

Mental health seclusion and restraint NBEDS 2015—: National seclusion and restraint database, 2022; Quality Statement

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Mental health seclusion and restraint NBEDS 2015–: National seclusion and restraint database, 2022; Quality Statement

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	775026
Registration status:	AIHW Data Quality Statements , Standard 27/04/2023

Data quality

Data 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 (SECRET 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.

Summary

- 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, which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and our role and strategic goals (www.aihw.gov.au/about-us/what-we-do).

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.

Reference period

The reference period is 1 July 2021 to 30 June 2022. Seclusion data are available from 2008–09 to 2021–22. Restraint data are available from 2015–16 to 2021–22.

Accessibility: Seclusion and restraint data are available as part of AIHW's *Mental Health Online Report* (<https://www.aihw.gov.au/mental-health/topic-areas/seclusion-and-restraint>).

The AIHW produces the *Mental Health Online Report* at <https://www.aihw.gov.au/mental-health>. 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 Online Report* (<https://www.aihw.gov.au/mental-health/topic-areas/seclusion-and-restraint>).

Data published annually as part of the *Mental Health Online Report* 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 the interpretability of specific data.

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.

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 (for example, 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 2021–22 seclusion data was complete coverage based on acute beds in admitted units reported to the Mental Health Establishments National Minimum Data Set (MHE NMDS) in 2020–21.

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.

Information about the accuracy of state and territory data is listed below. 'General' points can be applied to all or most data from the specified jurisdiction. 'Historical' points apply to a specific year or years.

General

- New South Wales - The proportion of episodes with a seclusion event may be slightly underestimated in facilities which have more than one acute mental health unit: if a person experiences care in more than one unit this will count towards the denominator for calculation of the facility-level seclusion rate.
- Queensland - A single episode may be counted multiple times if it aligns to different target populations. This occurs with <1% of episodes of care.
- South Australia - 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.
- Australian Capital Territory - One service unit has been classified as forensic for consistency with the Mental Health Establishments National Minimum Dataset; 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.

Historical

- 2015–16, Queensland - 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.
- 2015 onwards, 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.
- 2018–19, Western Australia - Some services in WA had no data available and are therefore not included in the 2018–19 reporting period.

Coherence:

This Data Quality Statement relates to the 2021–22 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 mental health services are required to maintain local seclusion and restraint registers, which are audited regularly by NSW Official Visitors. Seclusion and restraint data are aggregated for each unit and reported regularly to NSW Health. NSW does not currently have a state level collection of unit record data on individual seclusion and restraint episodes. Seclusion rates are a Key Performance Indicator (KPI) in regular performance reporting to NSW Local Health Districts (LHD) and published quarterly by the NSW Bureau of Health Information.

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 specialised mental health units with a general target population.

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.

Western Australia

There are no known issues with the supplied data.

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%
- 2021–22 approximately 79%.

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.

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.

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: 01/07/2021

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 [Mental health seclusion and restraint NBEDS 2015–: National seclusion and restraint database, 2021; Quality Statement](#)
[AIHW Data Quality Statements](#), Standard 17/05/2022

Has been superseded by [Mental health seclusion and restraint NBEDS 2015–: National seclusion and restraint database, 2023; Quality Statement](#)
[AIHW Data Quality Statements](#), Standard 30/04/2024

See also [Mental health seclusion and restraint NBEDS 2015-Health](#), Standard 13/11/2014