

Residential mental health care NMDS 2020–21: National Residential Mental Health Care Database, 2022; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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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 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 \(NMDS\)](#). The NRMHCD includes data for each year from 2004–05 to 2020–21.

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 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 the confidentiality requirements in the AIHW Act, the 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, which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and vision and strategic goals (www.aihw.gov.au/about-us/our-vision-and-strategic-goals).

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](#), 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](#).

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 2020–21, that is, residential episodes occurring between 1 July 2020 and 30 June 2021. Data for the 2020–21 reference period were supplied to the AIHW in January 2022.

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 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 at <http://meteor.aihw.gov.au>.

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 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. They 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 and the end of residential care. For example, through the formal start and end of residential care or through the start and end of a new reference period i.e., 1 July and 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.

All reported states and territories reported 100% data coverage for in scope services in 2020–21.

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 2020–21 data, of the 98 services included in the collection, all but 12 of the services reported had mental health trained staff on-site 24 hours a day. Data from 3 non-government services were included in the 2020–21 collection.

For the 2020–21 collection period, 3 jurisdictions could uniquely identify patients across the jurisdiction so comparisons between jurisdictions should be made with caution.

Indigenous status

Indigenous status is missing for 3.4% of episodes in the 2020–21 NRMHCD.

States and territories provided information on the quality of the Indigenous status data for 2020–21 as follows:

- All states and territories considered the quality of their *Indigenous status* data to be acceptable.
- For 2020–21, South Australia reported that the quality of *Indigenous status* data was acceptable, but that further improvements in front end data information systems may influence the rate of unknown/not stated *Indigenous status*.
- 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 may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction, such as cross-border patients in the Australian Capital Territory.

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 1.8% of residential mental health care episodes in 2020–21.

Coherence:***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 the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) for classification. However, there are differences among states and territories in the edition used for classification as follows:

- South Australia, New South Wales, Queensland, and Victoria provided principal diagnosis data based on the ICD-10-AM 11th Edition, consistent with the specifications.
- Tasmania reported using ICD-10-AM 11th Edition where possible.
- The Northern Territory used ICD-10-AM 10th Edition.
- Western Australia provided principal diagnosis data based primarily on the ICD-10-AM 10th Edition. However, in some instances, diagnoses recorded for long-stay patients may be from previous editions.

Comparability over time

In the 2018–19 reporting period, the Australian Capital Territory closed its only residential mental health service unit. As such, no data was reported for 2019–20 and 2020–21. In the 2017–18 reporting period, 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.

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: Supersedes [Residential mental health care NMDS 2019–20: National Residential Mental Health Care Database, 2021; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 10/11/2022

Has been superseded by [Residential mental health care NMDS 2021–22: National Residential Mental Health Care Database, 2023; Quality Statement](#)

[AIHW Data Quality Statements](#), Standard 08/12/2023

See also [Residential mental health care NMDS 2020–21 Health](#), Superseded 20/01/2021