

# National Seclusion and Restraint Database; Mental health seclusion and restraint NBEDS 2015-, 2021; Quality Statement

## Identifying and definitional attributes

<b>Metadata item type:</b>	Quality Statement
<b>METEOR identifier:</b>	755198
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">AIHW Data Quality Statements</a>, Standard 17/05/2022</li></ul>

## Data quality

### Quality statement summary:

### Description

The National Seclusion and Restraint Database was created in 2015 to enable reporting on the amount of seclusion and restraint in acute mental health hospital units. Data coverage is from 2008–09 for seclusion data and from 2015–16 for restraint data.

The Database is held by the Australian Institute of Health and Welfare (AIHW) and contains aggregate data on seclusion and restraint events, seclusion duration, episodes of care, mental health care days, and episodes with seclusion.

Each year state and territory governments supply data to the AIHW under the Mental health Seclusion and Restraint National Best Endeavours Data Set (SECREST NBEDS) agreement.

Data are supplied via a national standing agreement established under the former Safety and Quality Partnership Standing Committee (SQPSC), a committee of the former Mental Health Principal Committee (MHPC) under the former Australian Health Ministers' Advisory Council (AHMAC) structure.

- The National Seclusion and Restraint Database contains data on seclusion and restraint events, episodes of care, patient days and episodes with seclusion for public sector specialised acute mental health hospital services in Australia.
- 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.
- Seclusion data are available for each year from 2008–09 and restraint data are available for each year from 2015–16. Comparisons over time should be made with caution, as changes in legislative and reporting requirements and improvements in reporting practices occur during the data collection. More information is in the Coherence section.
- Comparisons between states/territories should be undertaken with caution, as data reported by states and territories may vary in terms of the reporting of seclusion and restraint events and data quality. More information is in the Coherence section.
- Year to year changes in hospital-level rates of seclusion and restraint may reflect changes in the governance grouping of units or services reported under specific hospitals and/or changes in the number of seclusion and restraint events.

**Institutional environment:** The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the [Australian Institute of Health and Welfare Act 1987](#) (AIHW Act), governed by a management Board and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Compliance with confidentiality requirements in the AIHW Act, Privacy Principles in the [Privacy Act 1988](#), (Cth) and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website [www.aihw.gov.au/about-us](http://www.aihw.gov.au/about-us), which includes details about the AIHW's governance ([www.aihw.gov.au/about-us/our-governance](http://www.aihw.gov.au/about-us/our-governance)) and vision and strategic goals ([www.aihw.gov.au/about-us/what-we-do](http://www.aihw.gov.au/about-us/what-we-do)).

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 range of topics and issues, 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 state and territory departments collate the data from in-scope services and provide unit record data to the AIHW under the Mental health Seclusion and Restraint National Best Endeavours Data Set (SECREST NBEDS) agreement. To release data at or below state/territory level the AIHW must have the relevant state or territory department approval.

**Timeliness:** State and territory governments provide data to the AIHW approximately three months after the reference period. Data are published within 12 months following the close of the reference period.

**Accessibility:** Seclusion and restraint data are available at AIHW's *Mental health services in Australia* website (<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices>).

The AIHW produces the annual series *Mental health services in Australia* as an online publication at <https://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.

**Interpretability:** Information is available for interpreting seclusion and restraint data from AIHW's *Mental health services in Australia* website (<https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices>).

Data published annually in *Mental health services in Australia* include 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:****Definitions**

Seclusion is the confinement of a person at any time 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.

Seclusion duration was captured for the first time for the 2013–14 collection period and for subsequent years, enabling the calculation of the average time (hours) spent in seclusion. Seclusion events which occurred in forensic services between 2008–09 and 2013–14 were substantially longer in duration compared to seclusion events in other service types. Therefore, seclusion events in forensic services are excluded from average time in seclusion calculations, to provide a more realistic estimation of seclusion duration for the majority of seclusion events.

Number of episodes with seclusion was also added for the first time for the 2013–14 collection period and for subsequent years, enabling the calculation of the average number of seclusion events per episode of care with seclusion.

Restraint is defined as the restriction of a person's freedom of movement by physical or mechanical means. Physical restraint is the application by health care staff of hands-on immobilisation or the physical restriction of a person. Mechanical restraint is the application of devices on a person's body to restrict his or her movement (for example, using devices such as belts, or straps).

The Database includes data on both physical and mechanical restraint. Unspecified restraint was previously reported to represent combined restraint or when data providers were unable to specify the form of restraint; this was removed as a restraint type from 2016–17 and is no longer reported. 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 Database.

**Reference period**

The reference period is 1 July 2020 to 30 June 2021. Seclusion data are available from 2008–09 to 2020–21. Restraint data are available from 2015–16 to 2020–21.

**Scope and coverage**

The scope of the National Seclusion and Restraint Database is all specialised mental health public hospital acute service units. In scope services include short stay specialised mental units (e.g. Psychiatric Emergency Care Centres) and specialised mental health acute forensic hospital services—regardless of which government department manages the service (for example, these services are in scope whether managed by a health department or a correctional services department). Wards or units other than acute specialised mental health services, such as emergency departments, are out of scope for this data collection.

The estimated acute bed coverage for 2020–21 seclusion data was complete coverage based on acute beds in admitted units reported to the Mental Health Establishments National Minimum Data Set in 2019–20.

The data collection does not include information on Aboriginal and/or Torres Strait Islander identification status.

**Accuracy:**

States and territories are primarily responsible for the quality of the seclusion and restraint data supplied to the AIHW. The AIHW undertakes a series of validation checks after files are submitted for review. Validation is conducted in two stages:

1. The compliance stage is managed by the AIHW and is concerned with ensuring that the file is structurally compliant.
2. The data validation stage is managed by the AIHW and is primarily concerned with identifying inconsistent, anomalous, and exceptional issues, including invalid values, missing data and historical inconsistency. 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.

If required, states and territories may re-supply historical data. Updated data are reported in the next annual publication.

**Coherence:**

This Data Quality Statement relates to the 2020–21 reference period. Users comparing data between reference periods are advised to read the coherence section of the data quality statements for all intervening reference periods to gain a full understanding of potential quality issues.

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.

The proportion of episodes with a seclusion event may be underestimated in some facilities having multiple acute units, due to the duplicate counting of hospital episodes at facility level. NSW is building and transitioning into a new state health data warehouse in 2022. The method used in the seclusion and restraint collection and calculating the admitted mental health separations will be reviewed and changed for the new source of data.

**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 appear inflated compared to other jurisdictions.

**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.

For the 2015–16 collection period, patients were statistically discharged and re-admitted if their episode of care had begun in 2014–15 and had not been completed by 1 July 2015. This has added approximately 750 episodes to the number of episodes of care reported for the state.

The Mental Health Act 2016 came into effect in March 2017. To support

implementation of the Act, in 2016–17 historical seclusion data was moved to a new structure. A review of the data was performed and corrections were made, though some errors may still be present.

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 actual variation in the use of physical restraint.

In 2018–19, Queensland introduced a new methodology to their seclusion and restraint data collection. Historical data from 2014–15 onwards were updated to align with this.

Hospital in the Home services are not included in the Authorised Mental Health Service (AMHS) and are therefore not in scope for seclusion and mechanical restraint calculations. Hospital in the Home services are in scope for physical restraint reporting.

A single episode may be counted multiple times if it aligns to different target populations. This occurs with <1% of episodes of care.

### **Western Australia**

Prior to 2015, 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 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.

In 2018–19 several services had a small number of patients with a high number of seclusion and restraint events, which have affected the rates for the state. Some services in WA had no data available and are therefore not included in the 2018–19 reporting period.

### **South Australia**

Prior to 2018–19, information on seclusion duration in SA was only available in 4 hour blocks; therefore, averages could not be calculated. Seclusion duration data for SA are not included in national totals prior to 2018–19. SA provided seclusion duration data for the first time in 2018–19 and are included in annual national totals from that year onwards. Estimated coverage for duration data for SA:

- 2018–19 approximately 74%
- 2019–20 approximately 72%
- 2020–21 approximately 84%.

A number of services closed or transitioned to new services in 2017-18 and 2018–19, therefore comparisons between years should be made with caution, particularly when interpreting hospital level data. The number of episodes of care used to derive the proportion of mental-health related admitted care episodes that have a seclusion event and the average number of seclusion events per episode with seclusion are likely to be underestimated for SA.

Improvements to reporting were implemented during 2020–21. The Office of the Chief Psychiatrist released a standard regarding the use of seclusion and restraint in February 2021, to be implemented from July 2021. Any observed increases in seclusion and restraint for 2020–21 could be the result of this improved reporting. SA will investigate to determine if such increases reflect service activity or improved data collection.

### **Tasmania**

There are no known issues with the supplied data.

### **Northern Territory**

The Northern Territory was unable to segregate forensic inpatient episodes and events from general events prior to 2020–21. Therefore, all historical NT totals, wherever stated, are comprised of both general and forensic inpatient episodes and events. As this may have artificially inflated NT data, caution should be used when comparing or interpreting this data over time or in comparison to other jurisdictions. In particular, data reporting the average duration of a seclusion event will be impacted by this issue.

Seclusion and restraint rates can be particularly changeable for small jurisdictions, where small changes—in total number of events, or number of events for a particular individual(s)—can substantially impact the rate. This applies to the NT, which has a low number of specialised mental health beds. Comparisons over time should be made with caution.

Additionally, due to the low ratio of beds per person in the NT compared with other jurisdictions, the apparent rate of seclusion and restraint is inflated when reporting events per patient day compared with reporting on a population basis. NT seclusion and restraint data is therefore not directly comparable with other jurisdictions.

An increase in the physical restraint rate for NT in 2020–21 can be attributed to an increase in the number of admissions with high acuity.

### **Australian Capital Territory**

In 2018–19 ACT changed its methodology for counting episodes and patient days to better align with definitions outlined in the SECREST NBEDS 2015–. Comparisons over time should be made with caution.

Seclusion and restraint rates can be particularly changeable for small jurisdictions, where small changes—in total number of events, or number of events for a particular individual(s)—can substantially impact the rate. Comparisons over time should be made with caution.

The ACT provided data on episodes with seclusion for the first time in 2018–19. Approximately 5% of episodes of care in 2018–19 involved more than one service unit, in which case the episode was reported against each unit involved. This methodology was also used for 2019–20 data.

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.

The ACT provides acute inpatient forensic services from 2016–17.

### **Seclusion and restraint data by target population**

Data for a small number of youth hospital beds reported by Victoria, Western Australia, and the Northern Territory are included in the data reported for general services.

## **Data products**

**Implementation start date:** 01/07/2020

## **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

Supersedes [Mental health seclusion and restraint NBEDS 2015-, 2020; Quality Statement](#)

- [AIHW Data Quality Statements](#), Standard 29/01/2021