

# KPIs for Australian Public Mental Health Services: PI 16 – Restraint rate, 2021– (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, 2021– (Service level)
<b>METEOR identifier:</b>	742493
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 17/12/2021</li></ul>
<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) (2021–)</a> <a href="#">Health</a> , Standard 17/12/2021

## Collection and usage attributes

<b>Computation description:</b>	Coverage/Scope: All public mental health service organisations admitted patient services. Methodology: <ul style="list-style-type: none"><li>• 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 each type of restraint 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 restraint in mental health services.</li><li>• Leave days should be excluded from the construction of the denominator.</li><li>• 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.</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>	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: 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 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.

## 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:**

Supersedes [KPIs for Australian Public Mental Health Services: PI 16 – Restraint rate, 2020– \(Service level\)](#)

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