

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

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	MHS PI 15: Rate of seclusion, 2015–
<b>METEOR identifier:</b>	584248
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 19/11/2015</li></ul>
<b>Description:</b>	<p>Number of seclusion events per 1,000 patient days within a mental health service organisation.</p> <p><b>NOTE:</b> This indicator is related to MHS PI 15J: Rate of seclusion – acute inpatient units (Jurisdictional level version). <b>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.</b></p>
<b>Rationale:</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• The use of seclusion in public sector mental health service organisations is regulated under legislation and/or policy of each jurisdiction.</li></ul>
<b>Indicator set:</b>	<p><a href="#">Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2015–)</a> <a href="#">Health</a>, Superseded 16/02/2021</p>

## Collection and usage attributes

<b>Computation description:</b>	<p>Coverage/Scope:</p> <ul style="list-style-type: none"><li>• All public mental health service organisations admitted patient services.</li><li>• 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).</li></ul> <p>Methodology:</p> <ul style="list-style-type: none"><li>• 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.</li><li>• Leave days should be excluded from the construction of the denominator.</li><li>• 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.</li></ul>
<b>Computation:</b>	$(\text{Numerator} \div \text{Denominator}) \times 1,000$
<b>Numerator:</b>	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 dimensions:** [Safe](#)  
[Appropriate](#)

## Accountability attributes

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

- service unit
- mental health service organisation
- regional group of services
- state/territory.

**Further data development / collection required:** 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

**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 16/02/2021