

KPIs for Australian Public Mental Health Services: PI 13 – Mental health consumer outcomes participation, 2018 (Service level)

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 13: Mental health consumer outcomes participation, 2018 (Service level)
METEOR identifier:	693357
Registration status:	<ul style="list-style-type: none">• Health, Superseded 16/02/2021

Description: The percentage of episodes of ambulatory mental health care with completed consumer self-assessment outcomes measures.

NOTE: There is no jurisdictional level data source available for this indicator, therefore, there is no Jurisdictional level version of this indicator specification.

Rationale:

- A key goal of the National Mental Health Strategy is for consumers and carers to be actively involved in treatment planning, decision making and definition of treatment objectives. Consumer self-assessment outcome measures provide one mechanism for achieving this goal.
- Consumer self-assessment outcome measures provide useful information about how well consumers feel they are able to cope with their usual activities and are an opportunity for consumers, carers and clinicians to track progress through comparison of ratings over time.
- Offering a consumer self-assessment outcome measure can be useful for engagement as well as collaboration between consumers, carers and clinicians and can enrich treatment and care planning.
- Obtaining a consumer self-assessment measure requires mental health services to have an adequate degree of engagement (both clinically and organisationally) with consumers to facilitate this process.

Indicator set: [Key Performance Indicators for Australian Public Mental Health Services \(Service level version\) \(2018\)](#)
[Health](#), Superseded 16/02/2021

Collection and usage attributes

Computation description: Coverage/Scope:
All public community mental health service organisations.
The following episodes (and related outcomes measures) are excluded:

- [brief ambulatory episode of mental health care](#).

Methodology:

- Consumer self-assessment measures that are specific to each jurisdiction need to be considered in the construction of this indicator, that is, Mental Health Inventory (MHI), Behavior and Symptom Identification Scale (BASIS-32) and Kessler-10-Plus (K10+).
- Only the following versions of the Strengths and Difficulties Questionnaire (SDQ) are to be considered in the construction of this indicator:
 - * The parent-rated version for children aged 4 to 10,
 - * Either the parent-rated version and/or the self-report version for adolescents aged 11 to 17.
- Non-mandated measures (such as the teacher-version of the SDQ) should not be considered in the construction of this indicator.
- All completed returns (of mandated measures) are to be considered in the construction of the numerator. For example, if both a parent-rated version and self-report version of the SDQ is received this would count as two completed outcome measures.

Computation: $(\text{Numerator} \div \text{Denominator}) \times 100$

Numerator: Number of in-scope episodes of ambulatory mental health care with completed consumer self-assessment outcome measures.

Numerator data elements: **Data Element / Data Set**

Guide for use

A completed consumer self-assessment outcome measure is defined as a consumer self-assessment outcome measure where at least one of the required items is entered. Note that measures that are offered to consumers and/or parents/carers but not returned are not considered completed.

Denominator: Number of in-scope episodes of ambulatory mental health care in the reference period.

Disaggregation: Service variables: target population.
Consumer variables: age.

Representational attributes

Representation class: Percentage
Data type: Real
Unit of measure: Episode
Format: N[NN].N

Indicator conceptual framework

Framework and dimensions: [Responsive](#)
[Capable](#)

Accountability attributes

Benchmark: Levels at which this indicator can be useful for benchmarking:

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

Further data development / collection required: This indicator cannot be constructed, as estimates of the total number of episodes requiring outcome measures are not provided directly to the National Outcomes and Casemix Collection (NOCC).

A proxy solution is to use estimates from the Community Mental Health Care National Minimum Data Set.

Longer term, a process is needed that allows data reported to the national collection for consumers who begin an episode in a given year to be tracked when the episode continues into subsequent years. Work is underway to build an episode identifier into the NOCC to enable this. Additionally, consistent, cross-year use of service identifiers and unique identifiers for consumers by states and territories is necessary to enable full capacity to construct this indicator using the NOCC.

Other issues caveats:

- Given the different protocol requirements across service settings the national indicator is only constructed for the ambulatory setting. This is not to diminish the importance of the use of the measures within acute inpatient (for child and adolescent) and residential settings.
- The NOCC protocol requires that consumer self-assessment outcome measures be offered at the commencement of care and at maximum intervals of 91 days thereafter until completion of care, at which point an exit measure is offered.

Source and reference attributes

Reference documents: NMHPSC (National Mental Health Performance Subcommittee) 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: PI 13 – Consumer outcomes participation, 2015–](#)

- [Health](#), Standard 19/11/2015

Has been superseded by [KPIs for Australian Public Mental Health Services: PI 13 – Mental health consumer outcomes participation, 2019 \(Service level\)](#)

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