

Residential mental health care NMDS 2011–12: National Residential Mental Health Care Database, 2013; Quality Statement

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	550625
Registration status:	<ul style="list-style-type: none">• AIHW Data Quality Statements, Standard 27/11/2013

Data quality

Quality statement summary:	<ul style="list-style-type: none">• The National Residential Mental Health Care Database (NRMHCD) contains data on episodes of residential care provided by government-funded, 24-hour staffed, residential mental health services in Australia.• The inclusion of government-funded, non-government-operated services and services that are not staffed for 24 hours a day is optional.• The Indigenous status data in the database should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.
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Description

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 (RMHC) National Minimum Data Set (NMDS) (see [link](#)). The NRMHCD includes data for each year from 2004–05 to 2011–12.

Data collated includes information relating to each episode of residential care provided by a residential mental health care service. Examples of data elements included in the collection are demographic characteristics of residents, such as age and sex, and clinical information, such as principal diagnosis and mental health legal status.

The RMHC NMDS is associated with the Mental health establishments (MHE) NMDS.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the [Australian Institute of Health and Welfare Act 1987](#) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The [Australian Institute of Health and Welfare Act 1987](#), in conjunction with compliance to the [Privacy Act 1988](#), (Cth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Residential mental health services may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. States and territories use these data for service planning, monitoring and internal and public reporting. In addition, state and territory health authorities supply data for the NRMHCD under the terms of the National Health Information Agreement (see [link](#)), as specified by the RMHC NMDS (see 'Interpretability' section below).

Expenditure and resource information for residential mental health services reporting to the NRMHCD are reported through the associated National Mental Health Establishments Database, as specified by the MHE NMDS (see [link](#)).

Timeliness: Data for the NRMHCD was first collected in 2004–05.

States and territories are required to supply data annually in accordance with the RMHC NMDS specifications. The reference period for this data set is 2011–12, that is, residential episodes occurring between 1 July 2011 and 30 June 2012. Data for the 2011–12 reference period was supplied to the AIHW at the end of December 2012.

The AIHW publishes data from the NRMHCD in *Mental health services in Australia* annually.

Accessibility: The AIHW produces the annual series *Mental health services in Australia*, primarily as an online publication at <http://mhsa.aihw.gov.au/home/>. This includes pdf documents of all sections in the publication, as well as data workbooks and an interactive data portal.

In addition, a companion hard copy *In brief* summary document is produced and is available from the Communications, Media and Marketing Unit of the AIHW.

Interpretability:

Metadata information for the RMHC NMDS is published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*.

METeOR and the *National health data dictionary* can be accessed on the AIHW website:

</content/index.phtml/itemId/181162>

<http://www.aihw.gov.au/publication-detail?id=10737422826>

Data published annually in *Mental health services in Australia* includes additional important caveat information to ensure appropriate interpretation of the analyses presented by the AIHW. Readers are advised to take note of footnotes and caveats specific to individual data tables that influence interpretability of specific data.

Relevance:

The purpose of the NRMHCD is to collect information on all episodes of residential care provided by government-funded residential mental health services, as specified by the RMHC NMDS.

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. These services employ mental health trained staff on-site; provide 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; and encourage 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 at least 6 hours per day and 50 hours per week. Residential care services that are not included in the collection are those 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.

An episode of residential care is defined as the period of care between the start of residential care (for example, 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 (for example, the formal end of residential care, or the end of the reference period (that is, 30 June)). Episodes of residential care are measured in days. An individual can have one or more episodes of care during the reference period.

A 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. Accordingly, residential stays for long term residents may span multiple reference periods and be counted as an episode in each relevant collection year, contributing to multiple episodes over sequential collection periods.

Accuracy:

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made by them in response to these edit queries. The AIHW does not adjust these data to account for possible data errors or missing or incorrect values.

For the 2011–12 data, of the 72 services included in the collection, all but 13 of the services reported had mental health trained staff on-site 24 hours a day. Data from 12 non-government services were included in the 2011–12 collection.

Queensland does not report any in-scope government-operated residential mental health services to this collection.

Indigenous status

Among the jurisdictions, the data quality and completeness of Indigenous identification varies or, in some cases, is unknown. Indigenous status is missing for less than 4% of episodes in the 2011–12 NRMHCD.

States and territories provided information on the quality of the Indigenous data for 2011–12 as follows:

- The Australian Capital Territory, the Northern Territory, South Australia and Western Australia considered the quality of their Indigenous status data to be acceptable.
- New South Wales, Victoria and Tasmania reported that the quality of Indigenous status data was acceptable. However, each jurisdiction cited areas for improvement in the collection of Indigenous status, including improvements based on the National best practice guidelines for collecting Indigenous status in health data sets ([AIHW 2010](#)) and increasing clinical compliance with the data collection process.

Remoteness area

Numerators for remoteness area are based on the reported area of usual residence of the patient, regardless of the location or jurisdiction of the service provider.

Referral type

Among the jurisdictions, quality of referral type data varies, or in some cases, is largely unknown. Further scrutiny of this data is to be implemented for the 2012–13 collection.

Coherence:

Metadata specified in the RMHC NMDS may change from year to year. In 2011–12, there were no changes and there is no impact on coherence with 2010–11 data.

States and territories reported 100% data coverage in 2011–12, with the exception of New South Wales, where one in-scope service unit did not report data for the 2011–12 collection period.

South Australia introduced a revised mental health legal orders system over the course of 2010–11 which may have led to the increase in mental health legal status in some instances in 2011–12.

Principal diagnosis

The quality of principal diagnosis data in the NRMHCD may be affected by the variability in collection and coding practices across jurisdictions. In particular, there are differences among states and territories in the classification used as follows:

- New South Wales, Victoria, Western Australia, Tasmania and the Australian Capital Territory provided principal diagnosis data based on the ICD-10-AM 7th Edition, consistent with the specifications
- South Australia used a combination of ICD-10-AM 4th Edition and NCCH ICD-10-AM Mental Health Manual 1st Edition
- Northern Territory provided principle diagnosis data based on the ICD-10AM 3rd Edition.

Data products

Implementation start date: 01/07/2011

Source and reference attributes

Steward: [Australian Institute of Health and Welfare](#)

Relational attributes

Related metadata references:

Supersedes [Residential mental health care NMDS 2010–11: National Residential Mental Health Care Database, 2012; Quality Statement](#)

- [AIHW Data Quality Statements](#), Standard 15/04/2013

See also [Residential mental health care NMDS 2011-12](#)

- [Health](#), Superseded 07/03/2012

Has been superseded by [Residential mental health care NMDS 2012–13: National Residential Mental Health Care Database, 2014; Quality Statement](#)

- [AIHW Data Quality Statements](#), Standard 30/10/2014