KPIs for Australian Public Mental Health Services: Pl 15 – Rate of seclusion, 2015–2017



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KPIs for Australian Public Mental Health Services: PI 15 – Rate of seclusion, 2015–2017

Identifying and definitional attributes

Metadata item type: Indicator Indicator type: Indicator

Short name: MHS PI 15: Rate of seclusion, 2015–2017

METEOR identifier: 584248

Registration status: Health, Superseded 13/01/2021

Description: Number of seclusion events per 1,000 patient days within a mental health service

organisation.

NOTE: This indicator is related to MHS PI 15J: Rate of seclusion – acute inpatient units (Jurisdictional level version). There are technical differences in the scope of services between the Service level version and the Jurisdictional level version of this indicator. Caution should be taken to ensure the correct methodology is

followed

Rationale:

• The reduction, and where possible, elimination of seclusion in mental health services has been identified as a priority in the publication National safety

priorities in mental health: a national plan for reducing harm.

 High levels of seclusion are widely regarded as inappropriate treatment, 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 seclusion 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 (Service

level version) (2015–2017)

Health, Superseded 13/01/2021

Collection and usage attributes

Computation description: Coverage/Scope:

- All public mental health service organisations admitted patient services.
- Services where seclusion is not an authorised practice under relevant mental health legislation and/or policy (such as non-gazetted admitted patient units that are not authorised to admit consumers on an involuntary basis) should be excluded (from numerator and denominator).

Methodology:

- This indicator is to be partitioned by the program type (i.e. acute and non-acute inpatient). Consequently, there would be two potential scores for this indicator. This partitioning will enable appropriate interpretation of the indicator and concept and facilitate accurate and targeted action to reduce the use of seclusion in mental health services.
- Leave days should be excluded from the construction of the denominator.
- For the purpose of this indicator, when a mental health service organisation has more than one unit of a particular admitted patient care program, those units should be combined.

Computation: (Numerator ÷ Denominator) x 1,000

Numerator: Number of seclusion events occurring in the mental health service organisation's

inpatient unit(s) during the reference period, partitioned by acute and non-acute

inpatient mental health services.

Denominator: Number of accrued mental health care days within the mental health service

organisation's inpatient unit(s) during the reference period, partitioned by acute and

non-acute inpatient mental health services.

Disaggregation: Service variables: Target population, program type

Consumer attributes: Age, SEIFA, remoteness, Indigenous status

Representational attributes

Representation class: Rate Data type: Real Unit of measure: **Episode**

Indicator conceptual framework

Framework and

Safe dimensions:

Appropriate

Accountability attributes

Reporting requirements: Australian Institute of Health and Welfare

Organisation responsible for providing data:

Australian Institute of Health and Welfare

Accountability: Australian Institute of Health and Welfare

Benchmark: Levels at which indicator can be useful for benchmarking:

service unit

mental health service organisation

regional group of services

state/territory.

collection required:

Further data development / There are no relevant data sets at the national level.

Seclusion data is not reported at the national level although patient days can be collected from either the Admitted Patient Mental Health Care or Mental Health Establishments National Minimum Data Sets.

No proxy solution is available. To construct this indicator at a national level requires separate indicator data to be provided individually by states and territories.

National collection of seclusion data needs to be established through amendments to the NMDS processes.

Other issues caveats:

- The use of seclusion 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 duration of seclusion is an essential piece of information to align with an indicator of the rate or frequency of seclusion as it provides a better understanding of an organisation's performance in relation to seclusion use and management. However, the capacity to collect information regarding duration of seclusion episodes varies substantially across jurisdictions. Work continues at a national level that will facilitate the development of a meaningful indicator of duration as it is likely to be easily skewed by outliers.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: Key Performance Indicators for Australian Public Mental Health Services, Third

edition (2014)

Relational attributes

Related metadata references:

Has been superseded by KPIs for Australian Public Mental Health Services: PI 15

- Seclusion rate, 2018 (Service level)
Health, Superseded 13/01/2021