

# **Mental health seclusion and restraint NBEDS 2015—: National seclusion and restraint database, 2018; Quality Statement**

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# Mental health seclusion and restraint NBEDS 2015–: National seclusion and restraint database, 2018; Quality Statement

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>METEOR identifier:</b>	708420
<b>Registration status:</b>	<a href="#">AIHW Data Quality Statements</a> , Standard 21/03/2019

## 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 or restraint 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.
- Changes in legislative and reporting requirements mean that data quality can be compromised as new data systems take time to become embedded in routine practice.
- For NSW, some services were declared out-of-scope during the 2017–18 data supply cycle, consistent with NSW reporting practice.
- Data reported by states and territories may vary in terms of the reporting of seclusion and restraint events and data quality. Comparisons should be made with caution. See specific comments in the Coherence section for details.

### Description

The scope of the Mental health seclusion and restraint National Best Endeavours Data Set (SECREST NBEDS) is all specialised mental health public hospital acute service units. Short stay mental health units are in scope, e.g. Psychiatric Emergency Care Centres.

Wards or units other than specialised mental health services, such as emergency departments, are out of scope.

Specialised mental health acute forensic hospital services are in scope, regardless of which department manages the service, for example health versus correctional services department.

Physical and mechanical restraint are in scope for this collection. While chemical/pharmacological restraint is defined in some jurisdictional Mental Health Acts, nationally comparable data is not available at this time for this category of restraint. Therefore, chemical/pharmacological restraint is out of scope for the purposes of data collection for the SECREST NBEDS.

Data on seclusion and restraint events occurring during episodes of acute public sector specialised mental health care are reported annually, in accordance with the SECREST 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 Principal Committee (MHPC).

Seclusion data is available from 2008–09 to 2017–18 and restraint data is available from 2015–16 to 2017–18. New seclusion 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](http://www.aihw.gov.au)

**Timeliness:** 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 [Mental health establishments NMDS 2016-17](#)). State and Territory governments provide the data to the AIHW approximately four months after the reference period. Data are published approximately eight months after the close of the reference period.

**Accessibility:** Seclusion and restraint data are available at AIHW's Mental Health Services in Australia — annual publication (<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/specialised-mental-health-care/restrictive-practices>). Additional disaggregation of the seclusion and restraint data are in this AIHW publication.

**Interpretability:** Information is available for interpreting seclusion and restraint data from AIHW's Mental Health Services in Australia — annual publication (<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/specialised-mental-health-care/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 'seclusion event' is utilised to differentiate it from the different definitions of 'seclusion episodes' used across jurisdictions.

Restraint is defined as the restriction of an individual's freedom of movement by physical or mechanical means. Data for two forms of restraint are specified by the Mental health seclusion and restraint National Best Endeavours Data Set (SECREST NBEDS): Mechanical restraint (for example, using devices such as belts, or straps); and, Physical restraint (for example, the application by health care staff of hands-on immobilisation techniques). Unspecified restraint, that is, the type of restraint is unknown, has been removed from 2016–17 onwards. Data on Physical restraint was reported by Queensland for the first time in 2017–18.

Data on seclusion and restraint 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.

A new data element, average time in seclusion was captured for the 2013–14 collection period and subsequent collections. Around 11% 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.

The estimated acute bed coverage for 2017–18 seclusion data was complete coverage based on acute beds admitted units reported to the Mental Health Establishments National Minimum Data Set in 2016–17.

**Accuracy:**

Occasionally, states and territories re-supply data for seclusion and restraint 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 and restraint 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 and restraint events, variation in state and territory legislation may result in events that may meet the definition of a seclusion or restraint event being excluded from the collection. An estimation of these omissions has not been undertaken. Data reported by states and territories may not be explicitly comparable; therefore, comparisons between states and territories should be made with caution.

**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 and restraint data. Services report seclusion and restraint rates regularly to the NSW Ministry of Health. Services are required to maintain local seclusion and restraint 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 and restraint rates include bed days for some but not all forensic services managed by correctional facilities.

Note that in calculating seclusion and restraint 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 or restraint occurs. Excluding these facilities would increase the seclusion and restraint rates and would be inconsistent with national specification.

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.

## **Victoria**

Victoria reports the total number of “bodily restraint” events in their Chief Psychiatrist’s Annual Report and Mental Health Annual Report series, alongside other additional contextual information and specific commentary on the use of restraint. The approach removes duplicate events where Physical and Mechanical restraint were used at the same time during a single event. Victorian data should not be added to generate a total result for the state. Victoria’s service model leads to a higher threshold for acute admission and the seclusion and restraint metrics may be inflated compared to other jurisdictions. Data for one hospital service was unavailable for the 2017–18 collection period.

## **Queensland**

Queensland does not have any in-scope acute forensic services, however forensic patients can and do access acute care through general specialised mental health units.

The Mental Health Act 2016 came into effect in March 2017. For the 2017–18 collection, Physical restraint events were recorded for the first time. However, as a new collection, caution is required when interpreting comparisons over time as these may be reflecting differences in business processes for recording data rather than a true variation in the use of physical restraint.

## **Western Australia**

In previous years the Western Australia 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.

## **Tasmania**

There are no known issues with the supplied data, however, Tasmania Health is undergoing a system-wide data review.

## **Northern Territory**

The Northern Territory 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. In particular, data for the average duration of a seclusion event will be impacted by this issue.

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.

## Australian Capital Territory

Increases in the seclusion and physical restraint rates are due to a small number of outliers impacting on the overall result for a small jurisdiction.

One service unit has been classified as Forensic for consistency with the MHE NMDS; however, this service may have a mix of general and forensic consumers and the ACT is unable to distinguish between different target populations within the same unit.

### Restraint data by target population

Data for a small number of Youth hospital beds reported by Victoria, Queensland, Western Australia, and the Northern Territory are included in the General category.

## Data products

Implementation start date: 01/07/2017

## Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

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

## Relational attributes

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