Community mental health care NMDS 2019–20: National Community Mental Health Care Database, 2021; Quality Statement

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Identifying and definitional attributes

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Data quality

Data quality statement summary:

- The National Community Mental Health Care Database (NCMHCD) contains data on service contacts provided by public sector specialised community mental health services in Australia.
- There is some variation in the types of service contacts included in the data. For example, some states or territories may include written correspondence as service contacts while others do not.
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- Data are reported by the jurisdiction that delivered the service and therefore may include people receiving services in one jurisdiction who reside in another. These cross-border flows are particularly relevant when interpreting ACT remoteness data.
- There is variation across jurisdictions in the coverage of services providing contact data and the estimated service contact data coverage.
- The quality of principal diagnosis data may be affected by the variability in collection and coding practices across jurisdictions.

Description

The National Community Mental Health Care Database (NCMHCD) contains data on community (also sometimes termed 'ambulatory') mental health service contacts provided by government-funded community mental health care services as specified by the Community mental health care (CMHC) National Minimum Data Set (NMDS) (see link). The NCMHCD includes data for each year from 2000–01 to 2019–20.

The NCMHCD includes information relating to each individual service contact provided by an in-scope mental health service. Examples of data elements included in the collection are demographic characteristics of patients, such as age and sex, clinical information, such as principal diagnosis and mental health legal status, and service provision information, such as contact duration and session type.

The CMHC NMDS is associated with the Mental Health Establishments (MHE) NMDS, which is used to collect data about the services that provide service contacts.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the Australian Institute of Health and Welfare Act 1987 (AIHW Act), governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Compliance with the confidentiality requirements in the AIHW Act, the Privacy Principles in the Privacy Act 1988, (Cth) and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website www.aihw.gov.au/about-us, which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and vision and strategic goals (www.aihw.gov.au/about-us/our-vision-and-strategic-goals).

Community mental health services may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. States and territories use these data for service planning, monitoring and internal and public reporting. In addition, state and territory health authorities supply data for the NCMHCD under the terms of the National Health Information Agreement (see link), as specified by the CMHC NMDS (see 'Interpretability' section below).

Expenditure and resource information for community mental health services reporting to the NCMHCD are reported through the associated National Mental Health Establishments Database, as specified by the MHE NMDS (see link).

Timeliness:

Data for the NCMHCD were first collected in 2000–01.

States and territories are required to supply data annually in accordance with the CMHC NMDS specifications. The reference period for this data set is 2019–20, that is, service contacts provided between 1 July 2019 and 30 June 2020. Data for the 2019–20 reference period were supplied to the AIHW at the end of January 2021.

The AIHW publishes data from the NCMHCD in Mental health services in Australia annually.

Accessibility:

The AIHW produces the annual series Mental health services in Australia, primarily as an online publication (see link). This includes pdf documents of all sections in the publication, as well as data workbooks and an interactive data portal. In addition, a companion hard copy 'In brief' summary document is produced and is available via the Mental health reports page.

Interpretability:

Metadata information for the CMHC NMDS is published in the AIHW's online metadata repository—METeOR.

METeOR can be accessed on the AIHW website:

http://meteor.aihw.gov.au

Data published annually in Mental health services in Australia include additional important caveat information to ensure appropriate interpretation of the analyses presented by the AIHW. Readers are advised to take note of footnotes and caveats specific to individual data tables that influence interpretability of specific data.

Relevance:

The purpose of the NCMHCD is to collect information on all mental health service contacts provided by community mental health care services, as specified by the CMHC NMDS. The scope for this collection is all government-funded and operated community mental health care services in Australia.

A mental health service contact, for the purposes of this collection, is defined as the provision of a clinically significant service by a specialised mental health service provider for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals and those resident in 24-hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. Any one patient can have one or more service contacts over the reporting period (that is, 2019–20). Service contacts are not restricted to face-to-face communication but can include telephone, video link or other forms of direct communication. Service contacts can also be either with the patient or with a third party, such as a carer or family member, or other professional or mental health workers or other service providers.

Accuracy:

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made by them in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

All states estimate that 85–100% of in-scope community mental health care services provided contact data to the collection. Overall service contact data coverage for jurisdictions was estimated to be between 86–100%.

New South Wales reported that the coverage of the Justice Health data collection continues to be impacted by the introduction of a new system. New South Wales also reported that there are some variations in the way data is collected between the local health districts.

Tasmania stated that forensic community mental health contacts are not reported due to ongoing challenges with the information system for the forensic service unit. Tasmania reported an improvement on 2018–19 data which had been impacted by industrial action. This action was considered to have ended in September 2019 resulting in a small impact to the 2019–20 submission

South Australia reported that a small percentage of contacts may not be recorded for services such as consultation-liaison type services, i.e., some hospital-based ambulatory mental health care services.

Victoria reported that about 5% of contacts were excluded from the submission as a unique client identifier was unable to be generated for these unregistered clients.

The Australian Capital Territory reported that 0.5% of service contact records were found to have invalid diagnosis codes so these records were removed from the submission.

Indigenous status

Data from the NCMHCD on Indigenous status should be interpreted with caution. Jurisdictional advice is that the data quality and completeness of Indigenous identification varies. The methodology for the identification of Indigenous status varies both between jurisdictions and between services within a jurisdiction. Subsequently, the identification process may result in a different status being recorded among multiple service contacts or between service providers. Indigenous status is missing for 5.0% of contacts in the 2019–20 NCMHCD.

States and territories provided additional information on the quality of the Indigenous status data for 2019–20 as follows:

· All states and territories considered the quality of their Indigenous status data to be acceptable.

· South Australia reported that the quality of Indigenous status data was acceptable, but that further investigation and follow-up was required for services with high rates of unknown/not stated Indigenous status.

Remoteness area and socioeconomic status

Numerators for remoteness area and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the location or jurisdiction of the service provider. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction. Therefore, comparisons of service contact rates for jurisdictions require consideration of cross-border flows, particularly for the Australian Capital Territory.

Mental health legal status

Data on involuntary treatment of consumers is collected in the NCMHCD, however the quality of the data is unknown and should be treated with caution. Reporting of service events with a mental health legal status of involuntary will differ from reporting of treatment orders in the community by state and territory Chief Psychiatrists due to differences in statistical unit, collection scope and jurisdictional data systems.

Legislation governing the use of treatment orders differs between jurisdictions and comparisons should be made with caution.

Coherence: Metadata specified in the CMHC NMDS may change from year to year. The following definitional changes occurred to the 2019–20 metadata specifications:

- The most recent classification scheme is the 10th Edition of the International Statistical Classification of Diseases and Relate Health Problems, Eleventh Revision, Australian Modification.

There are variations across jurisdictions in the scope and definition of a service contact. For example, most jurisdictions may include consultation and liaison services as service contacts while some consultation-liaison type services provided by South Australian are not included. Queensland and the Northern Territory do not include contacts for unregistered clients.

Principal diagnosis

The quality of principal diagnosis data in the NCMHCD may be affected by the variability in collection and coding practices across jurisdictions. In particular, there are:

1. Differences among states and territories in the classification used as follows:

· New South Wales, South Australia and Queensland report that data are submitted in accordance with the ICD-10-AM 11th edition. Tasmania reported using ICD-10-AM 11th Edition where possible.

· The Northern Territory and Victoria used ICD-10-AM 10th Edition.

· Western Australia reported that current statewide mental health information systems use ICD-10-AM 10th edition. Patients who were activated prior to this version being implemented and have not had a diagnosis review may use an earlier ICD edition. As such, some mapping of previous ICD diagnosis codes are undertaken for the purposes of NMDS submissions.

· The Australian Capital Territory reports using ICD-10-AM 9th edition.

2. Differences according to the size of the facility (for example, large versus small) in the ability to accurately code principal diagnosis.

3. Differences in the availability of appropriately qualified clinicians to assign principal diagnoses (diagnoses are generally to be made by psychiatrists, whereas service contacts are mainly provided by non-psychiatrists).

4. Differences according to whether the principal diagnosis is applied to an individual service contact or to a period of care.
New South Wales and the ACT report the current diagnosis for each service contact rather than a principal diagnosis for a longer period of care. All other jurisdictions report principal diagnosis as applying to a longer period of care.

Comparability over time

Comparability of NCMHCD data over time can be variable. Changes to reporting practices, upgrades to information systems and revisions to data mean comparison between years should be made with caution.

For 2019–20, New South Wales reported reduced data coverage due to the introduction of a new system in the Justice Health network.

Tasmania experienced industrial action which impacted the 2018–19 and part of the 2019–20 reporting periods.

Data products

Implementation start date: 01/07/2020

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes Community mental health care NMDS 2018–19: National Community Mental Health Care Database, 2020; Quality Statement
AIHW Data Quality Statements, Superseded 14/10/2021

Has been superseded by Community mental health care NMDS 2020–21: National Community Mental Health Care Database, 2022; Quality Statement
AIHW Data Quality Statements, Superseded 08/12/2023

See also Community mental health care NMDS 2019–20
Health, Superseded 16/01/2020