Residential mental health care services

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.

Data downloads and links

Excel – Residential mental health care tables

PDF – Residential mental health care section

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

Data in this section were last updated in October 2021.

You may also be interested in:

Community mental health care services

Restrictive practices

Specialised mental health care facilities

Key Points

- **8,298 episodes** of residential care were recorded for an estimated 6,617 residents in 2019–20.
- ***Schizophrenia*** was the most frequently reported principal diagnosis grouping in 2019–20 (26.2% of episodes), followed by *Specific personality disorders* (13.8%) and *Schizoaffective disorders* (9.7%).
- **19.9%** of residents had an involuntary mental health legal status.
- **51.9%** of completed residential mental health care episodes lasted **2 weeks or less**, with 3.4% of episodes lasting longer than 1 year.

Service Provision

There were 8,298 continuing and completed episodes of residential care in 2019–20, with 361,914 residential care days provided to an estimated 6,617 residents. This equates to an average of 1.3 episodes of care per resident and 43.6 residential care days per episode.

The provision of residential mental health care services differed among states and territories in 2019–20. Tasmania reported the highest rates of episodes of care, estimated number of residents and residential care days (14.6, 9.5 and 945.8 per 10,000 population respectively) New South Wales reported the lowest rate of episodes and estimated number of residents (0.1 and 0.1 respectively per 10,000 population) and Western Australia reported the lowest rate of residential care days (10.4 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 services, by states and territories, 2019–20

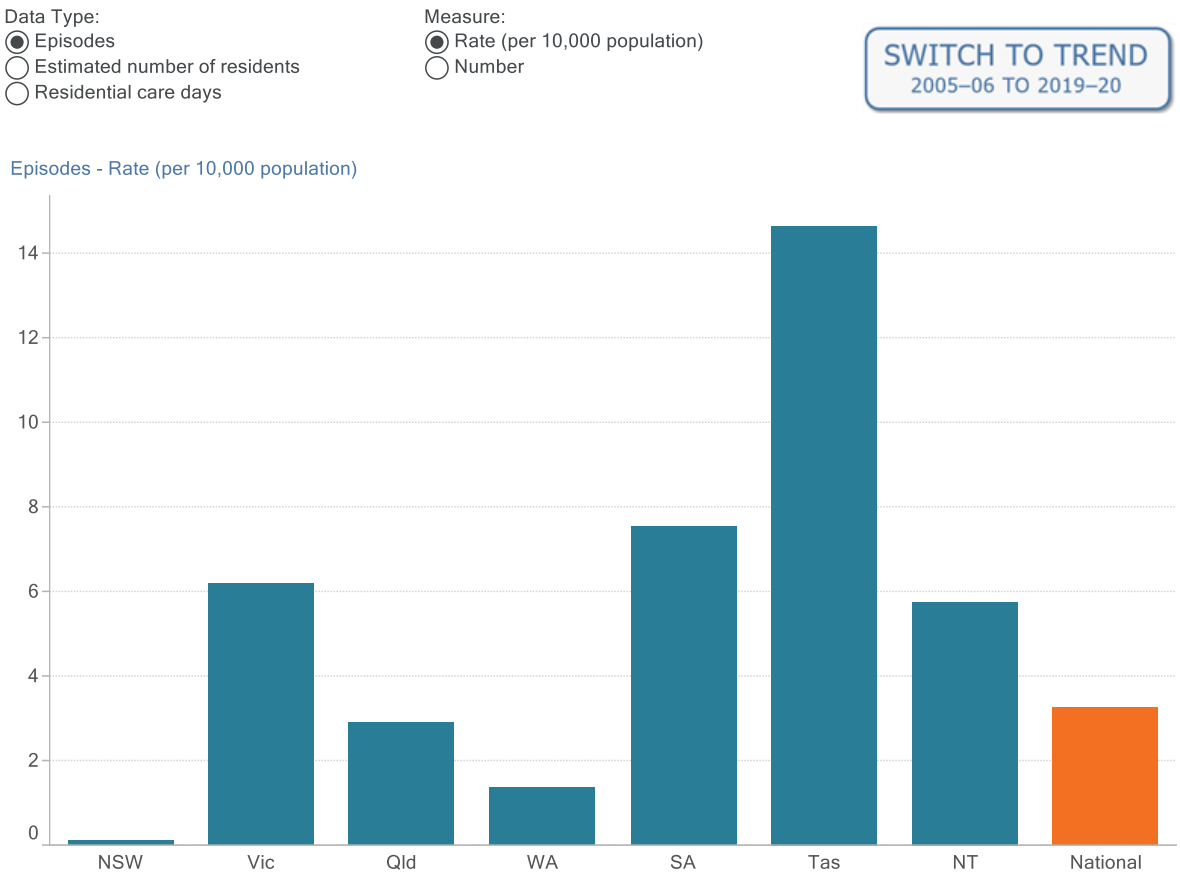


Figure RMHC.1: Residential mental health care services, by states and territories, 2019-20

http://www.aihw.gov.au/mhsa

Notes:

1. Comparisons between jurisdictions and years should be made with caution.
2. Australian Capital Territory did not report any residential mental health services in 2019–20. National data excludes Australian Capital Territory.

Source: National Residential Mental Health Care Database; Tables RMHC.1 and 2.

Figure RMHC.1.1, timeseries of RMHC.1 can be found on the MHSA website.

Changes over time

Between 2015–16 and 2019–20; residential mental health care episodes increased marginally from 3.2 to 3.3 per 10,000 population (an average annual change of 0.2% over the period), estimated number of residents increased from 2.4 to 2.6 per 10,000 population (an average annual change of 1.6%) and residential care days increased from 128.2 to 141.8 per 10,000 population (an average annual change of 2.6%). Information on data quality over time can be found in the data source section.

Resident Demographics

A higher number of females than males received residential mental health care in 2019–20 (3,370 females and 3,222 males). People aged 18–24 years accessed residential mental health care at a higher rate than other age groups (5.1 people per 10,000 age specific population) in 2019–20. There were no residents aged under 12.

Aboriginal and Torres Strait Islander People comprised 8.1% of residential mental health care residents in 2019–20. The rate of Indigenous residents per 10,000 population was more than double the rate for non-Indigenous residents (6.7 compared to 2.4).

People born in Australia accessed residential mental health care in 2019–20 at more than double the rate for people born overseas (3.2 per 10,000 population compared to 1.2 per 10,000). 86.2% of residential mental health care residents in 2019–20 were born in Australia.

People in *Inner regional* areas accessed residential mental health care at a higher rate than other remoteness areas (4.1 people per 10,000 population). The area of usual residence that had the lowest rate of people accessing residential mental health care was *Remote* and *Very remote* areas (1.7 people per 10,000 population).

People in SEIFA quintile 1 (most disadvantaged) accessed residential mental health care at a rate higher than all other quintiles (3.5 people per 10,000 population) and comprised of 28% of the population accessing residential mental health care (Figure RMHC.2).

Figure RMHC.2: People accessing residential mental health care overtime, by resident demographics, 2019–20

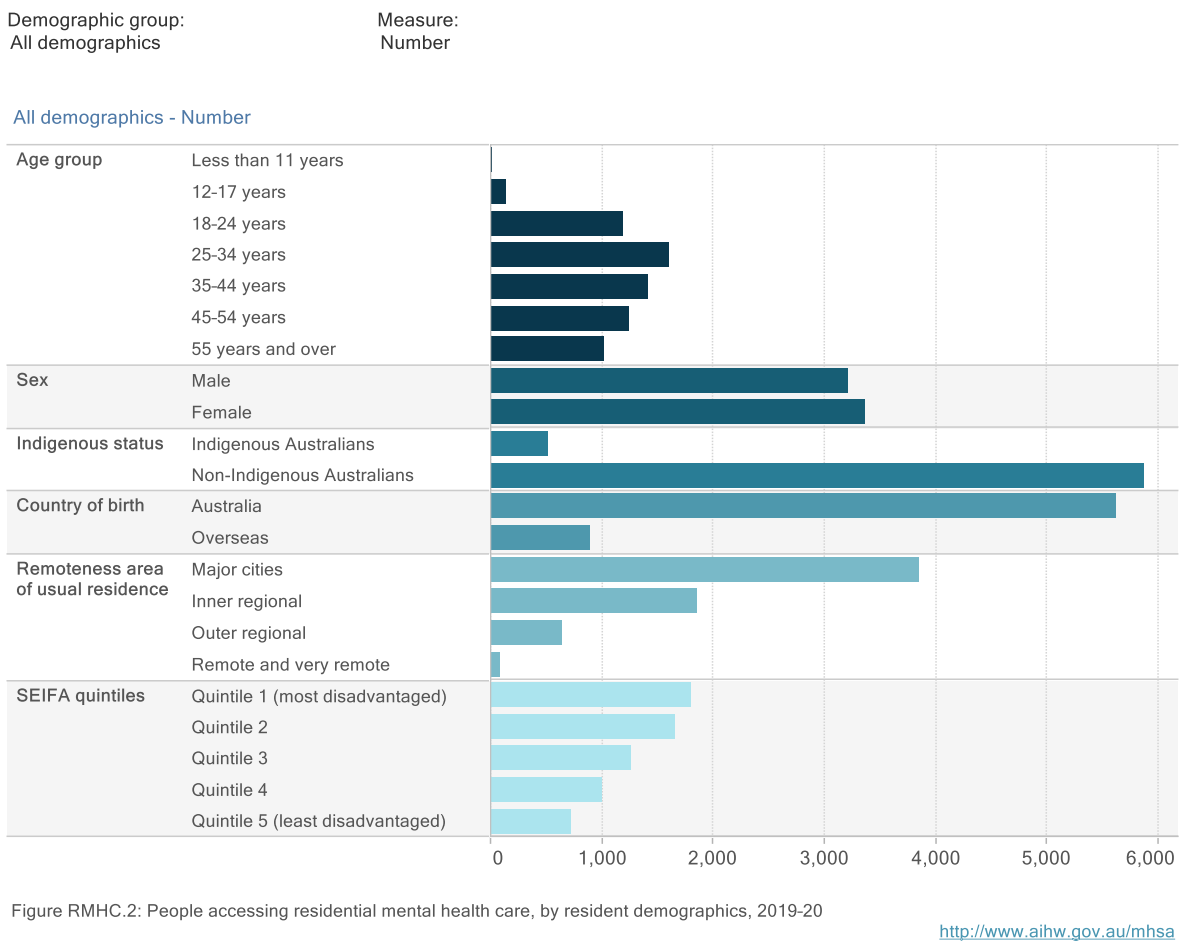


Figure RMHC.2: People accessing residential mental health care, by resident demographics, 2019-20

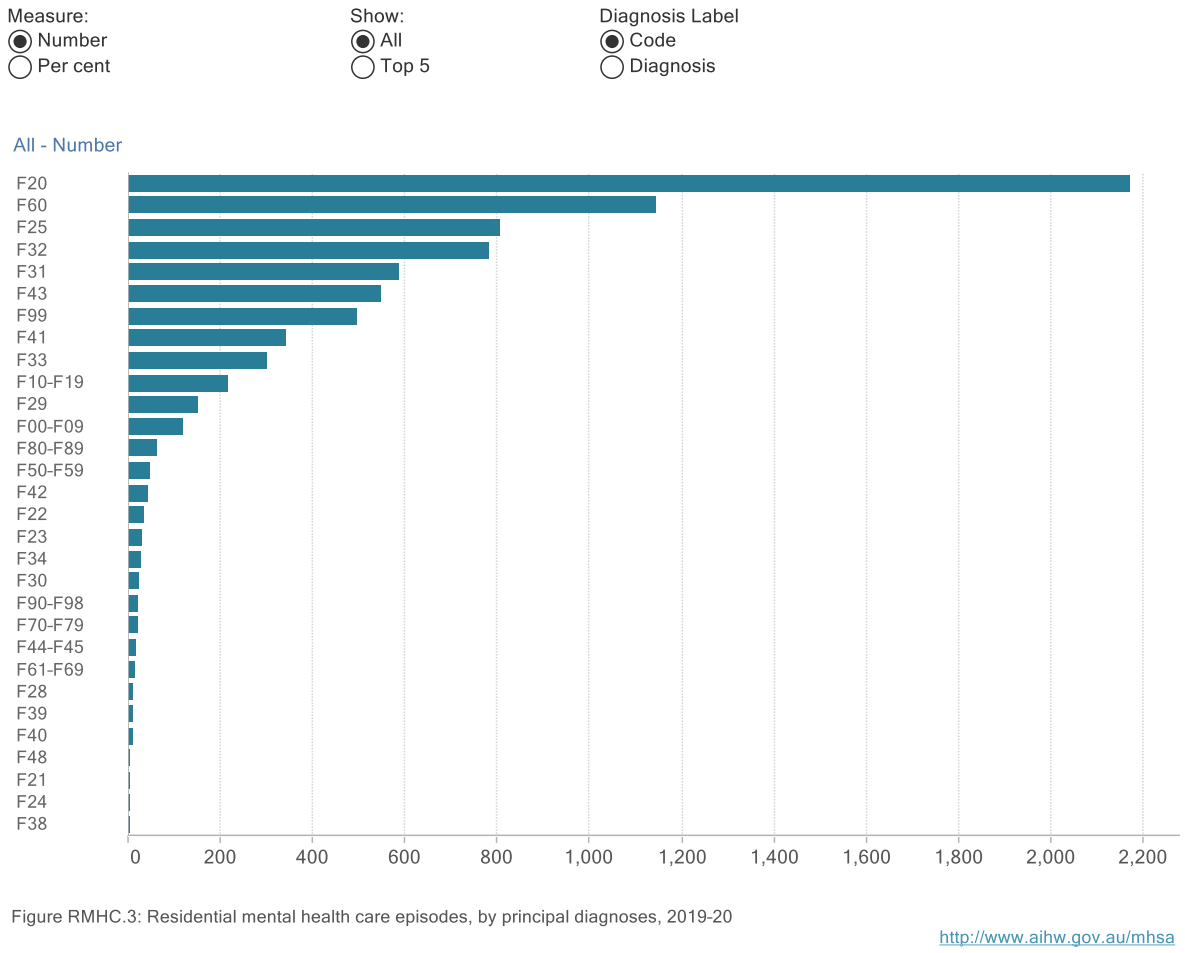
http://www.aihw.gov.au/mhsa

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

Principal Diagnoses

The 5 most commonly reported mental health-related principal diagnoses for residential mental health care episodes were *Schizophrenia* (26.2%), *Specific personality disorders* (13.8%), *Schizoaffective disorders* (9.7%), *Depressive episode* (9.4%) and *Bipolar affective disorders* (7.1%) (Figure RMHC.3).

Figure RMHC.3: Proportion of residential mental health care episodes for 5 commonly reported principal diagnoses, 2019–20

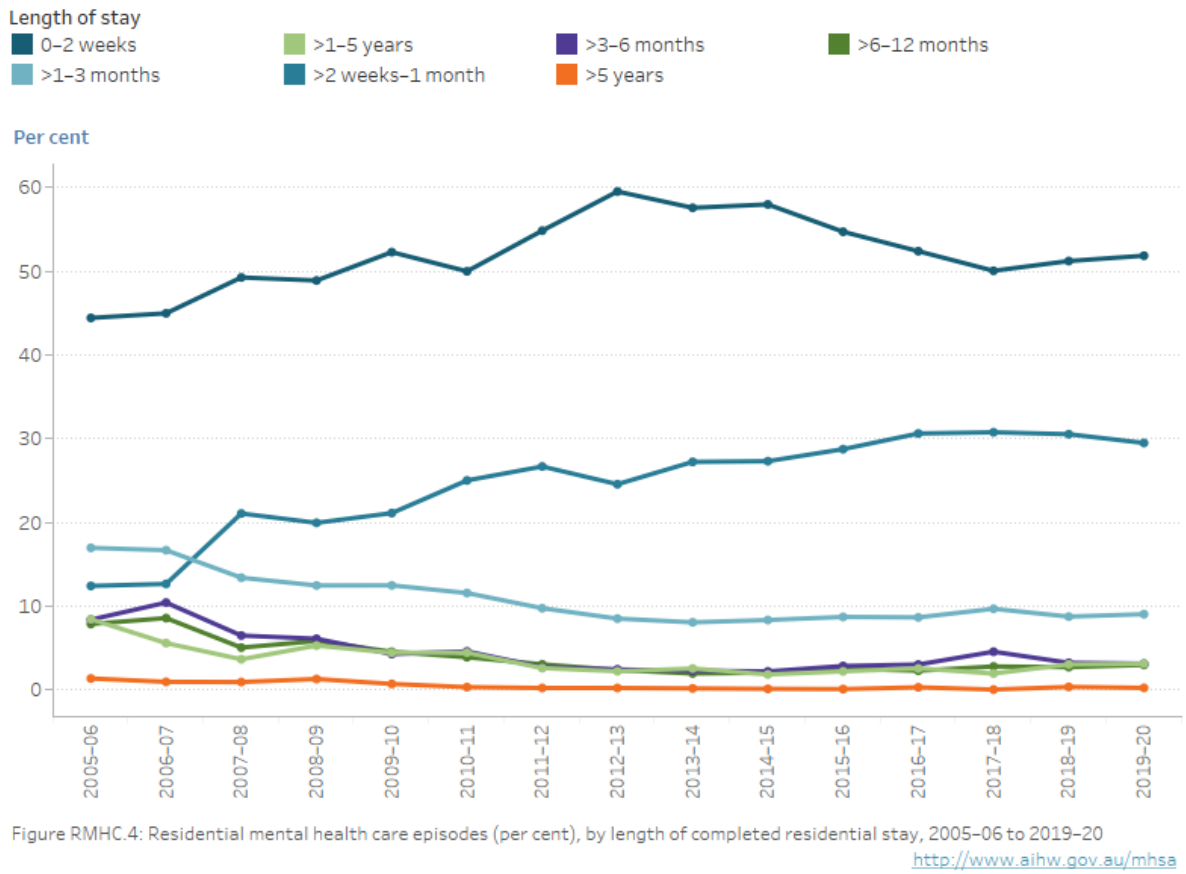


Source: National Residential Mental Health Care Database; Table RMHC.15.

Characteristics of residential care episodes

In 2019–20, 7,329 residential episodes of care formally ended before the end of the reference period (on or before 30 June 2020). This is known as a completed residential stay. The highest completed episodes of care length was 2 weeks or less (3,802, or 51.9%) (Figure RMHC.4). The next most common length of completed episodes of care was 2 weeks to 1 month (2,163 or 29.5%). A small number of episodes of care (249 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, 2005–06 to 2019–20



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

Mental health legal status

Around 1 in 5 (19.9% or 1,631) residential care episodes were for residents with an involuntary mental health legal status in 2019–20. Among the five most commonly reported principal diagnoses, the highest proportion of episodes of care with an involuntary mental health legal status was reported for residents with a principal diagnosis of *Schizoaffective disorders* (40.1% or 316 episodes). *Specific personality disorders* had the highest proportion of episodes of care with a voluntary mental health legal status (96.2% or 1,099 episodes) (Figure RMHC.5).

Figure RMHC.5: Residential mental health care episodes for 5 commonly reported principal diagnoses, by mental health legal status, 2019–20

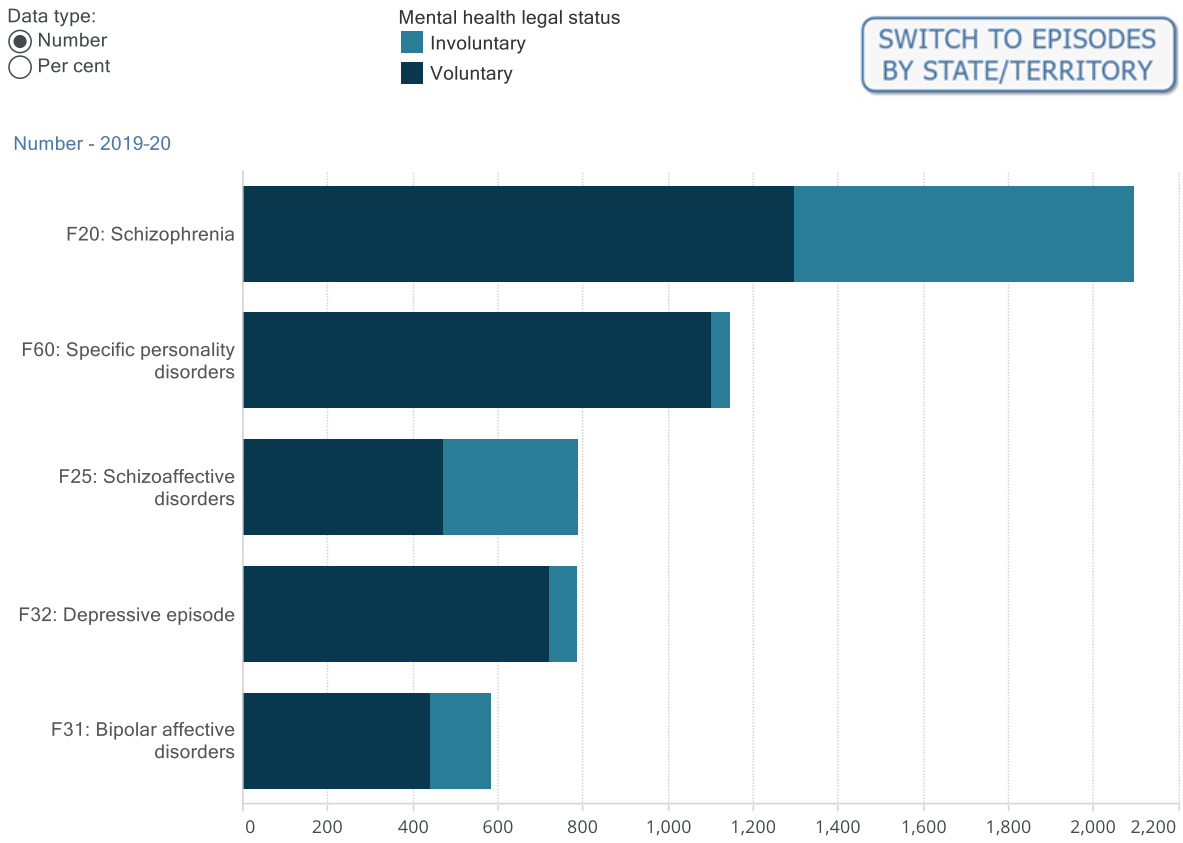


Figure RMHC.5: Residential mental health care episodes for 5 commonly reported principal diagnoses, by mental health legal status, 2019-20
http://www.aihw.gov.au/mhsa

Note: Australian Capital Territory did not report any residential mental health services in 2019–20. National data excludes Australian Capital Territory.
Source: National Residential Mental Health Care Database; Figure RMHC.5 - Table RMHC.12
Figure RMHC.5.1 – Table RMHC.13.

Figure RMHC.5.1, Episodes by State and Territory can be found on the MHSA website.

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
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 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).
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*, *11th revision, Australian Modification (ICD-10-AM 11th edition)*. Further information can be found in the Health-related classifications section.
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).
Socio-Economic Indexes for Areas (SEIFA)	**SEIFA** is a product developed by the Australian Bureau of Statistics (ABS) that ranks areas in Australia according to relative socio-economic advantage and disadvantage. It consists of 4 indexes based on information from the five-yearly Census, each being a summary of a different subset of Census variables and focuses on a different aspect of socio-economic advantage and disadvantage. Further details are available from the ABS.

Reference

AIHW (Australian Institute of Health and Welfare) 2014. Episode of care—mental health legal status. METeOR (Identifier: 542158). Viewed 4 August 2021.