

# 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.

Data from the National Residential Mental Health Care Database (NRMHCD) are used to describe the care provided by these services. More information about the NRMHCD is available in the [data source](#) section.

## Key points

- **8,045 episodes** of residential care were recorded for an estimated 6,375 residents in 2018–19.
- **Schizophrenia** was the most frequently reported principal diagnosis grouping in 2018-19 (25.1% of episodes), followed by *Specific personality disorders* (13.2%) and *Schizoaffective disorders* (8.8%).
- **19.3%** of residents had an involuntary mental health legal status.
- **51.2%** of completed residential mental health care episodes lasted **2 weeks or less**, with 3.5% of episodes lasting longer than 1 year.

## Data downloads and links

Excel – Residential mental health care tables

PDF – Residential mental health care section

Link – Residential mental health care interactive data

Link – Data source information and key concepts related to this section.

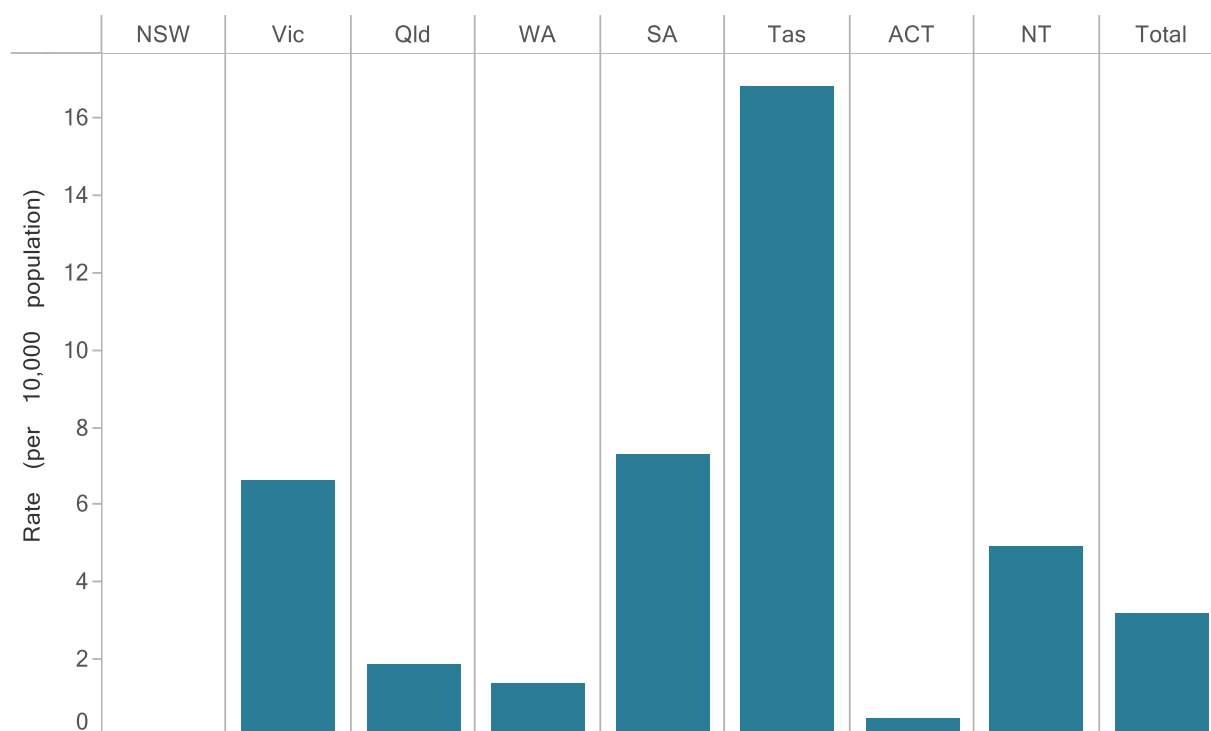
Data in this section were last updated in October 2020.

## Service Provision

There were 8,045 continuing and completed [episodes of residential care](#) in 2018–19, with 370,554 [residential care days](#) provided to an estimated 6,375 [residents](#). This equates to an average of 1.3 episodes of care per resident and 46.1 residential care days per episode.

The provision of residential mental health care services differed among states and territories in 2018–19, with Tasmania reporting the highest rates of episodes of care (16.8 per 10,000 population) and estimated number of residents (9.9 residents per 10,000 population) and New South Wales reporting the lowest (0.1 episodes and residents per 10,000 population) (Figure RMHC.1). Additional information can be found in the [Specialised mental health care facilities](#) section.

**Figure RMHC.1: Residential mental health care episodes, states and territories, 2018-19**



*Note:* 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.

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

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

## Changes over time

Between 2014–15 and 2018–19, residential mental health care episodes decreased marginally from 3.3 to 3.2 per 10,000 population (an average annual change of -0.8% over the period). For information on data quality over time see the [data source](#) section.

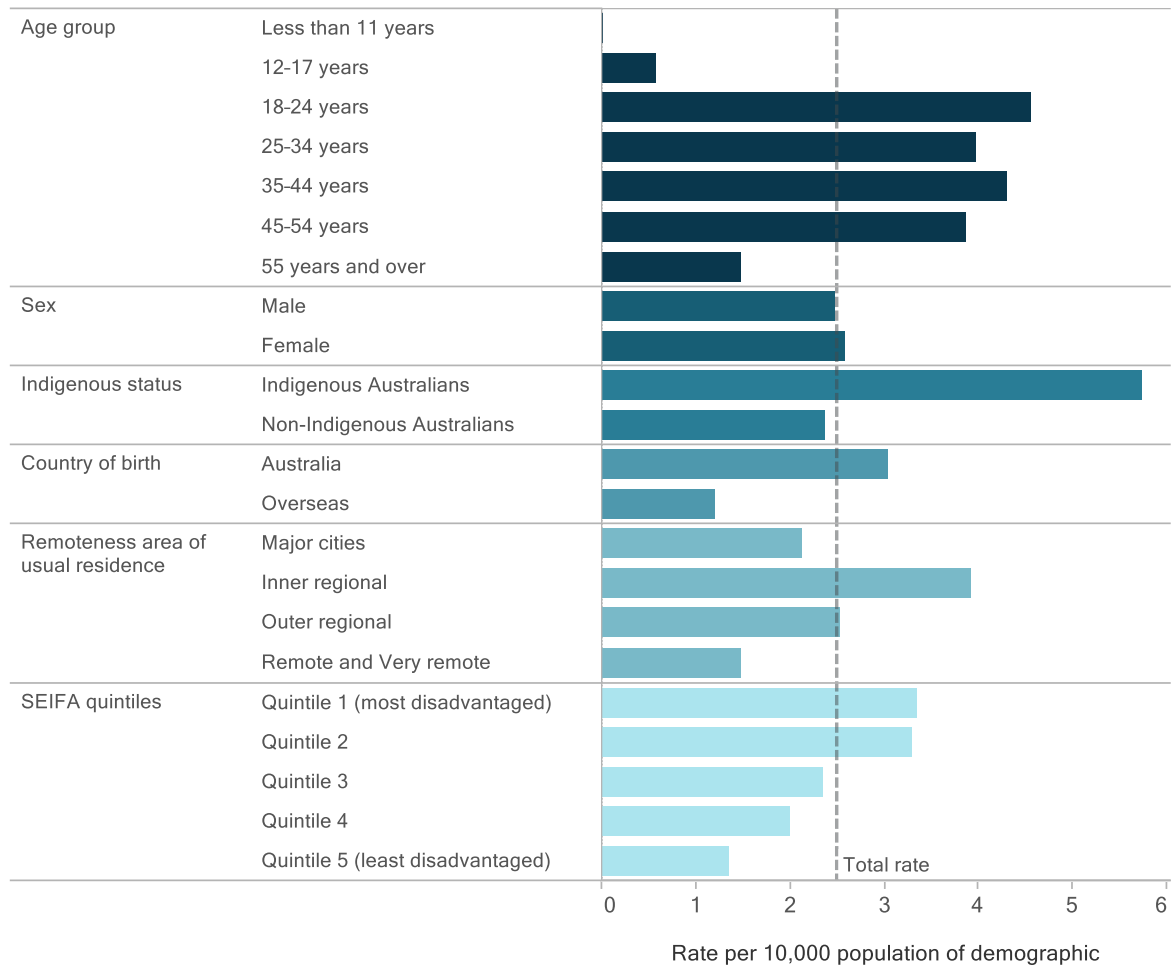
## Resident characteristics

### Resident demographics

A slightly higher number of females than males received residential mental health care in 2018–19 (3,278 females and 3,085 males). People aged 18–24 years accessed residential mental health care at a higher rate than other age groups (4.6 people per 10,000 age specific population) in 2018–19 (Figure RMHC.2). There were no residents aged under 12.

Aboriginal and Torres Strait Islander People comprised 6.7% of residential mental health care residents in 2018–19. The rate of Indigenous residents per 10,000 population was more than double the rate for non-Indigenous residents (5.7 compared to 2.4).

**Figure RMHC.2: People accessing residential mental health care, by key demographics, 2018-19**



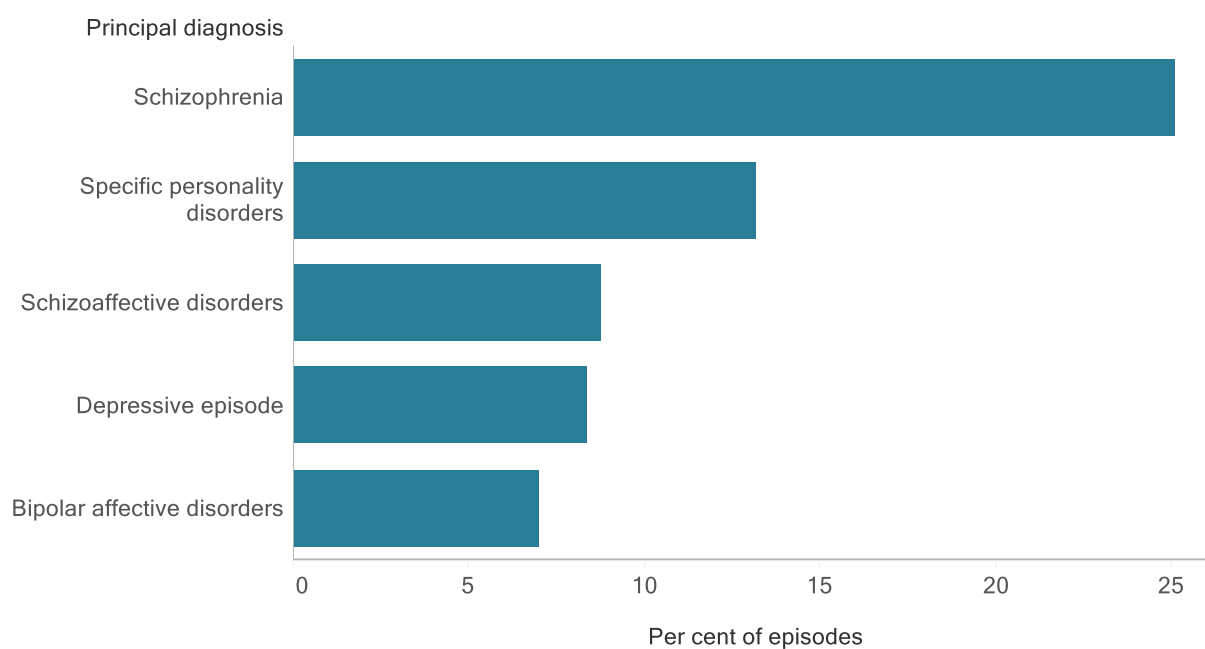
Source: National Residential Mental Health Care Database; Table RMHC.3.

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## Principal diagnosis

The five most commonly reported mental health-related [principal diagnoses](#) for residential mental health care episodes were *Schizophrenia* (25.1%), *Specific personality disorders* (13.2%), *Schizoaffective disorders* (8.8%), *Depressive episode* (8.4%) and *Bipolar affective disorders* (7.0%) (Figure RMHC.3).

**Figure RMHC.3: Proportion of residential mental health care episodes for 5 commonly reported principal diagnoses, 2018-19**



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

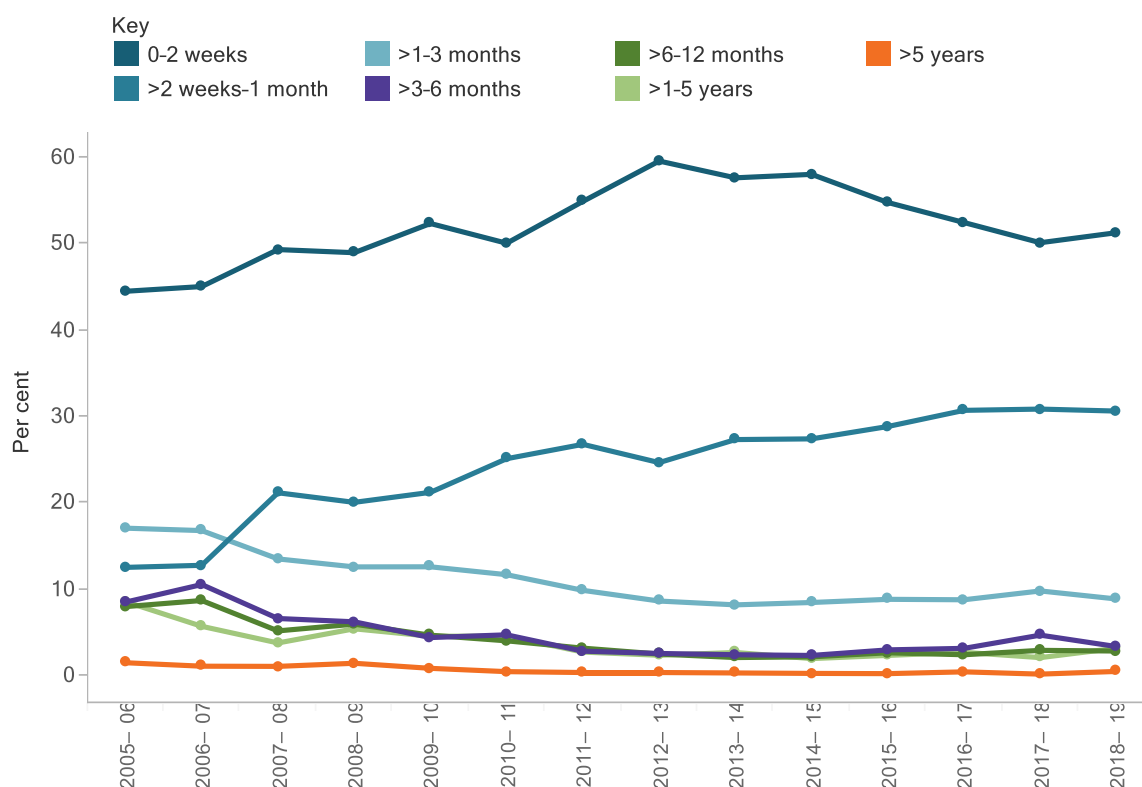
[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

# Characteristics of residential care episodes

## Length of completed residential stay

In 2018–19, 6,977 (86.7%) residential episodes of care formally ended before the end of the reference period (on or before 30 June 2019). This is known as a completed [residential stay](#). Completed episodes of care most commonly lasted 2 weeks or less (3,575, or 51.2%) (Figure RMHC.4). A small number of episodes of care (240 episodes, or 3.5%) lasted longer than 1 year.

Figure RMHC.4: Residential mental health care episodes (per cent), by length of completed residential stay, 2005-06 to 2018-19



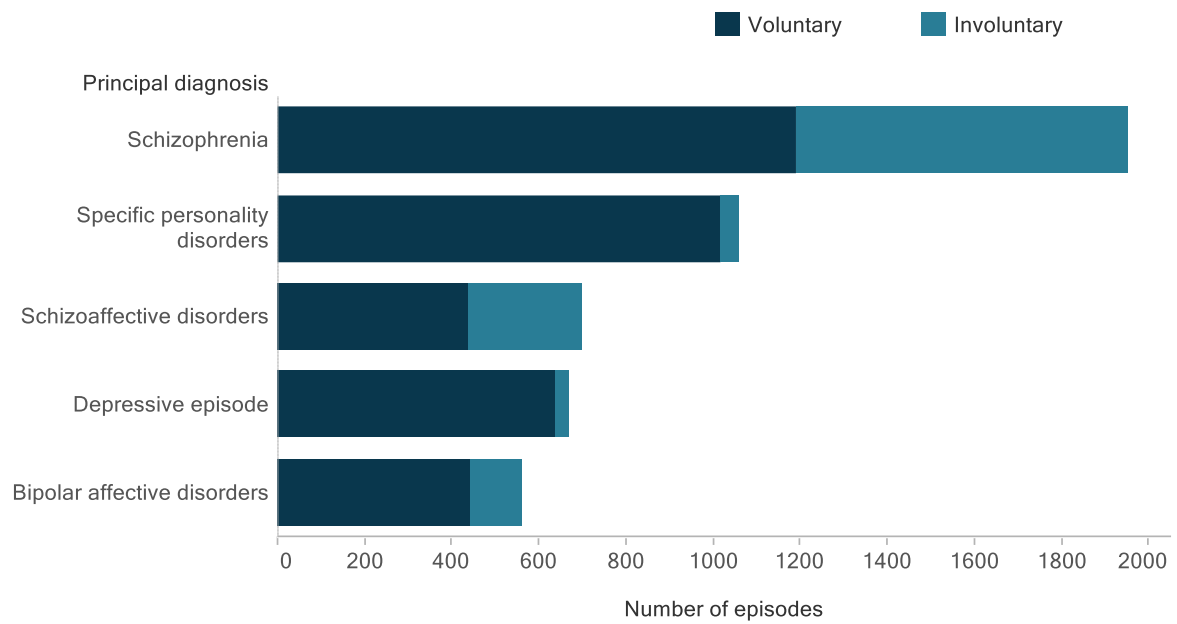
Source: National Residential Mental Health Care Database, Table RMHC.9.

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

## Mental health legal status

Around 1 in 5 (19.3% or 1,532) residential care episodes were for residents with an involuntary [mental health legal status](#) in 2018–19. Residents with a principal diagnosis of *Schizophrenia* accounted for almost half (49.6%, or 760 episodes) of episodes of care for residents with an involuntary mental health legal status. (Figure RMHC.5).

**Figure RMHC.5: Residential mental health care episodes for 5 commonly reported principal diagnoses, by mental health legal status, 2018-19**



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

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

## Data source

### National Residential Mental Health Care Database

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.

[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. Previous years' data quality statements are also accessible in METeOR.

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

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 [METeOR](#).



# 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 are designed to safeguard the rights and govern the treatment of patients with mental illness in admitted patient care, residential care and community-based services. The legislation varies between states and territories but all contain provisions for the assessment, admission and treatment of patients on an involuntary basis, defined as ‘persons who are compulsorily treated in hospital or in the community under state and territory mental health legislation for the purpose of assessment or provision of appropriate treatment or care’ (AIHW 2014).
<b>Principal diagnosis</b>	The <b>principal diagnosis</b> 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 <i>International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification</i> (ICD-10-AM edition). Further information can be found in the <a href="#">Health-related classifications</a> section.
<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

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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).

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## References

AIHW (Australian Institute of Health and Welfare) 2014. [Episode of care—mental health legal status](#). METeOR (Identifier: 542158). Viewed 22 July 2020