

# 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, visit the [Specialised mental health care facilities](#) section. More information about the coverage and data quality of this collection can be found in the [data source](#) section.

## Data downloads:

Excel – Residential mental health care tables 2017–18

PDF – Residential mental health care section 2017–18

Data in this section were last updated in October 2019.

## Key points

- There were 7,713 episodes of residential care recorded for 5,973 residents in 2017–18. This equates to an average of 1.3 episodes of care per resident and 48 residential care days per episode.
- The estimated rate of residents per 10,000 population increased from 0.8 in 2005–06 to 2.4 in 2017–18. The rate of episodes per 10,000 population increased from 1.2 to 3.1 over the same period.
- Residents with an involuntary mental health legal status accounted for 20.0% of episodes with a valid legal status recorded in 2017–18, down from 28.8% in 2005–06. *Schizophrenia* (26.9%) was the most commonly recorded principal diagnosis for residents undergoing residential episodes of care, followed by *Specific personality disorders* (11.9%) and *Schizoaffective disorders* (9.2%) in 2017–18.
- The most common length of stay for a completed residential episode was 2 weeks or less (50.1% of episodes completed on or before 30 June 2018) in 2017–18, with 2.0% of episodes lasting longer than 1 year.

## Service Provision

### States and territories

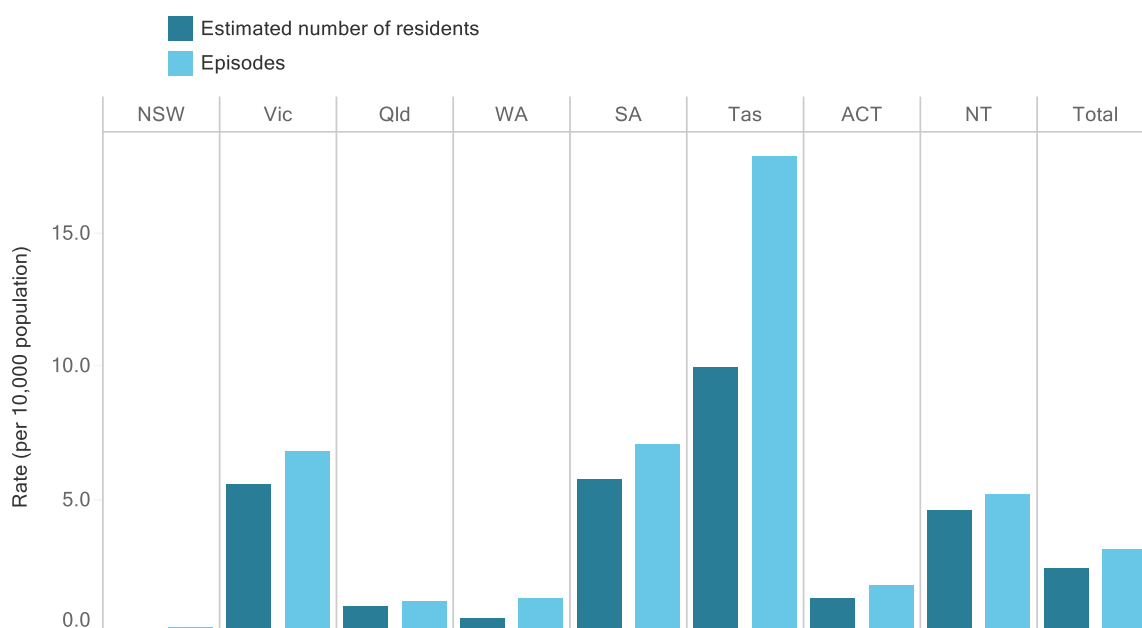
Nationally there were 7,713 continuing and completed [episodes of residential care](#) in 2017–18, with 370,592 [residential care days](#) provided to an estimated 5,973 [residents](#). This equates to an average of 1.3 episodes of care per resident and 48 residential care days per episode.

Tasmania reported the highest rate of residents (9.9 per 10,000 population) and the highest rate of episodes of care (17.9 per 10,000 population) in 2017–18 (Figure RMHC.1).

New South Wales had the lowest rate for both episodes and residents (0.2 and 0.2 per 10,000 population). These data reflect the varying residential care components of the mental health service profile mix of each jurisdiction (additional information can be found in the [Specialised mental health care facilities](#)).

Nationally, the rate of residential care days was 149.6 per 10,000 population in 2017–18, with Tasmania reporting the highest rate (1,192.8) and Western Australia reporting the lowest (11.1).

**Figure RMHC.1: Residential mental health care episodes and estimated number of residents, states and territories, 2017-18**



Source: National Residential Mental Health Care Database, Table RMHC.1.

Notes:

1. 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 section for more information.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

Source data: Residential Mental Health Care Table RMHC.1 (173KB XLS)

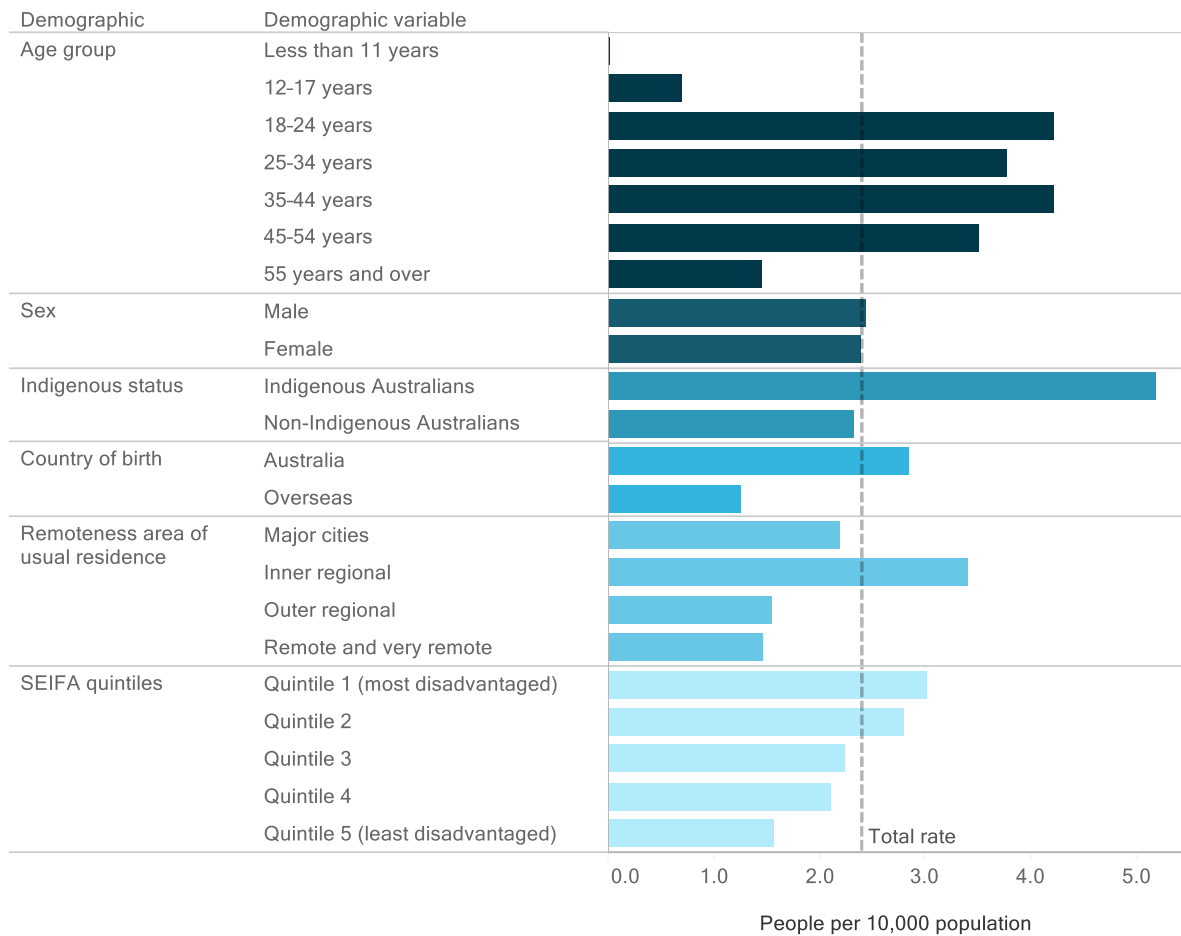
## Resident characteristics

### Resident demographics

The highest rate of residential mental health care service use was among people age 18–24 and 35–44 years (4.2 people per 10,000 age specific population) in 2017–18 (Figure RMHC.2).

A nearly equal number of males and females received residential mental health care in 2017–18 (2,983 males and 2,982 females). The rate of Aboriginal and Torres Strait Islander People (5.2 people per 10,000 population) receiving residential mental health care was more than double the rate for non-Aboriginal and Torres Strait Islander People (2.3).

**Figure RMHC.2: People receiving residential mental health care services, by demographic variable, 2017-18**



Source: National Residential Mental Health Care Database, Table RMHC.3.

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Source data: Residential Mental Health Care Tables RMHC.3 (173KB XLS).

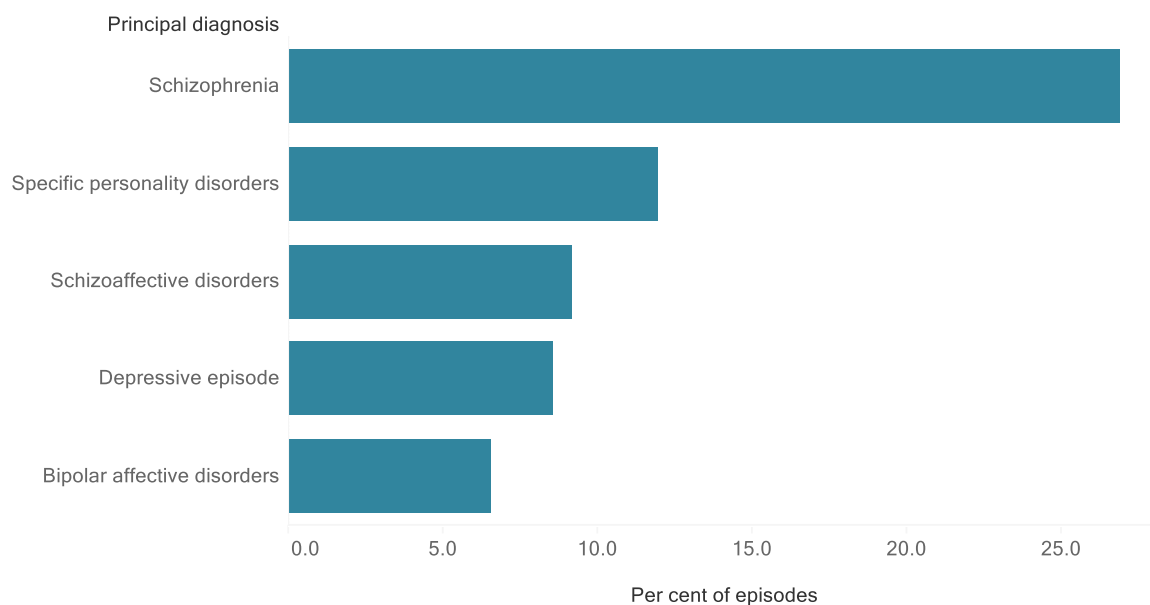
## Principal diagnosis

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). Further information can be found in the [Health-related classifications](#) section.

The three most common principal diagnoses were *Schizophrenia* (2,072 episodes or 26.9%), *Specific personality disorders* (921 episodes or 11.9%) and *Schizoaffective disorders* (707 episodes or 9.2%) (Figure RMHC.3). A large proportion of episodes (7.4%) had a principal

diagnosis of *Mental disorder, not otherwise specified* (F99). Further information on principal diagnosis data quality issues can be found in the [data source](#) section.

**Figure RMHC.3: Proportion of mental health care episodes for 5 commonly reported principal diagnoses, 2017-18**



Source: National Residential Mental Health Care Database, Table RMHC.15.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

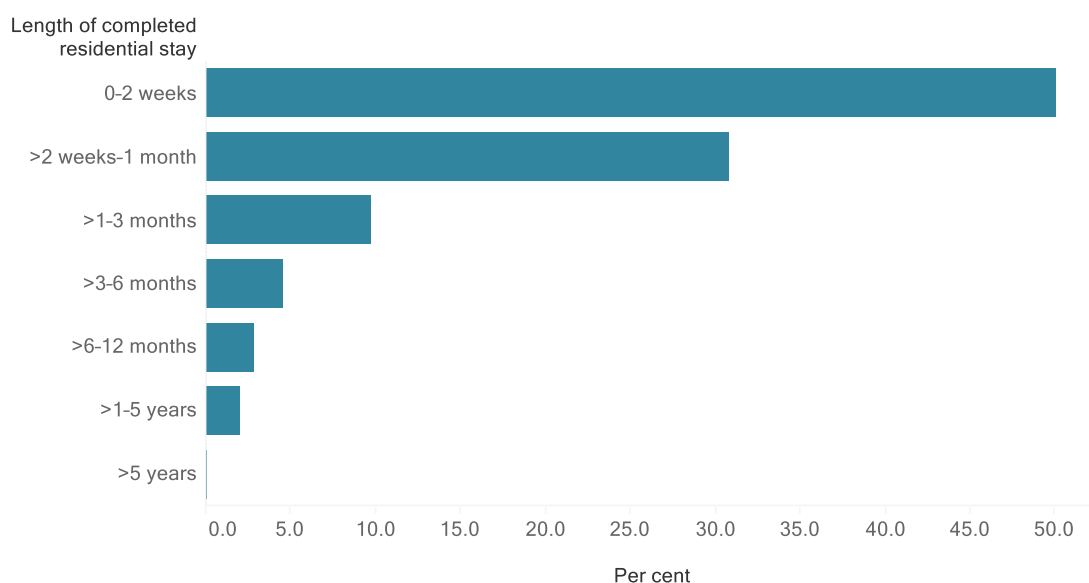
Source data: Residential Mental Health Tables RMHC.15 (173KB XLS).

## Characteristics of residential care episodes

### Length of completed residential stay

In 2017-18, 6,634 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 (3,322 or 50.1%) (Figure RMHC.4). A small number of episodes of care (135 episodes or 2.0%) lasted longer than 1 year.

**Figure RMHC.4: Residential mental health care episodes (per cent), by length of completed residential stay, 2017-18**



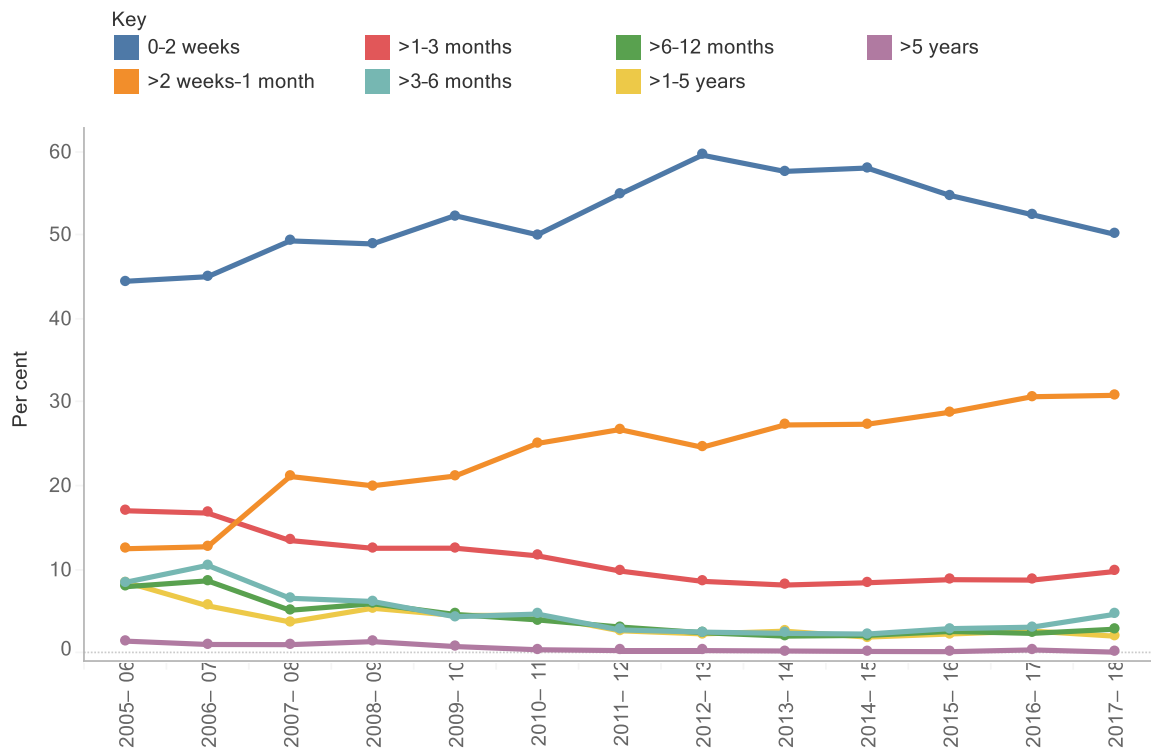
Source: National Residential Mental Health Care Database, Table RMHC.9.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

Source data: Residential Mental Health Care Tables RMHC.9 (173KB XLS).

The proportion of completed residential stays with a length of 0 to 2 weeks increased from 44.4% in 2005–06 to a peak of 59.5% in 2012–13, declining to 50.1% in 2017–18 (Figure RMHC.5). The proportion of completed residential stays with a length of 2 weeks to 1 month increased from 12.4% in 2005–06 to 30.8% in 2017–18, while all other lengths of stay as a proportion decreased over the same time period.

Figure RMHC.5: Residential mental health care episodes (per cent), by length of completed residential stay, 2005-06 to 2017-18



Source: National Residential Mental Health Care Database, Table RMHC.9.

www.aihw.gov.au/mhsa

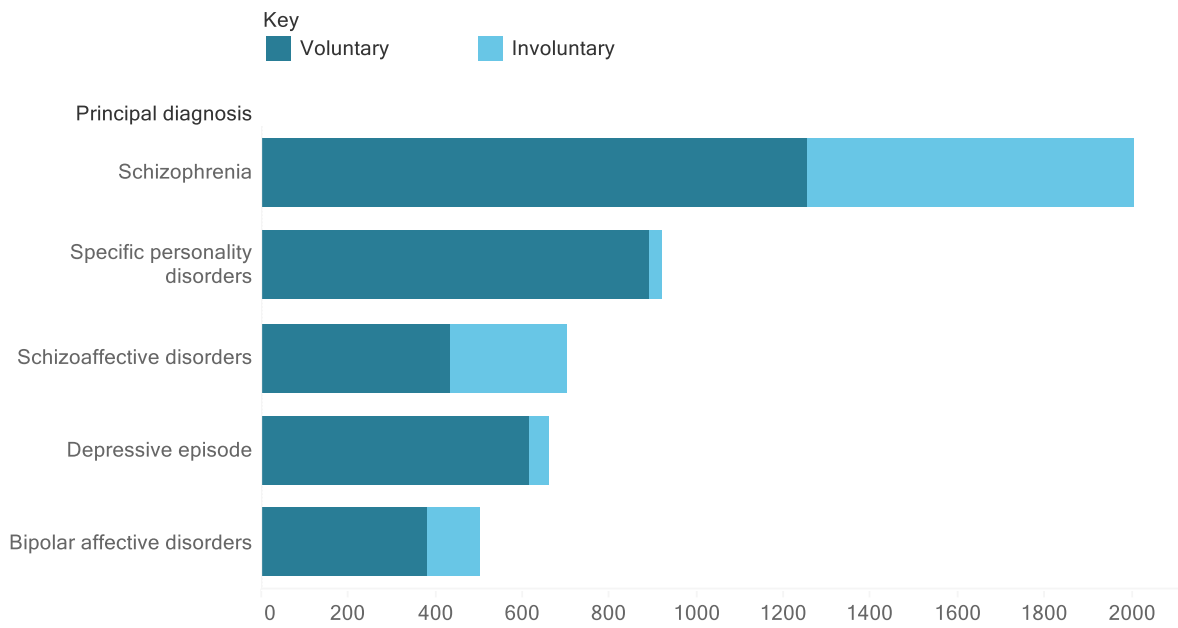
Source data: Residential Mental Health Care Tables, RMHC.9 (173KB XLS)

## Mental health legal status

One-fifth (20.0% or 1,518 episodes) of residential care episodes were for residents with an involuntary [mental health legal status](#) in 2017-18; a decrease from 28.8% in 2005-06. Interpretation of time series results should be made with caution though due to data quality improvements and a variable proportion of 'not reported' mental health legal status during this period. Further information can be found in the [data source](#) section.

Residents with a principal diagnosis of *Schizophrenia* accounted for 49.4% (750 episodes) 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* (38.3% or 269 episodes) and *Schizophrenia* (37.4% or 750 episodes) (Figure RMHC.6).

Figure RMHC.6: Residential mental health care episodes for 5 commonly reported principal diagnoses, by mental health legal status, 2017-18



Source: National Residential Mental Health Care Database, Table RMHC.12.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

Source data: Residential Mental Health Care Tables RMHC.12 (173KB XLS).



## Data source

### National Residential Mental Health Care Database

Quality Statements for National Minimum Data Sets (NMDSs) are published annually via the AIHW's Metadata Online Registry (METeOR). Statements provide information on the institutional environment, timeliness, accessibility, interpretability, relevance, accuracy and coherence. [Residential mental health care NMDS 2017–18 National Residential Mental Health Care Database, 2019; Quality Statement.](#)

In 2017/18 Queensland reclassified existing Community Care Units from admitted patient care to residential mental health service units.

# Key Concepts

## Residential mental health care

Key Concept	Description
<b>Episodes of residential care</b>	<b>Episodes of residential care</b> 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.
<b>Mental health legal status</b>	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'.
<b>Resident</b>	A <b>resident</b> is a person who receives residential care intended to be for a minimum of 1 night.
<b>Residential care days</b>	<b>Residential care days</b> 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.
<b>Residential mental health care</b>	<b>Residential mental health care</b> 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"><li>• employs mental health trained staff on-site</li></ul>

- 
- 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).