SECTION 4: APPENDICES

4.1 Appendix 1: Indicator technical specifications.

Technical specifications for the following 16 indicators are contained in this appendix:

NMHP PI 1a	Participation rates by people with mental illness of working age in employment–General population.
NMHP PI 2a	Participation rates by young people aged 16–30 with mental illness in education and employment.
NMHP PI 4	Percentage of mental health consumers living in stable housing.
NMHP PI 6a	Proportion of secondary schools with mental health literacy component included in curriculum.
NMHP PI 7	Rates of contact with primary mental health care by children and young people.
NMHP PI 8	Rates of use of licit and illicit drugs that contribute to mental illness in young people.
NMHP PI 9	Rates of suicide in the community.
NMHP PI 12	Prevalence of mental illness.
NMHP PI 13	Percentage of population receiving mental health care.
NMHP PI 14	Readmission to hospital within 28 days of discharge.
NMHP PI 15	Rates of pre-admission community care.
NMHP PI 16	Rates of post-discharge community care.
NMHP PI 20a	Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities.
NMHP PI 21	Proportion of total mental health workforce accounted for by consumer and carer workers.
NMHP PI 22	Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards.
NMHP PI 23	Mental health outcomes for people who receive treatment from state and territory services and the private hospital system.

Additional indicator specifications will be included in future editions of the Measurement Strategy as suitable data sources and specifications are developed.

NMHP PI 1a – Participation rates by people with mental illness of working age in employment–General population.		
Strategic issue.	Social Inclusion and Recovery.	
Rationale.	A range of evidence highlights that people with mental illness are over-represented in national unemployment statistics and that untreated mental illness is a major contributor to lost economic productivity. An increasing body of evidence is accumulating that employment rates for people affected by mental illness can be improved substantially, leading to better health outcomes.	
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.	
Date last updated.	January 2011.	
Indicator details.		
Description.	Proportion of the Australian population aged 16–64 years with a mental illness who are employed.	
Numerator.	Number of people aged 16–64 years with mental illness with a labour force status of employed.	
Denominator.	Number of people aged 16–64 years with mental illness.	
Computation.	(Numerator ÷ Denominator) x 100.	
Calculation conditions.	Coverage/Scope.	People aged 16–64 years identified as having a clinically diagnosable mental illness.
	Methodology.	
Definitions.	• Mental illness defined as self-reported mental and behavioural problems that have lasted for six months, or which the respondent expects to last for six months or more.	
	• Employed defined as per the ABS quarterly Labour Force Survey as persons who had a job or business, or who undertook work without pay in a family business for a minimum of one hour per week. Includes persons who were absent from a job or business	
	• Age range 16-64 years inclusive.	
Presentation.	• Percentage.	
	• The equivalent calculation for people without a mental health condition will be published for comparative purposes.	
Disaggregation.	State/Territory, and age, subject to sample size.	
Notes.	-	
Is specification interim or long-term?	Long-term.	
Reported in.	COAG National Action Plan Progress Reports (Indicator 9 'Participation rates by people with mental illness of working age in employment').	

NMHP PI 1a – Participation rates by people with mental illness of working age in employment–General population.				
National Mental Health Performance Framework.				
Tier.	Tier 1 – Health Status and Outcomes.			
Primary domain.	Human functioning.			
Secondary domain(s).	-			
Mental health sub-domain.	-			
Type of measure.	Outcome.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑
Related performance indicators and performance benchmarks.	-			
Data collection details.				
Data source(s).	Numerator.	National Health Survey.		
	Denominator.	National Health Survey.		
Data source(s) type.	Numerator.	Face-to-face survey (Computer Assisted Personal Interview).		
	Denominator.	Face-to-face survey (Computer Assisted Personal Interview).		
Frequency of data source(s) collection.	Numerator.	Triennially.		
	Denominator.	Triennially.		
Data development.	Short-term:	-		
	Medium-term:	-		
	Long-term:	-		

NMHP PI 2a – Participation rates by young people aged 16-30 with mental illness in education and employment.	
Strategic issue.	Social Inclusion and Recovery.
Rationale.	Mental illness is more prevalent in early adult years, frequently having onset in late adolescence or early adulthood. For those affected, education can be disrupted causing premature exits from school or tertiary training, or disruptions in the transition from school to work. When this occurs, the impact can be long lasting, restricting the person's capacity to participate in a range of social and vocational roles over their lifetime.
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.
Date last updated.	January 2011.
Indicator details.	
Description.	Proportion of population aged 16–30 years with mental illness who are employed and/or are enrolled for study in a formal secondary or tertiary qualification.
Numerator.	Number of people aged 16–30 years with mental illness with a labour force status of 'employed' and/or still at school and/or at another educational institution (studying full-time or part-time).
Denominator.	Number of people aged 16–30 years with mental illness.
Computation.	(Numerator ÷ Denominator) x 100.
Calculation conditions.	Coverage/Scope. People aged 16–30 years identified as having any mental illness.
	Methodology.
Definitions.	• Mental illness defined as self-reported mental and behavioural problems that have lasted for six months, or which the respondent expects to last for 6 months or more.
	• Employed defined as per the ABS quarterly Labour Force Survey as persons who had a job or business, or who undertook work without pay in a family business for a minimum of one hour per week. Includes persons who were absent from a job or business.
	• Participating in education includes people currently enrolled (secondary school, university/other higher education, TAFE/technical college, business college, industry skills centre, other) whether full-time or part-time. Enrolment in adult education courses, hobby and recreation courses is excluded.
	• Age range 16–30 years inclusive.
Presentation.	• Percentage.
	• The equivalent calculation for people without a mental illness will be published for comparative purposes.
Disaggregation.	State/Territory and age, subject to sample size.
Notes.	-

NMHP PI 2a – Participation rates by young people aged 16-30 with mental illness in education and employment.				
Is specification interim or long-term?	Long-term.			
Reported in.	COAG National Action Plan Progress Reports (Indicator 10 'Participation rates by young people aged 16–30 with mental illness in education and employment').			
National Mental Health Performance Framework.				
Tier.	Tier 1 – Health Status and Outcomes.			
Primary domain.	Human functioning.			
Secondary domain(s).	-			
Mental health sub-domain.	-			
Type of measure.	Outcome.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑
Related performance indicators and performance benchmarks.	-			
Data collection details.				
Data source(s).	Numerator.	National Health Survey.		
	Denominator.	National Health Survey.		
Data source(s) type.	Numerator.	Face-to-face survey (Computer Assisted Personal Interview).		
	Denominator.	Face-to-face survey (Computer Assisted Personal Interview).		
Frequency of data source(s) collection.	Numerator.	Triennially.		
	Denominator.	Triennially.		
Data development.	Short-term.	-		
	Medium-term.	-		
	Long-term.	-		

NMHP PI 4 – Percentage of mental health consumers living in stable housing.	
Strategic issue.	Social Inclusion and Recovery.
Rationale.	People with mental illness are at greater risk of being or becoming homeless than the general population. Having unstable housing is also a significant destabilising factor and may contribute to the risk of developing or exacerbating mental illness. Evidence suggests that collaboration and coordination between mental health services, housing providers, and accommodation support services contribute to better outcomes for consumers, and their carers and families.
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.
Date last updated.	January 2011.
Indicator details.	
Description.	Percentage of public mental health service consumers who are considered, at baseline rating, to have no significant problems with their accommodation as rated on Scale 11 ('Problems with living conditions') of the HONOS/65+.
Numerator.	Number of baseline collection occasions with a HONOS/65+ score of 0 or 1.
Denominator.	Number of baseline collection ratings with a valid HoNOS/65+.
Computation.	(Numerator ÷ Denominator) x 100.
Calculation conditions.	Coverage/Scope. · All public inpatient or ambulatory mental health services.
	Methodology. · A valid clinical rating for 10 of the 12 HONOS/65+ items is required to be included.
Definitions.	• HoNOS/65+ Item 11: Problems with living conditions. • Baseline: first collection occasion for a service episode within the reference period that is either an admission or review.
Presentation.	Percentage.
Disaggregation.	State/Territory and age, subject to sample size.
Notes.	Use of HoNOS/65+ data provides a proxy for this indicator until required data development occurs.
Is specification interim or long-term?	Interim.
Reported in.	-
National Mental Health Performance Framework.	
Tier.	Not applicable.
Primary domain.	-
Secondary domain(s).	-
Mental health sub-domain.	-
Type of measure.	Outcome.

NMHP PI 4 – Percentage of mental health consumers living in stable housing.				
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑
Related performance indicators and performance benchmarks.	-			
Data collection details.				
Data source(s).	Numerator.	National Outcomes and Casemix Collection.		
	Denominator.	National Outcomes and Casemix Collection.		
Data source(s) type.	Numerator.	Outcome data.		
	Denominator.	Outcome data.		
Frequency of data source(s) collection.	Numerator.	Annually.		
	Denominator.	Annually.		
Data development.	Short-term:	-		
	Medium-term:	-		
	Long-term:	Specific details on housing are not contained in national data sets covering state and territory mental health services. Work has commenced to fill this gap through development of a survey instrument that will cover the range of *social inclusion* indicators targeted in the Fourth Plan that do not currently have suitable data sources.		

NMHP PI 6a – Proportion of secondary schools with mental health literacy component included in curriculum.				
Strategic issue.	Prevention and Early Intervention.			
Rationale.	Evidence suggests that mental health literacy programs in schools enhances resilience in young people, promotes early detection and intervention, whilst decreasing stigma. Substantial investment has been made in Australia to implement school-based mental health literacy programs.			
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.			
Date last updated.	January 2011.			
Indicator details.				
Description.	Proportion of secondary schools using MindMatters within their curriculum.			
Numerator.	Number of secondary schools using one of more aspects of MindMatters in their curriculum.			
Denominator.	Number of secondary schools.			
Computation.	(Numerator ÷ Denominator) x 100.			
Calculation conditions.	Coverage/Scope. Australian secondary schools.			
	Methodology.			
Definitions.	• Mental health literacy included in curriculum: use of MindMatters.			
Presentation.	Percentage.			
Disaggregation.	State/Territory, subject to sample size.			
Notes.	-			
Is specification interim or long-term?	Long-term.			
Reported in.	Results of secondary school surveys are at www.mindmatters.edu.au/about/acer_evaluation_2010.html.			
National Mental Health Performance Framework.				
Tier.	Tier II – Determinants of Health.			
Primary domain.	Community capacity.			
Secondary domain(s).	-			
Mental health sub-domain.	-			
Type of measure .	Output.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑
Related performance indicators and performance benchmarks.	-			

NMHP PI 6a – Proportion of secondary schools with mental health literacy component included in curriculum.		
Data collection details.		
Data source(s).	Numerator.	Principals Australia–surveys conducted by Australian Council for Educational research (ACER).
	Denominator.	Principals Australia–surveys conducted by ACER.
Data source(s) type.	Numerator.	Survey.
	Denominator.	Survey.
Frequency of data source(s) collection.	Numerator.	Periodic. Secondary school surveys conducted to date: 2006 and 2010.
	Denominator.	As per Numerator.
Data development.	Short-term:	-
	Medium-term:	-
	Long-term:	-

NMHP PI 7 – Rates of contact with primary mental health care by children and young people.		
Strategic issue.	Prevention and Early Intervention.	
Rationale.	Early identification and intervention of mental illnesses results in better outcomes, however young people have low rates of help seeking for mental health problems.	
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.	
Date last updated.	January 2011.	
Indicator details.		
Description.	Proportion of the population <25 years who have contact with primary mental health care services subsidised through the Medicare Benefits Schedule.	
Numerator.	Number of individual consumers aged <25 years seen by in-scope primary mental health care services subsidised through the Medicare Benefits Schedule.	
Denominator.	Estimated residential population aged <25 years.	
Computation.	(Numerator ÷ Denominator) x 100.	
Calculation conditions.	Coverage/Scope.	Initially this indicator will be reported for the following MBS-subsidised primary mental health care services.
		GP and other services include MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727. Also includes Item 2702, with effect from 1 January 2010.
		Clinical psychologist services include MBS items 80000, 80005, 80010, 80015, 80020.
		Other allied health services include MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015.
	Methodology.	
Definitions.	• Children and young people defined as persons aged <25 years.	
	• Primary mental health care defined as specified MBS-subsidised mental health services.	
Presentation.	Percentage.	
Disaggregation.	State/Territory and age, subject to sample size.	
Notes.	It is acknowledged that primary mental health care for children and young people extends beyond MBS-subsidised services, and that other providers should be included in estimates for this indicator, including community health centres, school counsellors and school health nurses, university and TAFE counselling services. Lack of available data relating to the mental health activity of these service streams prevents their inclusion. Additionally, a component of the work carried out by state and territory specialised public mental health services can be construed as primary mental health care but this cannot be reliably differentiated from other service provision.	

NMHP PI 7 – Rates of contact with primary mental health care by children and young people.

Is specification interim or long-term?	Interim.			
Reported in.	-			

National Mental Health Performance Framework.

Tier.	Tier III – Health System Performance.			
Primary domain.	Accessible.			
Secondary domain(s).	-			
Mental health sub-domain.	-			
Type of measure.	Outcome.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑
Related performance indicators and performance benchmarks.	-			

Data collection details.

Data source(s).	Numerator.	Medicare Benefits Schedule (Medicare).
	Denominator.	Estimated resident population.
Data source(s) type.	Numerator.	Administrative by-product.
	Denominator.	Census.
Frequency of data source(s) collection.	Numerator.	Annually.
	Denominator.	Annually.
Data development.	Short-term:	-
	Medium-term:	Investigations into data sources and methodologies to populate the additional activity have commenced.
	Long-term:	-

NMHP PI 8 – Rates of use of licit and illicit drugs that contribute to mental illness in young people.				
Strategic issue.	Prevention and Early Intervention.			
Rationale.	Evidence suggests that high rates of substance use and abuse in young people contributes to the onset of, and poor recovery from, mental illness.			
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.			
Date last updated.	January 2011.			
Indicator details.				
Description.	Proportion of the population aged 14 or over that use specific licit and illicit drugs in the preceding 12 months.			
Numerator.	People aged 14 and over who have used specific drugs.			
Denominator.	Estimated Resident Population aged 14 or over.			
Computation.	(Numerator ÷ Denominator) x 100.			
Calculation conditions.	Coverage/Scope.	The following substances are included: alcohol, marijuana, ecstasy, meth/amphetamine, cocaine, hallucinogens, GHB, inhalants, and heroin.		
	Methodology.			
Definitions.	-			
Presentation.	Percentage.			
Disaggregation.	State/Territory and age, subject to sample size.			
Notes.	The National Drug Strategy Household Survey participants are aged 14 or over.			
Is specification interim or long-term?	Long-term.			
Reported in.	A similar indicator is reported in the COAG NAP Annual Progress Reports (Indicator 3 'Rates of use of illicit drugs that contribute to mental illness in young people')			
National Mental Health Performance Framework.				
Tier.	Tier II – Determinants of Health.			
Primary domain.	Health behaviours.			
Secondary domain(s).	-			
Mental health sub-domain.	-			
Type of measure.	Outcome.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑

NMHP PI 8 – Rates of use of licit and illicit drugs that contribute to mental illness in young people.		
Related performance indicators and performance benchmarks.	COAG National Action Plan Progress Report (Indicator 3 'Rates of use of illicit drugs that contribute to mental illness in young people').	
Data collection details.		
Data source(s).	Numerator.	National Drug Strategy Household Survey.
	Denominator.	Estimated resident population.
Data source(s) type.	Numerator.	Survey.
	Denominator.	Census.
Frequency of data source(s) collection.	Numerator.	Triennially.
	Denominator.	Annually.
Data development.	Short-term:	-
	Medium-term:	-
	Long-term:	-

NMHP PI 9 – Rates of suicide in the community.	
Strategic issue.	Prevention and Early Intervention.
Rationale.	Suicide is a leading cause of death among the general population, and people with mental illness are at even greater risk. Suicide rates are a commonly used global indicator of the mental health of the community.
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.
Date last updated.	January 2011.
Indicator details.	
Description.	Proportion of the population for whom suicide was the cause of death.
Numerator.	Number of people who have died by suicide over five year period.
Denominator.	Estimated residential population.
Computation.	(Numerator ÷ Denominator).
Calculation conditions.	Coverage/Scope. All deaths registered as suicide.
	Methodology.
Definitions.	
Presentation.	Rate per 100,000 population.
Disaggregation.	State/Territory, age, sex and indigenous status, subject to sample size.
Notes.	
Is specification interim or long-term?	Long-term.
Reported in.	Similar indicators are reported in the Report on Government Services, and the COAG National Acton Plan Progress Reports (Indicator 4 'The rate of suicide in the community').
National Mental Health Performance Framework.	
Tier.	Tier 1 – Health Status and Outcomes
Primary domain.	Deaths.
Secondary domain(s).	-
Mental health sub-domain.	-
Type of measure.	Outcome.

Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑

Related performance indicators and performance benchmarks.	-

NMHP PI 9 – Rates of suicide in the community.		
Data collection details.		
Data source(s).	Numerator.	ABS Causes of Death.
	Denominator.	ABS Estimated Residential Population.
Data source(s) type.	Numerator.	Register.
	Denominator.	Census.
Frequency of data source(s) collection.	Numerator.	Annually.
	Denominator.	Annually.
Data development.	Short-term:	-
	Medium-term:	-
	Long-term:	-

NMHP PI 12 – Prevalence of mental illness.

Strategic issue.	Prevention and Early Intervention.
Rationale.	Monitoring the overall prevalence rates provides a global indication of the mental health of Australians.
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.
Date last updated.	January 2011.

Indicator details.

Description.	Percentage of the population who meet the criteria for a diagnosis of a mental illness in the past 12 month.
Numerator.	Population aged 16–85 years with a diagnosable mental illness.
Denominator.	Estimated resident population aged 16–85 years.
Computation.	(Numerator ÷ Denominator) x 100.
Calculation conditions.	Coverage/Scope. -
	Methodology. -
Definitions.	Mental illness is defined as a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities, generally according to the classification systems Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).
Presentation.	Percentage.
Disaggregation.	Age, subject to sample size.
Notes.	-
Is specification interim or long-term?	Long-term.
Reported in.	-

National Mental Health Performance Framework.

Tier.	Tier 1 – Health Status and Outcomes.			
Primary domain.	Health conditions.			
Secondary domain(s).	-			
Mental health sub-domain.	-			
Type of measure.	Outcome.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑
Related performance indicators and performance benchmarks.	-			

NMHP PI 12 – Prevalence of mental illness.		
Data collection details.		
Data source(s).	Numerator.	National Survey of Mental Health and Wellbeing 2007.
	Denominator.	Estimated resident population 2007.
Data source(s) type.	Numerator.	Survey.
	Denominator.	Census.
Frequency of data source(s) collection.	Numerator.	Ten-yearly.
	Denominator.	2007.
Data development.	Short-term:	-
	Medium-term:	-
	Long-term:	-

NMHP PI 13 – Percentage of population receiving mental health care.		
Strategic issue.	Service Access, Coordination and Continuity of Care.	
Rationale.	The issue of unmet need has become prominent since the National Survey of Mental Health and Wellbeing indicated that a majority of adults and younger persons affected by a mental disorder do not receive treatment.	
	Access issues figure prominently in concerns expressed by consumers and carers about the mental health care they receive. More recently, these concerns are being echoed in the wider community.	
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.	
Date last updated.	January 2011.	
Indicator details.		
Description.	Proportion of population receiving clinical mental health services.	
Numerator.	Number of people receiving clinical mental health services.	
Denominator.	Estimated residential population.	
Computation.	(Numerator ÷ Denominator) x 100.	
	Calculated separately for public, private and MBS-funded services.	
Calculation conditions.	Coverage/Scope.	Rates directly age-standardised.
		Inclusive of all mental-health related MBS items and includes some ambulatory-equivalent admitted patient mental health service contacts.
		Consultant psychiatrist services include MBS items 134, 136,138, 140, 142, 289,291, 293, 296, 297, 299, 300, 302, 304,306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.
		GP and other services include MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727. Also includes Item 2702, with effect from 1 January 2010.
		Clinical psychologist services include MBS items 80000, 80005, 80010, 80015, 80020.
		Other allied health services include MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015.
	Methodology.	Requires a non-duplicated person count separately for public, private and MBS-funded services.

NMHP PI 13 – Percentage of population receiving mental health care.

Definitions.	'Receiving mental health care': • State and territory mental health services: receiving one or more community contacts provided by mental health services. All service contacts are counted in defining whether a person receives a service, including those delivered 'on behalf' of the consumer. • Private psychiatric care: receiving specialist psychiatric care within the private hospital service stream, including both overnight and same day admitted patient care. • MBS: receiving one or more of the services provided under any of the Medicare-funded services streams specified in the Calculation conditions above.
Presentation.	Percentage.
Disaggregation.	State/Territory, age, and service stream.
Notes.	• State and territory disaggregation of Medicare data is based on patient residence, whereas state and territory disaggregation of community mental health care data and Private Mental Health Alliance data is based on location of service. • There is likely to be considerable overlap between the Medicare data and the private hospital data, as most patients accessing private hospital services would access MBS items in association with the private hospital service. • There is also likely to be some double counting of consumers receiving public and MBS funded services.
Is specification interim or long-term?	Interim.
Reported in.	• National Healthcare Agreement performance reports. • COAG National Action Plan Progress Report (Indicator 5 Percentage of people with a mental illness receiving mental health care).

National Mental Health Performance Framework.

Tier.	Tier III – Health System Performance.		
Primary domain.	Accessible.		
Secondary domain(s).	-		
Mental health sub-domain.	-		
Type of measure.	Outcome.		
Level at which indicator can be useful for benchmarking.	Service Unit. ☐	Mental Health Service Organisation. ☐	
	Regional group of services. ☐	State/Territory. ☑	

NMHP PI 13 – Percentage of population receiving mental health care.		
Related performance indicators and performance benchmarks.	-	
Data collection details.		
Data source(s).	Numerator.	• State and Territory community mental health care data. • Private Mental Health Alliance (PMHA) Centralised Data Management System (CDMS). • Medicare (MBS) data.
	Denominator.	• ABS Estimated Resident Population. • ABS Indigenous Experimental Estimates and Projections (Indigenous population).
Data source(s) type.	Numerator.	Administrative by-product data.
	Denominator.	Census.
Frequency of data source(s) collection.	Numerator.	Annually.
	Denominator.	Annually.
Data development.	Short-term:	Inclusion of DVA counts in MBS-funded services.
	Medium-term:	Resolve definitional issues regarding what constitutes 'receiving mental health care' to enable national consistency in reporting.
	Long-term:	Develop capacity in the national datasets to uniquely count individuals.

NMHP PI 14 – Readmission to hospital within 28 days of discharge.		
Strategic issue.	Service Access, Coordination and Continuity of Care.	
Rationale.	Readmission rate is considered a global performance measure, as it potentially points to deficiencies in the functioning of the overall care system. Admissions to a psychiatric facility following a recent discharge may indicate that inpatient treatment was either incomplete or ineffective, or that follow-up care was inadequate to maintain the person out of hospital.	
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.	
Date last updated.	January 2011.	
Indicator details.		
Description.	Percentage of in-scope overnight separations from the mental health service organisation's acute psychiatric inpatient units that are followed by a readmission to the same or to another public sector psychiatric inpatient unit within 28 days of discharge.	
Numerator.	Number of in-scope overnight separations from the mental health service organisation's acute psychiatric inpatient unit(s) occurring within the reference period, that are followed by a readmission to the same or another acute psychiatric inpatient unit within 28 days.	
Denominator.	Number of in-scope overnight separations from the mental health service organisation's acute psychiatric inpatient unit(s) occurring within the reference period.	
Computation.	(Numerator ÷ Denominator) x 100.	
Calculation conditions.	Coverage/ Scope.	All public mental health service organisations acute psychiatric inpatient units. The following separations are excluded: - Same day separations, including index separation and subsequent readmission. - Statistical and change of care type separations. - Separations that end by transfer to another acute or psychiatric inpatient hospital. - Separations that end by death, left against medical advice/ discharge at own risk. Separations, where purpose of admission was for maintenance ECT and length of stay is one night only.
	Methodology.	- Readmission is considered to have occurred if the person has been admitted to any public sector mental health acute inpatient unit within the state/territory. As such a state-wide unique patient identifier is required for full implementation of this indicator. - Where a mental health service organisation has more than one unit of a particular service type for the purpose of this indicator those units should be combined.

NMHP PI 14 – Readmission to hospital within 28 days of discharge.				
Definitions.	• 'Same day separations' are inpatient episodes where the admission and separation dates are the same. • 'Same or another acute psychiatric inpatient unit' for the purposes of this indicator 'another' means within the same jurisdiction.			
Presentation.	Percentage.			
Disaggregation.	State/Territory and age.			
Notes.	• This indicator cannot differentiate between 'planned' and 'unplanned' readmissions. • This indicator will not track readmissions across state/territory boundaries or track movement between public and private hospitals.			
Is specification interim or long-term?	Long-term.			
Reported in.	• COAG National Action Plan Progress Report (Indicator 8 Readmission to hospital within 28 days of discharge). • Report on Government Services.			
National Mental Health Performance Framework.				
Tier.	Tier III – Health System Performance.			
Primary domain.	Effective.			
Secondary domain(s).	Continuous.			
Mental health sub-domain.	Community tenure.			
Type of measure.	Outcome.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☑	Mental Health Service Organisation.	☑
	Regional group of services.	☑	State/Territory.	☑
Related performance indicators and performance benchmarks.	• Rates of pre-admission community care. • Rates of post-discharge community care.			
Data collection details.				
Data source(s).	Numerator.	State/territory admitted patient data.		
	Denominator.	State/territory admitted patient data		
Data source(s) type..	Numerator.	Administrative.		
	Denominator.	Administrative.		
Frequency of data source(s) collection.	Numerator.	Annually.		
	Denominator.	Annually.		

NMHP PI 14 – Readmission to hospital within 28 days of discharge.		
Data development.	Short-term:	-
	Medium-term:	-
	Long-term:	Data linkage may allow identification of readmission between jurisdictions, and between public and private hospitals.

NMHP PI 15 – Rates of pre-admission community care.		
Strategic Issue.	Service Access, Coordination and Continuity of Care.	
Rationale.	The majority of clients admitted to public sector mental health acute inpatient units are known to public sector community mental health services and it is reasonable to expect community teams should be involved in pre-admission care.	
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.	
Date last updated.	January 2011.	
Indicator details.		
Description.	Percentage of admissions to the mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately preceding that admission.	
Numerator.	Number of admissions to the mental health service organisation's acute psychiatric inpatient unit(s) for which a public sector community ambulatory service contact was recorded in the seven days immediately preceding that admission.	
Denominator.	Number of admissions to the mental health service organisation's acute psychiatric inpatient unit(s).	
Computation.	(Numerator ÷ Denominator) x 100.	
Calculation conditions.	Coverage/Scope.	All public sector mental health acute psychiatric inpatient units. The following admissions are excluded from the calculation: . • Same day admissions. • Admissions by inter-hospital transfer or between programs (for example, acute to rehabilitation). The following community ambulatory service contacts are excluded from the calculation: • Community ambulatory service contacts occurring on the day of admission.
	Methodology.	Requires capacity to track service use across inpatient and community boundaries and is dependent on the capacity to link patient identifiers.
Definitions.	• Same day admissions are defined as inpatient episodes where the admission and separation dates are the same. • An ambulatory service contact is the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those patients/clients 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.	

NMHP PI 15 – Rates of pre-admission community care.	
Presentation.	Percentage.
Disaggregation.	State/Territory and age.
Notes.	• The reliability of cross-jurisdictional comparisons on this indicator is dependent on the implementation of statewide unique patient identifiers as the community services may not necessarily be delivered by the same mental health service organisation that admits the patient. • This measure does not consider variations in intensity or frequency of contacts prior to admission. Additionally, it does not distinguish differences between phone and face-to-face community contacts.
Is specification interim or long-term?	Long-term.
Reported in.	-

National Mental Health Performance Framework.				
Tier.	Tier III – Health System Performance.			
Primary domain.	Continuous.			
Secondary domain(s).	Accessible.			
Mental health sub-domain.	Cross-setting continuity.			
Type of measure.	Process.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☑	Mental Health Service Organisation.	☑
	Regional group of services.	☑	State/Territory.	☑
Related performance indicators and performance benchmarks.	• 28 day readmission rate. • Average length of acute inpatient stay. • Post-discharge community care.			

Data collection details.		
Data source(s).	Numerator.	State/territory admitted patient and community mental health care data.
	Denominator.	State/territory admitted patient mental health care data.
Data source(s) type.	Numerator.	Administrative.
	Denominator.	Administrative.
Frequency of data source(s) collection.	Numerator.	Annually.
	Denominator.	Annually.

NMHP PI 15 – Rates of pre-admission community care.		
Data development.	Short-term:	-
	Medium-erm:	-
	Long-term:	Full implementation of this measure requires unique statewide patient identifiers not currently available in all jurisdictions.

NMHP PI 16 – Rates of post-discharge community care.	
Strategic issue.	Service Access, Coordination and Continuity of Care.
Rationale.	Transition in care from hospital to the community is identified as a critical time in the treatment continuum. Evidence suggests that immediately following discharge is a period of increased vulnerability, and that timely follow-up mitigates the risk of relapse. A responsive community support system for persons who have experienced an acute psychiatric episode requiring hospitalisation is essential to maintain clinical and functional stability and to minimise the need for hospital readmission.
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.
Date last updated.	January 2011.
Indicator details.	
Description.	Percentage of separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately following that separation.
Numerator.	Number of in-scope separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory service contact in which the consumer participated, was recorded in the seven days immediately following that separation.
Denominator.	Number of in-scope separations for the mental health service organisation's acute psychiatric inpatient unit(s).
Computation.	(Numerator ÷ Denominator) x 100.

Calculation conditions.	Coverage/Scope.	All public mental health service organisations acute psychiatric inpatient units.
		The following separations are excluded:
		• Same day separations.
		• Statistical and change of care type separations.
		• Separations that end by transfer to another acute or psychiatric inpatient hospital.
		• Separations that end by death, left against medical advice/discharge at own risk.
		The following community ambulatory service contacts are excluded from the calculation:
		• Community ambulatory service contacts occurring on the day of separation.
	Methodology.	• Implementation of this indicator requires the capacity to track service use across inpatient and community boundaries and is dependent on the capacity to link patient identifiers.
		• Where a mental health service organisation has more than one unit of a particular service type for the purpose of this indicator those units should be combined.

NMHP PI 16 – Rates of post-discharge community care.	
Definitions.	• Same day separations are defined as inpatient episodes where the admission and separation dates are the same. • An community ambulatory service contact is the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those patients/clients 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.
Presentation.	Percentage.
Disaggregation.	State/Territory and age.
Notes.	• The reliability of cross-jurisdictional comparisons on this indicator is dependent on the implementation of statewide unique patient identifiers as the community services may not necessarily be delivered by the same mental health service organisation that admits the patient. • This measure does not consider variations in intensity or frequency of service contacts following discharge from hospital. • This measure does not distinguish qualitative differences between phone and face-to-face community contacts.
Is specification interim or long-term?	Long-term.
Reported in.	• COAG National Action Plan Progress Report. • Report on Government Services.
National Mental Health Performance Framework.	
Tier.	Tier III – Health System Performance.
Primary domain.	Continuous.
Secondary domain(s).	Accessible and safe.
Mental health sub-domain.	Cross-setting continuity.
Type of measure.	Process.
Level at which indicator can be useful for benchmarking.	Service Unit. ☑ Mental Health Service Organisation. ☑ Regional group of services. ☑ State/Territory. ☑
Related performance indicators and performance benchmark.s	• 28 day readmission rate. • Average length of acute inpatient stay. • Pre-admission community care.

NMHP PI 16 – Rates of post-discharge community care.		
Data collection details.		
Data source(s).	Numerator.	State/territory admitted patient and community mental health care data.
	Denominator.	State/territory admitted patient mental health care data.
Data source(s) type.	Numerator.	Administrative by-product.
	Denominator.	Administrative by-product.
Frequency of data source(s) collection.	Numerator.	Annually.
	Denominator.	Annually.
Data development.	Short-term:	Nil.
	Medium-term:	Nil.
	Long-term:	Full implementation of this measure requires unique statewide patient identifiers not currently available in all jurisdictions.

NMHP PI 20 – Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities.

Strategic issue.	Service Access, Coordination and Continuity of Care.
Rationale.	Prison populations have higher rates of mental illness than the general population, and are highlighted as a risk group. An over-representation of people in mental illness may indicate failure to deliver appropriate intervention services to people with mental illness who are at risk of offending.
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.
Date last updated.	January 2011.

Indicator details.

Description.	The proportion of prisoners who self report they have been told by a doctor or mental health professional that they have a mental illness.
Numerator.	Number of prison entrants who report that they have been told by a doctor or mental health professional that they have a mental illness.
Denominator.	Total number of prison entrants.
Computation.	(Numerator ÷ Denominator) x 100.
Calculation conditions.	Coverage/Scop.e -
	Methodology. -
Definitions.	• Doctor or mental health professional: for the purpose of this indicator includes a medical practitioner, psychiatrist, psychologist, nurse. • Mental illness: a mental health disorder including drug and alcohol abuse.
Presentation.	Percentage.
Disaggregation.	Age, sex, and Indigenous status.
Notes.	-
Is specification interim or long-term?	Interim.
Reported in.	Health of Australia's Prisoners 2009.

National Mental Health Performance Framework.

Tier.	Tier 1 – Health Status and Outcomes.			
Primary domain.	Health conditions.			
Secondary domain(s).	-			
Mental health sub-domain.	-			
Type of measure.	Outcome.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☐
	Regional group of services.	☐	State/Territory.	☑

NMHP PI 20 – Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities.		
Related performance indicators and performance benchmarks.	-	
Data collection details.		
Data source(s).	Numerator.	National Prisoner Health Data Collection.
	Denominator.	National Prisoner Health Data Collection.
Data source(s) type.	Numerator.	Prisoner Census.
	Denominator	Prison Establishment Census.
Frequency of data source(s) collection.	Numerator.	Proposed as an annual collection.
	Denominator.	Proposed as an annual collection.
Data development.	Short-term:	-
	Medium-term:	Alternative data sources to provide proxy data for juvenile detainees are being investigated with Juvenile Justice departments. Data linkage between mental health and juvenile justice National Minimum Data Sets is being investigated.
	Long-term:	

NMHP PI 21 – Proportion of total mental health workforce accounted for by consumer and carer workers.		
Strategic issue.	Quality Improvement and Innovation.	
Rationale.	Consumer and carer involvement in the planning and delivery of mental health services is considered essential to adequately represent the views of consumers and carers, advocate on their behalf and promote the development of consumer responsive services.	
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.	
Date last updated.	January 2011.	
Indicator details.		
Description.	Proportion of the state and territory mental health workforce who are consumer and carer workers.	
Numerator.	Number of full time equivalent consumer and carer worker positions within Australian state and territory public mental health services.	
Denominator.	Number of full time equivalent clinical positions and customer and carer worker positions within Australian state and territory mental health services.	
Computation.	(Numerator ÷ Denominator) x 100.	
Calculation conditions.	Coverage/Scope.	Australian state and territory-provided public mental health services.
	Methodology.	-
Definitions.	Clinical positions are described in the National Minimum Dataset—Mental Health Establishments and include the labour force categories of *Consultant psychiatrists and psychiatrists*, *Psychiatry registrars and trainees*, *Other medical officers*, *Registered nurses*, *Enrolled nurses*, *Occupational therapists*, *Social workers*, *Psychologists*, *Other diagnostic and health professionals* and *Other personal care* staff.	
Presentation.	Percentage.	
Disaggregation.	State/Territory by consumer and carer workers.	
Notes.	Current data collections do not cover mental health services managed by government-funded NGOs.	
Is specification interim or long-term?	Long-term.	
Reported in.	• Mental Health Services in Australia. • National Mental Health Report. • Report on Government Services.	
National Mental Health Performance Framework.		
Tier.	Tier III – Health System Performance.	
Primary domain.	Capable.	
Secondary domain(s).	-	

NMHP PI 21 – Proportion of total mental health workforce accounted for by consumer and carer workers.				
Mental health sub-domain.	-			
Type of measure.	Input.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☐	Mental Health Service Organisation.	☑
	Regional group of services.	☑	State/Territory.	☑
Related performance indicators and performance benchmarks.	-			
Data collection details.				
Data source(s).	Numerator.		National Minimum Dataset – Mental Health Establishments.	
	Denominator.		National Minimum Dataset – Mental Health Establishments.	
Data source(s) type.	Numerator.		Administrative.	
	Denominato.r		Administrative.	
Frequency of data source(s) collection.	Numerator.		Annually.	
	Denominator.		Annually.	
Data development.	Short-term:.		Definitional development for *Consumer consultant* and *Carer consultant* is currently underway to ensure definitions reflect the various arrangements that may exist between organisations and consumer/carer consultants.	
	Medium-term:		-	
	Long-term:		The development of a Mental Health Non-Government Organisation National Minimum Dataset (MH NGO NMDS) is currently in the scoping phase. This indicator has been noted as being desirable in any new Mental Health NGO collection.	

NMHP PI 22 – Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards.	
Strategic issue.	Quality Improvement and Innovation.
Rationale.	• Implementation of the National Standards for Mental Health Services has been agreed by all jurisdictions. • Service quality has been a driving force for the National Mental Health Strategy.
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.
Date last updated.	January 2011.
Indicator details.	
Description.	Percentage of the mental health service organisation's services (weighted by expenditure) that have been reviewed against the National Standards for Mental Health Services. The indicator grades services into four categories. • Level 1 – Services have been reviewed by an external accreditation agency and judged to have met all National Standards. • Level 2 – Services have been reviewed by an external accreditation agency and judged to have met some but not all National Standards. • Level 3 – Services: (i) are in the process of being reviewed by an external accreditation agency but the outcomes are not known; or (ii) are booked for review by an external accreditation agency. • Level 4 – Mental health services that do not meet criteria detailed under Levels 1 to 3.
Numerator.	Total expenditure by mental health service organisations on mental heath services that meet the definition of Level X where X is the level at which the indicator is being measured (either Level 1, Level 2, Level 3 or Level 4 as detailed above).
Denominator.	Total mental health service organisation expenditure on mental health services.
Computation.	(Numerator ÷ Denominator) x 100 calculated for each level.

NMHP PI 22 – Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards.		
Calculation conditions.	Coverage/Scope.	All public mental health service organisations, with the following exclusion. • Older Persons Mental Health Community Residential Services approved under or working towards the accreditation standards gazetted as part of the Australian Government Aged Care Act 1997.
	Methodology.	Weighted by expenditure within various levels of aggregation above service unit/team.
Definitions.	Mapping of levels to National Minimum Data Set – Mental Health Establishments (MHE) codes as follows: *Level 1:* MHE code 1; *Level 2:* MHE code 2; *Level 3:* MHE codes 3-4; *Level 4:* MHE codes 5-8.	
Presentation.	Percentage.	
Disaggregation.	State/Territory.	
Notes.	• External review is a process of negotiation between mental health service organisations and the accrediting agency. Accordingly, variations may exist in the extent to which all or some Standards are deemed to be applicable to individual service units. • A review may apply to the service units within a mental health service organisation, not the mental health service organisation as an entity in itself. • External accreditation agencies such as ACHS and QIC use differing review methodologies.	
Is specification interim or long-term?	Interim.	
Reported in.	A similar indicator is reported in the Report on Government Services.	
National Mental Health Performance Framework.		
Tier.	Tier III – Health Service Performance.	
Primary domain.	Appropriate.	
Secondary domain(s).	Capable.	
Mental health sub-domain.	Compliance with standards.	
Type of measure.	Process.	

NMHP PI 22 – Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards.				
Level at which indicator can be useful for benchmarking.	Service Unit.	☑	Mental Health Service Organisation.	☑
	Regional group of services.	☑	State/Territory.	☑
Related performance indicators and performance benchmarks.	National Mental Health Key Performance Indicator 'National Service Standards compliance'.			
Data collection details.				
Data source(s).	Numerator.	National Minimum Data Set – Mental Health Establishments or State/Territory central health administration.		
	Denominator.	National Minimum Data Set – Mental Health Establishments or State/Territory central health administration.		
Data source(s) type.	Numerator.	Administrative.		
	Denominator.	Administrative.		
Frequency of data source(s) collection.	Numerator.	Annually.		
	Denominator.	Annually.		
Data development.	Short-term:	-		
	Medium-term:	New National Standards have been developed, and work is underway to establish a method of measuring compliance. This indicator is based on the current National indicator National Service Standards Compliance, which will be reviewed in 2011 Subsequently, this indicator will be revised accordingly.		
	Long-term:	Mental Health NGO coverage is not included and will require new data collection.		

NMHP PI 23 – Mental health outcomes for people who receive treatment from State and Territory services and the private hospital system.	
Strategic issue.	Quality Improvement and Innovation.
Rationale.	• Improvement in clinical outcomes, measured by a reduction in the severity of symptoms and improvements in functioning, is a core objective of mental health services.
	• The implementation of routine mental health outcome measurement in Australia provides the opportunity to monitor the effectiveness of mental health services across services and jurisdictions.
	• Identifying the comparative effectiveness of mental health services informs benchmarking between services and related service quality improvement activities.
Endorsement status.	Endorsed by AHMAC Mental Health Standing Committee, February 2011.
Date last updated.	January 2011.
Indicator details.	
Description.	The proportion of episodes of care, or partial episodes, where either:.
	• significant improvement.
	• significant deterioration.
	• no significant change.
	was identified between baseline and follow-up of completed outcome measures.
Numerator.	Number of episodes or partial episodes with completed outcome measures, partitioned by mental health setting, where either significant change/significant deterioration/no significant change was identified between *baseline* and *follow-up* within the reference period.
Denominator.	Number of episodes or partial episodes of care with completed outcome measures, partitioned by mental health setting within the reference period.
Computation.	(Numerator ÷ Denominator) x 100.
	Calculated separately for each group.

NMHP PI 23 – Mental health outcomes for people who receive treatment from State and Territory services and the private hospital system.		
Calculation conditions.	Coverage/ Scope.	All public mental health services organisations, and private psychiatric hospitals, with the following exclusion.
		Public community residential mental health services.
	Methodology.	• Only the HoNOS family of measures is considered in the calculation of this indicator.
		• Outcomes are to be calculated for the following three cohorts of consumers.
		– **Group A: Consumers discharged from hospital** All people who were discharged from an acute psychiatric inpatient unit within the reference period. Scores should be calculated as the difference between the total score recorded at admission (the 'baseline') and discharge (the 'follow-up').
		– **Group B: Consumers discharged from ambulatory care.** All people who were discharged from an ambulatory care episode within the reference period. Scores should be calculated as the difference between the total score recorded at admission to the episode (the 'baseline'), and discharge from the episode (the 'follow-up'). Ambulatory episodes that are completed because the consumer was admitted to hospital must be excluded from the analysis (that is, where the National Outcomes Casemix Collection (NOCC) 'reason for collection' equals change of setting).
		– **Group C: Consumers in ongoing ambulatory care.** All people who have an 'open' ambulatory episode of care at the end of reference period – that is, the person commenced the ambulatory episode some time either during or prior to the reference period and has not been discharged from that episode at the end of the reference period. Outcome scores should be calculated as the difference between the total score recorded on the first occasion rated which will be either admission or review, (the 'baseline') and the last occasion rated which will be a review (the 'follow-up') in the reference period.
		• Group change analyses can only be determined for episodes of care where both baseline and follow-up ratings are present. This excludes specific episodes defined by the NOCC data collection protocol as not requiring follow-up as well as episodes or partial episodes where either the baseline or follow-up measure is not available.
		• The total score is determined for each individual baseline and follow-up score. This is the sum total of the 12 HoNOS/65+ scales or the first 13 scales of the 15 HoNOSCA. Where one or more of the HoNOS/65+ or HoNOSCA scales has not been completed correctly, the collection occasion should only be regarded as valid and complete if
		• For the HoNOS and HoNOS65+: A minimum of 10 of the 12 scales have a valid severity rating (ie a rating of either 0, 1, 2, 3 or 4).
		• the HoNOSCA: A minimum of 11 of the first 13 items have a valid severity rating.
		• Outcome scores are classified as either 'significant improvement', 'significant deterioration or 'no significant change', based on Effect Size.
		• The group 'baseline' standard deviation score is calculated separately on the reference period for each age group and service setting stratification using the national data set. The group baseline standard deviation includes all valid clinical ratings (ie any valid baseline rating even although at an individual episode of care level it may not form a matched pair), and will be recalibrated periodically.
		• The reference period for this indicator (including calculation of the effect size) is typically a single financial year, and the result of modifying the reference period is unknown.

NMHP PI 23 – Mental health outcomes for people who receive treatment from State and Territory services and the private hospital system.

Definitions.	• HoNOS family includes HoNOS, HoNOS 65+ and HoNOSCA.
	• As defined by the NOCC Specifications Version 1.6, an *Episode of Care* is defined as a more or less continuous period of contact between a consumer and a *Mental Health Service Organisation* that occurs within the one *Mental Health Service Setting.*
	• Episodes of Care may be brief or prolonged, and may be provided in three settings – inpatient, ambulatory or residential. Under the NOCC protocol, a consumer may be in only one episode of mental health care at any one time.
	• The term 'partial episode' is used here to refer to the period between baseline and follow-up measurement for those consumers who are in ongoing ambulatory episodes, as discussed above (See Group C).
	• Effect size is a statistic used to assess the magnitude of a treatment effect. It is based on the ratio of the difference between the baseline and follow-up scores to the standard deviation of the baseline score. As a rule of thumb, effect sizes of 0.2 are considered small, 0.5 considered medium and 0.8 considered large. Based on this rule, a medium effect size of 0.5 is used to assign outcome scores to the three outcome categories. Thus individual episodes are classified as either: 'significant improvement' if the Effect Size index is greater than or equal to positive 0.5; 'significant deterioration' if the Effect Size index is less than or equal to negative 0.5; or 'no change' if the index is between -0.5 and 0.
Presentation.	Percentage by group.
Disaggregation.	State/Territory (for public mental health services), by HoNOS measure.
Notes.	• A specific issue in the interpretation of 'change' scores is how they relate to 'expectations of change' for a given consumer within a given mental health service setting. For consumers who have episodes of care in acute inpatient settings, it is generally accepted that there would be positive significant change as measured by the HoNOS family. In ambulatory settings, the expected outcome for some people may be improvement, but for others might be prevention of relapse (ie no statistical change. The thresholds for change need to be specific to mental health service settings and programs.
	• This indicator is only indicative of a single type of effectiveness and outcome for mental health consumers. Where possible, NOCC-based consumer outcome measures should be complemented by one or more other measures of consumer outcomes (eg social outcomes – housing tenure, employment etc) that demonstrate the different perspectives on, and dimensions of, mental health consumer outcomes.
	• This indicator addresses the sub-domain of consumer outcomes, and assesses severity of symptoms from the clinician's perspective. Improvements on other measures that assess other dimensions from both clinician and consumer perspectives should be considered for future development of performance indicators.
	• The national data set does note currently allow episodes of care to be connected across financial years. This limitation does not exist for states and territories own data sets.
	• This indicator was designed as a measure of aggregate group change.
Is specification interim or long-term?	Long-term.

NMHP PI 23 – Mental health outcomes for people who receive treatment from State and Territory services and the private hospital system.				
Reported in.	COAG National Action Plan Progress Report (Indicator 6 Mental health outcomes for people who receive treatment from State and Territory services and the private hospital system).			
National Mental Health Performance Framework.				
Tier.	Tier III – Health Service Performance.			
Primary domain.	Effective.			
Secondary domain(s).	-			
Mental health sub-domain.	Consumer outcomes.			
Type of measure.	Outcome.			
Level at which indicator can be useful for benchmarking.	Service Unit.	☑	Mental Health Service Organisation.	☑
	Regional group of services.	☑	State/Territory.	☑
Related performance indicators and performance benchmarks.	-			
Data collection details.				
Data source(s).	Numerator.	National Outcomes and Casemix Collection.		
	Denominator.	National Outcomes and Casemix Collection.		
Data source(s) type.	Numerator.	Outcome data.		
	Denominator.	Outcome data.		
Frequency of data source(s) collection.	Numerator.	Annually.		
	Denominator.	Annually.		
Data development.	Short-term:	-		
	Medium-term:	-		
	Long-term:	-		