

# KPIs for Australian Public Mental Health Services: PI 15J – Seclusion rate, 2021

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	MHS PI 15J: Seclusion rate, 2021
<b>METEOR identifier:</b>	739898
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 17/12/2021</li></ul>

**Description:** The number of seclusion events per 1,000 patient days within public acute admitted patient specialised mental health service units.

**NOTE:** This specification has been adapted from the indicator *Seclusion rate, 2020– (Service level)* using terminology consistent with the National Health Data Dictionary. 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 \(Jurisdictional level version\) \(2021\)](#)  
[Health](#), Standard 17/12/2021

## Collection and usage attributes

**Computation description:** 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 (NBEDS).

Methodology:

Reference period for 2021 performance reporting: 2020–21

- Seclusion data are compiled by state/territory data providers according to the specifications of the Mental health seclusion and restraint (SECREST) NBEDS. As such, data are subject to the concepts and definitions developed for the data set.
- 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:** (Numerator ÷ Denominator) x 1,000

**Numerator:** Total number of seclusion events occurring within the reference period

**Numerator data elements:**

**Data Element / Data Set**

[Specialised mental health service—number of seclusion events, total number N\[NNN\]](#)

NMDS / DSS

[Mental health seclusion and restraint NBEDS 2015-](#)

**Denominator:**

Total number of accrued mental health care days within the reference period.

**Denominator data elements:**

**Data Element / Data Set**

[Establishment—accrued mental health care days, total N\[N\(7\)\]](#)

NMDS / DSS

[Mental health seclusion and restraint NBEDS 2015-](#)

**Disaggregation:**

Service variables: target population, remoteness.

Consumer attributes: nil.

**Disaggregation data elements:**

**Data Element / Data Set**

[Specialised mental health service—target population group, code N](#)

NMDS / DSS

[Mental health seclusion and restraint NBEDS 2015-](#)

**Data Element / Data Set**

[Address—statistical area, level 2 \(SA2\) code \(ASGS 2016\) N\(9\)](#)

NMDS / DSS

[Mental health seclusion and restraint NBEDS 2015-](#)

## 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:** State/territory level

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

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, Commonwealth of Australia, Canberra.

## Relational attributes

**Related metadata references:** Supersedes [KPIs for Australian Public Mental Health Services: PI 15J – Seclusion rate, 2020](#)

- [Health](#), Standard 13/01/2021

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