Residential mental health care NMDS 2017–18: National Residential Mental Health Care Database, 2019; Quality Statement

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 719720

Registration status: AIHW Data Quality Statements, Standard 09/10/2019

Data quality

Data quality statement summary:

The National Residential Mental Health Care Database (NRMHCD) contains data on episodes of residential care provided by government-funded, 24-hour staffed, residential mental health services in Australia.

- The inclusion of government-funded, non-government-operated services and services that are not staffed for 24 hours a day is optional.
- The Indigenous status data should be interpreted with caution due to the varying quality of Indigenous identification.

Description

The National Residential Mental Health Care Database (NRMHCD) contains data on episodes of residential care provided by government-funded residential mental health services as specified by the Residential mental health care (RMHC) National Minimum Data Set (NMDS) (see link). The NRMHCD includes data for each year from 2004–05 to 2017–18.

Data collated include information relating to each episode of residential care provided by a residential mental health care service. Examples of data elements included in the collection are demographic characteristics of residents, such as age and sex, and clinical information, such as principal diagnosis and mental health legal status.

The RMHC NMDS is associated with the Mental health establishments (MHE) NMDS.

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.

AIHW's vision is to provide stronger evidence (data and information) for better decisions and improved health and welfare of Australians. 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 and under the strictest conditions with respect to privacy and confidentiality.

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

Residential mental health services may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. States and territories use these data for service planning, monitoring and internal and public reporting. In addition, state and territory health authorities supply data for the NRMHCD under the terms of the National Health Information Agreement (see link), as specified by the RMHC NMDS (see 'Interpretability' section below).

Expenditure and resource information for residential mental health services reporting to the NRMHCD are reported through the associated National Mental Health Establishments Database, as specified by the MHE NMDS (see link).

Timeliness:

Data for the NRMHCD were first collected in 2004–05.

States and territories are required to supply data annually in accordance with the RMHC NMDS specifications. The reference period for this data set is 2017–18, that is, residential episodes occurring between 1 July 2017 and 30 June 2018. Data for the 2017–18 reference period were supplied to the AIHW in January 2019.

The AIHW publishes data from the NRMHCD in *Mental health services in Australia* annually.

Accessibility:

The AIHW produces the annual series Mental health services in Australia, primarily as an online publication at http://www.aihw.gov.au/mhsa/. This includes pdf documents of all sections in the publication, as well as data workbooks and an interactive data portal.

In addition, a companion hard copy In brief summary document is produced and is available from the Digital and Media Communications Unit of the AIHW.

Interpretability:

Metadata information for the RMHC NMDS is published in the AIHW's online metadata repository—METeOR.

METeOR can be accessed on the AIHW website:

/content/index.phtml/itemId/181162

Data published annually in *Mental health services in Australia* includes additional important caveat information to ensure appropriate interpretation of the analyses presented by the AIHW. Readers are advised to take note of footnotes and caveats specific to individual data tables that influence interpretability of specific data.

Relevance:

The purpose of the NRMHCD is to collect information on all episodes of residential care provided by government-funded residential mental health services, as specified by the RMHC NMDS.

The scope for this collection is all episodes of residential care for residents in all government-funded and operated residential mental health services in Australia. These services employ mental health trained staff on-site; provide rehabilitation, treatment or extended care to residents for whom the care is intended to be on an overnight basis and in a domestic-like environment; and encourage the residents to take responsibility for their daily living activities. These services include those that employ mental health trained staff on-site 24 hours per day and other services with less intensive staffing. However, all these services employ on-site mental health trained staff for at least 6 hours per day and 50 hours per week. Residential care services that are not included in the collection are those in receipt of funding under the Aged Care Act 1997 and subject to Commonwealth reporting requirements (that is, they report to the System for the Payment of Aged Residential Care collection).

The inclusion of government-funded, non-government-operated services and services that are not staffed for 24 hours a day is optional.

An episode of residential care is defined as the period of care between the start of residential care (for example, through the formal start of the residential stay or the start of a new reference period (that is, 1 July)) and the end of residential care (for example, the formal end of residential care, or the end of the reference period (that is, 30 June)). Episodes of residential care are measured in days. An individual can have one or more episodes of care during the reference period.

A residential stay refers to the period of care beginning with a formal start of residential care and ending with a formal end of the residential care. Accordingly, residential stays for long term residents may span multiple reference periods and be counted as an episode in each relevant collection year, contributing to multiple episodes over sequential collection periods.

Accuracy:

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made by them in response to these edit queries. The AIHW does not adjust these data to account for possible data errors or missing or incorrect values.

Data from non-government services and services with non-24-hour staffing are reported to the NRMHCD optionally by individual jurisdictions. Therefore, comparisons between jurisdictions should be made with caution. For the 2017–18 data, of the 92 services included in the collection, all but 11 of the services reported had mental health trained staff on-site 24 hours a day. Data from 13 non-government services were included in the 2017–18 collection.

Queensland reclassified existing Community Care Units from admitted patient care to residential mental health service units. All establishments that were recognised as Residential by the Queensland Health Department Director-General have been included in the collection.

Indigenous status

Indigenous status is missing for 3.4% of episodes in the 2017–18 NRMHCD.

States and territories provided information on the quality of the Indigenous status data for 2016–17 as follows:

· All states and territories considered the quality of their Indigenous status data to be acceptable.

· For 2017–18, Victoria, Northern Territory and Western Australia cited improvement in the collection of Indigenous status as being required.

Based on the National best practice guidelines for collecting Indigenous status in health data sets (AIHW 2010), Western Australia implemented a validation system from 1 January 2019 reducing errors in the reporting of indigenous status.

Remoteness area and socioeconomic status

Numerators for remoteness area and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the location or jurisdiction of the service provider. This mat be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Mental health legal status

Data on involuntary treatment of consumers is collected in the RMHCD, however the quality of the data is unknown and should be treated with caution. Reporting of service events with a mental health legal status of involuntary will differ from reporting of treatment orders in the community by state and territory Chief Psychiatrists due to differences in statistical unit, collection scope and jurisdictional data systems.

Legislation governing the use of treatment orders differs between jurisdictions and comparisons should be made with caution.

Referral type

Among the jurisdictions, quality of referral type data varies. Referral type was missing or not reported for 2.5% of residential mental health care episodes in 2017–18.

Coherence:

Metadata specified in the RMHC NMDS may change from year to year. In 2017–18, the Australian Statistical Geography Standard (ASGS) was updated to its last version (i.e. 2016) and applied to the data presented by remoteness area and socioeconomic status. For further information, see the online technical information.

Prior to the 2012–13 collection period, residents who made use of services from multiple providers were counted separately each time, leading to a likely overestimation of residents. For those jurisdictions that can uniquely identify patients across the jurisdiction, patients who made use of services from multiple providers are now only counted once. For the 2017–18 collection period, five jurisdictions could uniquely identify patients across the jurisdiction leading to a more accurate representation. Therefore comparisons between jurisdictions should be made with caution.

Seven states and territories reported 100% data coverage for in scope services in 2017–18, while Tasmania reported 99% coverage.

Principal diagnosis

The quality of principal diagnosis data in the NRMHCD may be affected by the variability in collection and coding practices across jurisdictions. All jurisdictions used ICD-10-AM for classification. However, there are differences among states and territories in the edition used for classification as follows:

- South Australia, Australian Capital Territory, New South Wales, Queensland, Victoria and the Northern Territory provided principal diagnosis data based on the ICD-10-AM 10th Edition, consistent with the specifications.
- Tasmania provided principal diagnosis data based on the ICD-10-AM 9th Edition.
- Western Australia provided principle diagnosis data based primarily on the ICD-10-AM 8th Edition. However, in some instances, diagnoses recorded for long-stay patients may be from previous editions.

Data products

Implementation start date: 01/07/2017

Source and reference attributes

Steward: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes Residential mental health care NMDS 2016–17: National Residential Mental Health Care Database, 2018; Quality Statement
AIHW Data Quality Statements, Standard 11/10/2018

Has been superseded by Residential mental health care NMDS 2018–19: National Residential Mental Health Care Database, 2020; Quality Statement
AIHW Data Quality Statements, Superseded 14/10/2021

See also Residential mental health care NMDS 2017–18
Health, Superseded 25/01/2018