# Person—level of difficulty with activities in a life area, abbreviated Life Skills Profile score code N

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# Person—level of difficulty with activities in a life area, abbreviated Life Skills Profile score code N

# Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Level of difficulty with activities in a life area (LSP-16 score)
Synonymous names:	LSP-16
METEOR identifier:	751910
Registration status:	Health, Standard 17/12/2021
Definition:	The ease by which a person is able to perform tasks and actions in a life area, as represented by a code.
Context:	Level of functioning, persons aged 18 years and over.
Data Element Concept:	Person—level of difficulty with activities in a life area
Value Domain:	Abbreviated Life Skills Profile score code N

# Value domain attributes

## **Representational attributes**

Representation class:	Code		
Data type:	Number		
Format:	Ν		
Maximum character length:	1		
	Value	Meaning	
Permissible values:	0	Score of 0	
	1	Score of 1	
	2	Score of 2	
	3	Score of 3	
Supplementary values:	7	Unable to rate	
	9	Not stated/missing	

# Collection and usage attributes

Guide for use:	The abbreviated Life Skills Profile (LSP-16) contains 16 items which provide a key measure of function and disability in people with mental illness. The focus of LSP-16 is on the person's general functioning, i.e. how the person functions in terms of their social relationships, ability to do day-to-day tasks etc. Each of the 16 items is scored on a 4-point scale of 0 to 3. Lower scores indicate a higher level of functioning.
	The 16 items are in the form of questions:
	1 Does this person generally have any difficulty with initiating and responding to conversation?
	2 Does this person generally withdraw from social contact?
	3 Does this person generally show warmth to others?
	4 Is this person generally well groomed (e.g., neatly dressed, hair combed)?
	5 Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?
	6 Does this person generally neglect her or his physical health?
	7 Is this person violent to others?
	8 Does this person generally make and/or keep up friendships?
	9 Does this person generally maintain an adequate diet?
	10 Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?
	11 Is this person willing to take psychiatric medication when prescribed by a doctor?
	12 Does this person co-operate with health services (e.g., doctors and/or other health workers)?
	13 Does this person generally have problems (e.g., friction, avoidance) living with others in the household?
	14 Does this person behave offensively (includes sexual behaviour)?
	15 Does this person behave irresponsibly?
	16 What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?
Comments:	The original Life Skills Profile (LSP) was developed by a team of clinical researchers in Sydney (Rosen et al. 1989, Parker et al. 1991). It was designed to be a brief, specific and jargon-free scale to assess a consumer's abilities with respect to basic life skills.
	Work undertaken as part of the Australian Mental Health Classification and Service Costs (MH-CASC) study saw the 39 items reduced to 16. This reduction in item number aimed to minimise the rating burden on clinicians when the measure is used in conjunction with the Health of the Nation Outcome Scale (HoNOS).

# Source and reference attributes

**Reference documents:** 

Australian Mental Health Outcomes and Classification Network 2005. Training Manual: Adult ambulatory. Viewed 13 September 2016, http://www.amhocn.org/sites/default/files/publication\_files /adult\_ambulatory\_manual\_0.pdf

Parker G, Rosen A, Emdur N, Hadzi-Pavlov D 1991. The Life Skills Profile: psychometric properties of a measure assessing function and disability in schizophrenia. Acta Psychiatrica Scandinavica, 83(2):145-152

Rosen A, Hadzi-Pavlovic D & Parker G 1989. The Life Skills Profile: a measure assessing function and disability in schizophrenia. Schizophrenia Bulletin, 15: 325–337

# Data element attributes

## **Collection and usage attributes**

Guide for use:

Functioning is the umbrella term for any or all of: body functions, body structures, activities and participation. Functioning is a multidimensional concept denoting the neutral aspects of the interaction between an individual (with a health condition) and that individual's environmental and personal factors.

An individual's functioning in a specific domain is an interaction or complex relationship between health conditions and environmental and personal factors.

Functioning and disability are dual concepts in a broad framework, with disability focussing on the more negative aspects of this interaction.

## Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authorit	Submitting organis	ation: Ind	ependent Ho	ospital Pric	ing Authority
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### **Relational attributes**

Related metadata references:	Supersedes Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N Health, Superseded 17/12/2021
Implementation in Data Set Specifications:	Activity based funding: Mental health care NBEDS 2022–23 Health, Superseded 20/12/2022 Implementation start date: 01/07/2022 Implementation end date: 30/06/2023 Conditional obligation:
	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.
	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 <u>N</u> is CODE 1 'Yes'.
	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.
	The LSP-16 should only be reported for patients aged 18 years and over.
	Activity based funding: Mental health care NBEDS 2023–24 Health, Superseded 06/12/2023 Implementation start date: 01/07/2023 Implementation end date: 30/06/2024 Conditional obligation:
	Reporting of LSP-16 is mandatory for the first mental health phase of care in an

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episode of mental health care for patients that are admitted to residential mental

health units or ambulatory health services.

Reporting of the LSP-16 is not mandatory if the response to <u>Episode of care</u> <u>clinical assessment only indicator, yes/no/not stated/inadequately described, code</u> <u>N</u> is CODE 1 'Yes'.

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.

The LSP-16 should only be reported for patients aged 18 years and over.

### Activity based funding: Mental health care NBEDS 2024–25 Health, Standard 06/12/2023

Implementation start date: 01/07/2024 Implementation end date: 30/06/2025 Conditional obligation:

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.

Reporting of the LSP-16 is not mandatory if the response to <u>Episode of care</u> <u>clinical assessment only indicator, yes/no/not stated/inadequately described, code</u> <u>N</u> is CODE 1 'Yes'.

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The LSP-16 should only be reported for patients aged 18 years and over.

National Outcomes and Casemix Collection NBEDS 2023-24 Health, Superseded 06/12/2023

Implementation start date: 01/07/2023 Implementation end date: 30/06/2024 Conditional obligation:

In the National Outcomes and Casemix Collection (NOCC) NBEDS, this data element should be collected where:

Setting: residential and ambulatory

Occasion:

- For residential setting: admission, review, and discharge
- For ambulatory setting: review, and discharge\*

Age group: adults or older persons

\* Discharge ratings for the Life Skills Profile (LSP-16) are not required by the ambulatory service or the consumer respectively, when the reason for the closure of the ambulatory episode is transfer to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service).

Discharge ratings for the LSP-16 are not required for <u>brief ambulatory episode</u> of mental health care, where the number of days between admission to and discharge from the episode of care is 14 days or less duration.

For more information on setting, occasion, or age groups, see the <u>NOCC collection</u> <u>protocol</u> (Australian Mental Health Outcomes and Classifications Network, 2022).

National Outcomes and Casemix Collection NBEDS 2024-25 Health, Standard 06/12/2023

Implementation start date: 01/07/2024 Implementation end date: 30/06/2025 Conditional obligation:

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- For residential setting: admission, review, and discharge
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\* Discharge ratings for the Life Skills Profile (LSP-16) are not required by the ambulatory service or the consumer respectively, when the reason for the closure of the ambulatory episode is transfer to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service).

Discharge ratings for the LSP-16 are not required for **brief ambulatory episode** of mental health care, where the number of days between admission to and discharge from the episode of care is 14 days or less duration.

For more information on setting, occasion, or age groups, see the <u>NOCC collection</u> <u>protocol</u> (Australian Mental Health Outcomes and Classifications Network, 2022).