Residential mental health care NMDS 2021–22: National Residential Mental Health Care Database, 2023; Quality Statement

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Identifying and definitional attributes

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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 2021–22.

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 our role and strategic goals (www.aihw.gov.au/about-us/what-we-do).

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 2021–22, that is, residential episodes occurring between 1 July 2021 and 30 June 2022. Data for the 2021–22 reference period were supplied to the AIHW in January 2023.

The AIHW publishes data from the NRMHCD in *Mental health online report* annually.

Accessibility: The AIHW produces the *Mental health online report* as an online publication. This includes PDF documents of all sections in the publication, as well as data workbooks and an interactive data portal.

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 online report* 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 2021–22.

Prior to the 2012–13 collection period, the number of residents is likely to be overestimated, as residents who made use of services from multiple providers were counted separately each time. For the 2012–13 collection period onwards, patients who made use of services from multiple providers within a jurisdiction are only counted once in those jurisdictions that can uniquely identify patients. For the 2021–22 collection period, 4 jurisdictions could uniquely identify patients across the jurisdiction.

Indigenous status

Indigenous status is missing for 2.9% of episodes in the 2021–22 NRMHCD.

States and territories provided information on the quality of the Indigenous status data for 2021–22 as follows:

- All states and territories considered the quality of their *Indigenous status* data to be acceptable.

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.

South Australia noted that technical limitations mean that the area of usual residence for the consumer is based on the consumer's current address at the time data are reported to the AIHW, rather than when the actual contact was recorded.

Mental health legal status

Data on involuntary treatment of consumers is collected in the NRMHCD, 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.

Tasmania noted that from 2014–15 onwards, non-government operated services did not report on mental health legal status.

Referral type

Among the jurisdictions, quality of referral type data varies. *Referral type* was missing or not reported for 1.7% of residential mental health care episodes in 2021–22.

Tasmania reported that in 2021–22, the high proportion of residential episodes with 'unknown' referral type is largely attributable to non-government operated services in Tasmania not collecting mental health referral destination.

Coherence:

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.

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 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.

In New South Wales, the Housing and Accommodation Support Initiative (HASI) Plus has been reclassified as residential mental health care. HASI Plus activity is included in the RMHC NMDS from 2021–22.

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 Residential mental health care NMDS 2020–21: National Residential Mental Health Care Database, 2022; Quality Statement
AIHW Data Quality Statements, Superseded 08/12/2023

See also Residential mental health care NMDS 2021–22
Health, Superseded 17/12/2021