

Key Performance Indicators for Australian Public Mental Health Services: PI 15-Rate of seclusion (acute inpatient units), 2015-16; Quality statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	661828
Registration status:	AIHW Data Quality Statements , Standard 04/05/2017

Data quality

Data quality statement summary:

- Variation in state and territory legislation and policies may result in events that may meet the definition of a seclusion event being excluded from the collection. The quantity of these omissions cannot be determined. Comparisons between state and territory results should be undertaken with caution.
- For NSW, some services were declared out-of-scope during the 2015–16 data supply cycle, consistent with local reporting practice. Historical data was resupplied in accordance with these changes.
- State and territory results should be interpreted taking into consideration the profile of services for each jurisdiction. See specific comments in the Coherence section for details.

Description

Data on seclusion events occurring during episodes of acute public sector specialised mental health care are reported annually, in accordance with the [SECRET NBEDS 2015-](#). Data are sourced from state and territory seclusion data collections for specialised mental health public acute hospital services via the Safety and Quality Partnership Standing Committee (SQPSC), a committee of the Mental Health, Drug and Alcohol Principal Committee (MHDAPC).

Seclusion data is available from 2008–09 to 2015–16. New data elements were added from 2013–14 onwards; total time in seclusion, and total number of episodes with seclusion. These data elements support the calculation of the average time spent in seclusion and the average number of seclusion events per episode of care with seclusion.

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 corporate Commonwealth Entity established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health 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, under the strictest conditions with respect to privacy and confidentiality.

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

Expenditure and resource information for acute public sector specialised mental health hospital services reporting seclusion data are reported through the associated National Mental Health Establishments Database, as specified by the MHE NMDS (see [link](#)).

Timeliness: State and Territory governments provide the data to the AIHW via SQPSC, approximately three months after the reference period. Data are published within six months of the close of the reference period.

Accessibility: Seclusion data are available at AIHW's Mental Health Services in Australia — annual publication (<https://mhsa.aihw.gov.au/services/admitted-patient/restrictive-practices>). Additional disaggregation of the seclusion data are in this AIHW publication.

Interpretability: Information is available for interpreting seclusion data from AIHW's Mental Health Services in Australia — annual publication (mhsa.aihw.gov.au/services/admitted-patient/restrictive-practices).

Relevance: Seclusion is the confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented. A seclusion event commences when a clinical decision is made to seclude a mental health consumer and ceases when there is a clinical decision to cease seclusion. If a consumer re-enters seclusion within a short period of time this is considered to be a new seclusion event. The term 'seclusions event' is utilised to differentiate it from the different definitions of 'seclusions episodes' used across jurisdictions.

Data on seclusion events is limited to specialised mental health public hospital acute services. Wards or units other than specialised mental health services, such as emergency departments, are out of scope for this data collection. Specialised mental health acute forensic hospital services are in scope, regardless of which government department manages the service, for example a health department versus a correctional services department.

Estimated acute bed coverage for 2015–16 seclusion data was over 95% based on data for acute services reported to the Mental Health Establishments National Minimum Data Set in 2014–15.

Accuracy:

Occasionally, states and territories re-supply data for seclusion events or number of bed days. Updated figures are reported in the next annual publication.

States and territories are primarily responsible for the quality of the seclusion data supplied to the AIHW. The AIHW scrutinises data using a series of 'logical' validation checks. Any missing or unusual data is clarified with the supplying jurisdiction.

Although there are national standards regarding the definition of seclusion events, variation in state and territory legislation may result in events that may meet the definition of a seclusion event being excluded from the collection. The quantity of these omissions cannot be determined. Data reported by states and territories may not be explicitly comparable; therefore, comparisons between states and territories should be made with caution.

Some outliers (i.e. a small number of clients who have an above average number of seclusion events) are apparent in the data and are not removed. This has the potential to skew the rates of seclusion for some smaller jurisdictions.

A new data element, average time in seclusion was captured for the 2013–14 collection period and subsequent collections. Around 5% of all seclusion events occurred in Forensic services and these events were significantly longer in duration compared to seclusion events in other service types. Therefore, seclusions events in Forensic services are excluded from the calculation of the average time in seclusion calculations, to provide a more realistic estimation of seclusion duration for the majority of seclusion events.

Coherence:

Specific state and territory coherence issues are outlined below:

New South Wales

New South Wales does not currently have a centralised database for the collection of seclusion data. Services report seclusion rates regularly to the NSW Ministry of Health. Services are required to maintain local seclusion registers, which may be audited by NSW Official Visitors who function with legislative authority to raise issues in relation to patient safety, care or treatment. Seclusion rates are a Key Performance Indicator (KPI) in regular performance reporting to NSW Local Health Districts (LHD). Importantly, NSW seclusion rates include bed days for some but not all forensic services managed by correctional facilities.

Note that in calculating seclusion rates at LHD and State level, all acute bed days are included in the denominator, as per national KPI specifications. This includes facilities where no seclusion occurs, since excluding these facilities would falsely increase the seclusion rate.

No seclusion episodes or bed days were provided for facilities which had not yet opened in the earlier part of the collection period.

The proportion of episodes with a seclusion event may be underestimated in some facilities containing multiple acute units, due to the duplicate counting of hospital stays at facility level. The method used in the seclusion collection for calculating the admitted mental health separations will be reviewed.

Some services were declared out-of-scope by NSW during the 2015–16 data supply cycle, consistent with local reporting practice. Historical data was resupplied in accordance with these changes.

Victoria

Victoria has fewer mental health beds than other jurisdictions, and as such, it may be useful to view the rate of seclusion events in a broader population context (rates per capita).

Queensland

Queensland does not report any acute forensic services to the collection, however forensic patients can and do access acute care through general specialised mental health units.

Western Australia

In previous years the WA seclusion data reported to the AIHW were collected by mental health services, reported to the Office of the Chief Psychiatrist (OCP), and then reported directly to the AIHW. There was no process in place, or option available, to validate the data reported to the OCP. Under the new Mental Health Act 2014, which commenced on 30 November 2015, mental health services are required to report seclusion and restraint events directly to the Chief Psychiatrist using the Chief Psychiatrist's Approved Forms. Under this new system, the OCP has established a process for validating/cross-checking the seclusion and restraint events notified to the Chief Psychiatrist against the data recorded by mental health services for their internal Registers, to verify all events. This process of cross-validation has overcome the limitations in both datasets and improved the validity of the WA data through improved ascertainment of events.

South Australia

Information on seclusion duration is only available in 4 hour blocks; therefore, averages cannot be calculated and seclusion duration figures for South Australia are not included in national totals. The number of episodes with seclusion and number of episodes of admitted care are likely to be underestimated for South Australia. The proportion of episodes of care with seclusion and average number of seclusion events per episode of care derived from these data will be impacted and comparisons with other states and territories or the national figures should be made with caution.

Northern Territory

The NT is unable to segregate Forensic Inpatient Episodes and Events from general events. Therefore all NT totals, wherever stated, are comprised of both General and Forensic Inpatient Episodes and Events. As this may artificially inflate NT data; caution should be used when comparing or interpreting this data. Due to the low ratio of beds per person in the NT compared with other jurisdictions, the apparent rate of seclusion is inflated when reporting seclusion per patient day compared with reporting on a population basis. Due to the low number of specialised mental health beds in NT, high rates of seclusion for a few individuals have a disproportionate effect on the rate of seclusion reported. NT seclusion data is therefore not directly comparable with other jurisdictions.

Data products

Implementation start date: 01/07/2015

Source and reference attributes

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

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

A report produced for the Australian Health Ministers Advisory Council's Mental Health Drug and Alcohol Principal Committee (MHDAPC) by the National Mental Health Performance Subcommittee (NMHPSC)

Relational attributes

Related metadata references: Supersedes [Key Performance Indicators for Australian Public Mental Health Services: PI 15-Rate of seclusion \(acute inpatient units\), 2014-15; Quality statement](#)

[AIHW Data Quality Statements](#), Superseded 04/05/2017

See also [Mental health seclusion and restraint NBEDS 2015-Health](#), Standard 13/11/2014

Indicators linked to this Data Quality statement: [KPIs for Australian Public Mental Health Services: PI 15J – Rate of seclusion, 2016 Health](#), Superseded 14/06/2017