

### 3.3 Indicator, planned data development and target details.

#### NMHP PI 1 – Participation rates by people with mental illness of working age in employment.

##### PRIORITY AREA 1: SOCIAL INCLUSION AND RECOVERY.

This indicator will be reported in two parts.

##### NMHP PI 1a – General population.

###### Status.



**Rationale.** A range of evidence highlights that people with mental illness are over-represented in national unemployment statistics and that untreated mental illness is a major contributor to lost economic productivity. An increasing body of evidence is accumulating that employment rates for people affected by mental illness can be improved substantially, leading to better health outcomes.

**Description.** Proportion of population aged 16–64 years with mental illness who are employed (as defined by standard Australian Bureau of Statistics definition).

**Data source.** National Health Survey (NHS) will be the primary source for population level data on this indicator, supplemented by the Household, Income and Labour Dynamics in Australia (HILDA) survey in the intervening years between NHS collections.

**Baseline year.** 2007-2008.

**Frequency of data availability.** Triennially.

**Indicator type.** Outcome.

**Future developments.** The Household, Income and Labour Dynamics in Australia (HILDA) survey periodically includes a health module that measures self-reported mental illness. Data from HILDA will be used to provide comparable data to the National Health Survey (NHS), and subsequently an opportunity to report additional time points within the life of the Fourth Plan.

**Development timeframes.** 2011.

###### Target.



**Target.** -

**Rationale.** -

**Level of evidence.** -

**Output.** -

**Development.** Further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

### NMHP PI 1b – Public mental health service consumers.



#### Status.

Rationale.	Labour force participation rates by people who use state and territory mental health services are very low, and estimated to be about one quarter to one third that of the general population. For this population, mental illness can act as a barrier to the person gaining or holding a job. Additionally, the absence of meaningful vocational roles can compromise recovery from mental illness through the associated impacts of social exclusion, long-term poverty, unstable housing and welfare dependency. An increasing body of evidence is accumulating that vocational outcomes for people with severe mental illness can be improved substantially, leading to better health outcomes.
Description.	Proportion of state and territory mental health consumers aged 16–64 years who are employed (as defined by standard Australian Bureau of Statistics definition).
Data source.	-
Baseline year.	-
Frequency of data availability.	-
Indicator type.	Outcome.
Future developments.	Details on employment status are not contained in existing national data sets covering state and territory services. Work has commenced to fill this gap through development of a survey instrument that will cover the range of <i>social inclusion</i> indicators targeted in the Fourth Plan that do not currently have suitable data sources.
Development timeframes.	2014.
<b>Target.</b>	<b>..</b>
Target.	-
Rationale.	-
Level of evidence.	-
Output.	-
Development.	Following determination of indicator specifications, further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

**NMHP PI 2 – Participation rates by young people aged 16–30 with mental illness in education and employment.**

**PRIORITY AREA 1: SOCIAL INCLUSION AND RECOVERY.**

This indicator will be reported in two parts.

**NMHP PI 2a – General population.**

**Status.**



Rationale.	Mental illness is more prevalent in early adult years, frequently having onset in late adolescence or early adulthood. For those affected, education can be disrupted causing premature exit from school or tertiary training, or disruptions in the transition from school to work. When this occurs, the impact can be long lasting, restricting the person's capacity to participate in a range of social and vocational roles over their lifetime.
Description.	Proportion of population aged 16–30 years with mental illness who are employed (as defined by standard Australian Bureau of Statistics definition) and/or are enrolled for study in a formal secondary or tertiary qualification.
Data source.	National Health Survey (NHS) will be the primary source for population level data on this indicator; supplemented by the Household, Income and Labour Dynamics in Australia (HILDA) survey in the intervening years between NHS collections.
Baseline year.	2007–2008.
Frequency of data availability.	Triennially.
Indicator type.	Outcome.
Future developments.	The HILDA survey periodically includes a health module, which measures self-reported mental illness. Data from HILDA will be used to provide comparable data to the NHS, and provide an opportunity to report additional time points within the life of the Fourth Plan.
Development timeframes.	2011.

**Target.**



Target.	-
Rationale.	-
Level of evidence.	-
Output.	-
Development.	Further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

## NMHP PI 2b – Public mental health service consumers.

### Status.



Rationale.	Mental illness is more prevalent in early adult years, frequently having onset in late adolescence or early adulthood. For those affected, education can be disrupted causing premature exit from school or tertiary training, or disruptions in the transition from school to work. When this occurs, the impact can be long lasting, restricting the person's capacity to participate in a range of social and vocational roles over their lifetime. Public mental health service consumers are among the most disadvantaged people in our community, and evidence shows that collaborative relationships and early referral between mental health services and appropriate education facilities and employment agencies improves the outcomes for consumers, and their carers and families.
Description.	Proportion of state and territory mental health consumers aged 16–64 years who are employed (as defined by standard Australian Bureau of Statistics definition) and/or are enrolled for study in a formal secondary or tertiary qualification.
Data source.	-
Baseline year.	-
Frequency of data availability.	-
Indicator type.	Outcome.
Future developments.	Details on education and employment status are not contained in existing national data sets covering state and territory services. Work has commenced to fill this gap through development of a survey instrument that will cover the range of <i>social inclusion</i> indicators targeted in the Fourth Plan that do not currently have suitable data sources.
Development timeframes.	2014.
<b>Target.</b>	..
Target.	-
Rationale.	-
Level of evidence.	-
Output.	-
Development.	Following determination of indicator specifications, further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

**NMHP PI 3 – Rates of stigmatising attitudes within the community.**

**PRIORITY AREA 1: SOCIAL INCLUSION AND RECOVERY.**

**Status.**



Rationale. Consumers, their families, and mental health professionals advise that stigmatising attitudes are prevalent in the community, reducing the level of social inclusion experienced by people affected by mental illness, despite previous community education and awareness campaigns.

Description. -

Data source. -

Baseline year. -

Frequency of data availability. -

Indicator type. Outcome.

Future developments. National surveys of mental health literacy and stigma have been conducted in Australia in 1995, 2003–2004 and 2006. Using Department of Health and Ageing funding, work is underway to implement a further national survey in 2011 that will allow comparison to previous results.

Development timeframes. 2011.

**Target.**

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Target. -

Rationale. -

Level of evidence. -

Output. -

Development. Following determination of indicator specifications, further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

**NMHP PI 4 – Percentage of mental health consumers living in stable housing.**

**PRIORITY AREA 1: SOCIAL INCLUSION AND RECOVERY.**

**Status.** ●●○

**Rationale.** People with mental illness are at greater risk of being or becoming homeless than the general population. Having unstable housing is also a significant destabilising factor and may contribute to the risk of developing or exacerbating mental illness. Evidence suggests that collaboration and coordination between mental health services, housing providers, and accommodation support services contributes to better outcomes for consumers, and their carers and families.

**Description.** Percentage of public mental health service consumers who are considered, at baseline rating, to have no significant problems with their accommodation as rated on Scale 11 ('Problems with living conditions') of the HONOS/65+.

**Data source.** National Outcomes and Casemix Collection.

**Baseline year.** 2009–2010.

**Frequency of data availability.** Annually.

**Indicator type.** Outcome.

**Future developments.** Specific details on housing are not contained in national data sets covering state and territory mental health services. Work has commenced to fill this gap through development of a survey instrument that will cover the range of *social inclusion* indicators targeted in the Fourth Plan that do not currently have suitable data sources. In the interim, use of HoNOS data provides a suitable proxy for this indicator.

**Development timeframes.** 2014.

**Target.** ○●○

**Target.** -

**Rationale.** -

**Level of evidence.** -

**Output.** -

**Development.** Further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.

**NMHP PI 5 – Rates of community participation by people with mental illness.**

**PRIORITY AREA 1: SOCIAL INCLUSION AND RECOVERY.**

**Status.**



**Rationale.** People affected by mental illness experience high-levels of social exclusion, including reduced participation in day to day community activities. Maximising opportunities to participate in a range of community activities, and contribute to the community are important factors in recovering from mental illness.

**Description.** -

**Data source.** -

**Baseline year.** -

**Frequency of data availability.** -

**Indicator type.** Outcome.

**Future developments.** Implementation of this indicator will initially focus on gathering relevant data in relation to consumers of state and territory mental health services. Currently, details on community participation are not contained in existing national data sets covering state and territory services. Work has commenced to fill this gap through development of a survey instrument that will cover the range of *social inclusion* indicators targeted in the Fourth Plan that do not currently have suitable data sources.

In parallel, the next ABS General Social Survey (GSS) scheduled for 2014 provides potential to generate a broad population-level assessment of the impact of mental illness on community participation. Exploratory work has commenced to determine whether the definition of mental illness used by the ABS in its GSS will be suitable.

**Development timeframes.** 2014.

**Target.**

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**Target.** -

**Rationale.** -

**Level of evidence.** -

**Output.** -

**Development.** Following determination of indicator specifications, further work will be required to identify a meaningful target for this indicator, based on Australian and internationally comparable data.