

# National Healthcare Agreement: P32- Proportion of people with mental illness with GP care plans, 2010 QS

## Identifying and definitional attributes

<b>Metadata item type:</b>	Quality Statement
<b>METEOR identifier:</b>	392823
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 08/06/2011</li></ul>

## Relational attributes

<b>Indicators linked to this Quality statement:</b>	<a href="#">National Healthcare Agreement: P32-Proportion of people with mental illness with GP care plans, 2010</a> <a href="#">Health</a> , Superseded 08/06/2011
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## Data quality

<b>Quality statement summary:</b>	<ul style="list-style-type: none"><li>• The numerator data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to patients and has accurate data on the number of services provided.</li><li>• There are issues with the consistency of the numerator and denominator for this indicator, as they are drawn from differently defined populations and different data sources.</li></ul>
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**Institutional environment:** Medicare Australia collects the Medicare Benefits Schedule (MBS) data under the *Medicare Australia Act 1973*. These data are then regularly provided to the Department of Health and Ageing (DoHA).

The MBS claims data are an administrative by-product of Medicare Australia administering the Medicare fee-for-service payment systems.

The Australian Bureau of Statistics (ABS) is Australia's official national statistical agency. The ABS operates within a framework that includes the *Australian Bureau of Statistics Act 1975* and the *Census and Statistics Act 1905*. For more information see the ABS Institutional Environment.

The numerator for this indicator was prepared by DoHA, the denominator by the ABS and both were quality-assessed by the Australian Institute of Health and Welfare (AIHW). The AIHW calculated the indicator based on the numerator and denominator supplied by DoHA and ABS, respectively. DoHA drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW and ABS, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

**Timeliness:**

MBS data

The indicator relates to all claims processed in the 2008–09 financial year.

National Survey of Mental Health and Wellbeing 2007

The National Survey of Mental Health and Wellbeing (SMHWB) was conducted from August to December 2007, and adjusted to generate 2008 prevalence estimates.

**Accessibility:**

Medicare claims statistics are available at:

<http://www.nhhrc.org.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1>

[https://www.medicareaustralia.gov.au/statistics/mbs\\_item.shtml](https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml)

Disaggregations by SEIFA and remoteness area are not publicly available elsewhere.

National Survey of Mental Health and Wellbeing 2007 information is available at:

<http://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/4327.0?OpenDocument>

<http://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/4326.0?OpenDocument>

**Interpretability:**

Information is available for MBS data from:

<http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1>

Information is available for the National Survey of Mental Health and Wellbeing from *National Survey of Mental Health and Wellbeing: Summary of Results* (cat. no. 4326.0). It contains a Summary of Findings and tables with footnoted data to aid the interpretation of the survey results. The supporting documentation released with the survey data can assist in understanding the relationships between data variables within the dataset and in comparisons with data from other sources.

**Relevance:**

There are issues with the consistency of the numerator and denominator for this indicator, as they are drawn from differently defined populations and different data sources.

MBS data

MBS data relates to mental health specific Medicare services for which claims data are available.

Analyses by state/territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved location during the reference period are allocated to the postcode of their address at date of last service received.

MBS claims that are reimbursed through the Department of Veterans' Affairs are not included in this measure.

During 2008–09, a diagnosis of mental illness was not required to access a GP Mental Health Care Plan. Therefore, the numerator will potentially include some people not captured in the denominator.

National Survey of Mental Health and Wellbeing 2007

The National Survey of Mental Health and Wellbeing was conducted with a representative sample of people aged 16–85 years who lived in private dwellings across Australia.

The survey provides information on diagnostic prevalence of mental disorders in the Australian population as assessed for the last 12 months using the World Health Organization's (WHO) Composite International Diagnostic Interview.

This survey only captures common/high prevalence mental disorders. It does not capture low prevalence disorders, such as psychosis.

**Accuracy:**MBS data

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

People who received more than one GP Mental Health Care Plan (MBS item 2710) are counted once only in the calculations for this indicator.

National Survey of Mental Health and Wellbeing 2007

Data measuring the size of the population with mental illness for the denominator were not available for the specified time point. Synthetic estimates of the population with a mental illness were derived by applying national level age and sex specific rates of any 12 month mental disorder from the 2007 Survey of Mental Health and Wellbeing to the 30 June 2008 Estimated Resident Populations (ERPs) in various strata (SEIFA quintiles, remoteness, and so forth). This methodology assumes that age and sex specific rates of any mental disorder are consistent across geography and over time.

Estimated Resident Population

ERPs were not available for the 16-85 age range specified for this indicator. Therefore, the ERPs for the 16–84 age range were used and the numerator adjusted accordingly.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

**Coherence:**MBS data

The MBS data are consistent with MBS data published elsewhere.

National Survey of Mental Health and Wellbeing 2007

The data are not comparable with data previously published using the National Survey of Mental Health and Wellbeing 2007, as the data have been adjusted to reflect the population in 2008.

**Relational attributes****Related metadata references:**

Has been superseded by [National Healthcare Agreement: PI 32: Proportion of people with a mental illness with GP treatment plans, 2011 QS](#)

- [Health](#), Superseded 04/12/2012

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