

KPIs for Australian Public Mental Health Services: PI 08 – Proportion of population receiving clinical mental health care, 2015–

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 08: Proportion of population receiving clinical mental health care, 2015–
METEOR identifier:	584223
Registration status:	<ul style="list-style-type: none">• Health, Standard 19/11/2015

Description: Percentage of consumers who reside in the mental health service organisation's defined catchment area who received care from a public sector mental health service (including inpatient, ambulatory and residential).

NOTE: This indicator is related to [KPIs for Australian Public Mental Health Services: PI 08J – Proportion of population receiving clinical mental health care, 2015](#) (Jurisdictional level version). 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 National Survey of Mental Health and Wellbeing 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.

Indicator set: [Key Performance Indicators for Australian Public Mental Health Services \(Service level version\) \(2015–\)](#)
[Health](#), Superseded 16/02/2021

Collection and usage attributes

Computation description: Coverage/Scope:

All public mental health service organisations.

The following exclusions apply:

- Mental health clients for which a unique person identifier was not recorded, that is non-uniquely identifiable consumers.

Methodology:

- Requires a non-duplicated consumer count across all settings.
- Statistical local area codes or postcodes recorded at time of community contact need to be mapped to mental health service organisation catchment population boundaries

Computation:	$(\text{Numerator} \div \text{Denominator}) \times 100$
Numerator:	Number of consumers who reside in the defined catchment area who received services from the mental health service organisation's specialised mental health services within in the reference period.
Denominator:	Number of consumers who reside in the defined mental health service organisation's catchment area within the reference period.
Disaggregation:	Service variables: Nil Consumer attributes: Age, Socio-Economic Indexes for Areas (SEIFA), remoteness, Indigenous status

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Person

Indicator conceptual framework

Framework and dimensions:	Accessible
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Accountability attributes

Benchmark:	Levels at which indicator can be useful for benchmarking: <ul style="list-style-type: none"> • mental health service organisation • regional group of services • state/territory.
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Further data development / collection required:	This indicator cannot be accurately constructed using the mental health-related national minimum data sets (NMDSs) because the data sets do not include unique patient identifiers that allow linkage across data sets.
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A proxy solution is to use only the Community Mental Health Care NMDS, which is estimated to include more than 90% of all persons by public mental health services. The accuracy of this solution is limited by the fact that states and territories vary in the extent to which unique patient identifiers are available on a state-wide basis.

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-related NMDSs is needed to improve this capacity.

Other issues caveats:

- As defined populations may receive services from organisations other than their catchment provider, this measure is not a 'pure' indicator of mental health service organisation 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 mental health service organisation in relation to its catchment 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

Reference documents: National Mental Health Performance Subcommittee 2013. Key Performance Indicators for Australian Public Mental Health Services 3rd edn. Canberra. NMHPC.

Relational attributes

Related metadata references: Has been superseded by [KPIs for Australian Public Mental Health Services: PI 08 – Population access to specialised clinical mental health care, 2018 \(Service level\)](#)

- [Health](#), Superseded 16/02/2021