



Mental Health Reporting

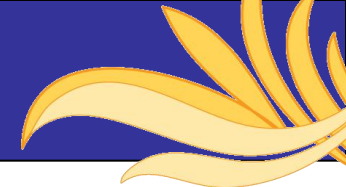
Mandatory National & State Reporting Requirements

Mental Health Commission



Government of **Western Australia**
Mental Health Commission



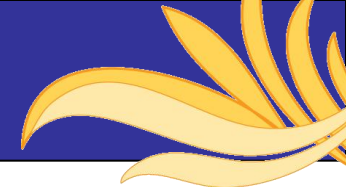


National Mental Health Strategy

Includes:

- ❖ National Mental Health Policy
- ❖ National Mental Health Plans
- ❖ Mental Health Statement of Rights and Responsibilities
- ❖ National Health Care Agreements



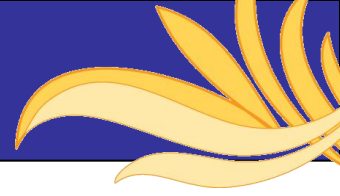


National Mental Health Strategy

The strategy aims to:

- ❖ Promote the mental health of the Australian community
- ❖ Prevent the development of mental disorder
- ❖ Reduce the impact of mental disorders on individuals, families and the community
- ❖ Assure the rights of people with mental disorders

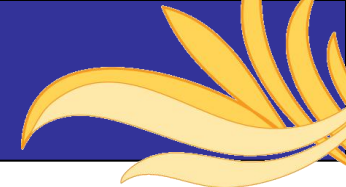




How does the Strategy intend to achieve these aims?

- ❖ Developing a standardised view of performance across all States/Territories
- ❖ Providing information on who uses what services, from whom, at what cost and to what effect
- ❖ Collecting evidence for developing policy, determining funding requirements and service planning

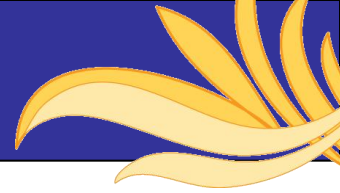




Mental Health Care NMDS Collections

Data Collection	Data Sources	Agency Responsible
Community Mental Health patient NMDS	MHIS	DoH
Residential Mental Health patient NMDS	MHIS	DoH
Admitted Mental Health patient NMDS	HMDS	DoH
Mental Health Establishments NMDS	MHS/MHIS	MHC
National Outcomes & Casemix Collection		

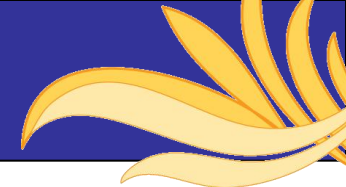




Who is responsible for reporting WA data to national authorities?

- ❖ All patient level data => WA Department of Health (DoH)
- ❖ Establishment level data => Mental Health Commission (MHC)





National Mental Health Reports

National Mental Health Report

Monitors progress of national reform

Dept of Health & Ageing

Mental Health Services in Australia

Presents descriptive data on activity of mental health services

Aust. Institute of Health & Welfare

Report on Government Services

Reviews the management of government services, including mental health

Productivity Commission



Bed crisis
for mentally
ill grows

Waiting patients shackled for days

**Mental
patients
cast on
streets**

Our fraud on
the mentally ill

Senate votes
for mental
health inquiry

**Impoverished system
fails mental patients**

Fix the
mental health
crisis

It's time governments began giving
proper attention and funding to the
mental health system.

Growing public concern

- Too hard to get into hospital in times of crisis
- Too little care for those in the community
- Increase in drug abuse causing more mental illness
- Stigma and discrimination about mental illness persists
- The achievements have not kept pace with increased community expectations and demand
- Broad concern that mental health reforms required a renewal of effort
- Daily headlines on how and where the system is failing

Mental care crisis
**HEALTH
CHIEF
RAISES
ALARM**

**Mentally ill
missing out
on help,
says AMA**

**States turn 'blind
eye' to mentally ill**

**PM urged to fix
mental health**

Reforms a failure, say psychiatrists

**Mental health
system now
seriously ill**

**Treatment
of mentally
ill as bad as
ever: expert**

The forgotten ones

Mental health is in crisis and sending the sick on to the streets, Vanessa Walker reports



A NATIONAL SCANDAL

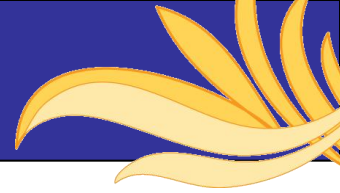
REPORT BY HALL GREENLAND

HUNDREDS OF DEATHS
GOVERNMENT COVER-UPS
HEALTH SYSTEM MADNESS



NAME AN AUSTRALIAN INNOVATOR
AND WIN A TRIP TO CHINA

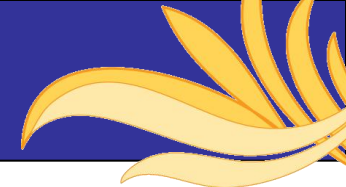




National Action Plan for Mental Health 2006-2011

1. Reducing prevalence and severity of mental illness in Australia
2. Reducing prevalence of risk factors
3. Increasing access to mental health care
4. Increasing the ability of people with a mental illness to participate in the community





Fourth National Mental Health Plan 2009-2014

1. Social inclusion and recovery
2. Prevention and early intervention
3. Service access, coordination and continuity of care
4. Quality improvement and innovation
5. Accountability – measuring and reporting progress

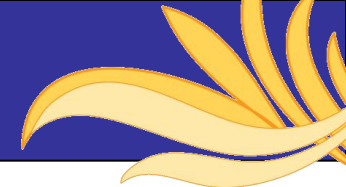




1. Social inclusion and recovery

- ❖ Participation rates by people with mental illness of working age in employment
- ❖ Participation rates by young people with mental illness in education or employment
- ❖ Rates of stigmatising attitudes within the community
- ❖ % of mental health consumers living in stable housing
- ❖ Rates of community participation by people with mental illness

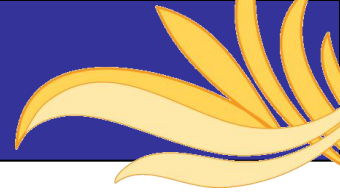




2. *Prevention and early intervention*

- ❖ Proportion of schools with mental health literacy in the curriculum
- ❖ Rates of contact with primary mental health care by children and young people
- ❖ Rates of use of licit and illicit drugs that contribute to mental illness in young people
- ❖ Rates of suicide in the community
- ❖ Rates of understanding of mental health problems and illness in the community
- ❖ Prevalence of mental illness
- ❖ Proportion of front line workers exposed to relevant education and training

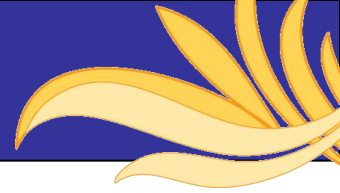




3. *Service access, coordination and continuity of care*

- ❖ % of population receiving mental health care
- ❖ Readmission to hospital within 28 days of discharge
- ❖ Rate of pre-admission community care
- ❖ Rate of post-discharge community care
- ❖ Proportion of consumers with nominated GP
- ❖ Average ED waiting times for consumers presenting with mental health problems
- ❖ Prevalence of mental illness in homeless populations
- ❖ Prevalence of mental illness among remanded or newly sentenced people in correctional facilities

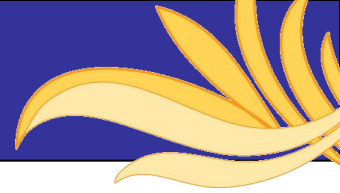




4. *Quality improvement and innovation*

- ❖ Proportion of mental health workforce accounted for by consumer and carer workers
- ❖ Proportion of services achieving accreditation standards under the National Mental Health Standards
- ❖ Outcomes for people receiving treatment from State and private hospital systems
- ❖ Proportion of consumers and carers with positive experiences of service delivery

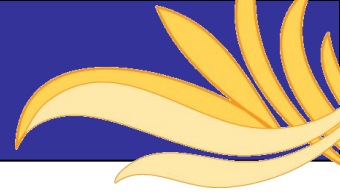




5. *Accountability – measuring and reporting progress*

- ❖ Proportion of services publicly reporting performance data

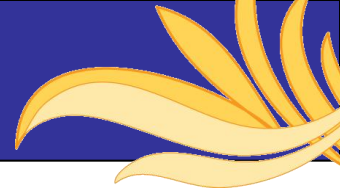




Mandatory Mental Health State Reporting Requirements

- ❖ Government Budget Statements (GBS)
- ❖ Mental Health Commission (MHC) Annual Report

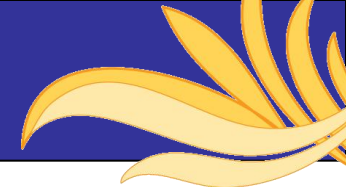




Background

- ❖ On 8 March 2010, MHC established as a separate government department.
- ❖ Under Treasurers instruction 903, all mental health KPI's will be reported in MHC Annual Report and GBS.





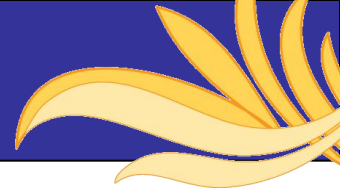
Outcome Based Management Framework

Government Goal:

Outcome based service delivery: Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians

Desired Outcome (interim)	Service	Effectiveness Indicators	Efficiency Indicators
The best possible mental health and wellbeing for all Western Australians	<ol style="list-style-type: none">1. Specialised mental health admitted patient2. Specialised community mental health	❖ Five effectiveness indicators	❖ Six efficiency indicators

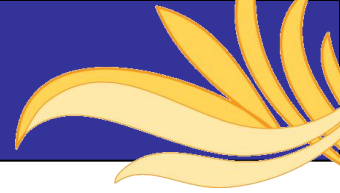




Effectiveness Indicators

- ❖ Five effectiveness indicators
- ❖ Measure the extent of impact of the delivery of the two services on the achievement of the desired outcome.





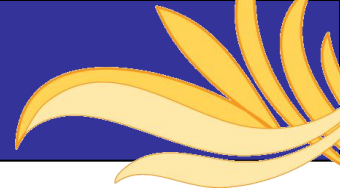
Effectiveness Indicator 1

- ❖ Rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition.
 - Metropolitan
 - 2008 Target: <8%
 - 2008 Actual: 5%

 - WA Country Health Service (WACHS)
 - 2008 Target: <8%
 - 2008 Actual: 7.6%

(Source: DOH Metropolitan and WACHS Annual Report 2008-09)





Effectiveness Indicator 2

NEW / MODIFIED INDICATOR

- ❖ Rate of suicide in Western Australia.
 - 2008 Target: 10.5 per 100,000 population





Effectiveness Indicator 3

❖ % of contacts with community based public mental health non-admitted services within 7 days **post discharge** from public mental health inpatient units.

- Metropolitan
 - 2008 Target: 60%
 - 2008 Actual: 59%

- WACHS
 - 2008 Target: 60%
 - 2008 Actual: 60.5%

(Source: DOH Metropolitan and WACHS Annual Report 2008-09)





Effectiveness Indicator 4

NEW INDICATOR

- ❖ % of contacts with community based public mental health non-admitted services within 7 days **prior to admission** to a public mental health inpatient unit.
 - 2010-11 Target: 65%





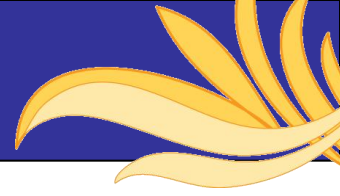
Effectiveness Indicator 5

❖ Proportion of people receiving community support from non-government organisations for mental health problems.

- 2008-09 Target: 65%
- 2008-09 Actual: 53%

(Source DOH Annual Report 2008-09)





Efficiency Indicators

- ❖ Six efficiency indicators
- ❖ Monitor the relationship between the service delivered and the resources used to produce the service



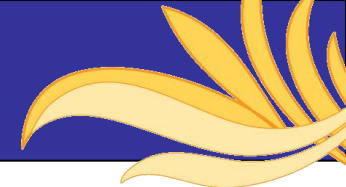


Efficiency Indicator 1

- ❖ Average cost per bed day in a specialised mental health unit.
 - Metropolitan
 - 2008-09 Target: \$982
 - 2008-09 Actual: \$1,002
 - WACHS
 - 2008-09 Target: \$1,081
 - 2008-09 Actual: \$1,125

(Source: DOH Metropolitan and WACHS Annual Report 2008-09)



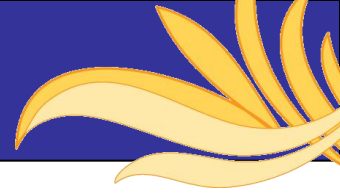


Efficiency Indicator 2

NEW INDICATOR

- ❖ Average cost per episode of community care provided by public mental health services.
 - 2010-11 Target: \$2,108





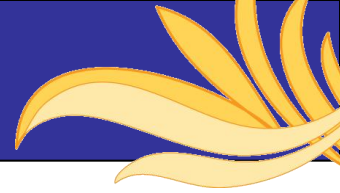
Efficiency Indicator 3

❖ Average cost per hour for community support provided by non-government organisations to people with mental health problems.

- 2008-09 Target: \$66
- 2008-09 Actual: \$61

(Source DOH Annual Report 2008-09)





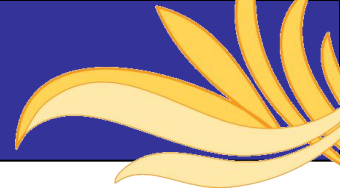
Efficiency Indicator 4

❖ Average subsidy per bed day for people with mental illness living in community supported residential accommodation.

- 2008-09 Target: \$237
- 2008-09 Actual: \$164

(Source DOH Annual Report 2008-09)





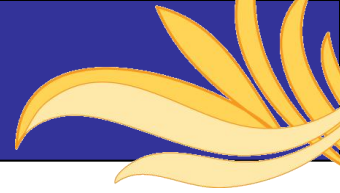
Efficiency Indicator 5

❖ Average subsidy per person to support residents in metropolitan licensed private psychiatric hostels.

- 2008-09 Target: \$5,454
- 2008-09 Actual: \$5,889

(Source DOH Annual Report 2008-09)





Efficiency Indicator 6

NEW INDICATOR

- ❖ Cost per capita of providing activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities).
 - 2010-11 Target: \$16 per capita

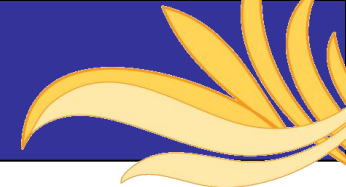




Key messages to conclude

- ❖ Quality and accuracy of data impacts on your service and your state.
- ❖ Improving the quality of service provision requires involvement in data at the clinical, management and policy levels.
- ❖ Performance measurement is something done together to achieve common goals.





Useful Websites

National Mental Health Strategy

- Dept of Health and Ageing website: www.health.gov.au

National Minimum Data Sets (NMDS)

- AIHW website: www.aihw.gov.au

Report on Government Services (ROGS)

- Productivity Commission website:
- www.pc.gov.au/gsp/index.html

Council of Australian Governments (COAG)

- www.coag.gov.au

Annual Reports (Department of Health only MHC Annual Report not available as yet).

- <http://www.health.wa.gov.au/home/>

Government Budget Statements (GBS)

- Department of Treasury and Finance website:
- <http://www.dtf.wa.gov.au>

