8 Residential mental health care

This section presents information on ***residential mental health care*** services. The data presented are 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 Commonwealth reporting requirements. The inclusion of government-funded, non-government-operated services is optional, with 11 such services included for the 2008–09 collection. For information about the coverage and data quality of this collection, see data source.

Key points

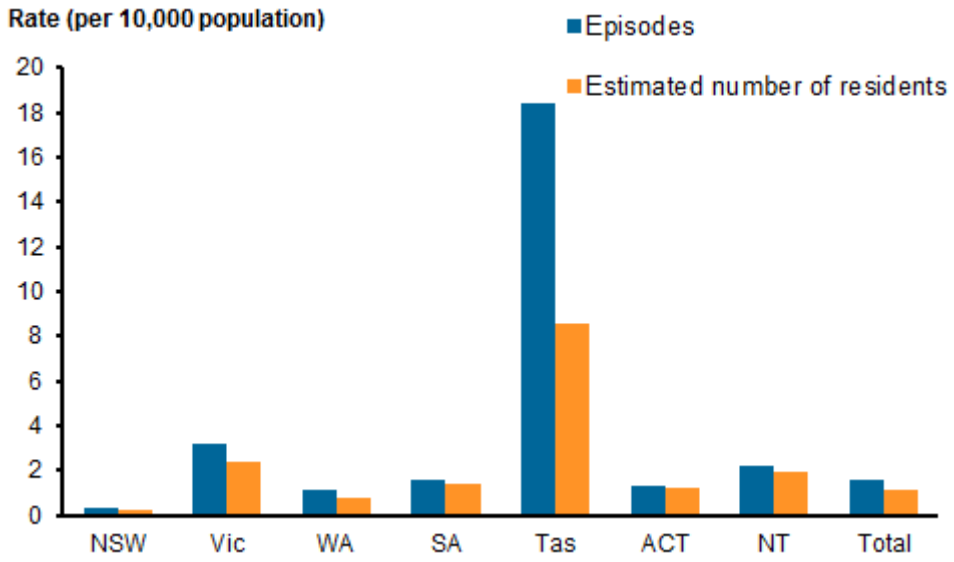
- In 2008–09, there were nearly three and a half thousand residential episodes recorded for almost 2,400 residents.
- Since 2004–05, there has been an annual average increase of 12.4% in the total number of residential episodes recorded.
- The most common length of stay for a completed residential episode was less than 2 weeks.
- A typical episode involved an Australian-born, non-Indigenous male aged 25–44 years who has never been married and lives in a major city.
- Involuntary episodes accounted for almost 30% of all episodes.
- The most common principal diagnosis for episodes was schizophrenia, followed by schizoaffective disorder and depressive episode.

Residential care by states and territories

In 2008–09, there were 3,497 ***episodes of residential care*** with 227,691 ***residential care days*** provided to an estimated 2,387 ***residents***. This corresponds to an average of 1.5 episodes of care per resident and 65 residential care days per episode.

Tasmania reported the highest rate (per 10,000 population) of episodes (18.4) and estimated number of residents (8.6) which were noticeably higher than the national average of 1.6 episodes and 1.1 residents per 10,000 population (Figure 8.1). New South Wales had the lowest rate for both residents and episodes (0.2 and 0.3 per 10,000 population respectively).

There was an average of 104.8 residential care days per 10,000 population with Tasmania reporting the highest rate (837.0) and Western Australia reporting the lowest rate (33.2).



Note:

1. Queensland does not have any residential mental health services.

2. The number of residents is likely to be overestimated, as residents who made use of services from multiple providers are counted separately each time.

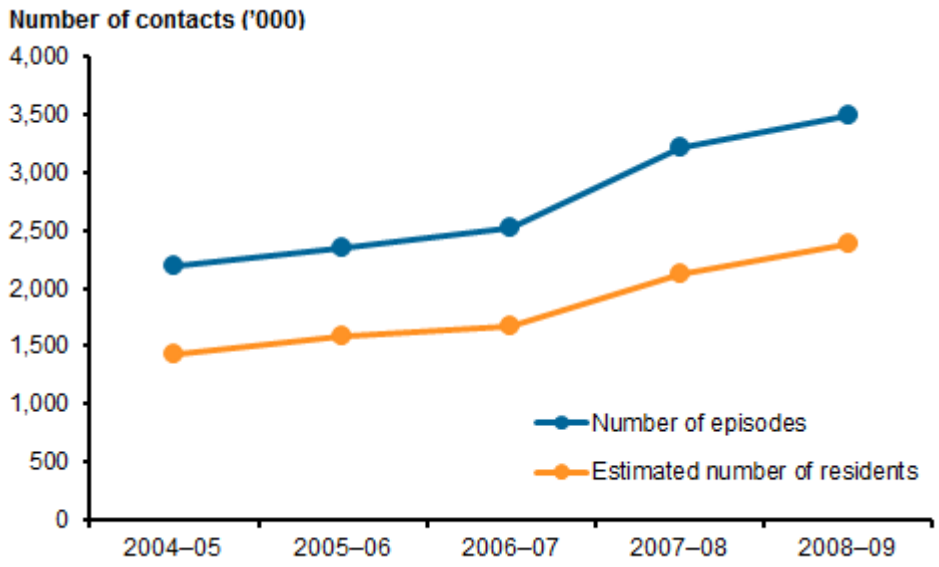
Source: National Residential Mental Health Care Database

Figure 8.1: Residential mental health care rates for episodes and estimated number of residents, states and territories, 2008–09

Residential care over time

The number of residential episodes reported to the NRMHCD has increased over the 5 years to 2008–09 at an annual average rate of 12.4% per year (Figure 8.2).

Nationally, there was an 8.5% increase in the number of residential care episodes, from 3,222 episodes reported in 2007–08 to 3,497 episodes reported in 2008–09. Victoria reported the largest increases in the numbers of episodes and residents over the 5 year period. New South Wales reported a decreasing number of residential episodes over the 5 year period.



Source: National Residential Mental Health Care Database.

Figure 8.2: Residential mental health care episodes and estimated number of residents over time, 2004–05 to 2008–09

Characteristics of residential care clients

Patient demographics

The highest proportion of residential care episodes was for residents aged 25–34 years (25.9%). This age group also had the highest number of episodes per 10,000 population (3.0). Those less than 15 years of age were least represented in residential mental health care.

There were more residential care episodes involving males than females. This is the case for all but the 55 years and over age groups.

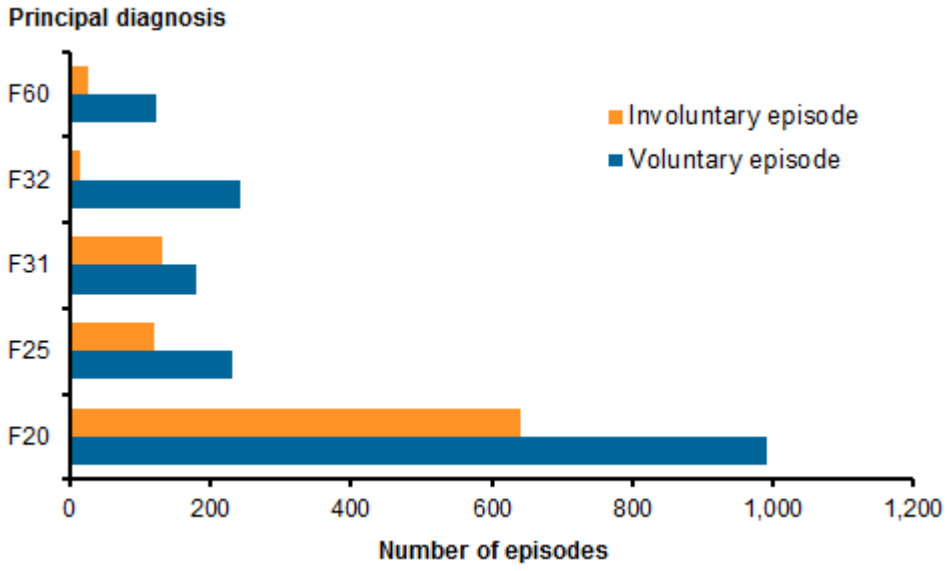
While the highest proportion of residential care episodes was for residents of Major cities (48.9%), the rate was highest for residents of Inner regional areas (3.5 per 10,000 population).

The rate of episodes for Australian born residents was noticeably higher than the rate of those born overseas (1.9 and 0.8, respectively). The majority of the episodes (67.9%) involved those who were never married. The data showed that the typical episode involved an Australian born, non-Indigenous male aged 25–44 who had never been married and lived in a major city.

Principal diagnosis

Data on mental health-related residential care episodes by principal diagnosis is based on the broad categories within the Mental and behavioural disorders chapter (Chapter 5) in the ICD-10-AM.

In 2008–09, a principal diagnosis was specified for 97.9% of episodes of residential care (3,423). For those episodes, the principal diagnosis of Schizophrenia (F20) accounted for the largest number of residential care episodes (1,679 or 49.1%). Figure 8.3 shows that Schizophrenia was also a most commonly reported diagnosis for episodes with involuntary mental health legal status (641 or 62.4% of the total number of involuntary episodes).



Notes:
F20 Schizophrenia
F25 Schizoaffective disorders
F31 Bipolar affective disorders
F32 Depressive episode
F60 Specific personality disorders
Source: National Residential Mental Health Care Database.

Figure 8.3: Residential episodes, for the five most commonly reported

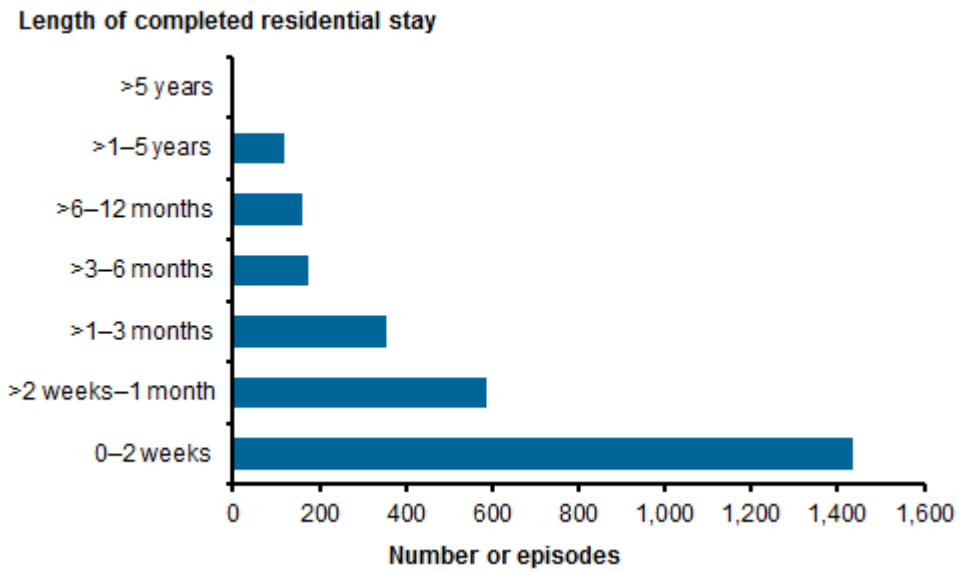
principal diagnoses, by mental health legal status, 2008–09

Characteristics of residential care episodes

Length of completed residential stays

Figure 8.4 shows the distribution of the length of residential stays for episodes which formally ended during 2008–09. There were 2,837 residential episodes (81% of 3,497) that fitted this criterion. 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 2008–09 were not accounted for due to lack of data.

The length of stay for over half of the completed residential stay was less than 2 weeks (1,435 episodes or 50.6% of 2,837). Episodes with a residential stay longer than 1 year constituted 4.3% (123 out of 2,837) of the episodes. The longest length of residential stay was nearly 11 years.



Source: National Residential Mental Health Care Database.

Figure 8.4: Residential mental health care episodes ending in 2008–09, by length of residential stay

Mental health legal status

The majority of residential care episodes were for residents with voluntary legal status (63%) and, in the case of Western Australia, all residential care episodes were voluntary. Between 2004–05 and 2008–09, the number of involuntary residential mental health care episodes nationally increased by an annual average of 45.2%.

Data source

Scope

The National Residential Mental Health Care Database (NRMHCD) contains data on episodes of residential care provided by government-funded residential mental health services as specified by the Residential Mental Health Care (RMHC) NMDS. Data collated include information relating to each episode of residential care provided by the relevant mental health services. Examples of data elements are demographic characteristics of residents, such as age and sex, and clinical information, such as principal diagnosis and mental health legal status. Detailed data specifications for the RMHC NMDS can be found in METeOR, the AIHW's online metadata registry, at <www.aihw.gov.au>.

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 1997* and subject to Commonwealth reporting requirements (that is, they report to the System for the Payment of Aged Residential Care collection). The inclusion of government-funded, non-government-operated services and services that are not staffed for 24 hours a day is optional. For the 2008–09 data collection, all but eight of the facilities reported had mental health trained staff on-site 24 hours a day. Data from eleven non-government organisations were also included in the 2008–09 collection. A list of the residential mental health services included in the NRMHCD can be found in the data tables for the residential care section.

Queensland does not have any in-scope government-operated residential mental health services and therefore does not report to this collection.

Coverage

States and territories provided estimates of their data from residential mental health services as a proportion of full coverage. All jurisdictions reported 100% data coverage in 2008–09.

Indigenous data quality

Data from the NRMHCD on Indigenous status should be interpreted with caution due to the varying quality and completeness of Indigenous identification across all jurisdictions. New South Wales, Western Australia, South Australia, the Northern Territory and the Australian Capital Territory considered their Indigenous status data of acceptable quality. In Victoria, there has been an increasing focus on collecting indigenous data more accurately. Tasmania reported that the quality of the indigenous status data collected does require improvement.

Principal diagnosis coding

Victoria, Western Australia, South Australia, Tasmania and the Australian Capital Territory used the complete ICD-10-AM classification to code principal diagnosis. New South Wales used a combination of the NCCH *ICD-10-AM Mental Health Manual*, ICD-10-PC, and local codes where there were no ICD-10-PC equivalents. For the Northern Territory, the *ICD-10-AM Mental Health Manual* subset codes were used.