

# KPIs for Australian Public Mental Health Services: PI 15 – Seclusion rate, 2020– (Service level)

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	MHS PI 15: Seclusion rate, 2020– (Service level)
<b>METEOR identifier:</b>	725538
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 13/01/2021</li></ul>

**Description:** Number of seclusion events per 1,000 patient days within a mental health service organisation.

**NOTE:** This indicator is related to *Seclusion rate (Jurisdictional level)*. 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.

**Rationale:**

- 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* (NMHWG 2005).
- 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.
- The use of seclusion in public sector mental health service organisations' is regulated under legislation and/or policy of each jurisdiction.

**Indicator set:** [Key Performance Indicators for Australian Public Mental Health Services \(Service level version\) \(2020–\)](#)  
[Health](#), Standard 13/01/2021

## Collection and usage attributes

**Computation description:** Coverage/Scope:  
All public mental health service organisations admitted patient services.

Methodology:

- 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.
- Leave days should be excluded from the construction of the denominator.
- 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.

**Computation:**  $(\text{Numerator} \div \text{Denominator}) \times 1,000$

**Numerator:** 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, Socio-Economic Indexes for Areas (SEIFA), remoteness, Indigenous status

## Representational attributes

**Representation class:** Rate

**Data type:** Real

**Unit of measure:** Episode

**Format:** N[NN].N

## Indicator conceptual framework

**Framework and dimensions:** [Safety](#)

## Accountability attributes

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

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

**Further data development / collection required:** Collection of seclusion data at the national level occurs via the SECREST NBEDS, a data collection under the governance of the Safety and Quality Partnership Standing Committee (SQPSC), a subcommittee, of the Mental Health Principal Committee.

Data on the characteristics of the consumers subject to seclusion 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 and SQPSC.

**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

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

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

National Mental Health Working Group (NMHWG) 2005. National safety priorities in mental health: a national plan for reducing harm. Health Priorities and Suicide Prevention Branch, Department of Health and Ageing, Canberra: Commonwealth of Australia.

## Relational attributes

**Related metadata references:**

Supersedes [KPIs for Australian Public Mental Health Services: PI 15 – Seclusion rate, 2019 \(Service level\)](#)

- [Health](#), Superseded 16/02/2021

Has been superseded by [KPIs for Australian Public Mental Health Services: PI 15 – Seclusion rate, 2021– \(Service level\)](#)

- [Health](#), Standard 17/12/2021

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