

NMHP PI 21 – Proportion of total mental health workforce accounted for by consumer and carer workers.

PRIORITY AREA 4: QUALITY IMPROVEMENT AND INNOVATION.

Status.



Rationale.	Consumer and carer involvement in the planning and delivery of mental health services is considered essential to adequately represent the views of consumers and carers, advocate on their behalf, and promote the development of consumer responsive services.
Definition.	Proportion of the state and territory mental health workforce who are consumer and carer workers.
Data source.	Mental Health Establishments NMDS.
Baseline year.	2009–2010.
Frequency of data availability.	Annually.
Indicator type.	Input.
Future developments.	Jurisdictions have adopted different approaches to employing consumers and carers in mental health services, and despite the availability of a nationally agreed definition, jurisdictions report different interpretations to the Mental Health Establishments NMDS. Work is under way to revise the definition to achieve greater consistency.
Development timeframes.	-

Target.



Target.	1%.
Rationale.	There are a range of roles for consumers within mental health services, and models adopted by jurisdictions differ in their approach, including advisory roles on committees, working within clinical teams, and directly with consumers and carers. Notwithstanding these differences, the proposed 1% target is based on an expectation that the current consumer and carer workforce should triple over the period of the Fourth Plan.
Level of evidence.	Consensus-based.
Output.	Rate.
Development.	A revised national definition will impact on the scope of data included. This target will be the subject of periodic review and will be informed by analysis of the data.

NMHP PI 22 – Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards.

PRIORITY AREA 4: QUALITY IMPROVEMENT AND INNOVATION.

Status.		
Rationale.	<ul style="list-style-type: none"> • Implementation of the National Standards for Mental Health Services (National Standards) has been agreed by all jurisdictions. • Service quality has been a driving force for the National Mental Health Strategy. 	
Definition.	<p>Percentage of the mental health service organisation's services (weighted by expenditure) that have been reviewed against the National Standards for Mental Health Services—the indicator grades services into four categories.</p> <ul style="list-style-type: none"> • Level 1 – Services have been reviewed by an external accreditation agency and judged to have met all National Standards. • Level 2 – Services have been reviewed by an external accreditation agency and judged to have met some but not all National Standards. • Level 3 – Services: (i) are in the process of being reviewed by an external accreditation agency but the outcomes are not known, or (ii) are booked for review by an external accreditation agency. • Level 4 – Mental health services that do not meet criteria detailed under Levels 1 to 3. 	
Data source.	Mental Health Establishments NMDS.	
Baseline year.	2009–2010.	
Frequency of data availability.	Annually.	
Indicator type.	Process.	
Future developments.	New National Standards have been developed and work is underway to establish a method of measuring compliance. This indicator is based on the current national indicator <i>National Service Standards Compliance</i> , which will be reviewed in 2011. This indicator will be revised to reflect any subsequent changes.	
Development timeframes.	2012.	
Target.		
Target.	100% of services at Level 1.	
Rationale.	All jurisdictions committed to implementation of the current national standards under previous national mental health plans.	
Level of evidence.	Consensus.	
Output.	Rate.	
Development.	This target will require review when the indicator specifications are revised following the implementation of the new National Standards.	

NMHP PI 23 – Mental health outcomes for people who receive treatment from State and Territory services and the private hospital system.

PRIORITY AREA 4: QUALITY IMPROVEMENT AND INNOVATION.

Status.



Rationale.	<p>Improvement in clinical outcomes, measured by a reduction in the severity of symptoms and improvements in functioning, is a core objective of mental health services.</p> <p>The implementation of routine mental health outcome measurement in Australia provides the opportunity to monitor the effectiveness of mental health services across services and jurisdictions.</p> <p>Identifying the comparative effectiveness of mental health services informs benchmarking between services and related service quality improvement activities.</p>
Definition.	<p>The proportion of episodes of care, or partial episodes, partitioned by mental health setting where either:</p> <ul style="list-style-type: none"> • significant improvement. • significant deterioration. • no significant change. <p>was identified between baseline and follow-up of completed outcome measures.</p>
Data source.	National Outcomes and Casemix Collection.
Baseline year.	2009–2010.
Frequency of data availability.	Annually.
Indicator type.	Outcome.
Future developments.	This indicator is new, and future revisions will be informed by its use.
Development timeframes.	2012.

Target.



Target.	A target is not appropriate for this indicator at this time.
Rationale.	Public reporting of this indicator is considered to be an important and significant step. This indicator is new and has not been 'field tested' by services and the results are not yet well understood. It is statistically difficult to construct, and services cannot recreate it to compare their own data. It requires monitoring to inform future discussions.
Level of evidence.	-
Output.	-
Development.	-

NMHP PI 24 – Proportion of consumers and carers with positive experiences of service delivery.

PRIORITY AREA 4: QUALITY IMPROVEMENT AND INNOVATION.

Status. ○ ● ○

Rationale. Consumers and their carers perceptions and experiences of care received from public mental health services are vital to inform service quality improvement. At a jurisdiction level, this information provides a global indicator of meeting the expectations of consumers and their carers.

Description. -

Data source. -

Baseline year. -

Frequency of data availability. -

Indicator type. -

Future developments. Although surveys have been introduced by several jurisdictions, there are currently no national-level collections of consumer or carer experiences of care. Victoria will lead a national project, funded by DoHA, to investigate the potential for a nationally agreed methodology and measure, informed by similar work being undertaken by a number of jurisdictions and the private sector.

Development timeframes. 2014.

Target. ..

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 25 – Proportion of services publicly reporting performance data.

PRIORITY AREA 4: QUALITY IMPROVEMENT AND INNOVATION.

Status.



Rationale. Community interest and scrutiny of public health services, including mental health services, is the highest it has ever been. Government policy has reflected this, with major initiatives to increase the information available to the public underway. Increasing accountability and transparency is a key component of the Fourth Plan, at both the policy level and service delivery level.

Description. -

Data source. -

Baseline year. -

Frequency of data availability. -

Indicator type. -

Future developments. There are no data sources to populate this indicator. An extensive review of published and 'grey' literature has been commissioned to examine public reporting of health service-level data. The chosen approach will inform development of this indicator.

The proposed National Performance Authority announced as part of the COAG National Health and Hospitals reform may supersede the utility of this indicator by publicly reporting health service performance information.

Development timeframes. -

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.