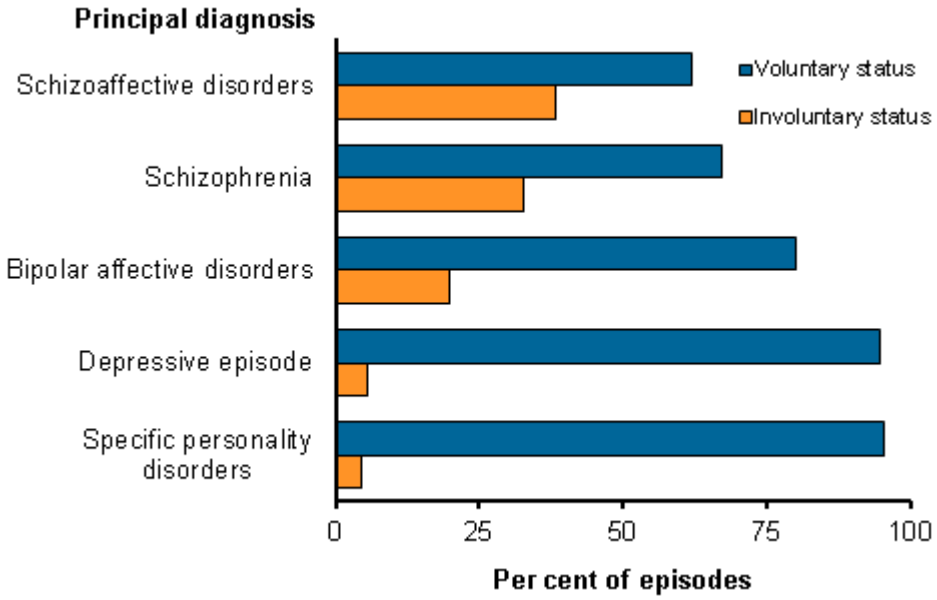
Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.8 (808KB XLS).

Mental health legal status

Fewer than one-fifth (19.1% or 1,439 episodes) of residential care episodes were for residents with an involuntary mental health legal status in 2014–15; a decrease from 33.9% in 2010–11 (Table RMHC.13), however, the absence of data for the ACT for 2014–15 means that national results should be approached with caution. Also, 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 (615 episodes or 42.7%) of all involuntary episodes of care. The proportion of episodes with an involuntary mental health legal status was highest for residents with a principal diagnosis of Schizoaffective disorders (38.2%) and Schizophrenia (32.8%) compared to the next three most common principal diagnoses (Figure RMHC.6) (Table RMHC.11).

Figure RMHC.6: Proportion of residential episodes for the 5 most commonly reported principal diagnoses, by mental health legal status, 2014–15



Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.11 (808KB 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 2014–15 National Residential Mental Health Care Database,2015; Quality Statement.

Key Concepts

Residential mental health care

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.
Resident	A **resident** is a person who receives residential care intended to be for a minimum of 1 night.
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.