

KPIs for Australian Public Mental Health Services: PI 16J – Restraint rate, 2021

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KPIs for Australian Public Mental Health Services:

PI 16J – Restraint rate, 2021

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 16J: Restraint rate, 2021
METEOR identifier:	739900
Registration status:	Health , Superseded 16/09/2022
Description:	The number of restraint events per 1,000 patient days within public acute admitted patient specialised mental health service units.
Rationale:	<ul style="list-style-type: none">• Working towards the elimination of restrictive practices in mental health services has been identified as a priority in the publication <i>National safety priorities in mental health: a national plan for reducing harm</i> (NMHWG 2005).• High levels of restraint are widely regarded as inappropriate, and may point to inadequacies in the functioning of the overall systems and risks to the safety of consumers receiving mental health care.• The use of restraint in public sector mental health service organisations is regulated under legislation and/or policy of each jurisdiction.
Indicator set:	Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2021) Health , Superseded 16/09/2022

Collection and usage attributes

Computation description:	Coverage/Scope: State/territory public acute admitted patient mental health service units in-scope for reporting in accordance with the Mental health seclusion and restraint National best endeavours data set (NBEDS). Methodology: Reference period for 2021 performance reporting: 2020–21 <ul style="list-style-type: none">• Restraint data are compiled by state/territory data providers according to the specifications of the Mental health seclusion and restraint (SECREST) NBEDS. As such, data are subject to the concepts and definitions developed for the data set.• For the purpose of this indicator, only mechanical and physical restraint events are included in the computation. Unspecified restraint events are not included.
Computation:	$(\text{Numerator} \div \text{Denominator}) \times 1,000$
Numerator:	Total number of mechanical restraint events occurring within the reference period. Total number of physical restraint events occurring within the reference period.

Numerator data elements:	<div> Data Element / Data Set Data Element Specialised mental health service—number of restraint events, total number N[NNN] Specialised mental health service—type of restraint event, code N NMDS / DSS Mental health seclusion and restraint NBEDS— </div>
Denominator:	Total number of accrued mental health care days within the reference period.
Denominator data elements:	<div> Data Element / Data Set Establishment—accrued mental health care days, total N[N(7)] NMDS / DSS Mental health seclusion and restraint NBEDS 2015- </div>
Disaggregation:	Service variables: target population, remoteness. Consumer attributes: nil.
Disaggregation data elements:	<div> Data Element / Data Set Specialised mental health service—target population group, code N NMDS / DSS Mental health seclusion and restraint NBEDS 2015- </div> <div> Data Element / Data Set Address—statistical area, level 2 (SA2) code (ASGS 2016) N(9) NMDS / DSS Mental health seclusion and restraint NBEDS 2015- </div>

Representational attributes

Representation class:	Rate
Data type:	Real
Unit of measure:	Episode
Format:	N[NN].N

Indicator conceptual framework

Framework and dimensions:	Safety
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Accountability attributes

Benchmark:	State/territory level
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Further data development / collection required:	<p>Collection of restraint data at the national level occurs via the SECREST NBEDS, a data collection under the governance of the Safety and Quality Partnership Standing Committee (SQPSC), a subcommittee, of the Mental Health Principal Committee.</p> <p>Data on the characteristics of the consumers subject to restraint is not currently available. Data development activity to expand the SECREST NBEDS to include consumer demographic information is under consideration by the Mental Health Information Strategy Standing Committee and SQPSC.</p>
Other issues caveats:	<ul style="list-style-type: none"> • The use of restraint is governed by either legislation (a Mental Health Act or equivalent) or mandatory policy within each state and territory. The definitions used within the legislation and policies vary slightly between jurisdictions. These variations should be recognised in the interpretation of the indicator. • The type of restraint used, physical or mechanical, informs the understanding of an organisation's management and use of restraint. However, the capacity to collect information regarding restraint types varies across jurisdictions.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee
Reference documents:	<p>National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC.</p> <p>National Mental Health Working Group (NMHWG) 2005. National safety priorities in mental health: a national plan for reducing harm, Health Priorities and Suicide Prevention Branch, Department of Health and Ageing, Commonwealth of Australia, Canberra.</p>

Relational attributes

Related metadata references:	<p>Supersedes KPIs for Australian Public Mental Health Services: PI 16J – Restraint rate, 2020 Health, Superseded 17/12/2021</p> <p>Has been superseded by KPIs for Australian Public Mental Health Services: PI 16J – Restraint rate, 2022 Health, Superseded 06/09/2023</p>
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