

KPIs for Australian Public Mental Health Services: PI 08J – Population access to specialised clinical mental health care, 2019

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KPIs for Australian Public Mental Health Services:

PI 08J – Population access to specialised clinical mental health care, 2019

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 08J: Population access to specialised clinical mental health care, 2019
METEOR identifier:	709390
Registration status:	Health , Superseded 13/01/2021
Description:	The percentage of consumers who reside in the state/territory and received care from a state/territory specialised mental health service (including admitted patient mental health care services, ambulatory mental health care services and residential mental health care services).

NOTE: This specification has been adapted from the indicator *Population access to specialised clinical mental health care, 2019 (Service level)* using terminology consistent with the National Health Data Dictionary. There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator.

Rationale:	• The issue of unmet need has become prominent since the <i>National Survey of Mental Health and Wellbeing</i> (ABS 2008) indicated that a majority of people affected by a mental disorder do not receive treatment. • The implication for performance indicators is that a measure is required to monitor population treatment rates and assess these against what is known about the distribution of mental disorders in the community. • Access issues figure prominently in concerns expressed by consumers and carers about the mental health care they receive. More recently, these concerns have been echoed in the wider community. • Most jurisdictions have organised their mental health services to serve defined catchment populations, allowing comparisons of relative population coverage to be made between organisations.
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Indicator set:	Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2019) Health , Superseded 13/01/2021
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Collection and usage attributes

Computation description:	Coverage/Scope: State/territory public specialised mental health services. Mental health consumers for which a unique person identifier was not recorded, that is non-uniquely identifiable consumers are excluded. Methodology: Reference period for 2019 performance reporting: 2017–18. Requires a count of individuals receiving services provided by state/territory mental health services in the reference period. That is, consumers who received services in the reference period in more than one service setting, or by more than one specialised mental health service organisation, should only be counted once. No additional service utilisation thresholds have been set for this indicator. This approach has been taken to allow: • ‘assessment only’ cases to be included (i.e. individuals receiving only one service contact) because these are regarded as a significant and valid service provided by specialised mental health services; and • all service contacts to be included in defining whether a person receives a service, including those delivered ‘on behalf’ of the consumer i.e. where the consumer does not directly participate. This approach has been taken to ensure that the role of state and territory mental health services in providing back up as tertiary specialist services to other health providers is recognised. Consumers receiving care from services outside their state/territory of usual residence are in-scope for reporting.
Computation:	(Numerator ÷ Denominator) x 100
Numerator:	Number of individuals recorded on jurisdictional mental health information systems as receiving one or more service events from state/territory public specialised mental health services (including admitted patient, ambulatory and residential services) in the reference period.

Numerator data elements:

Data Element / Data Set

Data Element

Person—person identifier

Data Source

[State/territory community mental health care data](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Person—person identifier

Data Source

[State/territory admitted patient data](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Person—person identifier

Data Source

Department of Veterans' Affairs (DVA)

Guide for use

Data source type: Administrative by-product data

Denominator:

Total population

Denominator data elements:

Data Element / Data Set

Data Element

Person—estimated resident population of Australia

Data Source

[ABS Estimated resident population \(total population\)](#)

Guide for use

Data source type: Census-based plus administrative by-product data

Data Element / Data Set

Data Element

Person—estimated resident population of Australia

Data Source

[ABS Indigenous estimates and projections](#)

Guide for use

Data source type: Census-based plus administrative by-product data

Disaggregation:

Service variables: nil.

Consumer attributes: age, sex, Socio-Economic Indexes for Areas (SEIFA), remoteness, Indigenous status. Disaggregated data excludes missing or not reported data.

All disaggregated data are to be calculated as at the first service event for the reporting period, that is, any in-scope admission, residential episode or service contact, even if an ongoing event is underway at the start of the reporting period. In cases where a null value is returned, the first valid result is to be used.

Disaggregation data elements:

Data Element / Data Set

Data Element

Person—age

Data Sources

[State/territory admitted patient data](#)

[State/territory community mental health data](#)

[State/territory residential mental health data](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Person—area of usual residence

Data Source

[State/territory admitted patient data](#)

[State/territory community mental health data](#)

[State/territory residential mental health data](#)

Guide for use

Used for disaggregation by remoteness and SEIFA

Data Element / Data Set

Data Element

Person—Indigenous status

Data Source

[State/territory admitted patient data](#)

[State/territory community mental health data](#)

[State/territory residential mental health data](#)

Data Element / Data Set

Data Element

Person—sex

Data Source

[State/territory admitted patient data](#)

[State/territory community mental health data](#)

[State/territory residential mental health data](#)

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Person

Format: N[NN].N

Indicator conceptual framework

Framework and dimensions: [Accessible](#)

Accountability attributes

Benchmark: State/territory level

Further data development / collection required: This indicator cannot be accurately constructed using the Community mental health care and Admitted patient care NMDs because the data sets do not include unique patient identifiers that allow linkage across data sets.

Accurate construction of this indicator at a national level requires separate indicator data to be provided individually by states and territories.

Development of state-wide unique patient identifiers within all mental health NMDs is needed to improve this capacity.

When data for this indicator are requested, jurisdictions are required to answer whether a state-wide unique client identifier system is in place, or some comparable approach has been used in the data analysis to allow tracking of service utilisation by an individual consumer across all public specialised mental health services in the jurisdiction. Collection of this information is aimed at assessing the degree of consistency between jurisdictions in data reported.

Other issues caveats:

- As defined populations may receive services from a state/territory service other than their resident state/territory, this measure is not a 'pure' indicator of mental health service performance but more about service utilisation by the population they serve. However, it is regarded as an important indicator to understand the overall relationship of the state/territory mental health service in relation to its resident population needs.
- Resource allocation based on psychiatric epidemiology, associated morbidity and disability, mortality and socio-demographic factors is generally regarded as resulting in more equitable distribution of resources in relation to local need than funding strategies based on service-utilisation and population size alone. This indicator advances these concepts by creating scope in the future to compare expected treatment rates to actuals.
- This measure does not consider the roles of primary mental health care or the specialist private mental health sector. While people who received care from specialist non-government organisations are not counted, it is expected that the majority of these people will be captured by the activities of clinical services.
- This measure may under-report levels of service access in areas where persons are able to access public sector mental health services across jurisdictional boundaries.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee

Reference documents: Australian Bureau of Statistics (ABS) 2008. National survey of mental health and wellbeing: summary of results, Australia, 2007. ABS cat. no. 4326.0. Canberra: ABS.

National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC.

Relational attributes

Related metadata references: Supersedes [KPIs for Australian Public Mental Health Services: PI08J – Population access to specialised clinical mental health care, 2018](#)
[Health](#), Superseded 13/01/2021

Has been superseded by [KPIs for Australian Public Mental Health Services: PI08J – Population access to specialised clinical mental health care, 2020](#)
[Health](#), Superseded 17/12/2021