

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 2016-17

PDF – Residential mental health care section 2016-17

Data in this section were last updated in October 2018.

Key points

- There were 7,290 episodes of residential care recorded for 5,476 residents in 2016–17. This equates to an average of 1.3 episodes of care per resident and 40 residential care days per episode.
- The estimated rate of residents per 10,000 population increased from 0.8 in 2005–06 to 2.2 in 2016–17. The rate of episodes per 10,000 population increased from 1.2 to 3.0 over the same period.
- Residents with an involuntary mental health legal status accounted for 19.0% of episodes with a valid legal status recorded in 2016–17, down from 28.8% in 2005–06.
- *Schizophrenia* (24.3%) was the most commonly recorded principal diagnosis for residents undergoing residential episodes of care, followed by *Specific personality disorder* (11.3%) and *Depressive episode* (9.5%) in 2016–17.
- The most common length of stay for a completed residential episode was 2 weeks or less (52.3% of episodes completed on or before 30 June 2017) in 2016–17, with 3.4% of episodes lasting longer than 1 year.

Service Provision

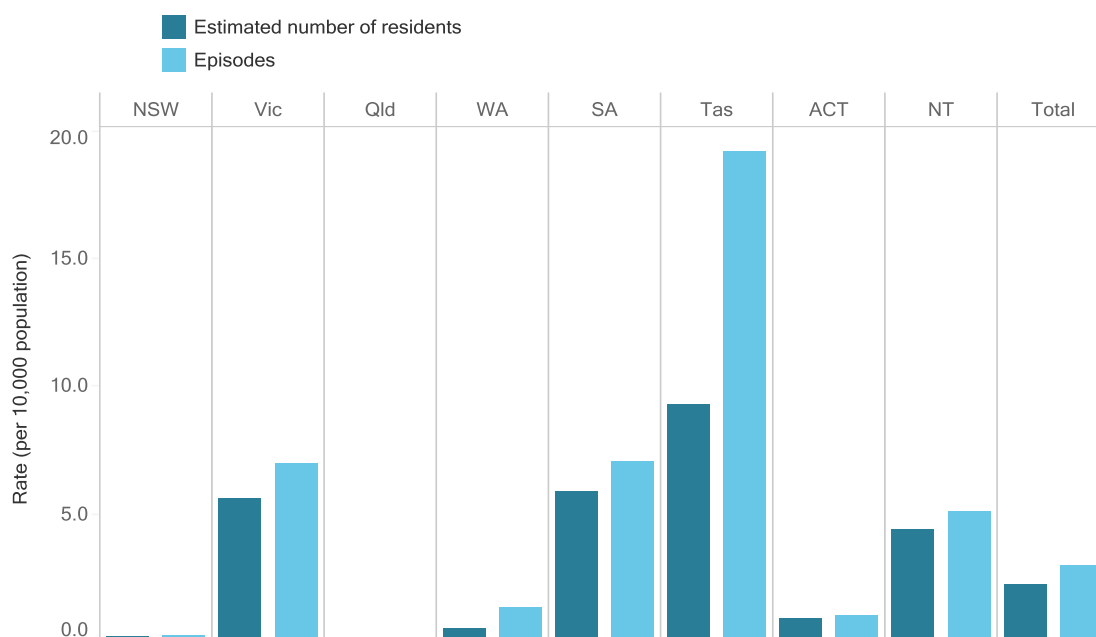
States and territories

Nationally there were 7,290 continuing and completed [episodes of residential care](#) in 2016–17, with 294,113 [residential care days](#) provided to an estimated 5,476 [residents](#). This equates to an average of 1.3 episodes of care per resident and 40 residential care days per episode.

Tasmania reported the highest rate of residents (9.3 per 10,000 population) and the highest rate of episodes of care (19.2 per 10,000 population) in 2016–17 (Figure RMHC.1). New South Wales had the lowest rate for both episodes and residents (0.3 and 0.2 per 10,000 population). Queensland does not report any in-scope residential mental health services to the data collection. 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 120.6 per 10,000 population in 2016–17, with Tasmania reporting the highest rate (1,073.2) and Western Australia reporting the lowest (10.6).

RMHC.1: Residential mental health care episodes and estimated number of residents, states and territories, 2016-17



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

Notes:

1. Queensland does not report any in-scope residential mental health services.
2. 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.

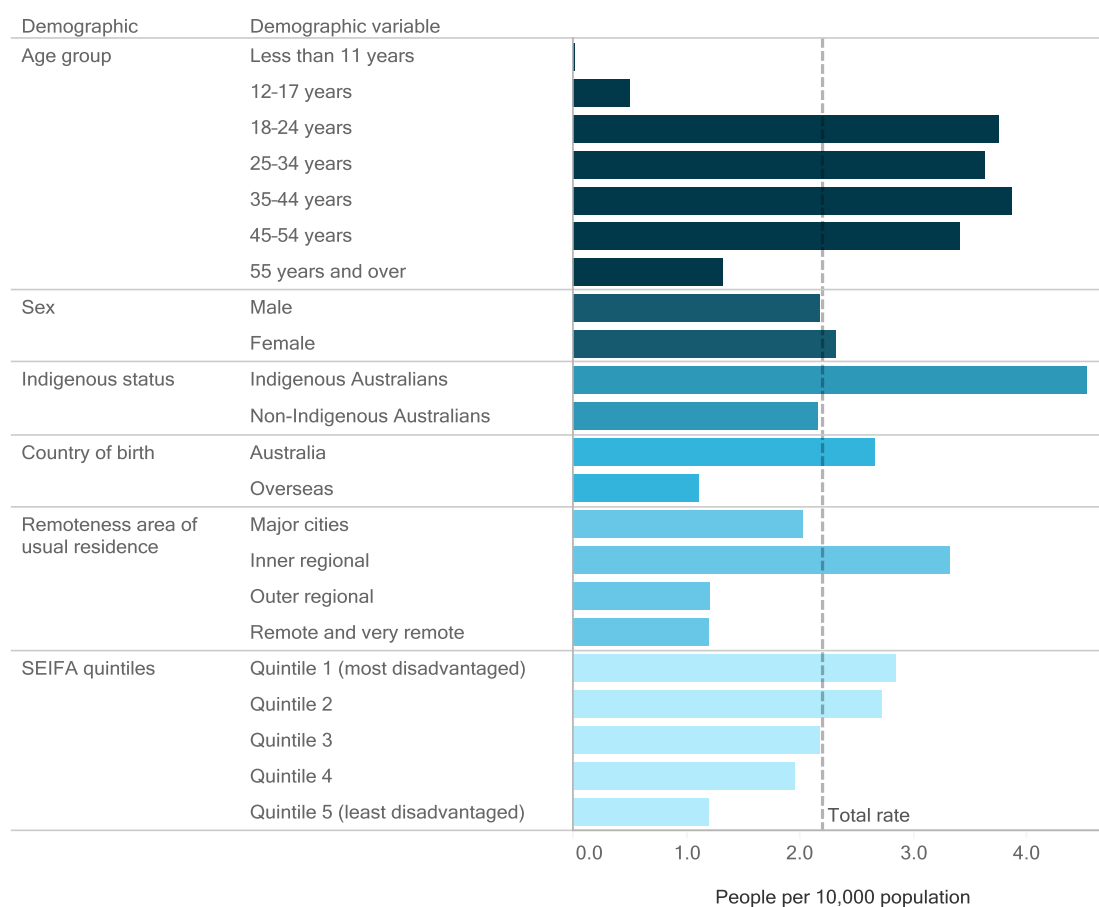
Source data: Residential Mental Health Care Table RMHC.1 (173KB XLS)

Resident characteristics

Resident demographics

People aged 35–44 years accessed residential mental health care services at the highest rate (3.9 people per 10,000 age specific population) in 2016–17 (Figure RMHC.2). Overall, more females (2,842 people or 52.0% of those receiving care) received residential mental health care than males (2,628 people or 48.0%). The rate of Indigenous Australians (4.5 people per 10,000 population) receiving residential mental health care was more than double the rate for non-Indigenous Australians (2.2).

RMHC.2: People receiving residential mental health care services, by demographic variable, 2016-17



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

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

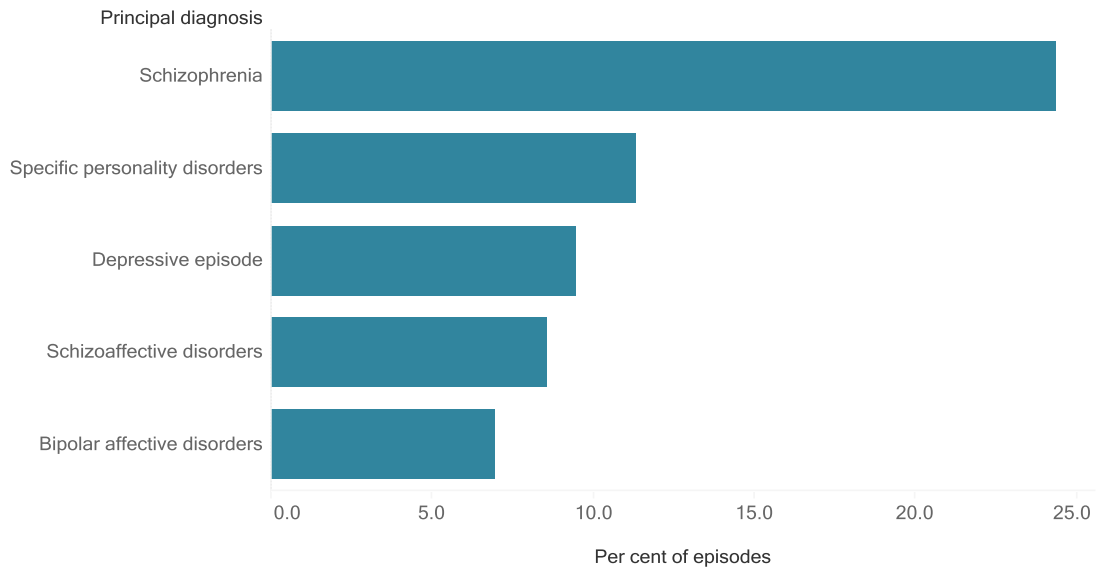
Principal diagnosis

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 most common principal diagnosis recorded was *Schizophrenia* (1,775 episodes or 24.3%) followed by *Specific personality disorders* (824 episodes or 11.3%) in 2016–17 (Figure RMHC.3). A large proportion of episodes had a principal diagnosis of

Mental disorder, not otherwise specified (F99) (8.0%). The [data source](#) section has further information on principal diagnosis data quality issues.

Figure RMHC.3: Proportion of mental health care episodes for 5 commonly reported principal diagnoses, 2016-17



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

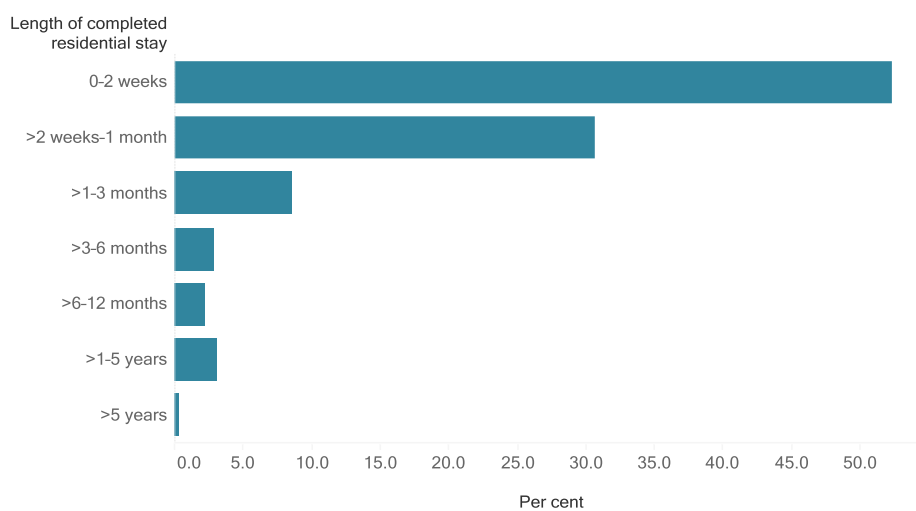
Source data: Residential Mental Health Tables RMHC.15 (173KB XLS).

Characteristics of residential care episodes

Length of completed residential stay

In 2016–17, 6,461 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 (3,382 or 52.3%) (Figure RMHC.4). A small number of episodes of care (219 episodes or 3.4%) lasted longer than 1 year.

Figure RMHC.4: Residential mental health care episodes (per cent), by length of completed residential stay, 2016-17

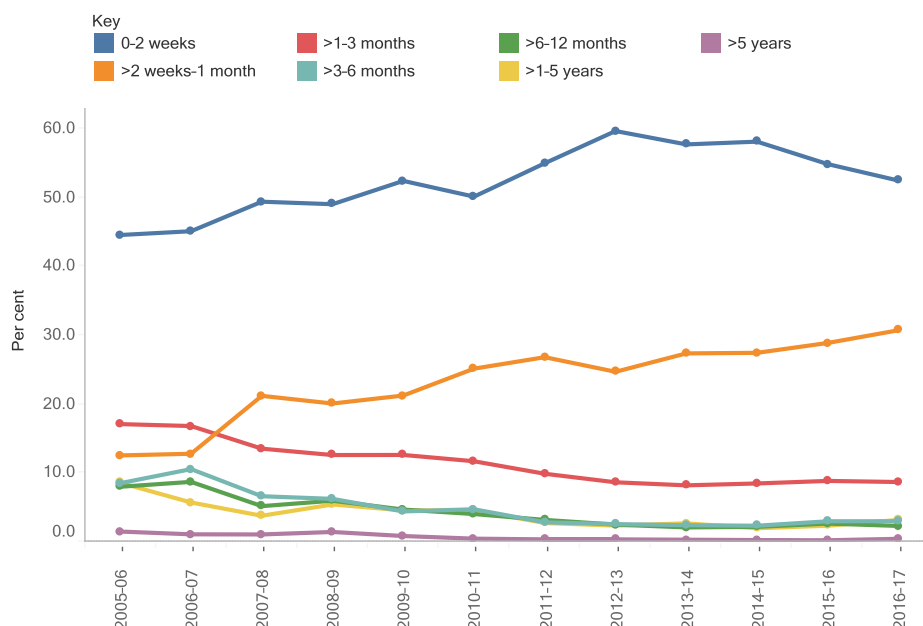


Source: National Residential Mental Health Care Database, Table RMHC.9.

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 52.3% in 2016–17 (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 30.6% in 2016–17, 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 2016-17



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

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

Mental health legal status

Fewer than one-fifth (19.0% or 1,359 episodes) of residential care episodes were for residents with an involuntary [mental health legal status](#) in 2016–17; 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 42.0% (571 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* (38.1% or 236 episodes) and *Schizophrenia* (33.5% or 571 episodes) (Figure RMHC.6).

RMHC.6: Residential mental health care episodes for 5 commonly reported principal diagnoses, by mental health legal status, 2016-17



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

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 2016–17 National Residential Mental Health Care Database,2018; 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

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- 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).