

Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N

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Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Level of difficulty with activities in a life area (LSP-16 score)
Synonymous names:	LSP-16
METEOR identifier:	575229
Registration status:	Independent Hospital Pricing Authority , Standard 15/10/2014
Definition:	A person's level of functioning in performing the tasks and actions involved in the life areas specified in the abbreviated Life Skills Profile (LSP-16), as represented by a code.
Context:	Level of functioning, persons aged 18 years and over.
Data Element Concept:	Person—level of difficulty with activities in a life area
Value Domain:	Abbreviated Life Skills Profile score code N

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	0	Score of 0
	1	Score of 1
	2	Score of 2
	3	Score of 3
Supplementary values:	7	Unable to rate
	9	Not stated/missing

Collection and usage attributes

Guide for use: The abbreviated Life Skills Profile (LSP-16) contains 16 items which provide a key measure of function and disability in people with mental illness. The focus of LSP-16 is on the person's general functioning, i.e. how the person functions in terms of their social relationships, ability to do day-to-day tasks etc. Each of the 16 items is scored on a four point scale of 0 to 3. Lower scores indicate a higher level of functioning.

Comments: The original Life Skills Profile (LSP) was developed by a team of clinical researchers in Sydney (Rosen et al 1989, Parker et al 1991). It was designed to be a brief, specific and jargon-free scale to assess a consumer's abilities with respect to basic life skills.

Work undertaken as part of the Australian Mental Health Classification and Service Costs (MH-CASC) study saw the 39 items reduced to 16. This reduction in item number aimed to minimise the rating burden on clinicians when the measure is used in conjunction with the Health of the Nation Outcome Scale (HoNOS).

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Reference documents: Australian Mental Health Outcomes and Classification Network 2005. Training Manual: Adult ambulatory. Viewed 22 May 2014,

http://amhocn.org/static/files/assets/e1aca833/Adult_Ambulatory_Manual.pdf

Data element attributes

Collection and usage attributes

Guide for use: Functioning is the umbrella term for any or all of: body functions, body structures, activities and participation. Functioning is a multidimensional concept denoting the neutral aspects of the interaction between an individual (with a health condition) and that individual's environmental and personal factors.

An individual's functioning in a specific domain is an interaction or complex relationship between health conditions and environmental and personal factors.

Functioning and disability are dual concepts in a broad framework, with disability focussing on the more negative aspects of this interaction.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Has been superseded by [Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N Health!](#), Superseded 17/12/2021

Implementation in Data Set Specifications:

[Activity based funding: Mental health care DSS 2016-17](#)

[Independent Hospital Pricing Authority](#), Superseded 28/02/2017

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

Conditional obligation:

Reporting of LSP-16 is mandatory for the first mental health phase of care in an episode of mental health care for patients that are admitted to residential mental health units or ambulatory health services.

Reporting of the LSP-16 is not mandatory if mental health phase of care is reported as Assessment Only.

Subsequent reporting of LSP-16 is mandatory for the commencement of a new mental health phase of care occurring three months after the last LSP-16 reporting occasion.

The LSP-16 should only be reported for patients aged 18 years and over.

[Ambulatory patient mental health care cluster](#)

[Independent Hospital Pricing Authority](#), Standard 15/10/2014

Conditional obligation:

For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.

Reporting of LSP-16 is mandatory for the last service contact of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.

The LSP-16 should only be reported for patients aged 18 years and over.

DSS specific information: The LSP-16 for the last service contact may be derived from the LSP-16 discharge value submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.

[Residential patient mental health care cluster](#)

[Independent Hospital Pricing Authority](#), Standard 15/10/2014

Conditional obligation:

Reporting of LSP-16 at separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.

The LSP-16 should only be reported for patients aged 18 years and over.