National Healthcare Agreement: PI 28: Public sector community mental health services, 2011 QS

Identifying and definitional attributes

Metadata item type: Quality Statement

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Registration status:
- Health, Superseded 04/12/2012

Relational attributes

Indicators linked to this Quality statement: National Healthcare Agreement: PI 28-Public sector community mental health services, 2011
Health, Superseded 31/10/2011

Data quality

Quality statement summary:
- The National Community Mental Health Care Database is a near-comprehensive collection of data on service contacts provided by specialised mental health services for patients/clients of all public sector community mental health services in Australia.
- There is some variation in the types of service contacts included across jurisdictions.
- The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes contacts where Indigenous status was missing or not reported (around 10 per cent of all contacts).
- Data are reported by the State or Territory that delivered the service and will include people receiving services in one jurisdiction who reside in another. These cross-border flows are particularly relevant in interpreting ACT data.

Institutional environment: The AIHW has calculated this indicator. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the AIHW by State and Territory health authorities. The State and Territory health authorities receive these data from public sector community mental health services. States and territories use these data for service planning, monitoring and internal and public reporting.

Community mental health services may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
States and territories supplied these data under the terms of the National Health Information Agreement (see link).
http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

Timeliness: The reference period for the CMHC NMDS data is 2008-09.

Accessibility: The AIHW produces the following products that report CMHC NMDS data:

- The annual series Mental health services in Australia (available in hard copy or electronically on the AIHW website.)
- Internet only Excel tables and data cubes.

Interpretability: Supporting information on the quality and use of the NCMHCD are published annually in Mental health services in Australia (Chapter 4 and technical appendix), which is available in hard copy or electronically on the AIHW website. Supporting information includes discussion of the quality of Indigenous data, the quality of principal diagnosis data, and estimates of the number of patients. Metadata information for the CMHC NMDS is published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Relevance: The CMHC NMDS specification defines a mental health service contact as the provision of a clinically significant service by a specialised mental health service provider. The scope of the CMHC NMDS is service contacts provided by specialised mental health services in the community for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services, ie non-admitted, non-residential care.

There is some variation in the types of service contacts included across jurisdictions. For example, some jurisdictions include written correspondence as service contacts while others do not.
The Northern Territory estimates that there could be a deficit of between 25–35 per cent of service contact records. Coverage for most other jurisdictions is estimated to be between 95–100 per cent.
For most jurisdictions it is estimated that between 95–100 per cent of in-scope community mental health services provide data to the NMDS collection. Although the majority of services provide service contact records, the data are not always complete. For example, from a review undertaken in 2006, Queensland estimates that there was about a 40–50 per cent deficit in service contact reporting.

The numerator includes people who receive a service in one jurisdiction but normally reside in another. There will be some mismatch between numerator and denominator in areas with cross-border flows.

Accuracy:

Inaccurate responses may occur in all data provided to the AIHW, and the AIHW does not have direct access to jurisdictional records to determine the accuracy of data provided. However, routine data quality checks are conducted by the states and territories prior to submission to the AIHW. The AIHW then undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes contacts where Indigenous status was missing or not reported (around 10 per cent of all contacts).

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 is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence:

There has been no change to the methodology used to collect the data in 2008-09 in most jurisdictions. Therefore, the data is comparable to 2007-08.

Queensland, however, introduced a new state-wide clinical information system in November 2008. Data for the 2008-09 reference period has been sourced from both the legacy applications and the new information system. Whilst the new system provided an improved mechanism for the capture of clinical, legislative and activity data for mental health, there were a number of implementation issues which impacted on the entry of data. In addition, the underpinning data model is a modification from the model implemented in the legacy applications and will effectively set a new baseline for reporting from 2009-10. These factors, combined, have contributed to the observed decrease in the total number of service contacts being reported in Queensland.

The data used in this indicator are routinely published in Mental health services in Australia. However, there may be some differences in the calculated rates in that publication due to the use of different ERPs other than June 2008 ERPs used for this indicator.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: P28-Public sector community mental health services, 2010 QS

- Health, Superseded 08/06/2011

Has been superseded by National Healthcare Agreement: PI 28-Public sector community mental health services, 2012 QS

- Health, Retired 14/01/2015