

# KPIs for Australian Public Mental Health Services: PI 16 – Restraint rate, 2018 (Service level)

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# KPIs for Australian Public Mental Health Services:

## PI 16 – Restraint rate, 2018 (Service level)

### Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	MHS PI 16: Restraint rate, 2018 (Service level)
<b>METEOR identifier:</b>	693971
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 13/01/2021
<b>Description:</b>	Number of restraint events per 1,000 patient days within public acute admitted patient specialised mental health service units.
<b>Rationale:</b>	<ul style="list-style-type: none"><li>• 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>.</li><li>• 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.</li><li>• The use of restraint in public sector mental health service organisations is regulated under legislation and/or policy of each jurisdiction.</li></ul>
<b>Indicator set:</b>	<a href="#">Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2018)</a> <a href="#">Health</a> , Superseded 13/01/2021

### Collection and usage attributes

<b>Computation description:</b>	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.  Methodology:  Reference period for 2018 performance reporting: 2017–18  <ul style="list-style-type: none"><li>• Restraint data are compiled by state/territory data providers according to the specifications of the Mental health seclusion and restraint National best endeavours data set. As such, data are subject to the concepts and definitions developed for the data set.</li><li>• For the purpose of this indicator, only mechanical and physical restraint events are included in the computation. Unspecified restraint events are not included.</li></ul>
<b>Computation:</b>	$(\text{Numerator} \div \text{Denominator}) \times 1,000$
<b>Numerator:</b>	Total number of mechanical restraint events.  Total number of physical restraint events.
<b>Denominator:</b>	Total number of accrued mental health care days.
<b>Disaggregation:</b>	Service variables: Target population, remoteness  Consumer attributes: Nil

### Representational attributes

<b>Representation class:</b>	Rate
<b>Data type:</b>	Real

**Unit of measure:** Episode  
**Format:** N[NN].N

## Indicator conceptual framework

**Framework and dimensions:** [Safe](#)  
[Appropriate](#)

## Accountability attributes

**Benchmark:** State/territory level

**Further data development / collection required:** Collection of restraint data at the national level occurs via the Mental Health Seclusion and Restraint National best endeavours data set (SECREST NBEDS), a data collection under the governance of the Safety and Quality Partnership Standing Committee, a subcommittee, of the Mental Health Principal Committee (MHPC).

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 (MHISSC) and SQPSC.

**Other issues caveats:**

- 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. Data improvement initiatives are expected to remove the need for an unspecified restraint category from 2016–17 onwards.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee

**Reference documents:** National Mental Health Performance Subcommittee 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPC.

National Mental Health Working Group (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.

## Relational attributes

**Related metadata references:** Has been superseded by [KPIs for Australian Public Mental Health Services: PI 16 – Restraint rate, 2019 \(Service level\)](#)  
[Health](#), Superseded 13/01/2021