

8 Residential mental health care

8.1 Introduction

Non-ambulatory mental health-related care can be accessed via hospitals, as detailed in Chapter 7, or through facilities providing residential care. This chapter presents information on residential mental health 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 and subject to Commonwealth reporting requirements. Government-funded, non-government-operated services could be included optionally. The database was inaugurated in 2004–05 and this is the third time that the data are being reported.

For the 2006–07 data collection, all the facilities had mental health trained staff on-site 24 hours a day except for one South Australian facility which was staffed for 13 hours a day and one Northern Territory facility which was staffed on average 9 hours a day. Data from six Tasmanian non-government organisations staffed 24 hours a day were also included in the 2006–07 collection. Appendix 1 provides information about the coverage and data quality of this collection.

Key concepts

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.

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 2006) 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 2007)). An individual can have one or more episodes of care during the reference period.

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).

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

Residential care days refer to the number of days of care the resident received in the episode of residential care.

8.2 States and territories

In 2006–07, there were 2,531 *episodes of residential care* with 236,733 *residential care days* provided to 1,664 *residents* (Table 8.1). This corresponds to an average of 1.5 episodes of care per resident and 94 residential care days per episode. The number of residents reported may be an overestimate because the figure was derived from counting the number of unique resident identifiers for each individual facility reported to the database. Consequently, residents who used services from multiple providers will be counted more than once, which will inflate the overall count.

There were noticeable differences in the data across the states and territories. This may be due to differences in service delivery practices and/or the types of establishments categorised as *residential mental health care* facilities. Therefore, caution should be used in the interpretation of differences between jurisdictions. Queensland does not have any residential mental health care services.

Table 8.1: Episodes of residential mental health care, number of residents and residential care days, states and territories, 2006–07

| | NSW | Vic | Qld | WA | SA | Tas ^(a) | ACT | NT | Total |
|--|---|--------|-----|-------|-------|--------------------|--------|-------|---------|
| Episodes | 393 | 1,003 | .. | 181 | 121 | 743 | 81 | 9 | 2,531 |
| Estimated number of residents ^(b) | 301 | 617 | .. | 138 | 108 | 423 | 68 | 9 | 1,664 |
| Average episodes per resident ^(b) | 1.3 | 1.6 | .. | 1.3 | 1.1 | 1.8 | 1.2 | 1.0 | 1.5 |
| Residential care days | 46,921 | 95,535 | .. | 4,972 | 8,669 | 65,464 | 13,793 | 1,379 | 236,733 |
| Average residential care days per episode | 119 | 95 | .. | 27 | 72 | 88 | 170 | 153 | 94 |
| | Rate^(c) (per 10,000 population) | | | | | | | | |
| Episodes | 0.6 | 2.0 | .. | 0.9 | 0.8 | 14.7 | 2.3 | 0.5 | 1.2 |
| Estimated number of residents | 0.4 | 1.2 | .. | 0.7 | 0.7 | 8.5 | 1.9 | 0.5 | 0.8 |
| Residential care days | 66.8 | 186.6 | .. | 23.9 | 58.4 | 1,306.1 | 393.4 | 61.3 | 113.6 |

(a) Tasmanian information contains data for government-funded residential units operated by the non-government sector in that state, being the only jurisdiction providing this level of reporting.

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

(c) Rates were directly age-standardised as detailed in Appendix 2.

.. Not applicable. Queensland does not have any residential mental health services.

Source: National Residential Mental Health Care Database.

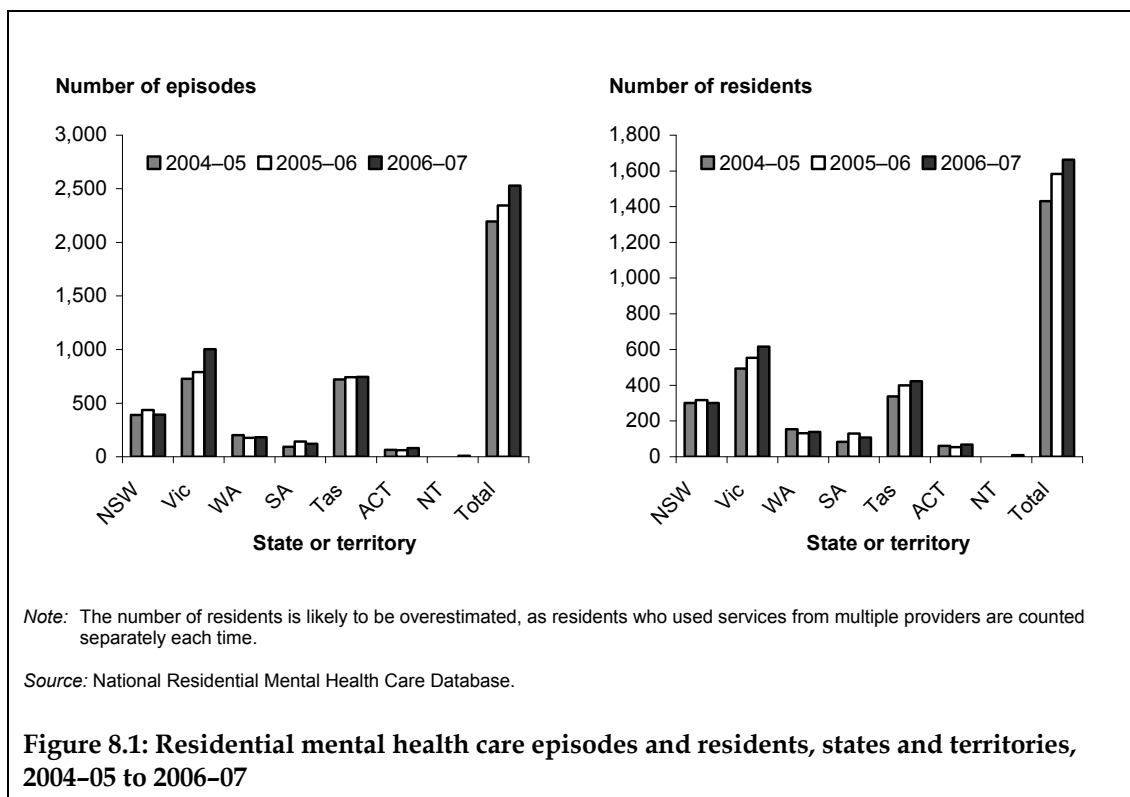
Tasmania reported an average of 1.8 episodes per resident, compared with the national average of 1.5. The highest average residential care days per episode was reported by the Australian Capital Territory (170 days).

Taking population size into consideration, Tasmania reported the highest number per 10,000 population for the number of episodes (14.7), estimated number of residents (8.5) and residential care days (1,306.1). However, this may be due to the inclusion of data from non-government residential units in the Tasmanian dataset. New South Wales had the lowest number of residents (0.4) per 10,000 population, while Western Australia reported the lowest number of residential care days (23.9).

8.3 Changes 2004–05 to 2006–07

Nationally, there was an increase in the number of residential care episodes with 2,194 episodes reported in 2004–05 and 2,531 episodes reported in 2006–07 (Figure 8.1). The number of residents accessing care also increased with 1,431 residents accessing care in 2004–05 and 1,664 accessing care in 2006–07. As noted previously, 2006–07 was the first year the Northern Territory reported residential mental health care data.

Victoria reported an increasing number of episodes and residents over the 3-year period. There was a noticeable increase in both episodes and residents in 2006–07 which was likely to be the result of three more service units operating and reporting to the Database. While all jurisdictions except Western Australia reported increases in the number of episodes from 2004–05 to 2006–07, New South Wales and South Australia reported fewer episodes in 2006–07 compared to 2005–06.



8.4 Mental health legal status

Table 8.2 presents data on the number of episodes of residential care by mental health legal status and jurisdiction. The majority of residential care episodes were for residents with voluntary legal status (63.8%) and, in the case of Western Australia and Northern Territory, all residential care episodes were voluntary. The jurisdictional differences are likely to be a reflection of the different legislative arrangements in place in the jurisdictions.

Table 8.2: Episodes of residential mental health care, by mental health legal status, states and territories, 2006–07

| Mental health legal status | NSW | Vic | WA | SA | Tas | ACT | NT | Total |
|----------------------------|------------|--------------|------------|------------|------------|-----------|----------|--------------|
| Involuntary | 59 | 568 | 0 | 33 | 82 | 58 | 0 | 800 |
| Voluntary | 304 | 435 | 181 | 88 | 575 | 23 | 9 | 1,615 |
| Not reported | 30 | 0 | 0 | 0 | 86 | 0 | 0 | 116 |
| Total | 393 | 1,003 | 181 | 121 | 743 | 81 | 9 | 2,531 |

Source: National Residential Mental Health Care Database.

Figure 8.2 shows the jurisdictional comparison of episodes by mental health legal status between 2004–05 and 2006–07. Increases in the proportion of involuntary episodes were reported by New South Wales, Victoria, South Australia and the Australian Capital Territory.

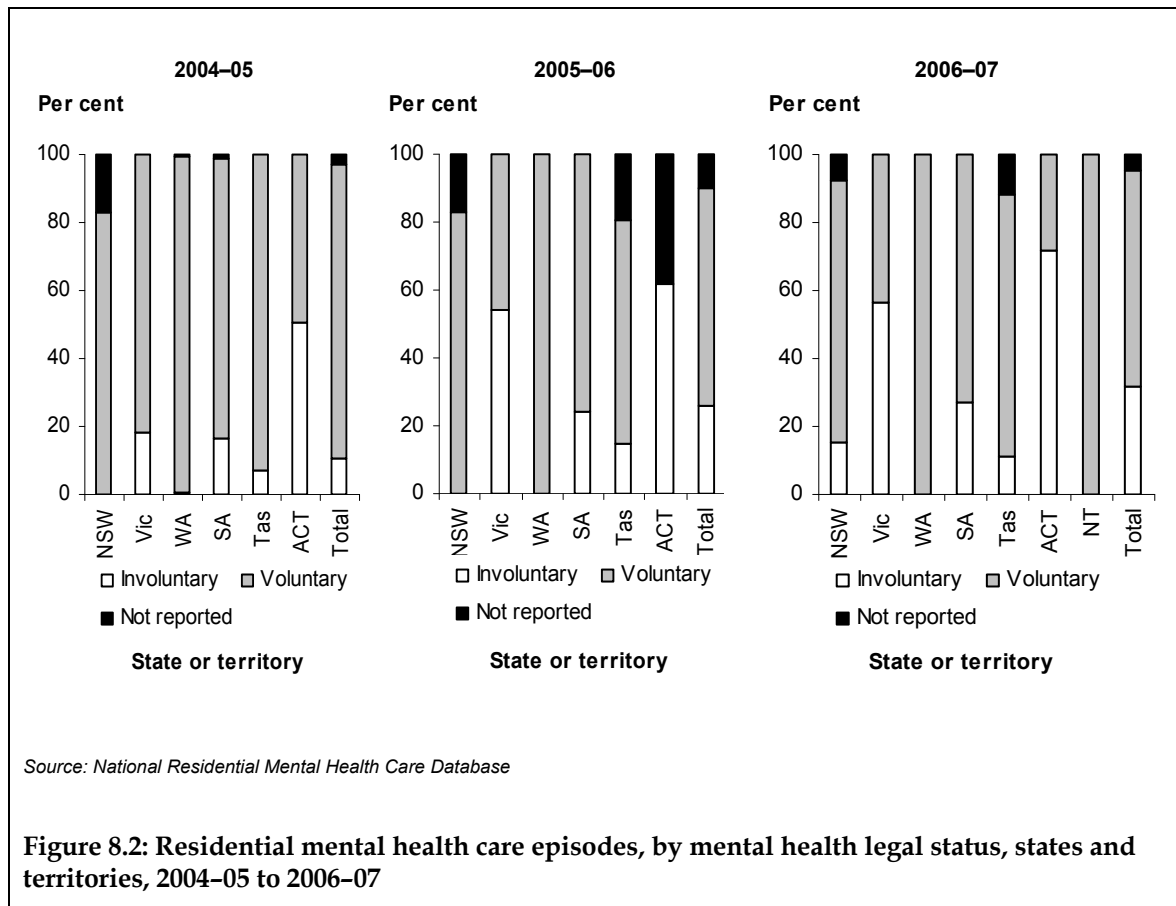


Figure 8.2: Residential mental health care episodes, by mental health legal status, states and territories, 2004–05 to 2006–07

8.5 Patient demographics

Table 8.3 provides a summary of the demographics of residents receiving residential mental health care in 2006–07. In addition, a rate (per 10,000 population) is reported to account for relative population sizes and age structure differences. As these are reports of episodes of care rather than residents, the rates cannot be interpreted as the number of residents with specific characteristics per 10,000 population. Rather, they provide information on the number of episodes relative to the size of the population subgroup.

The highest proportion of residential care episodes was for residents aged 25–34 years and 35–44 years (30.0% and 21.8%, respectively). The 25–34 age group also had the highest number of episodes per 10,000 population, which was twice that of the 45–54 years age group (2.6 and 1.3, respectively). 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 particularly marked for those aged 25–44 years (Figure 8.3).

The rate of episodes for Australian-born residents was noticeably higher than the rate of those born overseas (1.5 and 0.6, respectively). Likewise, the rate of episodes for those living in *Inner regional* areas was higher than those in *Major cities* (2.8 and 0.9, respectively). The majority of the episodes (69.5%) 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.

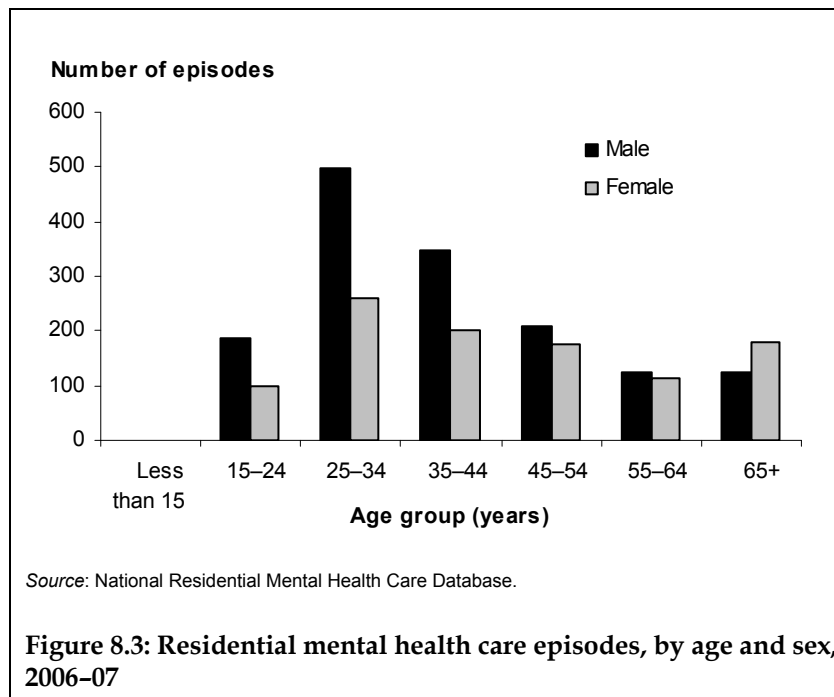


Table 8.3: Episodes of residential mental health care, by patient demographic characteristics, 2006–07

| Patient demographics | Number of episodes^(a) | Per cent of episodes^(b) | Rate (per 10,000 population)^(c) |
|---|---|---|---|
| Age (years) | | | |
| Less than 15 | 1 | 0.0 | 0.0 |
| 15–24 | 282 | 11.2 | 1.0 |
| 25–34 | 756 | 30.0 | 2.6 |
| 35–44 | 550 | 21.8 | 1.8 |
| 45–54 | 387 | 15.4 | 1.3 |
| 55–64 | 238 | 9.5 | 1.0 |
| 65+ | 304 | 12.1 | 1.1 |
| Sex | | | |
| Male | 1,500 | 59.3 | 1.5 |
| Female | 1,029 | 40.7 | 1.0 |
| Indigenous status^(d) | | | |
| Indigenous Australians | 60 | 2.5 | 1.8 |
| Other Australians | 2,344 | 97.5 | 1.2 |
| Country of birth | | | |
| Australia | 2,149 | 85.6 | 1.5 |
| Overseas | 361 | 14.4 | 0.6 |
| Remoteness area of usual residence | | | |
| Major cities | 1,240 | 50.0 | 0.9 |
| Inner regional | 1,086 | 43.8 | 2.8 |
| Outer regional | 151 | 6.1 | 0.8 |
| Remote | 5 | 0.2 | 0.2 |
| Marital status^(e) | | | |
| Never married | 1,591 | 69.5 | .. |
| Widowed | 160 | 7.0 | .. |
| Divorced | 208 | 9.1 | .. |
| Separated | 111 | 4.8 | .. |
| Married | 219 | 9.6 | .. |
| Total | 2,531 | 100.0 | 1.2 |

(a) The number of episodes for each demographic variable may not sum to the total due to missing and/or not reported data.

(b) The percentages shown do not include episodes for which the demographic information, including Indigenous status, was missing or not reported.

(c) Rates were directly age-standardised, with the exception of age which is a crude rate, as detailed in Appendix 2.

(d) These data should be interpreted with caution due to the varying quality of Indigenous identification recorded by jurisdictions (see Appendix 1).

(e) Information on this data element was missing or not reported for nearly 10% of episodes.

.. Not applicable.

Source: National Residential Mental Health Care Database.

8.6 Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for the resident's episode of residential mental health care. Table 8.4 presents the number of residential mental health care episodes for principal diagnosis groups for 2006–07. In this table, diagnoses are classified according to the *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM)*. Note that these data should be interpreted with caution due to variability in the data collection and coding practices in relation to principal diagnosis across Australia (for more information, see Appendix 1).

In 2006–07, a principal diagnosis was specified for 89.5% of episodes of residential care (2,265). For those episodes, the principal diagnosis of *Schizophrenia (F20)* accounted for the largest number of residential care episodes (1,287 or 56.8%). It was also the most commonly reported diagnosis for episodes with involuntary mental health legal status (556 or 69.5% out of 800) (Table 8.2; Figure 8.4).

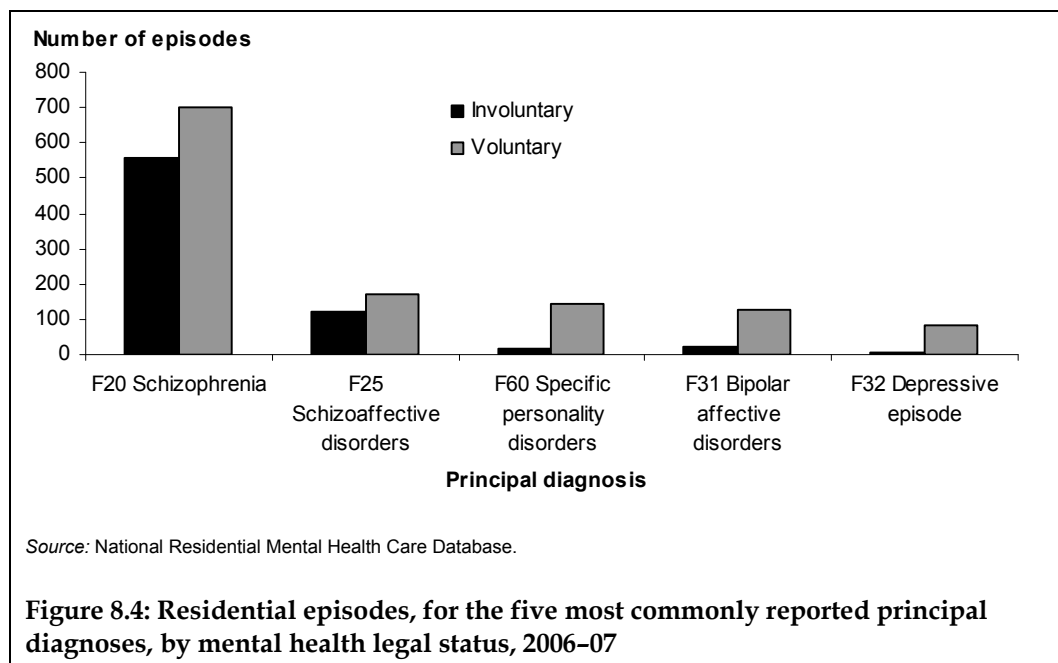


Table 8.4: Episodes of residential mental health care, by principal diagnosis in ICD-10-AM groupings, 2006–07

| Principal diagnosis | | Number of episodes | Specified principal diagnoses (per cent) |
|--|--|--------------------|--|
| F00–F03 | Dementia | 54 | 2.4 |
| F04–F09 | Other organic mental disorders | 6 | 0.3 |
| F10 | Mental and behavioural disorders due to use of alcohol | 15 | 0.7 |
| F11–F19 | Mental and behavioural disorders due to other psychoactive substance use | 20 | 0.9 |
| F20 | Schizophrenia | 1,287 | 56.8 |
| F21, F24, F28, F29 | Schizotypal and other delusional disorders | 27 | 1.2 |
| F22 | Persistent delusional disorders | 11 | 0.5 |
| F23 | Acute and transient psychotic disorders | 21 | 0.9 |
| F25 | Schizoaffective disorders | 290 | 12.8 |
| F30 | Manic episode | 2 | 0.1 |
| F31 | Bipolar affective disorders | 150 | 6.6 |
| F32 | Depressive episode | 100 | 4.4 |
| F33 | Recurrent depressive disorders | 16 | 0.7 |
| F34 | Persistent mood (affective) disorders | 2 | 0.1 |
| F41 | Other anxiety disorders | 13 | 0.6 |
| F42 | Obsessive-compulsive disorders | 3 | 0.1 |
| F43 | Reaction to severe stress and adjustment disorders | 28 | 1.2 |
| F50 | Eating disorders | 2 | 0.1 |
| F60 | Specific personality disorders | 160 | 7.1 |
| F61–F69 | Disorders of adult personality and behaviour | 10 | 0.4 |
| F70–F79 | Mental retardation | 2 | 0.1 |
| F80–F89 | Disorders of psychological development | 10 | 0.4 |
| F91 | Conduct disorders | 1 | 0.0 |
| F92–F98 | Other and unspecified disorders with onset in childhood and adolescence | 1 | 0.0 |
| | Other ^(a) | 34 | 1.5 |
| <i>Subtotal with specified principal diagnosis</i> | | 2,265 | 100.0 |
| F99 | Mental disorder not otherwise specified | 266 | .. |
| <i>Subtotal with unspecified principal diagnosis</i> | | 266 | .. |
| Total | | 2,531 | .. |

(a) Includes all reported diagnoses that are not in the *Mental and behavioural disorders* chapter (Chapter 5) of ICD-10-AM (codes F00–F99).

.. Not applicable.

Source: National Residential Mental Health Care Database.

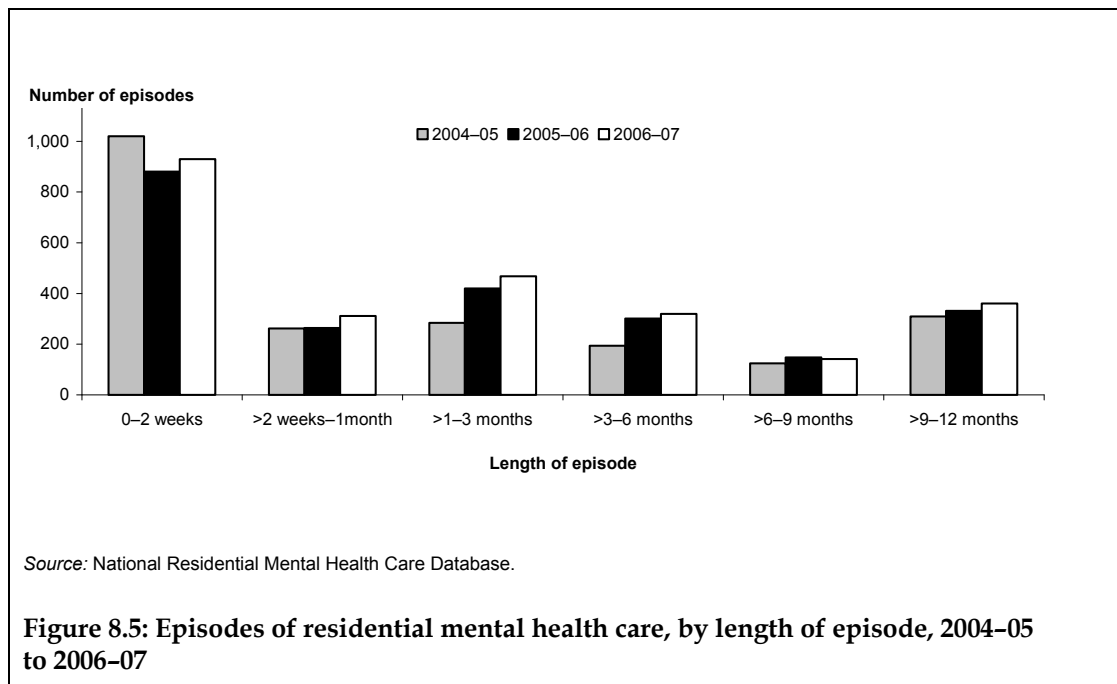
8.7 Length of episodes and residential stays

Episodes

The NRMHCD collects data on the episodes of residential mental health care that occurred during the collection period (that is, from 1 July 2006 to 30 June 2007). The length of episode is calculated by subtracting the date on which the episode started from the episode end date and deducting leave days. These leave days may occur for a variety of reasons, including receiving treatment by a specialised or non-specialised health service or spending time in the community. Note that episodes that started and ended on the same day are allocated an episode length of one day; in 2006–07, there were 67 such episodes.

In relation to the 2,531 episodes of residential mental health care in 2006–07, there was a total of 236,733 residential mental health care days. The average length of stay per episode was 94 days and the median length of episode was 32 days. The most common length of episode was 365 days (207 episodes or 8.2%), a result of some residents being in residential care for the whole collection period (see Key concepts).

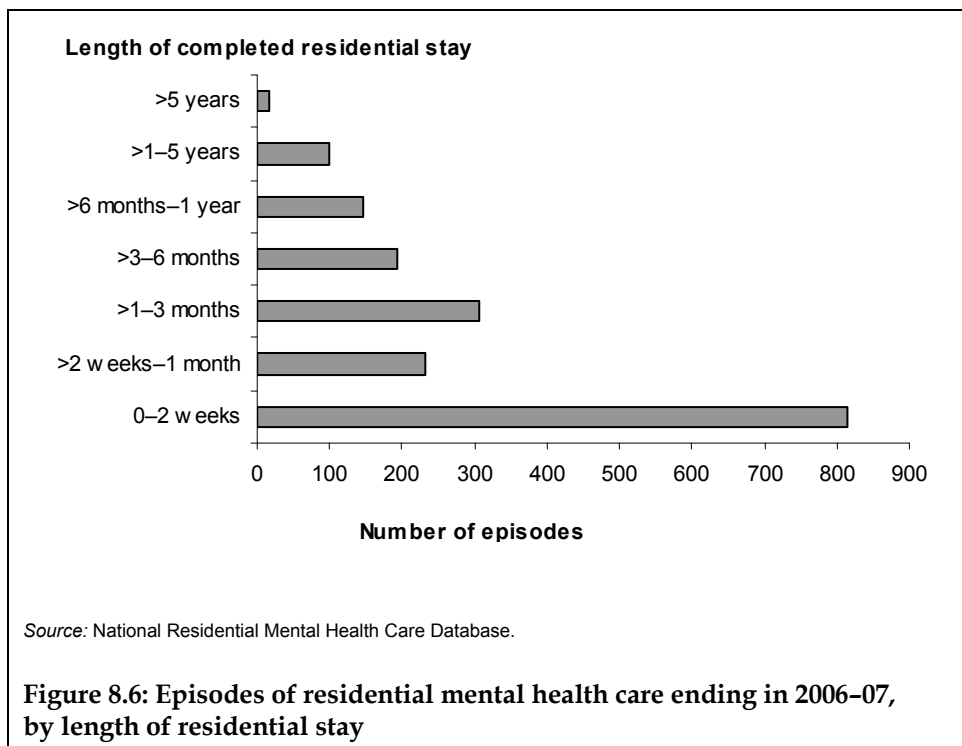
Over the 3 years to 2006–07, there is no apparent trend evident in the length of residential mental health care episodes.



Residential stays

Figure 8.6 shows the distribution of the length of residential stays for episodes which formally ended during 2006–07. There were 1,815 episodes (71.7% of 2,531) which fitted this criterion, noting that episodes with 30 June 2007 as the episode end date have been excluded. 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 recorded for 2006–07. A resident may have taken leave in the financial years preceding 2006–07 but these leave days cannot be accounted for because data on leave days prior to 2006–07 were not available. Consequently, the length of residential stay figures may be overestimates.

The average length of residential stay for episodes completed in 2006–07 was 118 days. The most common length of stay was 3 days and the median length of stay was 20 days. Episodes with a residential stay longer than 1 year constituted 6.4% (116 out of 1,815) of the episodes. There were six reports of completed residential stays of longer than 10 years. The longest length of residential stay was 14.7 years.



8.8 Additional data

Additional tables containing data on episodes of residential mental health care are available on the Australian Institute of Health and Welfare website (see Section 1.5 for details).