

Zero seclusion:

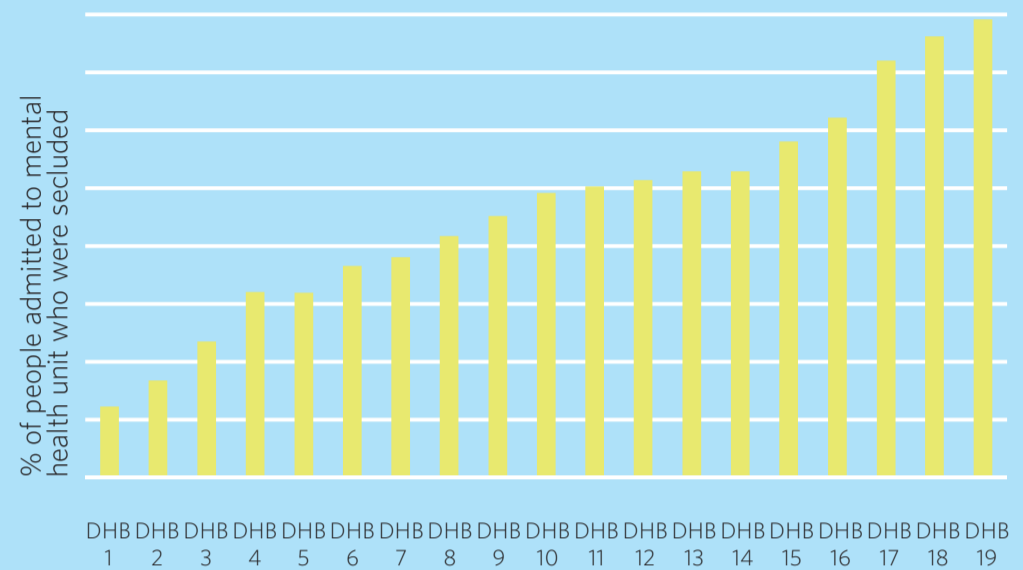
towards eliminating seclusion by 2020



National seclusion rates are not zero!

Overall **8%** of people admitted to mental health units were secluded one or more times in 2016

There is large variation in seclusion rates by DHB



Māori are more likely to be secluded

Of people admitted to mental health units, Māori were **two times** more likely to be secluded than non-Māori (**13%** compared with **6%**).¹

Māori males aged 20-44 years have the highest seclusion rate at **18%**. Non-Māori males in this age group had a seclusion rate of **12%**.

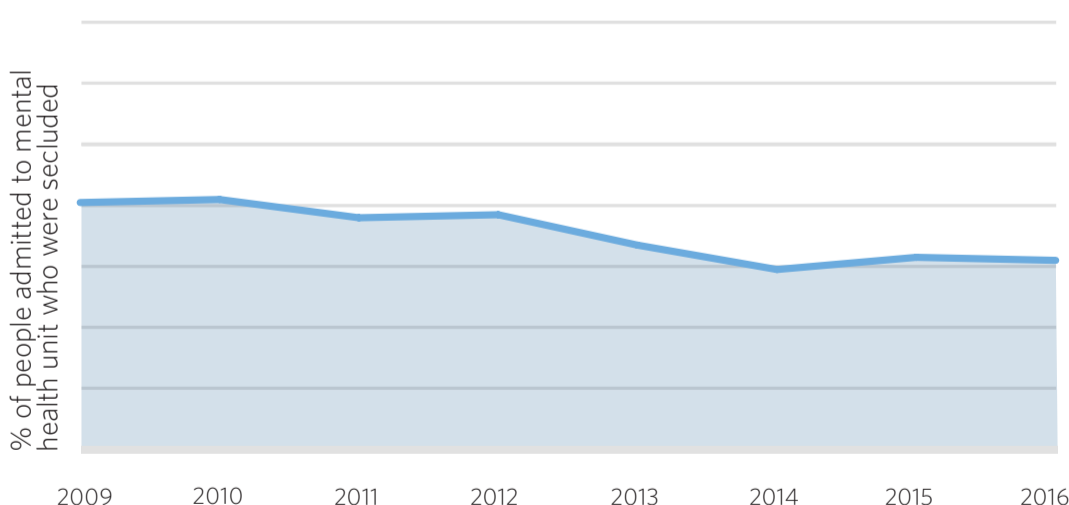


There has been considerable progress by some DHBs

One DHB, for example, has reduced the rate of seclusion from **16%** of people admitted to mental health units in 2009 to **3%** in 2016.



National seclusion rates had been declining since 2009 but have recently plateaued



There is variation in seclusion rates by unit/consumer type



	% of people admitted to mental health unit who were secluded	# of people secluded
Intellectual disability	33%	17
Forensic	24%	99
Adult	10%	780
Child & adolescent	7%	52
Older consumers	1%	13
Addiction	<1%	3
Total	8%	944



See reverse for technical notes on data source and rules

¹ The 2015 annual report of the Office of the Director of Mental Health states that of all people in New Zealand, Māori are almost 5 times more likely to be secluded than non-Māori. This difference exists since Māori are more likely to be admitted to mental health inpatient units. Of people admitted to inpatient units, Māori are 2 times more likely to be secluded.

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Data source

PRIMHD data provided by the Ministry of Health. PRIMHD extracts are provided to the Health Quality & Safety Commission quarterly around the 20th of the second month after quarter end. The data may not represent full seclusion data for some DHBs. Only data that is captured electronically is included.

Data notes

Activities that span quarters/years are included in all quarters/years between the activity start and end date. Age is calculated at the start of the reference period. Ethnicity is based on prioritised ethnicity details whereby each consumer is assigned a single ethnic group using the priority system (Māori, Pacific peoples, Asian, other groups except NZ European, NZ European).

Seclusion events have been defined by activity type code = T33, organisation type = DHB and events with a break of 60 minutes or less combined into a single seclusion episode.

Mental health admissions have been defined as:

- activity setting code = inpatient; and
- organisation type = DHB; and
- activity unit type = bednight; and
- activity type code \neq TCR.

Unit/consumer types have been defined as follows:

- Adult - 18-64 years, not team type 05 (forensic), 12 (intellectual disability dual diagnosis) or addiction (see definition below);
- Forensic - 18-64 years, team type = 05 (forensic);
- Addiction - 18-64 years, team type = 03 (alcohol and drug team), 11 (co-existing problems team) or activity type = T16 (substance abuse withdrawal management/detoxification occupied bed nights), T17 (substance abuse detoxification attendances), T18 (methadone treatment specialist service attendances), T19 (methadone treatment specialist service attendances - consumers of authorised GPs), T20 (substance abuse residential services occupied bed nights), T48 (co-existing disorders residential service occupied bed nights);
- Intellectual disability - 18-64 years, team type = 12 (intellectual disability dual diagnosis);
- Child and adolescent - <18 years;
- Older consumers - \geq 65 years.