Community mental health care NMDS 2010–11: National Community Mental Health Care Database, 2012; Quality Statement

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Identifying and definitional attributes

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Data quality

Data quality statement summary:

- The National Community Mental Health Care Database (NCMHCD) contains data on service contacts provided by public sector specialised community mental health services in Australia.
- There is some variation in the types of service contacts included in jurisdictional data. For example, some jurisdictions may include written correspondence as service contacts while others do not.
- The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions reporting to the database.
- Data are reported by the jurisdiction 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.
- There is variation across jurisdictions in the coverage of services providing contact data. In addition, some jurisdictions have over reported the number of contacts with clients due to the reporting of multiple clinicians involved in a single contact being reported as multiple rather than single contacts.
- The quality of principal diagnosis data may be affected by the variability in collection and coding practices across jurisdictions.

Description

The National Community Mental Health Care Database (NCMHCD) contains data on community (also sometimes termed 'ambulatory') mental health service contacts provided by government-operated community mental health care services as specified by the Community mental health care (CMHC) National Minimum Data Set (NMDS) (see link). The NCMHCD includes data for each year from 2000–01 to 2010–11.

The NCMHCD includes information relating to each individual service contact provided by an in-scope mental health service. Examples of data elements included in the collection are demographic characteristics of patients, such as age and sex, clinical information, such as principal diagnosis and mental health legal status, and service provision information, such as contact duration and session type.

The CMHC NMDS is associated with the Mental Health Establishments (MHE) NMDS.

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 statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing 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 datasets based on data from each jurisdiction, to analyse these datasets 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.

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 use these data for service planning, monitoring and internal and public reporting. In addition, state and territory health authorities supply data for the NCMHCD under the terms of the National Health Information Agreement (see link), as specified by the CMHC NMDS (see 'Interpretability' section below).

Expenditure and resource information for community mental health services reporting to the NCMHCD are reported through the associated National Mental Health Establishments Database, as specified by the MHE NMDS (see link).

Timeliness:

Data for the NCMHCD was first collected in 2000–01.

States and territories are required to supply data annually in accordance with the CMHC NMDS specifications. The reference period for this data set is 2010–11, that is, service contacts provided between 1 July 2010 and 30 June 2011. Data for the 2010–11 reference period was supplied to the AIHW at the end of December 2011.

The AIHW publishes data from the NCMHCD 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 Communications, Media and Marketing Unit of the AIHW.

Interpretability:

Metadata information for the CMHC NMDS is published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*.

METeOR and the *National health data dictionary* can be accessed on the AIHW website:

/content/index.phtml/itemId/181162

http://www.aihw.gov.au/publication-detail/?id=6442468385

Data published annually in *Mental health services in Australia* includes 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 purpose of the NCMHCD is to collect information on all ambulatory mental health service contacts provided by government-operated community mental health care services, as specified by the CMHC NMDS. The scope for this collection is all government-operated community mental health care services that are included in the MHE NMDS.

A mental health service contact for the purposes of this collection is defined as the provision of a clinically significant service by a specialised mental health service provider 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, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. Any one patient can have one or more service contacts over the reporting period (that is, 2010–11). Service contacts are not restricted to face-to-face communication but can include telephone, video link or other forms of direct communication. Service contacts can also be either with the patient or with a third party, such as a carer or family member, or other professional or mental health workers or other service providers.

Accuracy:

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW 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 by them in response to these edit queries. The AIHW does not adjust these data to account for possible data errors or missing or incorrect values.

Most jurisdictions estimate that 85–100% of in-scope services provide contact data.

Tasmania estimated a deficit of up to 45% of in-scope service contacts being captured in 2010–11. New South Wales and the Northern Territory estimated deficits of 30% and Western Australia did not have the capacity to provide an estimate. Victoria, Queensland, South Australia and the Australian Capital Territory estimated coverage between 95–100%.

Indigenous status

Data from the NCMHCD on Indigenous status should be interpreted with caution. Jurisdictional advice is that, the data quality and completeness of Indigenous identification varies or is, in some cases, unknown. Indigenous status is missing for 9% of contacts in the 2010–11 NCMHCD.

States and territories provided information on the quality of the Indigenous data for 2010–11 as follows:

- New South Wales reported the quality of the Indigenous status data to be acceptable but noted there were areas of improvement, particularly to reduce the number of contacts with an unknown status. A review of data collection practices will be performed during 2012.
- Victoria reported that the quality of Indigenous status data was acceptable for registered clients. Unregistered clients were reported for the first time for the 2010–11 collection and were recorded as *Not stated/Inadequately described*. There are areas for improvement in the collection of Indigenous status based on the *National best practice guidelines for collecting Indigenous status in health data sets* (AIHW 2010).
- Queensland reported that the quality of Indigenous status data was acceptable at the broad level; that is, in distinguishing Indigenous Australians and other Australians. However, they believe that there are quality issues regarding the coding of more specific details (that is, *Aboriginal*, *Torres Strait Islander*, or *Both Aboriginal and Torres Strait Islander*).
- Western Australia reported that the quality of Indigenous status data for 2010–11 was acceptable. However, the data could be improved with the appropriate resources, training and reporting standards.
- South Australia reported that the quality of Indigenous status data was acceptable, noting that variations across service units are considered acceptable within operational bounds.
- Tasmania reported the quality of Indigenous status data for 2010–11 was acceptable. However, systematic changes to reporting practices in the near future are likely to improve the quality of the data.
- The Australian Capital Territory reported that the quality of the Indigenous data was acceptable.
- The Northern Territory considered the quality of the Indigenous status data to be acceptable. Continued focus on training initiatives and improved data collection practices will likely increase the quality of the Indigenous status data.

Remoteness area

Numerators for remoteness area are based on the reported area of usual residence of the patient, regardless of the location or jurisdiction of the service provider. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction. Therefore, comparisons of service contact rates for jurisdictions require consideration of cross-border flows, particularly for the Australian Capital Territory.

Coherence:

Metadata specified in the CMHC NMDS may change from year to year. The value domain 'youth' was added to the 'specialised mental health service target population group' data element for the 2010–11 data. Other changes to 2010–11 definitions do not impact on coherence with 2009–10 data.

It should be noted that there are variations across jurisdictions in the scope and definition of a service contact. For example, New South Wales, Queensland, South Australia, Tasmania and the Australian Capital Territory may include written correspondence as service contacts while others do not. Data on contacts with unregistered clients are not included by all jurisdictions. Unregistered client contacts refer to those mental health service contacts for which a person identifier was not recorded. In previous years, Victoria has not reported unregistered client contacts but has done so for the first time for the 2010–11 data. Queensland and the Northern Territory do not have any unregistered clients.

South Australia introduced a revised mental health legal orders system over the course of 2010–11 which may have led to the under-reporting of mental health legal status in some instances.

Principal diagnosis

The quality of principal diagnosis data in the NCMHCD may be affected by the variability in collection and coding practices across jurisdictions. In particular, there are:

1. Differences among states and territories in the classification used as follows:

- Victoria, Queensland and Tasmania provided principal diagnosis data based on the ICD-10-AM 7th Edition
- Western Australia and the Australian Capital Territory provided principal diagnosis data based on the ICD-10-AM 6th Edition
- South Australia used a combination of ICD-10-AM 4th Edition and NCCH ICD-10-AM Mental Health Manual 1st Edition
- Northern Territory used the ICD-10-AM 3rd Edition
- New South Wales used a combination of ICD-10-PC and NCCH ICD-10-AM Mental Health Manual 1st Edition.

2. Differences according to the size of the facility (for example, large versus small) in the ability to accurately code principal diagnosis.

3. Differences in the availability of appropriately qualified clinicians to assign principal diagnoses (diagnoses are generally to be made by psychiatrists, whereas service contacts are mainly provided by non-psychiatrists).

4. Differences according to whether the principal diagnosis is applied to an individual service contact or to a period of care. New South Wales and the Australian Capital Territory report the current diagnosis for each service contact rather than a principal diagnosis for a longer period of care. The remaining jurisdictions report principal diagnosis as applying to a longer period of care.

Data products

Implementation start date: 01/07/2010

Source and reference attributes

Steward: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes Community mental health care NMDS 2009–10: National Community Mental Health Care Database, 2011; Quality Statement
AIHW Data Quality Statements, Standard 15/04/2013

Has been superseded by Community mental health care NMDS 2011–12: National Community Mental Health Care Database, 2014; Quality Statement
AIHW Data Quality Statements, Standard 26/02/2014