

# **KPIs for Australian Public Mental Health Services: PI 07 – Average cost per community mental health treatment day, 2018 (Service level)**

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# KPIs for Australian Public Mental Health Services: PI 07 – Average cost per community mental health treatment day, 2018 (Service level)

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
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<b>Short name:</b>	MHS PI 07: Average cost per community mental health treatment day, 2018 (Service level)
<b>METEOR identifier:</b>	633038
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 13/01/2021
<b>Description:</b>	<p>The average cost per community treatment day provided by the organisation's ambulatory mental health care services.</p> <p><b>NOTE:</b> This indicator is related to <i>Average cost per community mental health treatment day (Jurisdictional level)</i>. There are technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator due to different exclusions in the methodology of this indicator. Caution should be taken to ensure the correct methodology is followed.</p>
<b>Rationale:</b>	<p>Efficient functioning of public community mental health services is critical to ensure that finite funds are used effectively to deliver maximum community benefit.</p> <p>Unit costs are a core feature of management-level indicators in all industries and are necessary to understand how well an organisation uses its resources in producing services. They can be fundamental to value for money judgments.</p> <p>Previous estimates of unit costs in community care have been compromised by inadequate product definition. Most commonly, estimates have been based on average cost per occasion of service, and provide little indication of the overall costs of care.</p> <p>A nationally agreed definition of treatment episodes in the community has not yet been developed. In the meantime, community treatment day is used as a valid intermediate product for comparing efficiency. Noting other options are available.</p>
<b>Indicator set:</b>	<p><a href="#">Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2018)</a> <a href="#">Health</a>, Superseded 13/01/2021</p>

## Collection and usage attributes

<b>Computation description:</b>	<p>Coverage/Scope:</p> <p>All public mental health service organisations' ambulatory mental health care services.</p> <p>Methodology:</p> <p>Recurrent costs include costs directly attributable to the community treatment day plus a proportional share of overhead costs. Cost data for this indicator is based on gross recurrent expenditure as compiled by Health Departments according to the specifications of the Mental Health Establishments National Minimum Data Set (NMDS). As such, it is subject to the concepts, definitions and costing methodology developed for the NMDS.</p>
<b>Computation:</b>	Numerator ÷ Denominator
<b>Numerator:</b>	Total of the mental health service organisation's recurrent expenditure on ambulatory mental health care services within the reference period.

**Denominator:** Total number of community treatment days provided by the organisation's ambulatory mental health care services within the reference period.

**Disaggregation:** Service variables: target population

Consumer attributes: nil

## Representational attributes

**Representation class:** Mean (average)

**Data type:** Monetary amount

**Unit of measure:** Currency

**Format:** N[NNN]

## Indicator conceptual framework

**Framework and dimensions:** [Efficient](#)

## Accountability attributes

**Benchmark:** Levels at which the indicator can be useful for benchmarking:

- service unit
- mental health service organisation
- regional group of services
- state/territory.

**Further data development / collection required:** This indicator can be accurately constructed using the Mental Health Establishments NMDS and the Community Mental Health Care NMDS.

**Other issues caveats:** Contact duration data is needed for a more sophisticated cost modelling methodology.

Casemix adjustment is needed to interpret variation between organisations to distinguish consumer and provider factors.

Further development of national funding models, including episode-based or casemix models will enable more meaningful measurement.

There is a need for considerable development of costing within mental health (for example the inclusion/exclusion of teaching and research expenditure and costing according to actual service use).

Accurate reporting at levels above that of mental health service organisation requires unique state-wide patient identifiers which are not currently available in all jurisdictions.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee

**Reference documents:** National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC

## Relational attributes

**Related metadata references:** Supersedes [KPIs for Australian Public Mental Health Services: PI07 – Average cost per community treatment day, 2015–2017](#)  
[Health](#), Superseded 13/01/2021

Has been superseded by [KPIs for Australian Public Mental Health Services: PI07 – Average cost per community mental health treatment day, 2019 \(Service level\)](#)  
[Health](#), Superseded 13/01/2021

