National Healthcare Agreement: PI 17-Treatment rate for mental illness, 2016 QS

Identifying and definitional attributes

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- Health, Standard 08/07/2016

Relational attributes

Indicators linked to this Quality statement: National Healthcare Agreement: PI 17–Treatment rates for mental illness, 2016
Health, Superseded 31/01/2017

Data quality

Quality statement summary:

- State and Territory jurisdictions differ in their approaches to counting clients under care, including different thresholds for registering a client. Additionally, they differ in their capacity to provide accurate estimates of individual persons receiving mental health services. Therefore comparisons between jurisdictions need to be made with caution.
- The Indigenous status data should be interpreted with caution:
  - public sector community mental health services (Public) data: There is varying and, in some instances, unknown quality of Indigenous identification among jurisdictional data sources.
  - private sector admitted patient (Private) data: Indigenous status is not collected by the Private Mental Health Alliance (PMHA)
  - Medicare Benefits Schedule (MBS) data: have been adjusted for under-identification of Indigenous status in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
  - Department of Veterans' Affairs (DVA) data: is not available by Indigenous status.
- Persons can receive services from more than one type of service provider during the period. The extent to which this occurs is unknown. However, it is likely that there is overlap between the private data and the Department of Health (Health) MBS and the DVA Treatment Account System (TAS) data.
- Remoteness data for 2010–11 and previous years are not directly comparable to remoteness data for 2011–12 and subsequent years.
- Socio-Economic Indexes for Areas (SEIFA) data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.
- For public sector community mental health services, Victorian data is unavailable (for 2011–12 and 2012–13) due to service level collection gaps resulting from protected industrial action during this period. Industrial action during the 2011–12 and 2012–13 collection periods in Tasmania has limited the available data quality and quantity of data. Australian totals of public sector community mental health services for 2011–12 and 2012–13 only include available data and should therefore be interpreted with caution. Australian totals for 2011–12 and 2012–13 should not be compared to previous or subsequent years.
- Public data for all collection periods has been re-supplied capturing a greater scope. Historical disaggregated data have not been re-supplied, therefore, comparisons between years for any disaggregated data is not valid.
- Queensland and Western Australia have provided updated data for 2012–13, thus the 2012–13 data have been updated and resupplied in this reporting cycle

Institutional environment: The Australian Institute of Health and Welfare (AIHW) prepared the denominator and calculated the indicator based on numerators supplied by other data providers. The AIHW is an independent corporate Commonwealth entity within the Health portfolio, which is accountable to the Parliament of Australia through the Minister for Health. For further information see the AIHW website.

Numerators for this indicator were prepared by State and Territory health authorities, the PMHA, Health and DVA and quality-assessed by the AIHW. The AIHW drafted the initial data quality statement. The statement was finalised by AIHW following input from State and Territory health authorities, PMHA, Health and DVA. The AIHW does not hold the relevant mandated datasets required to independently verify the data tables for this indicator.

Public data
The State and Territory health authorities receive these data from public sector specialised mental health services. States and territories use these data for service planning, monitoring and internal and public reporting.

Private data

The PMHA's Centralised Data Management Service provided data submitted by private hospitals with psychiatric beds. The data are used by hospitals for activities such as quality improvement.

Health MBS and DVA TAS data

The Department of Human Services (DHS) processes claims made under the *Medicare Australia Act 1973*. These data are then regularly provided to Health. DHS also processes claims for DVA Treatment Card holders made through the MBS under the *Veterans' Entitlements Act 1986; Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between DHS and DVA.

Timeliness: The reference periods for these data are 2012–13 and 2013–14.

Accessibility: MBS statistics are available at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by Socio-Economic Indexes for Areas (SEIFA) is not publicly available elsewhere.

Interpretability: Information is available for MBS data from:

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

Relevance:

Estimates are based on counts of individuals receiving care within the year, by each service type, where each individual is generally counted once regardless of the number of services received. Persons can receive services of more than one type within the year; a count of persons receiving services regardless of type is not available.

Persons receiving mental health treatment who are not captured in these data sources include individuals receiving mental health services (other than as admitted patients in private hospitals) funded through other third party funders (e.g. transport accident insurers, workers compensation insurers) or out of pocket sources.

There is likely to be considerable overlap between the various data sources since it is likely that patients accessing public services and private hospital services would also access MBS services.
Remoteness and socioeconomic status have been allocated using the client's usual residence, not the location of the service provider. State/territory is reported for the state/territory of the service provider.

Public data

Person counts for State and Territory mental health services are counts of persons receiving one or more service contacts provided by public sector specialised mental health services, including admitted hospital, community and residential services.

Private data

Private hospital estimates are counts of individuals receiving admitted patient specialist psychiatric care in private hospitals.

Health MBS and DVA TAS data

Data are counts of individuals receiving mental health-specific MBS services for which Department of Human Services (DHS) has processed a claim. Analyses by state/territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by DHS at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received.

DVA clients comprised of people receiving Australian Government (Medicare Benefits Scheme- and DVA-funded) clinical mental health services.

Accuracy:

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider).

Public data

State and Territory jurisdictions differ in their capacity to provide accurate estimates of person receiving services (see above). Additionally, jurisdictions differ in their approaches to counting clients under care. For example, people who are assessed for a mental health service but do not go on to be treated for a mental illness are included in the data by some jurisdictions but not others. Therefore, comparisons between jurisdictions should be made with caution.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. Indigenous status was missing or not reported for around 7% per cent of all clients in 2013–14.

Private data

Coverage of private hospitals includes all private hospital with designated psychiatric beds and private psychiatric day hospitals.

The data provided are an estimate of overall activity. Actual counts are multiplied by a factor that accounts for the proportion of data missing from the CDMS collection. That adjustment is performed at the level of State and Territory and also financial year, since non-participation rates varied from state to state and financial year.

Patient counts are unique at the hospital level, therefore, duplication of persons in this data may be possible.

Indigenous status information is not collected for these data.

Health MBS and DVA TAS data

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

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 DHS.

The data provided are based on the date on which the claim was processed by DHS, 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 type of service are counted once only in the calculations for this indicator.

Health MBS data presented by Indigenous status have been adjusted for under-identification in the DHS Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to DHS. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (61 per cent nationally as at August 2012) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and Health for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07.
DVA TAS data are not available by Indigenous status.

Coherence:

Following the 2011 Census of Population of Housing, the Australian Bureau of Statistics (ABS) has rebased the Australian population back to 1991. This

rebasing had a significant impact on the population time series, therefore data were resupplied in previous reporting cycles for previous years using the rebased Estimated Resident Population (ERP) and rebased Indigenous population data.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2007–08 through to 2010–11 reported by remoteness are reported for RA 2006. Data for 2011–12 and subsequent years are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2010–11 and previous years are not directly comparable to remoteness data for 2011–12 and subsequent years.

Data for 2007–08 through to 2010–11 reported for SEIFA deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011–12 are reported using SEIFA 2011 at the SLA level. Data for 2012–13 and subsequent years are reported using SEIFA 2011 at the Statistical Area (SA) 2 level. The AIHW considers the change from SEIFA 2006 to SEIFA 2011, and the change from SLA to SA2 to be series breaks when applied to data supplied for this indicator. Therefore SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Public data

Public data for all collection periods were re-supplied in 2012–13 by jurisdictions due to an expanded scope that includes all specialised public mental health services. Historical disaggregated data were not re-supplied, therefore, comparisons with 2012–13 and later for any disaggregated data is not valid. As mentioned above, public historical Indigenous data were re-calculated with the revised Indigenous population data, however, as per this coherence issue, historical comparisons with 2012–13 and later data are not valid.

Queensland and Western Australia have provided updated data for 2012–13, thus the 2012–13 data have been updated and resupplied in this reporting cycle.

For public sector community mental health services, Victorian data is unavailable (for 2011–12 and 2012–13) due to service level collection gaps resulting from protected industrial action during this period. Industrial action during the 2011–12 and 2012–13 collection periods in Tasmania has limited the available data quality and quantity of data. Australian totals for 2011–12 and 2012–13 only include available data and should therefore be interpreted with caution. Australian totals for 2011–12 and 2012–13 should not be compared to previous or subsequent years.

Tasmania has been progressively implementing a state-wide patient identification system. Data for 2012–13 is considered to be the first collection period with this system fully implemented. Tasmanian data for 2007–08 and 2008–09 include people who received a Helpline services. From 2009–10 onwards these have been excluded consistent with the indicator definitions. Data for 2007–08 and 2008–09 are also limited to people who accessed Community mental health services only. Therefore, Tasmanian data is not comparable across years.

In past years there has been variation in the underlying concept used to allocate remoteness and socioeconomic status across jurisdictions (i.e. location of service provider, location of client or a combination of both). In addition, the underlying concordances used by jurisdictions to allocate remoteness may vary. Since 2009–10, remoteness and socioeconomic status have been allocated using the SLA of the client at last contact. For 2011–12 data all jurisdictions have used the same concordance and proportionally allocated records to remoteness and Socio-Economic Indexes for Areas (SEIFA) categories with the following exception:

- New South Wales and the Northern Territory used postcode concordance

(rather than SLA concordance) to allocate records to remoteness and SEIFA.
- From 2009–10 onwards, disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider, except for the Northern Territory data for which the majority of the data was based on the location of the service. Due to system-related issues impacting data quality, Tasmania was unable to provide data by SEIFA for 2008–09.

Comparisons over time for remoteness and socioeconomic status should therefore be interpreted with caution.

Private data

There has been no change to the methodology used to collect the data in 2013–14. Therefore, the data are comparable to previous reporting periods.

Health MBS and DVA TAS data

The same methodology to attribute demographic information to the data has been used in 2013–14 as in previous reporting periods.

For 2010–11 and previous years, remoteness and socioeconomic status for both Health MBS and DVA TAS data were allocated using a postcode concordance. For 2011–12 and subsequent years, DVA TAS data were allocated to remoteness using geocoding, and to socioeconomic status using an SLA/SA2 concordance. MBS items 81325 and 81355 were added from 1 November 2008. These items relate to mental health or psychological services provided to a person who identified as being of Aboriginal or Torres Strait Islander descent.

On 1 January 2010, a new MBS item (2702) was introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing MBS item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate. Both of these items relate to the preparation of a GP mental health treatment plan.

On 1 November 2011, MBS items 2715 and 2717 were introduced to cover preparation of a GP mental health treatment plan by a GP who has undertaken mental health skills training. At the same time MBS items 2700 and 2701 were introduced to cover preparation of a GP mental health treatment plan by a GP who has not undertaken mental health skills training.

On 1 July 2011, MBS item 288 was introduced as a telehealth mental health related item.

MBS item 2719 existed from 1 November 2011 to 30 April 2012.

From 2011–12 MBS item 20104 is included to align with other national indicators.

Caution should be taken when interpreting Indigenous rates over time. All other data can be meaningfully compared across reference periods.

Other publications

The AIHW publication series *Mental health services in Australia* contains data that is comparable in coverage (using different MBS item splits) and includes a summary of MBS mental health-related items.
The data used in this indicator is also published in the *COAG National Action Plan on Mental Health — final progress report covering implementation to 2010-11*. There may be some differences between the data published in these two sources as:

• rates may be calculated using different ERPs other than the June ERPs used for this indicator,
• MBS numbers are extracted using a different methodology. The *COAG National Action Plan on Mental Health — final progress report covering implementation to 2010-11* counts a patient in each state they resided in during the reference period but only once in the total whereas this indicator counts a patient in only one State/Territory.

The indicator specifications and analysis methodology used for this report are equivalent to the *Healthcare 2011–12: comparing performance across Australia*.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 17-Treatment rate for mental illness, 2015 QS

- Health, Superseded 08/07/2016