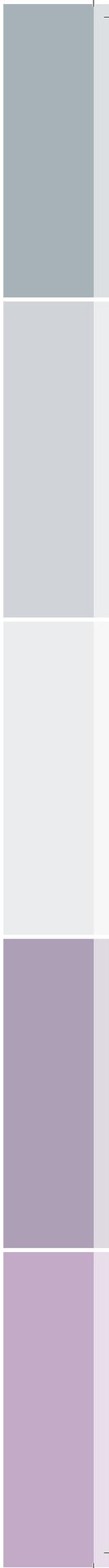


Appendix 4: Data sources and explanatory notes for Part 4



Introduction

The following notes have been prepared to assist in the interpretation of the tables and figures describing state and territory performance in Part 4 Profiles of state and territory reform progress (Tables NSW1 to NT1, and Figures NSW1 to NT18).

Information about the data sources used is provided in Table A4-1. Further explanatory detail regarding the derivation of each indicator is provided, where necessary, in Table A4-2. The majority of figures and data reported in the tables in Part 4 are derived from tables published in the Australian Institute of Health and Welfare's Mental Health Services in

Australia (MHSiA)²² series of annual mental health reports that describe the activity and characteristics of Australia's mental health care services. MHSiA presents analyses of data from a range of sources including, but not limited to, the Mental Health Care National Minimum Data Sets (NMDSs). These NMDSs cover specialised community and residential mental health care, mental health care for patients admitted to public and private hospitals, and the facilities providing these services. In many cases the data can be extracted directly from component tables of the MHSiA report. In some cases the data have been subject to additional analyses which may have been supplemented by unpublished data.

Data sources and explanatory notes

Table A4-1
Overview of data sources, in alphabetical order.

Data source	Description	Relevant figures and table rows
Australian Government analyses of jurisdiction data	See Appendix 1, Table A1-1.	Figures 1-12, 14, 16 Table sections A-E, G
Australian Government analyses of mental health program data	See Appendix 1, Table A1-1.	Figure 1 Tables sections A, H
Medicare Benefits Schedule data	See Appendix 1, Table A1-1.	Figure 13; Table section H
National Minimum Data Set (NMDS) – Mental Health Establishments (MHE) collection 2005–06 to 2010–11	See Appendix 1, Table A1-1.	Figures 1-7, 11, 16-17 Table sections A-G
National Outcomes and Casemix Collection	See Appendix 2, Table A2-1.	Figures 15, 18
Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data	Medicare Australia collects data on prescriptions funded through the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS). ⁸⁶	Table section I

Table A4-2

Explanatory notes to Tables NSW1 to NT1.

Indicator(s)	Notes
A. State and territory government expenditure	
State spending on mental health services	(a) Data source: MHSiA Table 14.30.
State spending per capita	State and territory expenditure estimates used for each of these indicators are based on overall spending by the state or territory government, which should be distinguished from spending in the state or territory. Spending by the state or territory is calculated as total spending on mental health services administered by the state or territory government, less Australian Government contributions made through National Mental Health Strategy grants and payments by the Department of Veterans' Affairs. As a result of these exclusions, total state or territory expenditure is in all cases less than the total actual amount spent on mental health services in the state or territory.
Per capita spending rank	
Average annual per capita spending growth since preceding milestone year	(b) Data source: MHSiA Table 14.30. As per the indicators described in note (a) above, average annual per capita spending growth indicators are based on overall spending by the state or territory government and exclude the specified Australian Government contributions. Spending growth is reported for two periods: <ul style="list-style-type: none"> • 2007-08: Average annual growth presented here refers to growth over the period of the <i>First, Second and Third National Mental Health Plans</i>, i.e., over the 15 year period 1993-94 to 2007-08. • 2010-11: Average annual growth presented here refers to growth over the period of the <i>Fourth National Mental Health Plan</i>, i.e., over the three years 2008-09 to 2010-11.
B. Service mix	
% total service expenditure - community services	(c) Data source: MHSiA Table 14.3.
% total service expenditure – stand-alone psychiatric hospitals	In contrast to the above indicators, these indicators are based on all recurrent amounts reported by the state or territory government in these service categories, regardless of funding source. The estimates therefore include Australian Government funds which are excluded in the indicators described at note (a) above. Calculation of percentages excludes from the denominator state and territory residual indirect expenditure (i.e., indirect expenditure that is not apportioned to services). Estimates of the percentage of service expenditure on community services include three categories of services: Ambulatory care, community residential and non-government services.
% total service expenditure - colocated general hospitals	
C. Inpatient services	
Total hospital beds	(d) Data source: MHSiA Table 12.13. Refers to total number of hospital-based psychiatric inpatient beds reported as available at 30 June of each of the respective years.
Per capita expenditure on inpatient care	(e) Data source: MHSiA Table 14.4. This indicator is based on total expenditure (constant 2010-11 prices) reported by state and territory-administered psychiatric inpatient services, regardless of source of funds.

Indicator(s)	Notes
Inpatient beds per 100,000	(f) Data source: MHSiA Table 12.14.
Acute inpatient beds per 100,000	Estimates of Acute inpatient beds include acute beds in Public psychiatric hospitals plus Specialised psychiatric units or wards in public acute hospitals. Estimates of Non-acute inpatient beds include non-acute beds in Public psychiatric hospitals plus Specialised psychiatric units or wards in public acute hospitals.
Non-acute inpatient beds per 100,000	
Stand-alone hospitals as % of total beds	(g) Data source: MHSiA Table 12.13.
Average cost per patient day	(h) Data source: MHSiA Table 14.7. All costs exclude depreciation.
D. Community services	
Ambulatory, NGO and Residential services - % total service expenditure	(i) Data sources: MHSiA Table 14.3, supplemented by Table 14.10 (expenditure on residential services used to calculated NGO expenditure). These indicators represent the ambulatory, NGO and residential components of expenditure on community services shown earlier in the table, and described in note (c) above. All expenditure reported by services is counted and includes Australian Government funds. Calculation of percentages excludes from the denominator state and territory residual indirect expenditure (i.e., indirect expenditure that is not apportioned to services). (j) 'NGO % total service expenditure' includes funding to staffed community residential services managed by non-government organisations, to give a more accurate estimate of non-government allocations by each jurisdiction and to ensure consistency in monitoring the 18 year spending trends. As these amounts are also included in the indicator 'Residential % total service expenditure', the total percentage of expenditure shown for residential, ambulatory and NGO services is greater than the amount shown in the indicator '% total service expenditure – community services' described in note (c) above.
Ambulatory, NGO and Residential services - per capita expenditure	(k) Data source: MHSiA Table 14.4 with the exception that NGO per capita expenditure includes staffed community residential services managed by non-government organisations (see MHSiA Table 14.10). These amounts are also counted in the indicator 'Residential services per capita expenditure'. As per note (j) above.
Residential services - Adult beds (24 hour staffed) per 100,000; Adult beds (non-24 hour) per 100,000 ; Older persons' beds (24 hour staffed) per 100,000; Adult beds (non-24 hour) per 100,000	(l) Data source: MHSiA Table 12.20. Estimates of per capita rates are based on age specific populations - Adult beds per 100,000 calculated using population aged 18-64 years; Older persons' beds calculated using population aged 65 years and over.
Supported public housing places per 100,000	(m) Data source: MHSiA Table 12.26. Per capita rates are calculated using total populations within each jurisdiction.

Indicator(s)	Notes
E. Direct care workforce	
Number Full-time Equivalent (FTE) staff	<p>(n) Data source: MHSiA Tables 12.40 and 12.41.</p> <p>FTE indicators presented in the state and territory tables are based on 'direct care' staff, covering the following occupational groups: Nursing, Medical, Diagnostic and Health Professionals and Other Personal Care Staff. FTE reported under the categories of Administrative and Clerical and Domestic and Other are excluded from the analysis. Data used for constructing these indicators are based only on staffing reported for each of the three service settings (inpatient, residential, ambulatory) and therefore exclude staff not reported against a specific service setting.</p>
FTE per 100,000	
FTE per 100,000 - ambulatory services	
F. Implementation of National Service Standards	
% service expenditure covered by Level 1 services	(o) Data source: MHSiA Table 12.12.
G. Consumer and carer participation	
% services with Level 1 consumer committee representation	<p>(p) Data source: MHSiA Table 12.8.</p> <p>As this information only commenced in 1993-94, data for that year is substituted in the 1992-93 column as an approximation of the pre-Strategy baseline.</p>
% total mental health workforce account for by – consumers; carers	<p>(q) Data source: MHSiA Table 12.36.</p> <p>Calculation of percentages excludes from the denominator non-direct care staff categories (i.e., Administrative and clerical staff, and Domestic and other staff).</p>
H. Medicare-subsidised mental health services	
% population seen – all MBS funded providers (Psychiatrists, GPs, allied health)	<p>(r) Data source: Medicare Benefits Schedule data.</p> <p>This indicator is based on a unique count of persons receiving one or more services provided under any of the Medicare-funded service streams described at (s) to (v) below. Persons seen by more than one provider stream are counted only once. All Medicare funded data are based on year of processing (i.e., date on which a Medicare claim was processed by Medicare Australia), not when the service was rendered. A significant component of the data includes services provided under the Australian Government Better Access to Mental Health Care initiative, which commenced on 1 November 2006. Comparable full year estimates are not available for years prior to 2007-08.</p>
% population seen – GPs	<p>(s) Data source: Medicare Benefits Schedule data.</p> <p>General practitioner data represents a unique count of people who received one or more general practitioner attendance items, billed to Medicare Australia, that are mental health specific. These are predominantly items under the Better Access to Mental Health Care initiative (available 1 November 2006 onwards) plus a small number of other items that were created in years preceding the introduction of the Better Access initiative. A small proportion of this latter group may also be provided by other medical practitioners. The count does not include people receiving GP-based mental health care that was billed as a general consultation.</p>
% population seen – Consultant Psychiatrists	<p>(t) Data source: Medicare Benefits Schedule data.</p> <p>Consultant psychiatrist data represents a unique count of people seen who received one or more consultant psychiatrist attendance items billed to Medicare Australia.</p>

Indicator(s)	Notes
% population seen – Clinical Psychologists	<p>(u) Data source: Medicare Benefits Schedule data.</p> <p>Clinical psychologist data represents a unique count of people who received one or more Clinical Psychologist attendance items, billed to Medicare Australia, as introduced under the Better Access to Mental Health Care initiative. As noted above, these commenced in 1 November 2006.</p>
% population seen – Registered Psychologists and Other allied health professionals	<p>(v) Data source: Medicare Benefits Schedule data.</p> <p>Registered Psychologists and Other allied health data represents a unique count of people who received one or more attendance items provided by Registered Psychologists, Social Workers or Occupational Therapists, billed to Medicare Australia, as introduced under the Better Access to Mental Health Care initiative. The person count also includes a small number of services provided by allied health professionals provided under the Enhanced Primary Care Strategy, introduced in the MBS in 2004.</p>
Total MBS mental health related benefits paid per capita	<p>(w) Data source: MHSiA Table 14.18.</p> <p>This indicator is based on total MBS rebates paid in relation to Medicare-funded service streams described at (s) to (v) above.</p> <p>1992-93 is marked 'n.a.' because it is not possible to identify the GP component at state/territory level prior to 2006-07.</p>
I. PBS-funded pharmaceuticals (including RPBS)	
Total PBS/RPBS benefits paid per capita	<p>(x) Data source: MHSiA Table 14.27.</p> <p>Indicators of the utilisation of Australian Government-funded psychiatric medicines, subsidised through the Pharmaceutical Benefits Schemes, is included in each table to provide further context for interpreting differences between the states and territories.</p> <p>This indicator counts Australian Government benefits for psychiatric medication in each of the relevant years, in the following classes of the Anatomical Therapeutic Chemical Drug Classification system: antipsychotics (except prochlorperazine); anxiolytics; hypnotics and sedatives; psychostimulants; and antidepressants. In addition, expenditure on Clozapine, funded under the Highly Specialised Drugs program, has been included for all years, requiring adjustment to historical data. This indicator covers both the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme.</p>

Table A4-3

Explanatory notes to Figures NSW1 to NT18.

Indicator	Notes
Figure 1. Overall spending on mental health	(y) Data source: MHSiA Table 14.30.
Figure 2. Change in spending mix	(z) Data source: MHSiA Table 14.4.
Figure 3. Changes in inpatient services	(aa) Data sources: MHSiA Tables 12.13 (inpatient beds), 12.27 (inpatient days), 12.40 (clinical FTE) and 14.3 (expenditure). Growth in total inpatient services is calculated as the sum of Public psychiatric beds plus Specialised psychiatric units or wards in public acute hospitals (Table 14.3). FTE is for Hospital admitted patient services (Table 12.40).
Figure 4. Changes in ambulatory care	(ab) Data sources: MHSiA Tables 14.3 (expenditure) and 12.40 (clinical FTE).
Figure 5. Direct care workforce	(ac) Data source: MHSiA Table 12.41.
Figure 6. Inpatient and residential beds	(ad) Data sources: MHSiA Tables 12.14 (total acute and non-acute inpatient beds) and 12.20 (residential beds). (ae) Acute and non-acute bed totals are each calculated as the sum of Public psychiatric beds plus Specialised psychiatric units or wards in public acute hospitals. Residential beds includes 24 hour and Less than 24 hour staffed beds. Note: Queensland data as presented for 2002-03 is an artifact of changes in reporting by the Commonwealth and is not a reflection of closure of residential services in Queensland. Queensland's residential equivalent services are classified as non-acute inpatient in all other years presented.
Figure 7. Trends in provision of public sector specialised beds – acute and non-acute beds per 100,000	(af) Data source: MHSiA Table 12.14. As per note (ae) above.
Figure 8. Readmission to hospital within 28 days of discharge	(ag) Data source: Australian Government analyses of jurisdiction data provided by states and territories to Department of Health and Ageing for <i>National Mental Health Report</i> purposes.
Figure 9. Rates of pre-admission community care	(ah) Data source: Australian Government analyses of jurisdiction data provided by states and territories to Department of Health and Ageing for <i>National Mental Health Report</i> purposes.
Figure 10. Rates of post-discharge community care	(ai) Data source: Australian Government analyses of jurisdiction data provided by states and territories to Department of Health and Ageing for <i>National Mental Health Report</i> purposes.
Figure 11. Average treatment days per three month community care period	(aj) Data source: Australian Government analyses of jurisdiction data, presented in <i>Report on Government Services 2013</i> ²⁸ Table 12A.45.
Figure 12. Percentage of population receiving state or territory community mental health services	(ak) Data source: Australian Government analyses of jurisdiction data provided by states and territories to Department of Health and Ageing for <i>National Mental Health Report</i> purposes.
Figure 13. Percentage of population receiving MBS-subsidised mental health services	(al) Data source: Medicare Benefits Schedule data.
Figure 14. New clients as a proportion of total clients under the care of state or territory specialised public mental health services	(am) Data source: <i>Report on Government Services 2013</i> . ²⁸ Table 12A.25.

Indicator	Notes
Figure 15. Mental health outcomes for people who receive treatment from state or territory services	(an) Data source: National Outcomes and Casemix Collection.
Figure 16. Proportion of total mental health workforce accounted for by consumer and carer workers	(ao) Data source: MHSiA Table 12.36.
Figure 17. Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards	(ap) Data source: MHSiA Table 12.12. Calculation of proportion excludes from the denominator non-direct care staff categories (i.e., Administrative and clerical staff, and Domestic and other staff).
Figure 18. Percentage of mental health consumers living in stable housing	(aq) Data source: National Outcomes and Casemix Collection.

