

KPIs for Australian Public Mental Health Services: PI 07 – Average cost per community mental health treatment day, 2021– (Service level)

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.

KPIs for Australian Public Mental Health Services:

PI 07 – Average cost per community mental health treatment day, 2021– (Service level)

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 07: Average cost per community mental health treatment day, 2021– (Service level)
METEOR identifier:	742475
Registration status:	Health , Standard 17/12/2021
Description:	<p>The average cost per community treatment day provided by the organisation's ambulatory mental health care services.</p> <p>NOTE: 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>
Rationale:	<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>
Indicator set:	<p>Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2021–)</p> <p>Health, Standard 17/12/2021</p>

Collection and usage attributes

Computation description:	<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>
Computation:	Numerator ÷ Denominator
Numerator:	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: [Efficiency and sustainability](#)

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 mental health treatment day, 2020 \(Service level\) Health](#), Superseded 17/12/2021