

National Outcomes and Casemix Collection 2021–2022; National Outcomes and Casemix Database, 2023; Quality Statement

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Identifying and definitional attributes

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Data quality

Data quality statement summary:	Description
	<p>Each year, state and territory governments supply data to support the routine collection of the National Outcomes and Casemix Collection (NOCC) in public sector specialised mental health services. The NOCC contains data using standardised clinical measures about the health status and functioning of consumers of public specialised mental health services. These data enable reporting on whether consumers improve following mental health care. The NOCC was progressively implemented from 2001 with all jurisdictions supplying data by June 2005.</p> <p>In 2023–24, a National Minimum Data Set (NMDS) and National Best Endeavours Data Set (NBEDS) for the NOCC will be formally established. The data for the NOCC are collected differently across states and territories and collection of some data items is either optional or conditional on age, setting and occasion type. As such, the NOCC is split into an NMDS for mandatory items and an NBEDS for items not collected consistently across jurisdictions.</p> <p>The database is held by the Australian Mental Health Outcomes and Classification Network (AMHOCN) and also reported by the Australian Institute of Health and Welfare (AIHW).</p>

Summary

- The NOCC includes data using different statistical counting units: consumers, episodes of care and collection occasions.
- The NOCC collects information describing the mix of consumers receiving mental health care, such as demographic characteristics, principal diagnosis and mental health legal status at collection occasion. These data elements are specified by the NOCC NMDS.
- The NOCC collects data on clinically significant problems and mental health functioning of consumers using clinician-rated and consumer-rated measures, which are collected by services at service admission, review and discharge. The applicable measure depends on consumers' age and setting of care. These data elements are specified by the NOCC NBEDS.
- Jurisdictions use different consumer-rated measures to collect clinical data; in addition, jurisdictions vary in collection methodologies (including information systems used) and coding practices. Comparisons should be made with caution.
- The data collected in item '[Person—Indigenous status, code N](#)' should be interpreted with caution due to the varying quality of identification of First Nations people across and within jurisdictions. While all states and territories consider the quality of First Nations status data to be acceptable, most acknowledge that further improvement is required.

Institutional environment: AMHOCN

The Australian Mental Health Outcomes and Classification Network (AMHOCN) was established by the Australian Government Department of Health and Aged Care to support the sustainable implementation of the National Outcomes and Casemix Collection as part of routine clinical practice. AMHOCN consists of data bureau, analysis and reporting, and training and service development components.

The work of AMHOCN is funded by the Australian Government Department of Health and Aged Care, which has contracted, through the Australian Institute of Health and Welfare (AIHW), three organisations to undertake these roles.

Further information is available from the AMHOCN website www.amhocn.org, including information about the contracted organisations and work of AMHOCN (www.amhocn.org/about-us/about-us).

AIHW

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 confidentiality requirements in the AIHW Act, 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.

Further information is available from the AIHW website www.aihw.gov.au/about-us, including details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance), role and strategic goals (www.aihw.gov.au/about-us/what-we-do).

Timeliness:

State and territory governments provide data to AMHOCN on an annual basis approximately 6 months after the reference period. Data are published within 12 months following the close of the reference period.

AMHOCN provides validated data to the AIHW on behalf of the states and territories for reporting *Change in mental health consumers' clinical outcomes* under Key Performance Indicators for Australian Public Mental Health Services. Data are provided approximately 11 months following the close of the reference period and published within the following 8 months.

Reference period

The reference period is 1 July 2021 to 30 June 2022. Outcomes and casemix data are available from July 2000.

Accessibility:

Outcomes data and estimates of consumers covered by the NOCC are available as part of AIHW's *Mental Health Online Report* (<https://www.aihw.gov.au/mental-health/topic-areas/consumer-outcomes>).

Change in mental health consumers' clinical outcomes (PI 01) is included in the Key Performance Indicators for Australian Public Mental Health Services. The indicators are also available as part of AIHW's *Mental Health Online Report* (<https://www.aihw.gov.au/mental-health/monitoring/performance-indicators>).

The AIHW produces the *Mental Health Online Report* at <https://www.aihw.gov.au/mental-health>. This includes PDF documents of all sections in the publication, as well as data tables and interactive data visualisations.

The online *AMHOCN Data Portal* (<https://www.amhocn.org/nocc-reporting/amhocn-data-portal>) provides access to data from the NOCC. A Reports Portal (<https://data.amhocn.org/reports/standard/>) allows users to create tailored reports of statistical summaries of the NOCC data at national and state/territory levels, while a Web Decision Support Tool (<https://data.amhocn.org/dst/web/#/>) provides added clinical utility for the collection.

Interpretability:

Information is available for interpreting NOCC data from AIHW's *Mental Health Online Report* website (<https://www.aihw.gov.au/mental-health/topic-areas/consumer-outcomes>).

Data published annually in the *Mental Health Online Report* include important caveat information to ensure appropriate interpretation of the analyses presented by AMHOCN and the AIHW. Readers are advised to take note of footnotes and caveats specific to individual data tables that influence the interpretability of specific data.

Metadata information for the National Outcomes and Casemix Collection NMDS and NBEDS are published on the [AIHW's Metadata Online Registry, METEOR](#). More information about data elements included in the NOCC is also available on the AMHOCN website:

Protocol: [National Outcomes and Casemix Collection: Technical specification of State and Territory reporting requirements, version: 2.11](#)

Measures: [National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures](#)

Relevance:

The scope of the NOCC is state and territory public [specialised mental health services](#), including psychiatric inpatient (admitted), residential and ambulatory (non-admitted) settings. Outcomes data from a range of other services are not currently routinely collected under national agreements and are out-of-scope for this collection. Out-of-scope services include private hospitals, private clinicians' practices, non-government organisations, primary health care networks, and other services. Where available, estimated coverage of in scope services are provided in Table 1.

Table 1 – Estimates of in scope services covered in the NOCC

Setting	Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Inpatient services	2021–2022	96%	100%	100%	100%	99%	NA	NA	100%
Ambulatory services	2021–2022	92%	100%	100%	100%	77%	NA	NA	100%
Residential services	2021–2022	0%	100%	100%	100%	88%	NA	NA	100%

South Australia also notes the following information:

- There is a small number of very small adult inpatient services for which no data are available as a result of information systems limitations, including overflow or flex capacity services or services contracted to private psychiatric

hospitals.

- All core community mental health services provide data. Exceptions generally include triage services, consultation liaison services, same-day admitted or clinic type services (including but not limited to ECT and outpatient services), or specialist services of various types (including but not limited to Forensic Mental Health services). Some specialist services record data through integrated community mental health teams.
- No child and adolescent residential mental health care services were reported. There is one older persons residential mental health care service that does not capture data.

Queensland also notes the following information:

- Occasionally services don't have dedicated budgets or funding and will swing between general adult and specialist settings based on demand. This may result in inpatient or ambulatory service units that report no data for some years.

All consumers who receive care in these services should be included in data for the NOCC. Estimates of the proportion of consumers of public specialised mental health services that are also included in data for the NOCC are calculated using aggregated data supplied by jurisdictions to the AIHW for the purposes of calculating [Mental Health Service Key Performance Indicator 9 \(KPI 9\) New client index](#). Consumers included in the NOCC (numerator) are people for whom at least one NOCC collection occasion was recorded in the reporting period; consumers receiving clinical mental health care (denominator) are people who reside in the state/territory and received care from a public sector mental health service in the reporting period. Coverage estimates of consumers in the NOCC are available from 2014–15 to 2020–21 and provided in Table 2.

Table 2 – Estimates of consumers covered in the NOCC

Year	Number of consumers in the NOCC	Number of consumers who received mental health care	Per cent of consumers covered by the NOCC
2014–15	171,830	416,248	41%
2015–16	177,011	426,868	42%
2016–17	190,591	430,622	44%
2017–18	189,458	444,915	43%
2018–19	195,591	458,817	43%
2019–20	202,234	467,062	43%
2020–21	205,901	485,334	42%

Accuracy:

States and territories are primarily responsible for the quality of the supplied data. After data are submitted for review, a series of validation checks are completed to ensure the data conform to the specified protocol, technical specifications and data set business rules. Jurisdictional representatives respond to any issues before the data are accepted. This process may highlight issues with historical data, which may be resupplied where required to ensure data are consistent. Further information about the [NOCC data set business rules](#) is available on the AMHOCN website.

Remoteness area of usual residence

Remoteness of consumers is determined from the consumer's usual residence, which may be in a different jurisdiction or remoteness area to where the occasion of service was provided. Not all categories of remoteness apply to each state or territory (e.g., the Australian Capital Territory does not have any areas that are classified as 'very remote'). Excludes consumers for whom 'remoteness' was missing or not reported.

First Nations status

The AIHW uses 'First Nations people' to refer to people identified as being of

Aboriginal and/or Torres Strait Islander origin. Data from the NOCC on First Nations status should be interpreted with caution due to the likely under-identification of First Nations Australians (more information is available in the [Community mental health care NMDs 2021–22: National Community Mental Health Care Database, 2023; Quality Statement](#), in the [Residential mental health care NMDs 2021–22: National Residential Mental Health Care Database, 2023; Quality Statement](#) and the online data source of the [Community mental health care](#) and [Residential mental health care](#) sections).

Mental health legal status

Data on involuntary treatment of consumers are collected, however the quality of the data is unknown and should be treated with caution. Reporting of a mental health legal status of 'involuntary' will differ from reporting of treatment orders 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.

For more information on mental health legal status data quality refer to:

[Community mental health care NMDs 2021–22: National Community Mental Health Care Database, 2023; Quality Statement](#)

[Residential mental health care NMDs 2021–22: National Residential Mental Health Care Database, 2023; Quality Statement](#)

Principal Diagnosis

The technical specifications of this collection require diagnoses codes to be in line with the International Statistical Classification of Diseases and Related Health Problems, Australian Modification (ICD-10-AM) Eleventh (11th) Edition. The quality of *Principal diagnosis* data may be affected by the variability in collection and coding practices across jurisdictions and settings. More information on particular differences is available at:

[Residential mental health care NMDs 2021–22: National Residential Mental Health Care Database, 2023; Quality Statement](#)

[Community mental health care NMDs 2021–22: National Community Mental Health Care Database, 2023; Quality Statement](#)

The Australian Capital Territory notes the following information:

- The 9th Edition of the ICD-10-AM is used in ambulatory services.

Clinician-rated measures

The number of clinical ratings on the Health of the Nation Outcome Scales (HoNOSCA, HoNOS or HoNOS 65+) can vary across all of the scales that comprise each measure. For example, for a given consumer, a clinician may not have sufficient information to make a rating on all scales.

Collection occasions and episodes of care

An episode of care is defined as a period of continuous mental health care within a single setting. A collection occasion is determined by the NOCC protocol to be an occasion during an episode of care when the required data are to be collected. Not all collection occasions will include data where a clinical measure has been collected.

There are limited exceptions to the NOCC protocol for defined instances when the collection of clinical measures is not required. More information is available in the Data and analysis methods resource on the AIHW's *Mental Health Online Report* (<https://www.aihw.gov.au/mental-health/topic-areas/consumer-outcomes>).

Coherence:

This Data Quality Statement relates to the 2021–22 reference period. Coherence issues for previous reference periods are also outlined for completeness.

Historical data coherence issues

- Data for the NOCC were first collected by all states and territories in 2003.

- An individual consumer's measures are not linked across years.
- From 1 July 2015, the following data elements were added to the collection: country of birth, Indigenous status, and consumer's area of usual residence.
- Area of usual residence is reported as Statistical Area Level 2 (SA2) from the Australian Statistical Geography Standard and is used to derive socio-economic status and remoteness measures for the NOCC. Partial reporting of these measures (4 jurisdictions) commenced in 2015–16; full reporting commenced in 2016–17. These measures are published only for years in which there was full reporting.

Changes to reporting practices, upgrades to information systems, and changing organisational structures mean comparison between years should be made with caution. Data should be consistent across most jurisdictions and across years within most jurisdictions, with the following exceptions:

- 2020–21, Victoria - Data were affected by industrial activity, impacting the recording of ambulatory mental health service activity and consumer outcomes measures (both clinician- and consumer-rated measures). Industrial activity began in November 2020 and ended November 2021. Data reported during this period should be interpreted with caution.
- All years, Australian Capital Territory - The principal type of admitted patient care program provided by specialised inpatient mental health services is not reliably reported. For the purposes of this publication, all ACT inpatient services are considered 'acute care'.
- 2014–15 to 2017–18, Australian Capital Territory - The ACT did not reliably report reason for collection for ambulatory discharges before 2018–19. This means that estimates for the 'completed ambulatory' consumer group are not available prior to 2018–19. This has impacted the integrity of the unique counts of consumers that were supplied for the purposes of calculating NOCC coverage.
- 2015–16 and 2016–17, New South Wales - A state-wide migration to new information systems had an impact on the quantity of data being reported. This occurred along different timelines region by region. The change had an impact on the ability of staff to record data as they were trained and adjusted to the new systems.

Clinical measures

States and territories have adopted different consumer-rated measures. Table 3 provides a summary of the consumer-rated measures currently used in each of the states and territories.

Table 3 - Adult consumer-rated measures used by state and territories

State or Territory	Measure
Victoria	BASIS-32
New South Wales	K10+
Tasmania	BASIS-32
Australian Capital Territory	BASIS-32
Northern Territory	K10+
South Australia	K10+
Western Australia	K10+
Queensland	MHI-38

All known state and territory specific data coherence issues for the 2021-22 reporting period are outlined below:

South Australia

Ambulatory data at the Organisation and Region (or LHN) level within any given financial year and over time should be interpreted with caution as SA's organisational structures are not able to be accurately represented in the data.

Australian Capital Territory

The principal type of admitted patient care program provided by specialised inpatient mental health services is not reliably reported. For the purposes of supply, all Australian Capital Territory inpatient services are considered 'acute care'.

Data products

Implementation start date: 01/07/2021

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: [Australian Institute of Health and Welfare](#)

Relational attributes

Related metadata references: See also [KPIs for Australian Public Mental Health Services: PI 01J – Change in mental health consumer's clinical outcomes, 2022](#)
[Health](#), Superseded 06/09/2023

See also [National Outcomes and Casemix Collection NBEDS 2023-24](#)
[Health](#), Superseded 06/12/2023

See also [National Outcomes and Casemix Collection NMDS 2023-24](#)
[Health](#), Superseded 06/12/2023