

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 13 such residential care services included for the 2013–14 collection. For more information about the coverage and data quality of this collection, see the [data source](#) section.

Key points

- There were over 7,000 residential episodes of care recorded for over 5,200 residents in 2013–14.
- The number of residential episodes per 10,000 population increased by an average of 13% per year between 2009–10 and 2013–14. The estimated number of residents per 10,000 population increased by an annual average of 15% over the same period.
- Residents with an involuntary mental health legal status accounted for 18% of all episodes in 2013–14, compared with 29% in 2009–10.
- When principal diagnosis was specified, schizophrenia was the most common principal diagnosis for residents undergoing residential episodes of care (32%), followed by depressive episode (12%) and schizoaffective disorder (10%).
- The most common length of stay for a completed residential episode was 2 weeks or less (58%) in 2013–14, with 3% of episodes lasting longer than 1 year.

Service Provision

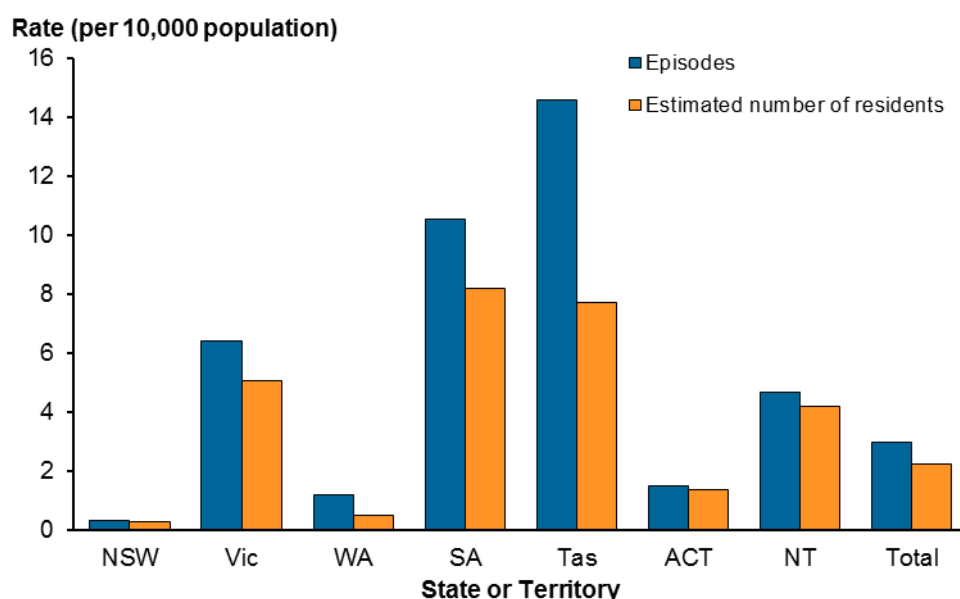
Residential mental health care by states and territories

Nationally there were 6,957 continuing and completed [episodes of residential care](#) in 2013–14, with 285,701 [residential care days](#) provided to an estimated 5,187 [residents](#). This equates to an average of 1.3 episodes of care per resident and 41 residential care days per episode.

Tasmania reported the highest rate of episodes of care (14.6 per 10,000 population) and South Australia reported the highest rate of residents (8.2 per 10,000 population) in 2013–14. Both states reported noticeably higher rates than the national averages of 3.0 episodes and 2.2 residents per 10,000 population (Figure RMHC.1). New South Wales had the lowest rate for both episodes and residents (0.3 and 0.3 per 10,000 population respectively). This reflects the mental health service profile mix of each jurisdiction, with varying degrees of residential care components (see the [Profile of specialised mental health care facilities](#) section for additional information). Queensland does not report any in-scope residential mental health services to the collection.

Nationally, the rate of residential care days was 123 per 10,000 population in 2013–14, with Tasmania reporting the highest rate (799) and Western Australia reporting the lowest rate (16).

Figure RMHC.1: Residential mental health care rates for episodes and estimated number of residents, states and territories, 2013–14



Notes:

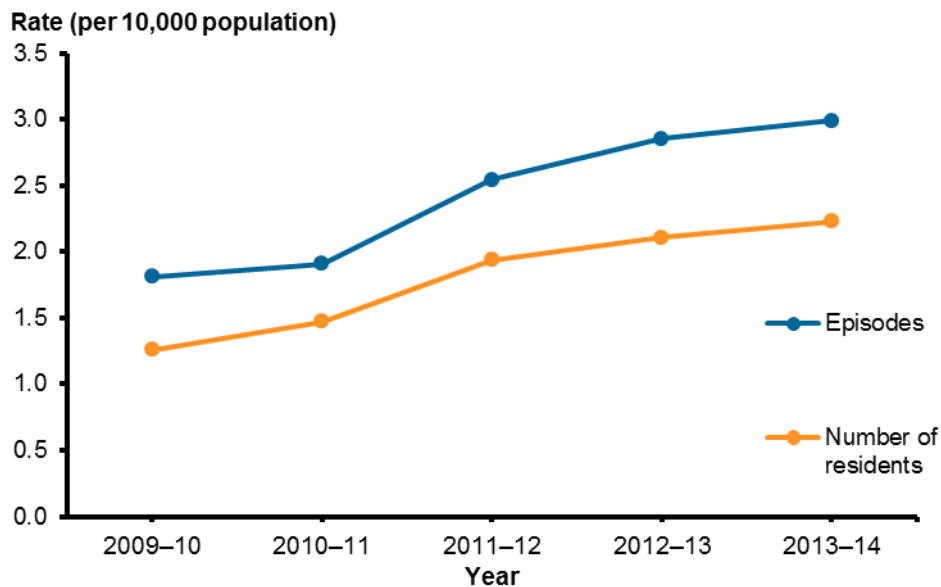
1. Queensland does not report any in-scope residential mental health services.
2. For jurisdictions that can uniquely identify residents across the jurisdiction, residents who made use of services from multiple providers were only counted once. Therefore comparisons between jurisdictions should be made with caution. See the online data source of the Residential mental health care section for more information.

Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.1 (749KB XLS).

Residential care over time

The rate of residential care episodes increased by an annual average of 13% between 2009–10 and 2013–14, from 1.8 to 3.0 episodes per 10,000 population (Figure RMHC.2). Similarly, the estimated number of residents per 10,000 population increased by an annual average of 15% over the same period. Because the number of residents increased at a greater rate than the number of episodes, both the average number of episodes per resident and the average number of residential care days per episode decreased over the 5 years to 2013–14. Episodes per resident declined by an annual average of 2% (from 1.4 to 1.3), while the average number of residential care days per episode decreased by an annual average of 10%, from 63 days in 2009–10 to 41 days in 2013–14.

Figure RMHC.2: Residential mental health care episodes and estimated number of residents, 2009–10 to 2013–14



Source: National Residential Mental Health Care Database.
 Source data Residential Mental Health Care Table RMHC.2 (749KB XLS).

Characteristics of residential mental health care residents

Most common resident characteristics:

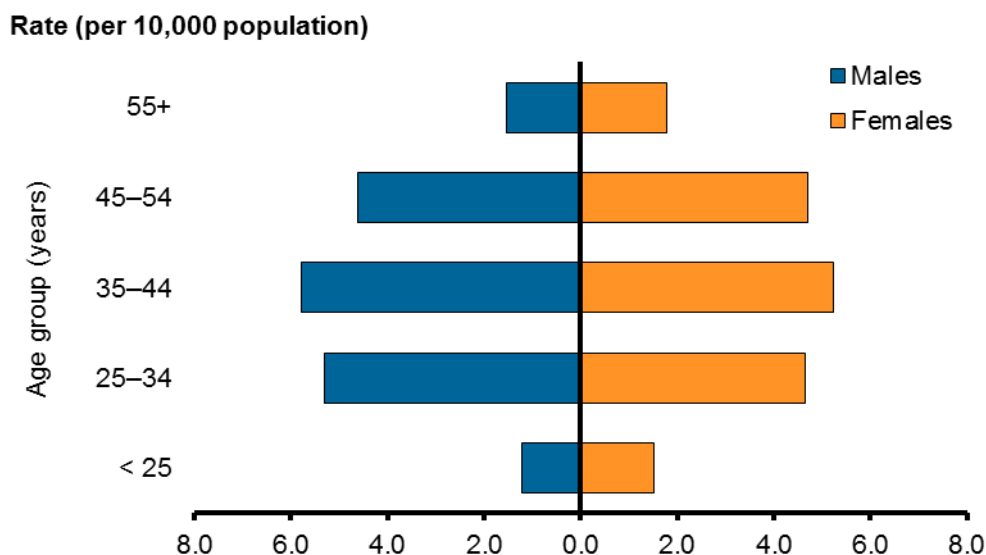
In 2013–14:

- The highest rate of episodes (5.5) was for people aged between 35–44.
- Around 1,900 or 32% of episodes with a specified principal diagnosis were for schizophrenia.
- Over half (58%) of all completed [residential stays](#) had a length of stay of 2 weeks or less.
- The average number of episodes of care per resident was 1.3.
- 82% of resident episodes were treated on a voluntary basis.

Resident demographics

People aged 35–44 had the highest proportion of residential care episodes (26%) and had the highest number of episodes per 10,000 population (5.5) in 2013–14. Overall, there were slightly more residential care episodes for females than males (50.3% and 49.7% respectively), however when the population was taken into account, rates for males and females were the same (3.0 episodes per 10,000 population). The rate of residential care episodes for females was higher than males in 3 age groups: less than 25, 45 to 54 and 55 and older. The greatest difference between rates of males and females was for the 25 to 34 years age group, which had a rate of 4.7 for females compared with 5.3 for males per 10,000 population (Figure RMHC.3).

Figure RMHC.3: Rates of residential episodes, by age group and sex, 2013–14



Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.12 (749KB XLS).

Aboriginal and Torres Strait Islander people accounted for 4.1% of all episodes. However, Indigenous Australians accessed residential services at a higher rate than non-Indigenous Australians (4.8 and 2.9 episodes per 10,000 population respectively).

Over two-thirds (69%) of residential care episodes were for people who live in *Major cities*. However, the rate of residential care episodes was highest for people who live in *Inner regional* areas (4.1 per 10,000 population compared to 2.9 per 10,000 population in *Major Cities*).

The rate of episodes for Australian-born residents was over twice the rate for those born overseas (3.5 and 1.6 per 10,000 population respectively).

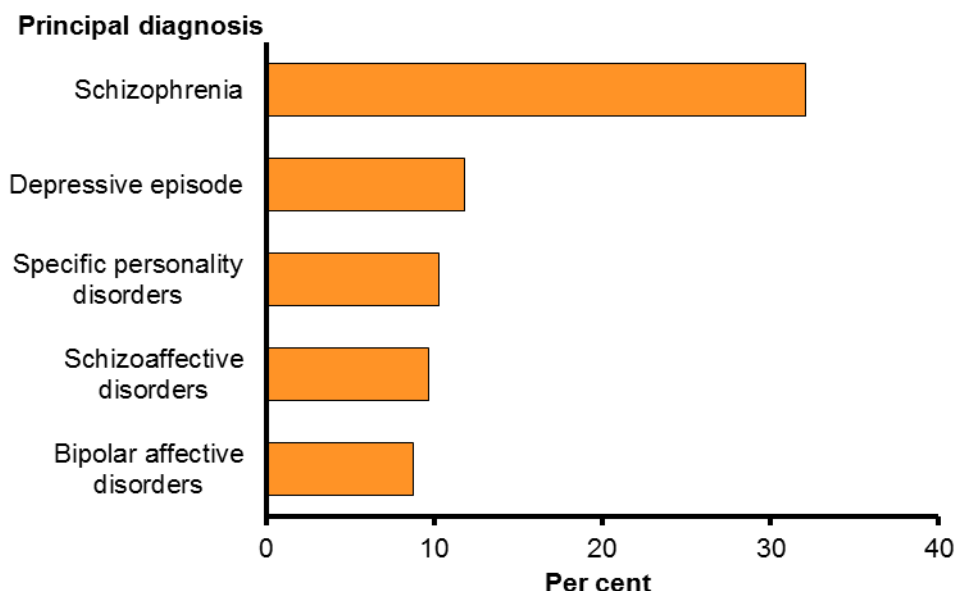
Approximately 28% of residential care episodes were for people living in areas classified as being in the lowest (most disadvantaged) socioeconomic status quintile. Residents in the most disadvantaged areas also had the highest rate of episodes of residential care (4.1 per 10,000 population). People living in areas classified as being the highest (least disadvantaged) socioeconomic quintile had the lowest number of episodes of residential care (586) and rate (1.3) per 10,000 population.

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 *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification* (ICD-10-AM edition). Further information on this is included in the technical information section.

A principal diagnosis was specified for a large proportion of episodes of residential care (86% or 5,978 episodes) in 2013–14. Figure RMHC.4 shows that residents with a principal diagnosis of schizophrenia accounted for around one-third (1,918 or 32%) of episodes with a principal diagnosis. Around 14% of episodes had a principal diagnosis of Mental disorder, not otherwise specified (F99) recorded.

Figure RMHC.4: Proportion of residential episodes for the 5 most commonly reported principal diagnoses, 2013–14



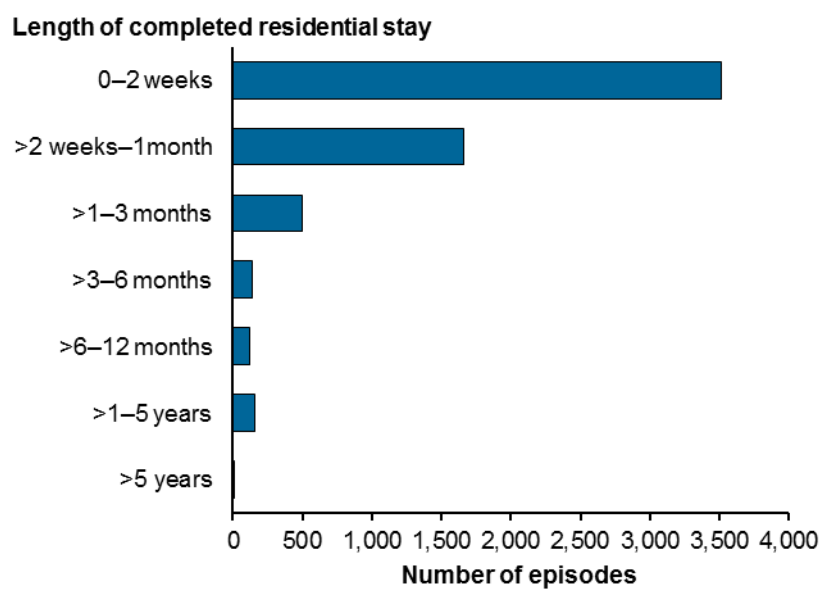
Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Table RMHC.15 (749KB XLS).

Characteristics of residential mental health care episodes

Length of completed residential stay

There were 6,106 residential episodes that formally ended during 2013–14. Over half (3,517 or 58%) were for episodes that were 2 weeks or less in duration (Figure RMHC.5). Around 3% (169 episodes) lasted longer than 1 year.

Figure RMHC.5 Residential mental health care episodes, by length of completed residential stay, 2013–14



Notes:

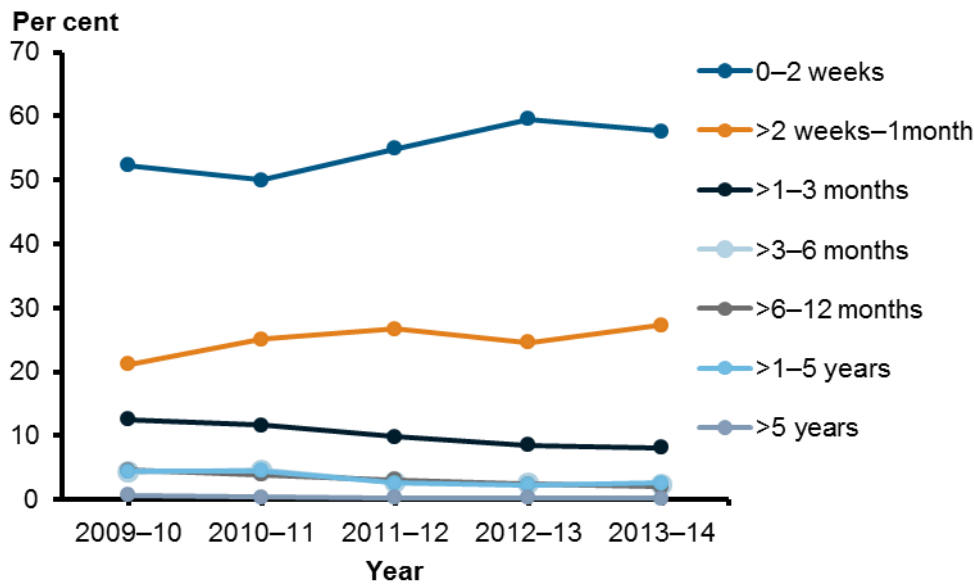
1. Includes only those episodes that formally ended during the reference period, therefore, episodes ending as a result of the end of reference period were excluded.

Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.4 (749KB XLS).

Over time

The proportion of completed residential stays with a length of 0 to 2 weeks increased by an average of 2.4% between 2009–10 and 2013–14 (Figure RMHC.6). The proportion of completed residential stays with a length of 2 weeks to 1 month also increased, by an average of 6.6% over the same period. All other lengths of stay as a proportion decreased over the 5 years to 2013–14.

Figure RMHC.6: Residential mental health care episodes, by length of completed residential stay, 2009–10 to 2013–14



Notes:

1. Includes only those episodes that formally ended during the reference period, therefore, episodes ending as a result of the end of reference period were excluded.

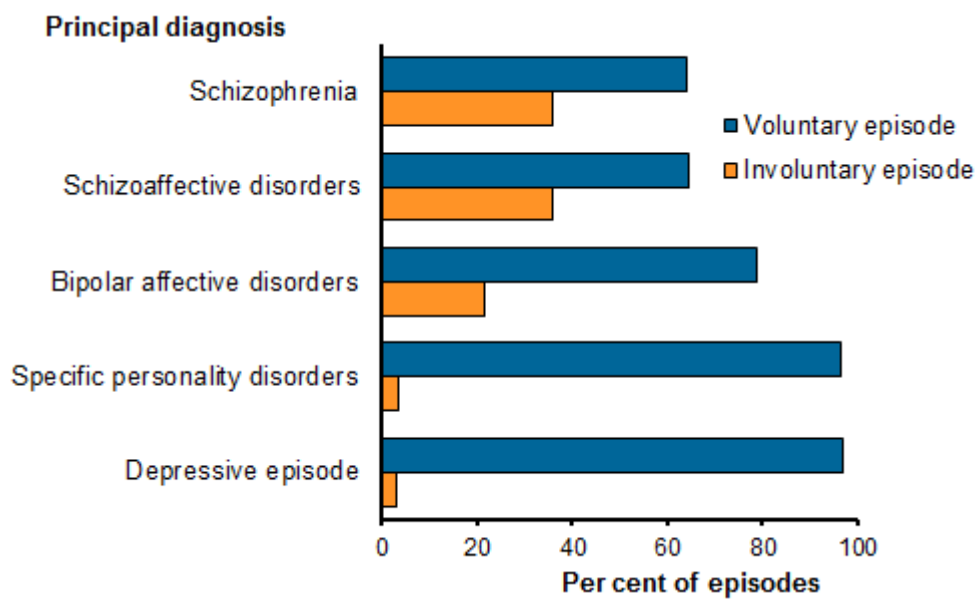
Source: National Residential Mental Health Care Database.
 Source data Residential Mental Health Care Table RMHC.5 (749KB XLS).

Mental health legal status

Fewer than one-fifth (18%) of residential care episodes were for residents with an involuntary [mental health legal status](#). The proportion of episodes involving an involuntary mental health legal status decreased by an annual average of 12% between 2009–10 and 2013–14. All episodes of care reported in Western Australia were recorded as voluntary.

Figure RMHC.7 shows that residents diagnosed with schizophrenia and schizoaffective disorders had the highest proportion of episodes with an involuntary mental health legal status, 36%. Residents with a principal diagnosis of schizophrenia accounted for over half of all involuntary episodes of care (690 or 55% of the total number of involuntary episodes).

Figure RMHC.7: Proportion of residential episodes for the 5 most commonly reported principal diagnoses, by mental health legal status, 2013–14



Source: National Residential Mental Health Care Database.
Source data Residential Mental Health Care Table RMHC.8 (749KB XLS).

Data source

National Residential Mental Health Care Database

Quality Statements for National Minimum Data Sets (NMDSs) are published annually on the Metadata Online Registry (METeOR). Statements provide information on the institutional environment, timeliness, accessibility, interpretability, relevance, accuracy and coherence. See the [Residential mental health care NMDS 2013–14: National Residential Mental Health Care Database, 2013: 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• 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).