Mental health seclusion and restraint NBEDS 2015–: National seclusion and restraint database, 2023; Quality Statement

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# Mental health seclusion and restraint NBEDS 2015–: National seclusion and restraint database, 2023; Quality Statement

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| Identifying and definitional attributes | |
| Metadata item type: | Data Quality Statement |
| METEOR identifier: | 790199 |
| Registration status: | [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Standard 30/04/2024 |

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| 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 (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.  **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*](https://www.legislation.gov.au/Series/C2004A03450) (AIHW Act), governed by a [management board](https://www.aihw.gov.au/about-us/our-governance) 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*](https://www.legislation.gov.au/Series/C2004A03712), (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](https://www.aihw.gov.au/about-us), which includes details about the AIHW's governance ([www.aihw.gov.au/about-us/our-governance](https://www.aihw.gov.au/about-us/our-governance)) and our role and strategic goals ([www. aihw.gov.au/about-us/what-we-do](https://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 2022 to 30 June 2023. Seclusion data are available from 2008–09 to 2022–23. Restraint data are available from 2015–16 to 2022–23. |
| Accessibility: | Seclusion and restraint data are available as part of AIHW’s *Mental Health Online Report* ([www.aihw.gov.au/mental-health/topic-areas/seclusion-and-restraint](https://www.aihw.gov.au/mental-health/topic-areas/seclusion-and-restraint)).  The AIHW produces the *Mental Health Online Report* at [www.aihw.gov.au/mental-health](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* ([www.aihw.gov.au/mental-health/topic-areas/seclusion-and-restraint](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. |
| Relevance: | **Definitions**  [Seclusion](https://meteor.aihw.gov.au/content/557975) 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.  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](https://meteor.aihw.gov.au/content/558140) 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 is also included to represent occasions of combined restraint or when data providers are unable to specify the form of restraint. Unspecified restraint was not reported as a restraint type from 2016–17 to 2021–22. As a small number of unspecified restraint events are still recorded in some jurisdictional systems these were added to public reporting for the 2022–23 release. While chemical/pharmacological restraint is defined in some jurisdictional Mental Health Acts, nationally comparable data is not available at this time and 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 2022–23 seclusion data had near complete coverage of in-scope services based on acute admitted service units reported to the Mental Health Establishments National Minimum Data Set ([MHE NMDS](https://meteor.aihw.gov.au/content/727352)) in 2021–22. Coverage for 2022–23 excludes the Australian Capital Territory for which data were not available at the time of publication. Updated data will be published when available on the AIHW’s Mental Health Online Report ([www.aihw.gov.au/mental-health/topic-areas/seclusion-and-restraint](https://www.aihw.gov.au/mental-health/topic-areas/seclusion-and-restraint)). Other exceptions to full coverage are provided for each state/territory under Accuracy section below.  Some jurisdictions have hospital-in-the-home services and started including them in data supply from 2018–19. These services are in-scope for the National Seclusion and Restraint Database. However, hospital-in-the-home services are excluded from supply or rate calculations for seclusion, as well as physical and/or mechanical restraint, for Queensland, South Australia and Tasmania.  The data collection does not include demographic information about people who have been secluded or restrained, such as age, sex, and 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. * Queensland – Data coverage excludes two service units that are in scope but for which no data were supplied. * Queensland – There are no in-scope acute forensic services, however forensic patients can and do access acute care through specialised mental health units with a general target population. * 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. * South Australia – Data coverage for South Australia excludes a service that was operational from 2021–2022 because no data were available for supply. * Northern Territory – Data coverage for 2022–23 for the Northern Territory excludes seclusion events where duration data were not available. These events would represent about 8% of territory-wide seclusion events. * Australian Capital Territory – One service unit has been classified as forensic for consistency with the Mental Health Establishments National Minimum Data Set; 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. * 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 2022–23 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**  There are no known issues with the supplied data.  **Victoria**  There are no known issues with the supplied data.  **Queensland**  Historical coherence issues:   * In March 2017, the [*Mental Health Act 2016*](https://www.legislation.qld.gov.au/view/pdf/asmade/act-2016-005) came into effect. To support implementation of the Act, in 2016–17 historical seclusion data was moved to a new structure. A review of the data was undertaken and corrections were made, though some errors may still be present. * During 2017–18, physical restraint events were recorded for the first time. Caution is required when interpreting data over time as observed changes may be due to changes in data recording practices rather than actual variation in the use of physical restraint. * In 2018–19, a new methodology was introduced for seclusion and restraint data collection. Historical data from 2014–15 onwards were updated to align with this.   **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 data sets and improved the validity of the WA data through improved ascertainment of events.  **South Australia**  During 2020–21 and 2022–23 changes were implemented to improve identification, reporting and documentation of restrictive practices, thus allowing for more than one type of restrictive practice to be reported during a single incident. Any observed increases in seclusion and restraint in these years may be due to these changes in data practices.  Historical coherence issues:   * Prior to 2018–19, information on seclusion duration was only available in 4 hour blocks and averages could not be calculated. Seclusion duration data are not included in national totals prior to 2018–19. Estimated coverage for duration data for 2022–23 is 84.3%. * In 2017–18 and 2018–19 a number of services closed or transitioned to new services therefore comparisons between years should be made with caution, particularly when interpreting hospital level data.   **Tasmania**  Data supply from 2018–19 excludes activity for hospital-in-the-home services.  **Northern Territory**  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. There are a low number of specialised mental health beds. Comparisons over time should be made with caution.  Due to the low ratio of beds per person compared with other jurisdictions, rate of seclusion and restraint is inflated when reporting events per patient day compared with reporting on a population basis. Seclusion and restraint data is not directly comparable with other jurisdictions.  Historical coherence issues:   * Prior to 2020–21 it was not possible to separate forensic inpatient episodes and events from general events. Therefore, all historical totals are comprised of both general and forensic inpatient episodes and events. As this may have artificially inflated some statistics, 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.   **Australian Capital Territory**  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.  Historical coherence issues:   * In 2018–19 the methodology for counting episodes and patient days changed to better align with definitions outlined in the collection. Comparisons over time should be made with caution. * During 2018–19 data was provided on episodes with seclusion for the first time. 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. * Acute inpatient forensic services were provided 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: | 01/07/2022 |
| Source and reference attributes | |
| Submitting organisation: | Australian Institute of Health and Welfare |
| Steward: | [Australian Institute of Health and Welfare](https://meteor.aihw.gov.au/content/246013) |
| Relational attributes | |
| Related metadata references: | Supersedes [Mental health seclusion and restraint NBEDS 2015–: National seclusion and restraint database, 2022; Quality Statement](https://meteor.aihw.gov.au/content/775026)  [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Standard 27/04/2023  See also [Mental health seclusion and restraint NBEDS 2015-](https://meteor.aihw.gov.au/content/558137)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 13/11/2014 |