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**“Transparency and Accountability in Health Care: the role
 of outcome measurement in Australian mental health
 reform”**

Mental Health Outcomes Conference
 November 2008

Australia’s Health Performance Framework


Healthy Public Policy	Health Status and Outcomes (TIER 1)	<ul style="list-style-type: none"> How healthy are Australians? Where is the most opportunity for improvement? Is it the same for everyone?
	Determinants of Health (TIER 2)	<ul style="list-style-type: none"> Are the factors determining health changing for the better? Where and for whom are they changing for the worse? Is it the same for everyone?
Health system policy	Health System Performance (TIER 3)	<ul style="list-style-type: none"> How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?

Nine performance ‘domains’

Health System Performance (‘TIER 3’)
 How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?

EFFECTIVE Care, intervention or action achieves desired outcome.	APPROPRIATE Care/intervention/action provided is relevant to the client’s needs and based on established standards.	EFFICIENT Achieving desired results with most cost effective use of resources.
RESPONSIVE Service provides respect for persons and is client orientated: - respect for dignity, confidential, participate in choices, prompt, quality of amenities, access to social support networks, and choice of provider.	ACCESSIBLE Ability of people to obtain health care at the right place and right time irrespective of income, geography and cultural background.	SAFE Potential risks of an intervention or the environment are identified and avoided or minimised.
CONTINUOUS Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	CAPABLE An individual or service’s capacity to provide a health service based on skills and knowledge.	SUSTAINABLE System or organisation’s capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

National Performance Framework for Mental Health Services



- Foreshadowed since Second National Mental Health Plan
- Initial focus on Tier 3 of the health performance framework

13 ‘stage 1’ mental health indicators

HEALTH SYSTEM PERFORMANCE

- Effective 1 indicator
- Appropriate 1 indicator
- Efficient 4 indicators
- Responsive 1 indicator
- Accessible 4 indicators
- Safe 1 indicator
- Continuous 2 indicators
- Capable 1 indicator
- Sustainable 1 indicator

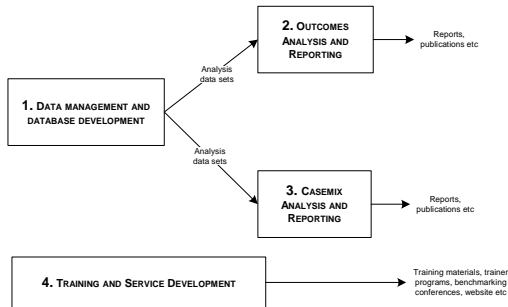
TOTAL = 13

Not all domains and sub domains are equally measurable – therefore, stage the work

Translating the framework to mental health 13 Stage 1 Indicators

Key Performance Indicator	Effective	Appropriate	Efficient	Responsive	Accessible	Sustainable	Capable	Safe	Continuous
28-day readmission rate	✓								○
National Service Standards compliance		✓					○		
Cost per acute inpatient episode			✓						
Average length of acute inpatient stay		○	✓						
Cost per three month community care period			✓						
Treatment days per three month community care period		○	✓						
Population receiving care					✓				
Local access to inpatient care					✓				
New client index					✓				
Comparative area resources					✓	○			
Pre-admission community care						○			✓
Post-discharge community care						○		○	✓
Outcomes readiness	○						✓		

Australian Mental Health Outcomes and Classification Network (AMHOCN)



AIHW Mental Health Services in Australia



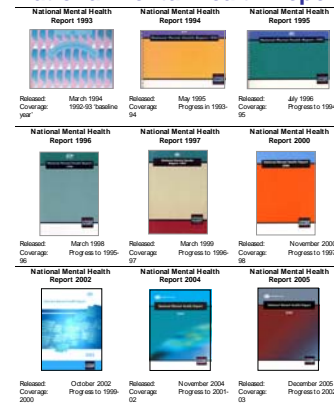
- Assembles available national data sets
- Focus primarily on services delivered, client characteristics
- Progressive broadening beyond health
 - Disability services
 - Housing

Report on Government Services



- Commenced 1995, commissioned by COAG
- Prepared by Productivity Commission
- Covers all areas of government services
- Mental health chapter introduced as a special 'health management issue' since 1999

National Mental Health Reports



The COAG National Action Plan on Mental Health

- Broadens the scope for monitoring to outside health
- Increased emphasis on reporting

COAG Reporting

- "A series of measures have been identified to **track progress against the outcomes**
- Australian Health Ministers will **report annually to COAG on implementation** of the Plan, and on progress against the agreed outcomes ...
- Governments have also agreed to an **independent evaluation** and review of the plan after 5 years."

4 Outcomes, 12 indicators

Outcome	Progress Measures
Reducing the prevalence and severity of mental illness in Australia	1. The prevalence of mental illness in the community
	2. The rate of suicide in the community
Reducing the prevalence of risk factors that contribute to the onset of mental illness and prevent longer term recovery	3. Rates of use of illicit drugs that contribute to mental illness in young people
	4. Rates of substance abuse
Increasing the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time, with a particular focus on early intervention	5. Percentage of people with a mental illness who receive mental health care
	6. Mental health outcomes of people who receive treatment from State and Territory services and the private hospital system
	7. The rates of community follow up for people within the first seven days of discharge from hospital
	8. Readmissions to hospital within 28 days of discharge
Increasing the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation	9. Participation rates by people with mental illness of working age in employment
	10. Participation rates by young people aged 16-30 with mental illness in education and employment
	11. Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities
	12. Prevalence of mental illness among homeless populations

Two broad populations for the 4th National Mental Health Plan (2009-2014)

- services for people with severe and persistent mental illness
- services for people with common mental disorders

Population Group Number One

services for people with severe and persistent mental illness

What are the problems that need to be fixed?

- Australia does not yet have an adequate service network for those living in the community
 - Inadequate community accommodation
 - Inadequate clinical services in community
 - Hospital beds gridlocked
 - Poor coordination between clinical, housing, rehabilitation and disability services
- Quality of clinical services in community is not acceptable
- Lack of health professionals wanting to work in mental health

Improving services for people with severe mental disorders in four areas under the COAG Plan

- Enhanced clinical services
- Better care co-ordination
- More residential rehabilitation, respite services and accommodation support
- More disability employment services

Increased access to psychiatrists

Items 296/297: Initial consultation, new patient, 40% loading on existing time based consultation

- acknowledges the extra work involved in seeing a new patient
- encourage an increase in number of new patients seen by psychiatrists

Improved services in the community

- \$191.6 million over five years for mental health nurses to work with psychiatrists and GPs to provide clinical case management
- \$ 284.8 million over five years for 900 Personal Support Workers

Improving services for people with severe mental disorders in four areas under the COAG Plan

- Enhanced clinical services
- Better care co-ordination
- **More residential rehabilitation, respite services and accommodation support**
- More disability employment services

Increased availability of structured social activity programs for people with severe mental illness
\$46 million over five years

- Respite care places, **\$224.7m over five years**
- Community based programmes to help families coping with mental illness, **\$45.2m over five years**

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- **More disability employment services**

Dept Education, Science and Technology

- Helping young people stay in education, **\$59.5m**

Dept Employment and Workplace Relations

- Helping people with a mental illness enter and remain in employment, **\$39.7m**

National Mental Health and Disability Employment Strategy

DEEWR and FaHCSIA

www.workplace.gov.au/workplace/Publications/PolicyReviews/EmploymentStrategy

- Aims to complement existing State and Territory investment
- Aims to complement initiatives targeting homelessness
www.facs.gov.au/internet/facsinternet.nsf/housing/white_paper_action_plan.htm
- Aims to complement initiatives promoting social inclusion
<http://www.socialinclusion.gov.au/>

Population Group Number Two

services for people with common mental disorders

Leading causes of burden (DALYs) Australia 2003

Rank	Males	DALYs	% of total	Females	DALYs	% of total
1	Ischaemic Heart disease	151,101	11.0	Anxiety and depression	126,464	10.0
2	Type 2 diabetes	76,577	5.6	Ischaemic heart disease	112,385	8.9
3	Anxiety and depression	65,321	4.8	Stroke	65,173	5.2
4	Lung cancer	55,028	4.0	Dementia	60,734	4.8
5	Stroke	53,302	3.9	Breast cancer	60,518	4.8
6	Chronic obstructive pulmonary disease	49,198	3.6	Type 2 diabetes	55,739	4.4
7	Adult-onset hearing loss	42,646	3.1	Chronic Obstructive pulmonary disease	37,548	3.0
8	Suicide and self-inflicted injuries	38,717	2.8	Lung cancer	33,876	2.7
9	Prostate cancer	36,544	2.7	Asthma	33,828	2.7
10	Colorectal cancer	34,642	2.5	Colorectal cancer	28,961	2.3

Leading causes of DALYs in 15–34 year olds, Australia 2003

Rank	Males	DALYs	% of total	Females	DALYs	% of total
1	Anxiety and depression	29,540	14.6	Anxiety and depression	56,824	29.6
2	Suicide and self-inflicted injuries	18,261	9.0	Migraine	11,646	6.1
3	Road traffic incidents	17,793	8.8	Asthma	9,701	5.1
4	Schizophrenia	13,121	6.5	Schizophrenia	7,986	4.2
5	Heroin dependence and harmful use	10,234	5.1	Infertility	5,987	3.1
6	Alcohol dependence and harmful use	9,030	4.5	Personality disorders	5,840	3.0
7	Personality disorders	6,752	3.3	Road traffic incidents	5,059	2.6
8	Infertility	4,515	2.2	Eating disorders	4,757	2.5
9	Migraine	4,432	2.2	Suicide and self-inflicted injuries	4,553	2.4
10	Cannabis dependence and harmful use	4,052	2.0	Bipolar disorder	3,641	1.9

What are the problems that need to be fixed?

- Low treatment coverage for common mental disorders
 - 40% of those with anxiety, depression and substance abuse receive treatment
 - This is half the treatment rates of those with comparable physical disorders
 - Unmet need, previously not expressed, is now presenting as new demand
- General Practice is overwhelmed

Improving services for people with common mental disorders under the COAG Plan

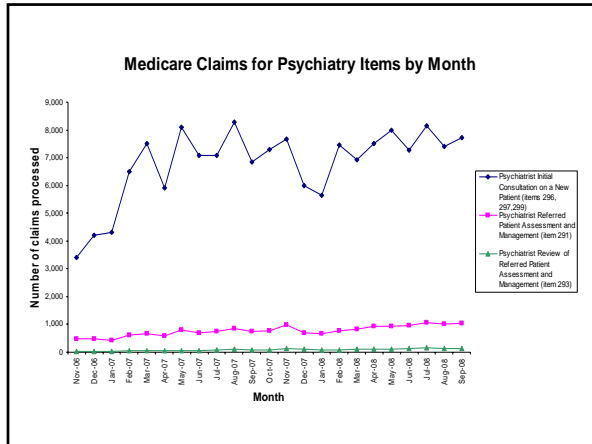
Increased access to

- psychiatrists
 - GP's
- psychologists
- social workers
- occupational therapists

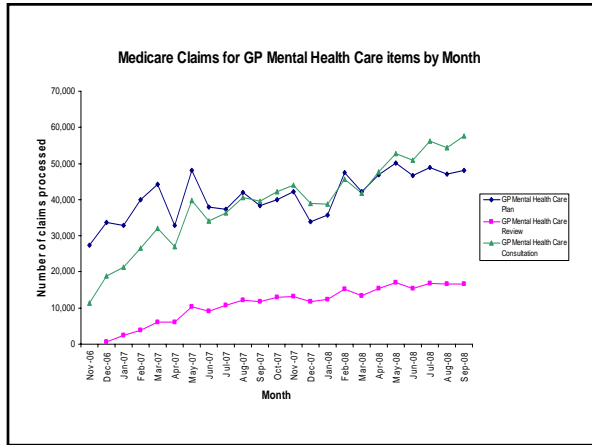
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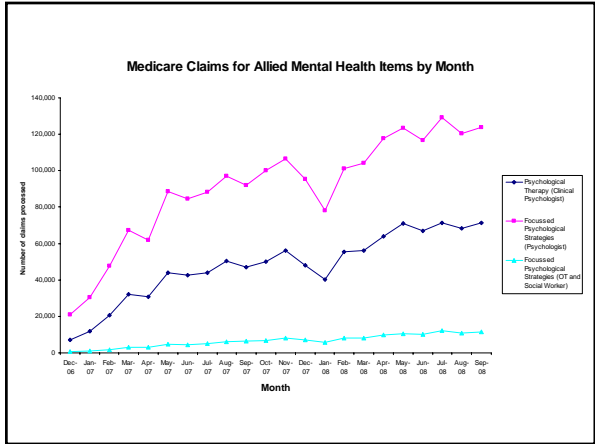
- ### Increased access to GP mental health consultations
- Preparation of a GP Mental Health Care Plan (Item 2710; Fee and rebate \$150) – requires outcome tool be used
 - GP Mental Health Care Review (Item 2712; Fee and rebate \$100) – requires outcome tool be used
 - GP Mental Health Long Consultation (Item 2713; Fee and rebate \$66)
 - GP Mental Health Treatment (Item 2721; Fee and rebate \$80.35; Item 2725; Fee and rebate \$115)



- ### Increased access to non-medical mental health practitioners on referral
- Four categories of clinician eligible to claim MBS rebates from November 2006. There are 20 new items.
- Clinical psychologist
 - State registered psychologist
 - Psychiatric social worker
 - Psychiatric occupational therapist

Number and percentages of non-medical mental health providers registered with Medicare Australia at 30th September 2007 and 30th October 2008

Mental Health Provider Group	30 th September 2007		30 th October 2008	
	Number	%	Number	%
Psychologists (Clinical)	1885	17.1	2501	18.1
Psychologists (Other)	8414	76.1	10259	74.1
Occupational Therapists	139	1.2	218	1.6
Social Workers	625	5.6	866	6.2
Total	11,063	100	13,844	100



Survey of Mental Health and Well-being ABS, 2007

- One in five Australians experienced a mental disorder in the last 12 months
 - 14.4% Anxiety disorders
 - 6.2% Affective disorders
 - 5.1% Substance use disorders
 -
- 45% of Australians experience a mental disorder at some point in their life
- Under-estimate for a number of reasons
 - Household survey
 - Not all mental disorders covered
 - 60% response rate

Service use

12% or 1.9 million people used services for mental health problems in the 12 months prior to their interview

- 59% have a 12-month disorder
- 20% had a lifetime disorder but not a 12-month disorder
- 21% had no lifetime prevalence

Service use

- Only 35% (3.2 million people) with a 12-month mental disorder accessed services for mental health problems
- Of those with 12-month disorders who received services, their needs were only partially or not met
 - information (28.6%)
 - medication (9%)
 - counseling (25.7%)
 - social intervention (23.6%)
 - skills training (17.9%)

Why aren't people receiving services?

- Most report no need
 - Of those with 12-month disorders who didn't receive services
 - 94.4% reported no need for information
 - 97.9% reported no need for medication
 - 89.7% reported no need for counselling
 - 94.3% reported no need for social intervention
 - 96.4% reported no need for skills training