Community mental health care NMDS 2011–12: National Community Mental Health Care Database, 2014; Quality Statement

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Identifying and definitional attributes

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Data quality

Data quality statement summary:

- The National Community Mental Health Care Database (NCMHCD) contains data on service contacts provided by public sector specialised community mental health services in Australia.
- There is some variation in the types of service contacts included in jurisdictional data. For example, some jurisdictions may include written correspondence as service contacts while others do not.
- The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions reporting to the database.
- Data are reported by the jurisdiction that delivered the service and will include people receiving services in one jurisdiction who reside in another. These cross-border flows are particularly relevant in interpreting ACT data.
- There is variation across jurisdictions in the coverage of services providing contact data. In addition, some jurisdictions have over reported the number of contacts with clients due to the reporting of multiple clinicians involved in a single contact being reported as multiple rather than single contacts.
- The quality of principal diagnosis data may be affected by the variability in collection and coding practices across jurisdictions.
- Victoria did not supply data in 2011–12 and required that community mental health contact data for 2011–12 are excluded from national and jurisdictional totals, profiles and trends, with no substitute or proxy data to be included for Victoria when calculating national totals.
- Industrial action in Tasmania in 2011–12 affected the quality and quantity of the data.

Description

The National Community Mental Health Care Database (NCMHCD) contains data on community (also sometimes termed 'ambulatory') mental health service contacts provided by government-funded community mental health care services as specified by the Community mental health care (CMHC) National Minimum Data Set (NMDS) (see link). The NCMHCD includes data for each year from 2000–01 to 2011–12.

The NCMHCD includes information relating to each individual service contact provided by an in-scope mental health service. Examples of data elements included in the collection are demographic characteristics of patients, such as age and sex, clinical information, such as principal diagnosis and mental health legal status, and service provision information, such as contact duration and session type.

The CMHC NMDS is associated with the Mental Health Establishments (MHE) NMDS.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988*, (Cth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Community mental health services may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. States and territories use these data for service planning, monitoring and internal and public reporting. In addition, state and territory health authorities supply data for the NCMHCD under the terms of the National Health Information Agreement (see link), as specified by the CMHC NMDS (see 'Interpretability' section below).

Expenditure and resource information for community mental health services reporting to the NCMHCD are reported through the associated National Mental Health Establishments Database, as specified by the MHE NMDS (see link).

Timeliness:

Data for the NCMHCD were first collected in 2000–01.

States and territories are required to supply data annually in accordance with the CMHC NMDS specifications. The reference period for this data set is 2011–12, that is, service contacts provided between 1 July 2011 and 30 June 2012. Data for the 2011–12 reference period were supplied to the AIHW at the end of December 2012.

The AIHW publishes data from the NCMHCD in Mental health services in Australia annually.

Accessibility:

The AIHW produces the annual series *Mental health services in Australia*, primarily as an online publication at http://mhsa.aihw.gov.au/home/. This includes pdf documents of all sections in the publication, as well as data workbooks and an interactive data portal. In addition, a companion hard copy In brief summary document is produced and is available from the Media and Strategic Engagement Unit of the AIHW.

Interpretability:

Metadata information for the CMHC NMDS is published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*.

METeOR and the *National health data dictionary* can be accessed on the AIHW website:

http://meteor.aihw.gov.au

National Health Data Dictionary 2012 version 16 (AIHW)

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

Relevance:

The purpose of the NCMHCD is to collect information on all ambulatory mental health service contacts provided by community mental health care services, as specified by the CMHC NMDS. The scope for this collection is all government-funded and operated community mental health care services in Australia.

A mental health service contact, for the purposes of this collection, is defined as the provision of a clinically significant service by a specialised mental health service provider for patients/clients, other than those 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. Any one patient can have one or more service contacts over the reporting period (that is, 2011–12). Service contacts are not restricted to face-to-face communication but can include telephone, video link or other forms of direct communication. Service contacts can also be either with the patient or with a third party, such as a carer or family member, or other professional or mental health workers or other service providers.

Accuracy:

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made by them in response to these edit queries. The AIHW does not adjust these data to account for possible data errors or missing or incorrect values.

Most jurisdictions estimate that 90–100% of in-scope services provided contact data.

Victoria did not supply data in 2011–12 due to service level collection gaps arising from protected industrial action during this period. Victoria required that community mental health contact data for 2011–12 be excluded from national and jurisdictional totals, profiles and trends, with no substitute or proxy data to be included for Victoria when calculating national totals. All 2011–12 Victoria-specific data in the CMHC publication are populated with 'n.a.'. The totals reported include only those jurisdictions that provided data.

Tasmania estimated coverage of approximately 70% of in-scope service contacts which was supplied by 15 of the 16 service units. Industrial action in 2011–12 affected the quality and quantity of the data. New South Wales estimated a deficit of 30% and the Northern Territory estimated a deficit of 20%. Queensland and South Australia estimated coverage between 98–100%. Western Australia and the Australian Capital Territory did not have the capacity to provide a data coverage estimate.

Indigenous status

Data from the NCMHCD on Indigenous status should be interpreted with caution. Jurisdictional advice is that the data quality and completeness of Indigenous identification varies or is, in some cases, unknown. Indigenous status is missing for 10.7% of contacts in the 2011–12 NCMHCD.

States and territories provided information on the quality of the Indigenous data for 2011–12 as follows:

- New South Wales reported the quality of the Indigenous status data to be

acceptable but due to system issues that restricted collection, the data were not consistent.
- Victoria did not supply data in 2011–12.
- Queensland reported that the quality of Indigenous status data in 2011–12 was acceptable and an improvement on previous years data. However, further improvement is required to meet the standards of non-Indigenous statistics.
- Western Australia reported that the quality of Indigenous status data for 2011–12 was acceptable. However, the data could be improved at both local and state levels with the appropriate training in data capture at the point of collection, analysis and resolution of changes to Indigenous status between contacts and in routine monitoring of data capture and completeness during the reporting period.
- South Australia reported that the quality of Indigenous status data was acceptable, and generally an improvement on the previous year's data.
- Tasmania reported the quality of Indigenous status data was acceptable, but noted that it had been compromised by issues surrounding data collection in 2011–12. Variations in the quality of data have arisen from the high number of unregistered clients and in the different reporting practises of the mental health teams. A new system is scheduled to be implemented in 2013–14 which should result in improvements to these areas.
- The Australian Capital Territory did not report on the quality of the Indigenous data.
- The Northern Territory considered the quality of the Indigenous status data to be acceptable and consistent between services. Collection practises, emphasising the importance of Indigenous status, have improved the quality of these data.

Remoteness area

Numerators for remoteness area are based on the reported area of usual residence of the patient, regardless of the location or jurisdiction of the service provider. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction. Therefore, comparisons of service contact rates for jurisdictions require consideration of cross-border flows, particularly for the Australian Capital Territory.

Coherence:

Metadata specified in the CMHC NMDS may change from year to year. In 2011–12, there were no new data elements and changes to definitions do not impact on coherence with 2010–11 data.

It should be noted that there are variations across jurisdictions in the scope and definition of a service contact. For example, most jurisdictions may include telephone and/or written correspondence as service contacts while the Northern Territory does not. Data on contacts with unregistered clients are not included by all jurisdictions. Unregistered client contacts refer to those mental health service contacts for which a person identifier was not recorded. Queensland and the Northern Territory do not have any unregistered clients.

Principal diagnosis

The quality of principal diagnosis data in the NCMHCD may be affected by the variability in collection and coding practices across jurisdictions. In particular, there are:

1. Differences among states and territories in the classification used as follows:

- Queensland, Western Australia and Tasmania provided principal diagnosis data based on the ICD-10-AM 7th Edition
- South Australia used a combination of ICD-10-AM 4th Edition and NCCH ICD-10-AM Mental Health Manual 1st Edition
- Northern Territory used the 1st edition of the Mental Health Manual adapted from the ICD-10-AM
- New South Wales provided principal diagnosis data based on the ICD-10-AM
- Australian Capital Territory provided principal diagnosis data based on the ICD-10-AM 6th Edition

2. Differences according to the size of the facility (for example, large versus small) in the ability to accurately code principal diagnosis.

3. Differences in the availability of appropriately qualified clinicians to assign principal diagnoses (diagnoses are generally to be made by psychiatrists, whereas service contacts are mainly provided by non-psychiatrists).

4. Differences according to whether the principal diagnosis is applied to an individual service contact or to a period of care. New South Wales and Western Australia report the current diagnosis for each service contact rather than a principal diagnosis for a longer period of care. The remaining jurisdictions report principal diagnosis as applying to a longer period of care.

Data products

Implementation start date: 01/07/2011

Source and reference attributes

Steward: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes Community mental health care NMDS 2010–11: National Community Mental Health Care Database, 2012; Quality Statement
AIHW Data Quality Statements, Standard 15/04/2013

Has been superseded by Community mental health care NMDS 2012–13: National Community Mental Health Care Database, 2014; Quality Statement
AIHW Data Quality Statements, Standard 30/10/2014