

Activity based funding: Mental health care NBEDS 2022–23

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Activity based funding: Mental health care NBEDS 2022–23

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	742188
Registration status:	Health , Superseded 20/12/2022
DSS type:	Data Set Specification (DSS)
Scope:	The Activity based funding: Mental health care national best endeavours data set (ABF MHC NBEDS) defines information about patients receiving mental health care, funded by states and territories, that is associated with Australian public hospital services.

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

This includes services provided as assessment only activities.

The scope of the ABF MHC NBEDS is mental health care provided by services that are in-scope public hospital services under the [Addendum to the National Health Reform Agreement 2020–25](#). This includes care delivered by specialised mental health services, public hospitals, Local Hospital Networks and non-government organisations (NGOs) managed or funded by state or territory health authorities. This also includes all in-scope services contracted by a public hospital, Local Hospital Network or jurisdiction regardless of the physical location of the contracting public hospital, [Local Hospital Network](#) or jurisdiction, or the location where the services are delivered. The ABF MHC NBEDS is intended to capture instances of service provision from the point of view of the patient.

Mental health care provided by services which are not in-scope public hospital services under the Addendum to the National Health Reform Agreement 2020–25 can also be reported.

Mental health care services that are considered in-scope may take place in [admitted](#), ambulatory, emergency department or [residential](#) settings. Activity that has taken place in the emergency department must only be reported through the ABF MHC NBEDS if it has been provided by an [ambulatory service](#) as part of an ambulatory mental health episode of care. These service contacts are provided by specialised mental health ambulatory care units and are also reported through the [Community mental health care NMDS 2022–23](#) (CMHC NMDS).

The ABF MHC NBEDS allows reporting of in-reach service contacts from specialised mental health community units into specialised mental health care admitted patient units, which are out of scope for the CMHC NMDS.

Collection and usage attributes

Statistical unit:	Episodes of mental health care
--------------------------	--------------------------------

Collection methods: Data are collected at each hospital from patient administrative, financial and other systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (for example, monthly).

National reporting arrangements

State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a quarterly basis. Only episodes which have a formal discharge within the reference period, or those which have a statistical discharge at the end of a reference period, should be reported.

Periods for which data are collected and nationally collated

Financial years ending 30 June each year.

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

Comments:

Whilst it is recognised that there may be activity undertaken by non-specialised ambulatory health services that meet the definition of mental health care, it is also acknowledged that jurisdictional system capabilities may prevent this activity being reported through this data set.

While the NBEDS provides guidance on the circumstances in which clinical measures should be reported for specific age groups, it is noted that it is a clinical decision as to the most appropriate measure to be used for a particular patient.

Scope links with other National Minimum Data Sets (NMDSs) and NBEDSs

[Admitted patient care NMDS 2022–23](#)

[Community mental health care NMDS 2022–23](#)

[Mental health establishments NMDS 2022–23](#)

[Residential mental health care NMDS 2022–23](#)

Glossary items

Glossary terms that are relevant to this data set specification are included here:

[Activity based funding](#)

[Admission](#)

[Admitted patient mental health care service](#)

[Ambulatory care](#)

[Ambulatory mental health care service](#)

[Episode of residential care end](#)

[Episode of residential care start](#)

[Health of the Nation Outcome Scale 65+](#)

[Local Hospital Network](#)

[Mental health care](#)

[Mental health phase of care](#)

[Multidisciplinary case conference](#)

[Reference period](#)

[Resident](#)

[Residential mental health care service](#)

[Resource Utilisation Groups-Activities of Daily Living](#)

[Separation](#)

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes [Activity based funding: Mental health care NBEDS 2021–22 Health](#), Superseded 17/12/2021

Has been superseded by [Activity based funding: Mental health care NBEDS 2023–24 Health](#), Superseded 06/12/2023

See also [Community mental health care NMDS 2022–23 Health](#), Superseded 09/12/2022

See also [Individual Healthcare Identifier NBEDS 2022–23 Health](#), Superseded 23/01/2023

See also [Mental health establishments NMDS 2022–23 Health](#), Superseded 09/12/2022

See also [Non-admitted patient NBEDS 2022–23 Health](#), Superseded 20/12/2022

See also [Residential mental health care NMDS 2022–23 Health](#), Superseded 09/12/2022

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—additional diagnosis, code (ICD-10-AM Twelfth edition) ANN{.N[N]}	Conditional	99
Conditional obligation:			
This data element is only required to be reported for patients with an admitted or residential mental health episode of care.			
-	Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N	Mandatory	1
-	Episode of care—FIHS psychosocial complications indicator, yes/no/unknown/not stated/inadequately described code N	Conditional	7
Conditional obligation:			
Reporting of FIHS at the commencement of the second and subsequent mental health phase of care in an episode of mental health care is mandatory for patients in all settings.			
If an episode of mental health care only contains one phase of care, then the FIHS is required to be reported at the end of the phase of care.			
FIHS should only be reported for patients aged 17 years and under.			
Reporting of FIHS is not mandatory if the response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N is CODE 1 'Yes'.			
-	Episode of care—mental health phase of care end date, DDMMYYYY	Conditional	99
Conditional obligation:			
Reporting of this data element is conditional on a CODE 2 'No' response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N			

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—mental health phase of care start date, DDMMYYYY	Conditional	99
	Conditional obligation: Reporting of this data element is conditional on a CODE 2 'No' response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N		
-	Episode of care—mental health phase of care, code N	Conditional	99
	Conditional obligation: Reporting of this data element is conditional on a CODE 2 'No' response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N		
-	Episode of care—principal diagnosis, code (ICD-10-AM Twelfth edition) ANN{.N[N]}	Mandatory	1
-	Episode of mental health care—episode end date, DDMMYYYY	Mandatory	1
-	Episode of mental health care—episode end mode, code N[N{.N}]	Mandatory	1
-	Episode of mental health care—episode start date, DDMMYYYY	Mandatory	1
-	Episode of mental health care—episode start mode, code N	Mandatory	1
-	Episode of mental health care—identifier, X[X(79)]	Mandatory	1
	DSS specific information: The reporting of an episode identifier is mandatory for all episodes of mental health care reported in the ABF MHC NBEDS regardless of setting.		
-	Episode of mental health care—service provider setting origin, code N	Mandatory	1
-	Establishment—activity based funding organisation identifier, NNX[X]NNNNN	Mandatory	1
-	Establishment—Local Hospital Network identifier, code NNN	Mandatory	1
-	Mental health phase of care—number of leave days, total N[NN]	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS Edition 3) N(9)	Mandatory	1
	DSS specific information: As a person's area of usual residence can change over time, episodes from the ambulatory setting should include the latest/most recently reported area of usual residence.		
-	Person—country of birth, code (SACC 2016) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1
-	Person—Indigenous status, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of difficulty with activities in a life area, abbreviated Life Skills Profile score code N	Conditional	16
	<p>Conditional obligation:</p> <p>Reporting of LSP-16 is mandatory for the first mental health phase of care in an episode of mental health care for patients that are admitted to residential mental health units or ambulatory health services.</p> <p>Reporting of the LSP-16 is not mandatory if the response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N is CODE 1 'Yes'.</p> <p>Subsequent reporting of LSP-16 is mandatory for the commencement of a new mental health phase of care occurring three months after the last LSP-16 reporting occasion.</p> <p>The LSP-16 should only be reported for patients aged 18 years and over.</p>		
-	Person—level of functional independence, Resource Utilisation Groups - Activities of Daily Living score code N	Conditional	4
	<p>Conditional obligation:</p> <p>Reporting of the RUG-ADL at the commencement of a mental health phase of care is mandatory for admitted and residential patients.</p> <p>Reporting of the RUG-ADL is not mandatory if the response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N is CODE 1 'Yes'.</p> <p>Reporting of the RUG-ADL should only be reported for patients aged 65 years and over.</p>		
-	Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN]	Conditional	1
	<p>Conditional obligation:</p> <p>Reporting of the CGAS at the start of the mental health phase of care is mandatory for patients in all settings.</p> <p>Reporting of the CGAS is not mandatory if the response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N is CODE 1 'Yes'.</p> <p>The CGAS should only be reported for patients aged 17 years and under.</p>		
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N	Conditional	24
	<p>Conditional obligation:</p> <p>Reporting of the HoNOS 65+ at the start of the mental health phase of care is mandatory for patients in all settings.</p> <p>Reporting of the HoNOS 65+ is not mandatory if the response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N is CODE 1 'Yes'.</p> <p>The HoNOS 65+ should only be reported for patients aged 65 years and over.</p>		

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N	Conditional	30
	<p>Conditional obligation:</p> <p>Reporting of the HoNOSCA at the commencement of mental health phase of care is mandatory for patients in all settings.</p> <p>Reporting of the HoNOSCA is not mandatory if the response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N is CODE 1 'Yes'.</p> <p>The HoNOSCA should only be reported for patients aged 17 years and younger.</p>		
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N	Conditional	24
	<p>Conditional obligation:</p> <p>Reporting of the HoNOS at the start of the mental health phase of care is mandatory for patients in all settings.</p> <p>Reporting of the HoNOS is not mandatory if the response to Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N is CODE 1 'Yes'.</p> <p>The HoNOS should only be reported for patients aged 18 years to 64 years.</p>		
-	Person—marital status, code N	Mandatory	1
	<p>DSS specific information:</p> <p>As marital status can change over time, episodes from the ambulatory setting should include the latest/most recently reported marital status.</p>		
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code X	Mandatory	1
-	Person—unit identifier type, mental health organisation type code NN	Mandatory	1
	<p>DSS specific information:</p> <p>This data element is to be reported in relation to Person—person identifier, XXXXXX[X(14)].</p>		
-	Service contact—episode of care setting, code N	Conditional	1
	<p>Conditional obligation:</p> <p>The data element is only required to be reported for patients with an ambulatory mental health episode of care and is reported for each service contact.</p> <p>DSS specific information:</p> <p>For Activity based funding mental health care National best endeavours data set reporting, the Service contact—episode of care setting, code N data element is intended to be used in conjunction with the Service contact—service date, DDMMYYYY data element to allow users of the data set to identify service contacts which were provided by mental health services with an ambulatory service provider origin, to mental health patients in other settings such as those admitted to hospital, residential facilities or in emergency departments.</p>		

Seq No.	Metadata item	Obligation	Max occurs
-	Service contact—group session indicator, yes/no/not stated/inadequately described code N	Conditional	1
	<p>Conditional obligation:</p> <p>The data element is only required to be reported for patients with an ambulatory mental health episode of care.</p>		
-	Service contact—patient/client participation indicator, Yes/no/unknown code N	Conditional	1
	<p>Conditional obligation:</p> <p>The data element is only required to be reported for patients with an ambulatory mental health episode of care.</p>		
-	Service contact—service date, DDMMYYYY	Conditional	1
	<p>Conditional obligation:</p> <p>The data element is only required to be reported for patients with an ambulatory mental health episode of care.</p>		
-	Service contact—service duration, total minutes NNN	Conditional	1
	<p>Conditional obligation:</p> <p>This data element is only required to be reported for patients with an ambulatory mental health episode of care.</p>		
-	Service contact—source of funding, patient funding source code NN	Conditional	1
	<p>Conditional obligation:</p> <p>This data element is only required to be reported for ambulatory mental health care patients.</p>		
-	Specialised mental health service—admitted patient service unit identifier, XXXXXX	Mandatory	1
-	Specialised mental health service—admitted patient service unit name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—ambulatory service unit identifier, XXXXXX	Mandatory	1
-	Specialised mental health service—ambulatory service unit name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—residential service unit identifier, XXXXXX	Mandatory	1
-	Specialised mental health service—residential service unit name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—target population group, code N	Conditional	1
	<p>Conditional obligation:</p> <p>The data element is only required to be reported for patients admitted to an ambulatory mental health episode of care.</p>		