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, with 8 such residential care organisations included for the 2010–11 collection. For more information about the coverage and data quality of this collection, see the **data source** section.

Key points

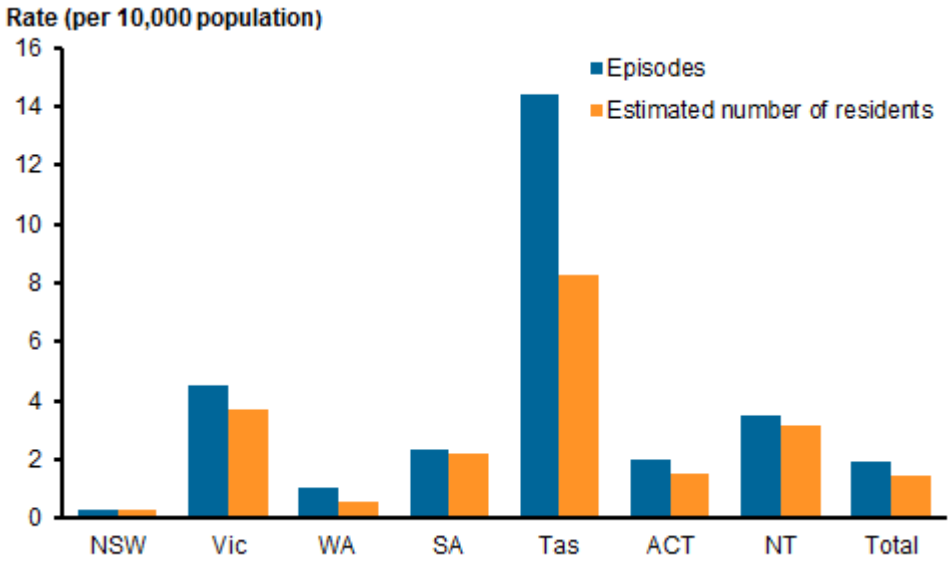
- There were over 4,200 residential episodes of care recorded for over 3,200 residents in 2010–11.
- The number of residential episodes per 10,000 population increased by an average of 12.3% per year between 2006–07 and 2010–11. The estimated number of residents per 10,000 population increased by an annual average of 16.4% over the same period.
- The most common length of stay for a completed residential episode was 2 weeks or less (50.0%) in 2010–11, with just under 5% lasting longer than 1 year.
- Episodes for residents with an involuntary mental health legal status accounted for 33.9% of all episodes in 2010–11, compared with 33.1% in 2006–07.
- When principal diagnosis was specified, *schizophrenia* was by far the most common principal diagnosis for residents receiving residential episodes of care (46.7%), followed by *schizoaffective disorder* (14.1%) and *depressive episode* (9.8%).

Residential care by states and territories

There were 4,234 continuing and completed ***episodes of residential care*** in 2010–11, with 273,627 ***residential care days*** provided to an estimated 3,259 ***residents***. This equates to an average of 1.3 episodes of care per resident and 64.6 residential care days per episode.

Tasmania reported both the highest rate of episodes of care (14.4 per 10,000 population) and the highest rate of residents, estimated at 8.3 per 10,000 population in 2010–11. Both these figures are noticeably higher than the national averages of 1.9 episodes and 1.5 residents per 10,000 population (Figure 8.1). This reflects the mental health service profile mix of Tasmania, which has a substantial residential care component (see section 12, ***Profile of specialised mental health care facilities*** for additional information). New South Wales had the lowest rate for both episodes and residents (0.3 per 10,000 population), again, reflecting the service profile mix for the state. Queensland does not report any in-scope government-operated residential mental health services to the collection.

Nationally, there was an average of 121.1 residential care days per 10,000 population with Tasmania reporting the highest rate (878.5) and Western Australia reporting the lowest rate (15.4).



Notes:

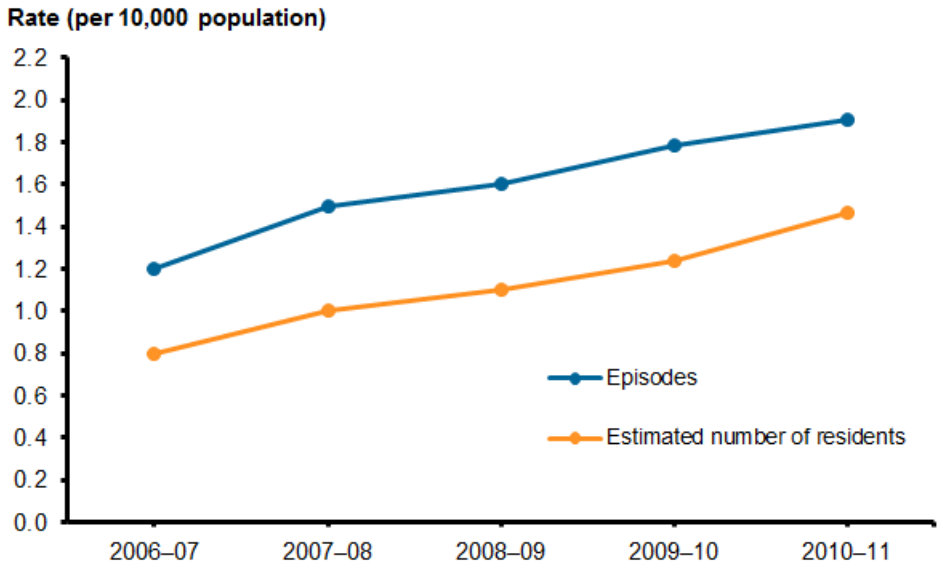
1. Queensland does not report any residential mental health services.
2. The number of residents is likely to be overestimated, as residents who made use of services from multiple providers may be counted separately each time.

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, 2010–11

Residential care over time

The number of residential care episodes per 10,000 population increased by an annual average of 12.3% between 2006–07 and 2010–11 (Figure 8.2). Similarly, the estimated number of residents per 10,000 population increased by an annual average of 16.4% over the same period.



Source: National Residential Mental Health Care Database.

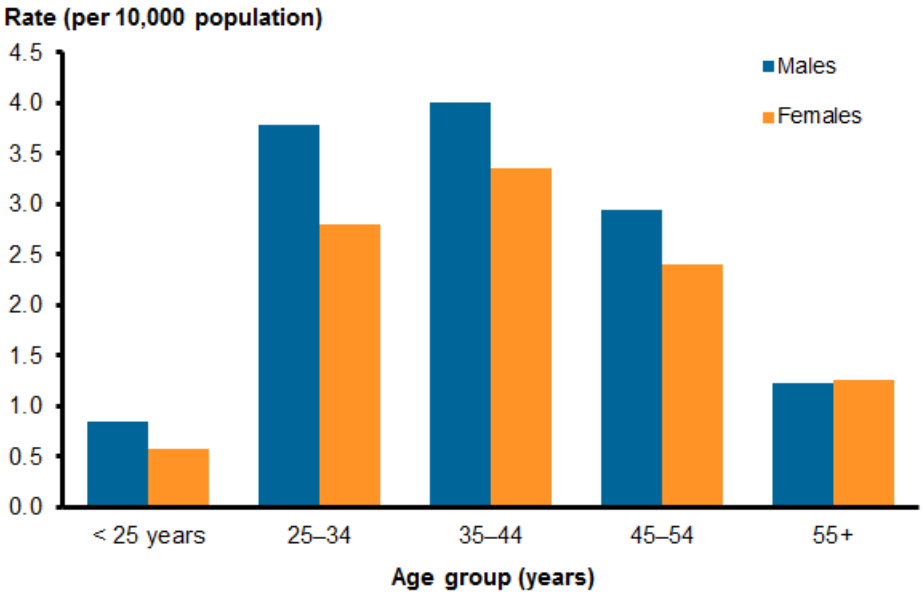
Figure 8.2: Residential mental health care episodes and estimated number of residents, 2006–07 to 2010–11

Both the average number of episodes per resident and the average number of residential care days per episode declined over the 5 years to 2010–11. Episodes per resident declined by an annual average of 3.9% (from 1.5 to 1.3), while the average number of residential care days per episode decreased by an annual average of 8.8%, from 93.5 days in 2006–07 to 64.6 days in 2010–11.

Characteristics of residential care clients

Patient demographics

People aged 35–44 years had the highest proportion of residential care episodes (27.4%) and the highest number of episodes per 10,000 population (3.7) in 2010–11, in contrast to the 25–34 years age group in previous years. Overall, there were more residential care episodes involving males than females (54.7% and 45.3% respectively), but for the 55 years and over age group the rates for males and females were nearly equal (Figure 8.3).



Source: National Residential Mental Health Care Database.

Figure 8.3: Residential episodes, by age group and sex, 2010–11

Over half (55.9%) of residential care episodes were for people who usually live in *Major cities*. However, after taking population size into account, the rate of residential care episodes was found to be highest for people who usually live in *Inner regional* areas (3.7 per 10,000 population).

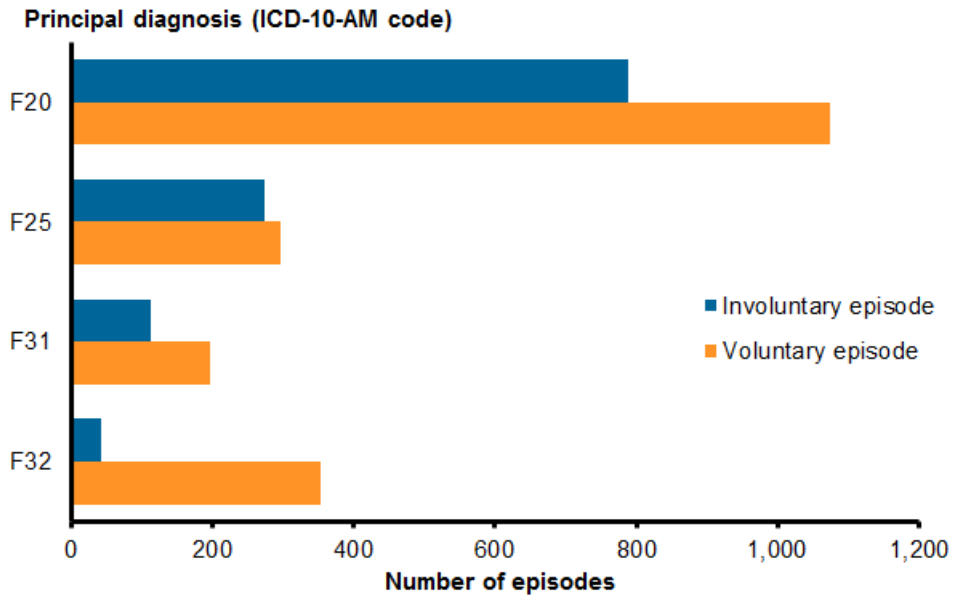
The rate of episodes for Australian-born residents was more than twice the rate for those born overseas (2.3 and 0.9 per 10,000 population, respectively). More than two-thirds of episodes (63.3%) involved residents with a marital status of *never married*.

Principal diagnosis

The principal diagnosis recorded for residents who have a mental health-related residential care episode is based on the broad categories listed in the Mental and behavioural disorders chapter (Chapter 5) of the ICD-10-AM.

A principal diagnosis was specified for the large majority of episodes of residential care (95.7% or 4,054 episodes) in 2010–11. Of these episodes, residents with a principal diagnosis of *schizophrenia* (ICD-10-AM code F20) accounted for half (1,893 or 46.7%).

Figure 8.4 shows that residents with a principal diagnosis of *schizophrenia* accounted for more than half of all involuntary episodes of care (789 or 56.8% of the total number of involuntary episodes). However, residents with a principal diagnosis of *schizoaffective disorders* were more likely to have had an involuntary mental health legal status (48.2%) compared to residents with other diagnoses.



Key
F20 Schizophrenia
F25 Schizoaffective disorders
F31 Bipolar affective disorders
F32 Depressive episode

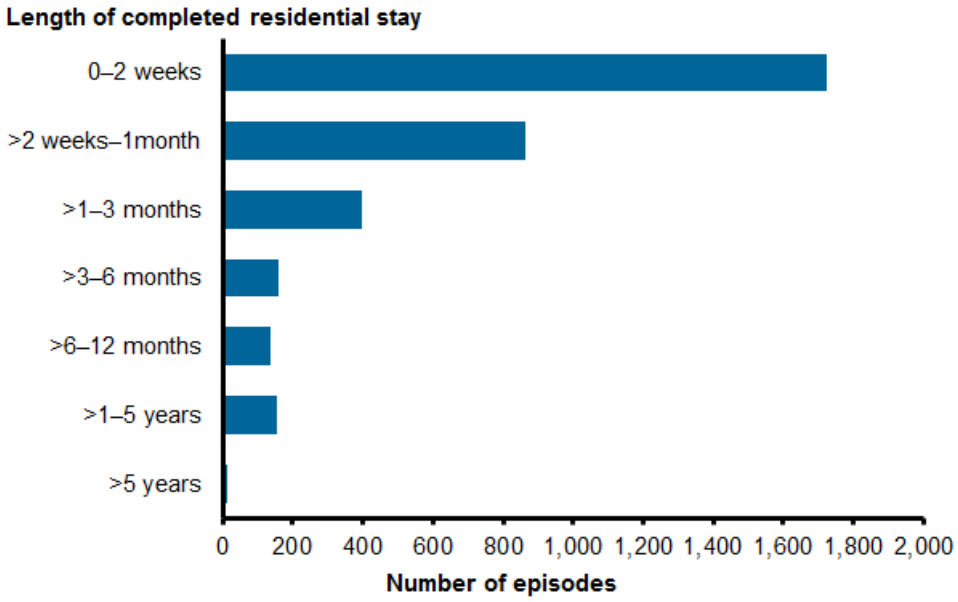
Source: National Residential Mental Health Care Database.

Figure 8.4: Residential episodes for the 4 most commonly reported principal diagnoses, by mental health legal status, 2010–11

Characteristics of residential care episodes

Length of completed residential stays

There were 3,443 residential episodes that formally ended during 2010–11. Around half (50.0%) were for 2 weeks or less while about 1 in 20 (4.8%) lasted longer than 1 year (Figure 8.5). The longest recorded length of a completed residential stay was 16 years.



Source: National Residential Mental Health Care Database.

Figure 8.5: Residential mental health care episodes formally ending in 2010–11, by length of residential stay

Mental health legal status

Around a third (33.9%) of residential care episodes were for residents with an involuntary ***mental health legal status***. All episodes of care reported in Western Australia and the Northern Territory were recorded as voluntary. The proportion of episodes involving an involuntary mental health legal status remained relatively unchanged between 2006–07 and 2010–11.

Referral to further care

Residential mental health care services report whether residents are referred to further care at the end of a residential stay. For residential care episodes, ambulatory care (58.3%) was reported as the most common referral type. Residents were referred to general practitioners for 3.5% of residential care episodes and admitted care for 3.1% of episodes, while 5.5% were not referred to further care. Further investigation of this data is anticipated for the 2011–12 period.

Data source

National Residential Mental Health Care Database

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 National Minimum Data Set (RMHC NMDS). 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.

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 2010–11 data collection, all but 11 of the facilities reported had mental health trained staff on-site 24 hours a day. Data from 8 non-government organisations were included in the 2010–11 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 report any in-scope government-operated residential mental health services to the 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 2010–11, except for 99% reported for the Northern Territory.

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 jurisdictions. All jurisdictions considered their Indigenous status data of acceptable quality in 2010–11. However, all jurisdictions, aside from Western Australia and the Northern Territory, reported that improvement in Indigenous status data is required.

Principal diagnosis coding

The quality of principal diagnosis data in the NRMHCD may be affected by the variability in collection and coding practices across jurisdictions. In particular, the states and territories reported differences in the classification used. Victoria, Western Australia and Tasmania used the complete *ICD-10-AM 7th Edition* classification codes to code principal diagnosis. South Australia used a combination of the *ICD-10-AM 4th Edition* and *ICD-10-AM Mental Health Manual* compliant codes. The Australian Capital Territory used the *ICD-10-AM 6th Edition* to code principal diagnosis. The Northern Territory reported that clinicians referring residents to a service unit assigned diagnosis categories in approximate compliance with the *ICD-10-AM Mental Health Manual* subset codes.

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: • 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).