Mental Health Establishments NMDS 2013–14: National Residential Mental Health Care Database, 2015; Quality Statement

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

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Data quality

Data quality statement summary:

The National Mental Health Establishments Database (NMHED) contains data on specialised mental health care services managed or funded by state or territory health authorities in Australia.

Description

The National Mental Health Establishments Database (NMHED) contains data on all specialised mental health services managed or funded by state or territory health authorities as specified by the Mental health establishments (MHE) National Minimum Data Set (NMDS) (see link). The concept of a specialised mental health service is not dependent on the inclusion of the service within the state or territory mental health budget. Services funded by government from non-mental health specific budgets are considered in-scope for collection if they meet the definition of a specialised mental health service. Services funded and administered wholly by the Australian Government are considered out-of-scope for the MHE NMDS.

The statistical units for the MHE NMDS are specialised mental health services. These are the specialised mental health components of the state and territory health authorities, and of regions within states and territories; specialised mental health service organisations; service units within those organisations; hospitals or service unit clusters; service units; and specialised mental health services provided by private hospitals, and non-government residential service units in receipt of state or territory government funding.

Specialised mental health services provided by private hospitals and non-government residential mental health services that receive state or territory government funding are included as service units for this NMDS. Ambulatory services managed by non-government organisations (NGOs) are not defined as statistical units for this NMDS.

The NMHED includes data from 1992–93 to 2013–14. Since 2005–06 data have been compiled as specified by the MHE NMDS. Prior to this, data were collected through the National Survey of Mental Health Services and the Community Mental Health Establishments NMDS.

The NMHED includes information on the characteristics of specialised mental health services (for example, program type and target populations) and summary information on their expenditure, staffing and activity (for example, patient days, available beds, separations, service contacts and episodes).

The Mental Health Establishments (MHE) NMDS is associated with the Community Mental Health Care NMDS, Residential Mental Health Care NMDS, Admitted Patient NMDS and the Mental Health National Outcomes and Casemix Collection, which are used to collect data about clients and care provided by specialised mental health services.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth Entity established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988*, (Cth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Mental health services may be required to provide data to state and territory health authorities through a variety of administrative arrangements, contractual requirements or legislation. States and territories use these data for service planning, monitoring and internal and public reporting. In addition, state and territory health authorities supply data for the NMHED under the terms of the National Health Information Agreement (see link), as specified by the MHE NMDS (see 'Interpretability' section below).

The services that report to MHE NMDS may also report client level data, which are reported to Community Mental Health Care NMDS (METeOR ID 493658), Residential Mental Health Care NMDS (METeOR ID 539453), Admitted patient NMDS (METeOR ID 504646) and Mental Health National Outcomes and Casemix Collection (see link).

Timeliness:

States and territories are required to supply data annually in accordance with the MHE NMDS specifications. The reference period for this data set is 2013–14, that is, service contacts provided between 1 July 2013 and 30 June 2014. Data for the 2013–14 reference period were supplied to the AIHW at the beginning of May 2015.

The AIHW publishes data from the NMHED in Mental health services in Australia annually.

Accessibility:

The AIHW produces the annual series Mental health services in Australia, primarily as an online publication at http://mhsa.aihw.gov.au/home/. This includes pdf documents of all sections in the publication, as well as data workbooks and an interactive data portal.

In addition, a companion hard copy In brief summary document is produced and is available from the Digital and Media Communications Unit of the AIHW.

Interpretability:

Metadata information for the MHE NMDS is published in the AIHW's online metadata repository—METeOR.

METeOR can be accessed on the AIHW website:

http://meteor.aihw.gov.au

Data published annually in *Mental health services in Australia* 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 interpretability of specific data.

Relevance:

The scope of the MHE NMDS is all specialised mental health services managed or funded by state or territory health authorities. The purpose of the MHE NMDS is to collect information on the characteristics of specialised mental health services (for example, program type and target populations) and summary information on their expenditure, staffing and activity (for example, patient days, available beds, separations, contact and episodes). Specialised psychiatric care provided to patients admitted of wards/units that are not specialised public mental health inpatient units is not in scope of the MHE NMDS.

Expenditure data comprises direct and indirect expenditure incurred at the individual service unit level. Some indirect expenditure reported at the organisational and regional level can be directly linked to the provision of services by service units and is apportioned to individual service units. The residual indirect expenditure incurred at the state and territory level and that unapportioned from the organisational or regional level is reported separately from service unit expenditure.

Depreciation is excluded from expenditure data. Constant prices are calculated to adjust for inflation and are referenced to the current year. The scope of the MHE NMDS is restricted to recurrent expenditure as specified by its metadata. Consequently, capital expenditure is out of scope for the collection.

Facilities data include information on the characteristics of these services including the number of beds, the number of full-time-equivalent (FTE) direct care staff, patient days, service type, target population and National Standards for Mental Health Services review status level.

Accuracy:

Coverage of the MHE NMDS in-scope mental health services for expenditure, full-time equivalent staff and bed days is essentially complete across jurisdictions and years.

States and territories are primarily responsible for the quality of the MHE NMDS data they provide. However, the Department of Health and the AIHW undertake extensive validation. Validation is conducted in two stages: (1) The compliance stage is overseen by the Department of Health and managed by the AIHW and is concerned with ensuring that the data file will load and is structurally compliant. A non-compliant file is rejected and a new file needs to be submitted. (2) The data validation stage is managed by the AIHW and is primarily concerned with identifying and explaining or fixing inconsistent, anomalous, and exceptional issues, including invalid values, missing data and historical inconsistency. Potential validation errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values. Jurisdictions are responsible for adjusting any data that is identified as problematic and re-submitting improved data files.

Data are also subject to ongoing historical validation. Due to this ongoing validation, 2005–06 to 2012–13 data could differ from previous reports.

Coherence:

Data are reported for each year from 1992–93 to 2013–14. Data should be reported consistently across most jurisdictions and across years within most jurisdictions, with the following exceptions.

Admitted patient cost per bed day comparisons

Costs per inpatient bed day by target population and program type may not be comparable across jurisdictions. Classification of expenditure into target populations and program type is based on the classification of services as reported to the MHE NMDS rather than the characteristics of their patient populations. For a service to be classified as providing a child and adolescent,

older persons' or forensic mental health service for example, it must be recognised by the relevant state or territory funding authority as having a corresponding specialised function and is specifically funded to provide such specialty services. It is likely that the cost per patient day for general mental health services in a jurisdiction that has separate child and adolescent and older persons services (for example, NSW and Victoria), may not be comparable to the average cost in a jurisdiction that has general services only (for example, NT).

Full-time-equivalent staffing

Data collected for specific professional categories are only available from 1994–95. Data prior to 2005–06 may exclude small numbers of staff employed by specialised mental health service organisations.

In 2012–13, the Organisational overhead setting was introduced. The category includes FTE staff not directly involved in the delivery of patient care services in the admitted patient, residential or community mental health care service settings, or in the operations of those settings. This does not imply that these roles do not have an impact on service delivery. The introduction of this new category may result in decreased FTE in the other service setting categories for some jurisdictions and may not be consistently applied both within and between jurisdictions.

New South Wales

For NSW, Confused and Dementia Elderly (CADE) residential mental health services were reclassified as admitted patient hospital services from 1 July 2007. All data relating to these services have been reclassified from 2007–08 onwards, including expenditure.

Housing and Accommodation Support Initiative (HASI) services provided in New South Wales are considered out-of-scope as residential services according to the Mental Health Establishments NMDS.

The quality of the NSW 2010–11 MHE NMDS has been affected by the reconfiguration of 10 Area Health Services into 18 Local Health Districts mid the 2010–11 financial year. In 2013–14, NSW restructured all Hospital, Cluster and Organisation entities resulting in a decrease in the reported number of organisations.

Victoria

For Victoria, 70% of the expenditure reported by Prevention and Recovery Care (PARC) units has been deemed to be NGO expenditure for the purpose of this analysis. In contrast to data presented in the Facilities section, the beds for PARC services are included as delivered by non-government organisations for the purpose of this analysis.

Queensland

Caution is required when interpreting trends in Queensland for hospital admitted patient services and community residential services from 1999–00. Commencing in 1999–00, Queensland opened a number of services that fall within the national definition of residential mental health services, but reported these facilities as hospital admitted patient services. For the years 1999–00 to 2004–05, under the National Survey of Mental Health Services (NSMHS), these services were reclassified by the Australian Government as residential mental health services to achieve consistency with national definitions and across jurisdictions. Following the introduction in 2005–06 of the Mental Health Establishments NMDS data collection, Queensland has continued to report these facilities as hospital admitted patient services. In contrast to the earlier years' data, no service reclassification has been made and the data for all years from 2005–06 are presented as reported by Queensland.

A number of services previously classified as forensic were reclassified as general services in 2009–10 to more accurately reflect the function of these services.

In 2013–14, FTE data for a small number of Youth hospital services have been reported in the General category at the request of Queensland.

In 2013–14, a review of services resulted in the reclassification of beds from non-

acute Older persons services to non-mental health care.

Queensland provides older persons' mental health inpatient services using a number of different service models; however, the majority of older persons' acute care is reported through general adult units, which limits comparability with jurisdictions that report these services differently. Queensland does not report any acute forensic services; however, forensic patients can and do access acute care through general units.

Western Australia

For WA data, a review of services resulted in the reclassification of beds between the acute and non-acute categories for the 2010–11 collection, to more accurately reflect the function of these services. Several residential services reported as 24-hour staffed services in 2009–10 transitioned to a non-24-hour staffed model of care as of 1 July 2010.

Australian Capital Territory

ACT average costs for older person's mental health services during 2006–07 are based on a new 20 bed unit opened in March 2007, in which only 6–10 beds operated due to issues related to staffing resources. This has artificially inflated the average cost of older persons' mental health services relative to other jurisdictions and other years for the ACT.

FTE data for a small number of residential services reported by Victoria, Western Australia and the Australian Capital Territory as Youth residential services were included in the General category at the request of those jurisdictions.

Data products

Implementation start date: 01/07/2013

Source and reference attributes

Steward: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Has been superseded by Mental Health Establishments NMDS 2014–15: National Mental Health Establishments Database, 2017; Quality Statement
AIHW Data Quality Statements, Superseded 29/01/2018