

Activity based funding: Mental health care NBEDS 2018-19

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Activity based funding: Mental health care NBEDS 2018-19

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	676150
Registration status:	HealthI , Superseded 12/12/2018
DSS type:	Data Set Specification (DSS)
Scope:	The Activity based funding: Mental health care National Best Endeavours Data Set (ABF MHC NBEDS) defines information about patients receiving mental health care, funded by states and territories, that is associated with Australian public hospitals.

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

This includes services provided as assessment only activities.

The scope of the ABF MHC NBEDS is mental health care provided by services that are in-scope public hospital services under the National Health Reform Agreement 2011. This includes care delivered by specialised mental health services, public hospitals, Local Hospital Networks and non-government organisations (NGOs) managed or funded by state or territory health authorities. This also includes all in-scope services contracted by a public hospital, Local Hospital Network or jurisdiction regardless of the physical location of the contracting public hospital, Local Hospital Network or jurisdiction, or the location where the services are delivered. The ABF MHC NBEDS is intended to capture instances of service provision from the point of view of the patient.

Mental health care provided by services which are not in-scope public hospital services under the National Health Reform Agreement 2011 can also be reported.

Mental health care services that are considered in-scope may take place in admitted, ambulatory, emergency department or residential settings.

Collection and usage attributes

Statistical unit:	Episodes of mental health care
Collection methods:	Data are collected at each hospital from patient administrative, financial and other systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (for example, monthly).

National reporting arrangements

State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a six monthly basis. Only episodes which have a formal or statistical discharge at the end of a reference period should be reported.

Periods for which data are collected and nationally collated

Financial years ending 30 June each year.

Implementation start date:	01/07/2018
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Implementation end date: 30/06/2019

Comments: Whilst it is recognised that there may be activity undertaken by non-specialised ambulatory health services that meet the definition of mental health care, it is also acknowledged that jurisdictional system capabilities may prevent this activity being reported through this data set.

While the NBEDS provides guidance on the circumstances in which clinical measures should be reported for specific age groups, it is noted it is a clinical decision as to the most appropriate measure to be used for a particular patient.

Scope links with other National Minimum Data Sets (NMDSs) and NBEDSs

Admitted patient care NMDS

Community mental health care NMDS

Mental health establishments NMDS

Non-admitted patient NBEDS

Residential mental health care NMDS

Glossary items

Glossary terms that are relevant to this data set specification are included here:

[Activity based funding](#)

[Admission](#)

[Admitted patient mental health care service](#)

[Ambulatory care](#)

[Episode of residential care end](#)

[Episode of residential care start](#)

[Local Hospital Network](#)

[Mental health care](#)

[Mental health phase of care](#)

[Resident](#)

[Residential mental health care service](#)

[Separation](#)

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

- Related metadata references:**
- Supersedes [Activity based funding: Mental health care NBEDS 2017-18 Health!](#), Superseded 25/01/2018
 - Has been superseded by [Activity based funding: Mental health care NBEDS 2019-20 Health!](#), Superseded 17/01/2020
 - See also [Activity based funding: Non-admitted patient NBEDS 2018-19 Independent Hospital Pricing Authority](#), Superseded 30/06/2019
 - See also [Admitted patient care NMDS 2018-19 Health!](#), Superseded 12/12/2018
 - See also [Community mental health care NMDS 2018-19 Health!](#), Superseded 12/12/2018
 - See also [Mental health establishments NMDS 2018-19 Health!](#), Superseded 12/12/2018
 - See also [Non-admitted patient NBEDS 2018-19 Health!](#), Superseded 12/12/2018

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—additional diagnosis, code (ICD-10-AM 10th edn) ANN{.N[N]}	Conditional	99
	Conditional obligation:		
	This data element is only required to be reported for patients with an admitted or residential mental health episode of care.		
-	Episode of care—FIHS psychosocial complications indicator, yes/no/unknown/not stated/inadequately described code N	Conditional	7
	Conditional obligation:		
	Reporting of FIHS at the commencement of the second and subsequent mental health phase of care in an episode of mental health care is mandatory for patients in all settings.		
	If an episode of mental health care only contains one phase of care, then the FIHS is required to be reported at the end of the phase of care.		
	FIHS should only be reported for patients aged 17 years and under.		
	Reporting of FIHS is not mandatory for assessment only.		
-	Episode of care—mental health phase of care end date, DDMMYYYY	Mandatory	99
-	Episode of care—mental health phase of care start date, DDMMYYYY	Mandatory	99
-	Episode of care—mental health phase of care, code N	Mandatory	99
-	Episode of care—principal diagnosis, code (ICD-10-AM 10th edn) ANN{.N[N]}	Mandatory	1
-	Episode of mental health care—episode end date, DDMMYYYY	Mandatory	1
-	Episode of mental health care—episode end mode, code N[N]	Mandatory	1
-	Episode of mental health care—episode start date, DDMMYYYY	Mandatory	1
-	Episode of mental health care—episode start mode, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of mental health care—identifier, X[X(79)]	Mandatory	1
	DSS specific information:		
	The reporting of an episode identifier is mandatory for all episodes of mental health care reported in the ABF MHC NBEDS regardless of setting.		
-	Establishment—Local Hospital Network identifier, code NNN	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Mental health phase of care—number of leave days, total N[NN]	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2016) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2016) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1
-	Person—Indigenous status, code N	Mandatory	1
-	Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N	Conditional	16
	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.		
-	Person—level of functional independence, Resource Utilisation Groups - Activities of Daily Living score code N	Conditional	4
	Conditional obligation:		
	Reporting of the RUG-ADL at the commencement of a mental health phase of care is mandatory for admitted and residential patients.		
	Reporting of the RUG-ADL is not mandatory if mental health phase of care is reported as Assessment Only.		
	Reporting of the RUG-ADL should only be reported for patients aged 65 years and over.		

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN]	Conditional	1
	Conditional obligation:		
	Reporting of the CGAS at the start of the mental health phase of care is mandatory for patients in all settings.		
	Reporting of the CGAS is not mandatory if mental health phase of care is reported as Assessment Only.		
	The CGAS should only be reported for patients aged 17 years and under.		
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N	Conditional	24
	Conditional obligation:		
	Reporting of the HoNOS 65+ at the start of the mental health phase of care is mandatory for patients in all settings.		
	Reporting of the HoNOS 65+ is not mandatory if mental health phase of care is reported as Assessment Only.		
	The HoNOS 65+ should only be reported for patients aged 65 years and over.		
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N	Conditional	30
	Conditional obligation:		
	Reporting of the HoNOSCA at the commencement of mental health phase of care is mandatory for patients in all settings.		
	Reporting of the HoNOSCA is not mandatory if mental health phase of care is reported as Assessment Only.		
	The HoNOSCA should only be reported for patients aged 17 years and younger.		
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N	Conditional	24
	Conditional obligation:		
	Reporting of the HoNOS at the start of the mental health phase of care is mandatory for patients in all settings.		
	Reporting of the HoNOS is not mandatory if mental health phase of care is reported as Assessment Only.		
	The HoNOS should only be reported for patients aged 18 years to 64 years.		
-	Person—marital status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code X	Mandatory	1
-	Person—unit identifier type, mental health organisation type code NN	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Service contact—episode of care setting, code N	Conditional	1
	Conditional obligation: The data element is only required to be reported for patients with an ambulatory mental health episode of care. DSS specific information: For Activity based funding mental health care National best endeavours data set reporting, the Service contact—episode of care setting, code N data element is intended to be used in conjunction with the Service contact—service date, DDMMYYYY data element to allow users of the data set to identify ambulatory patient service contacts which were provided by an ambulatory mental health care service when a mental health care patient was admitted to hospital.		
-	Service contact—group session indicator, yes/no/not stated/inadequately described code N	Conditional	1
	Conditional obligation: The data element is only required to be reported for patients with an ambulatory mental health episode of care.		
-	Service contact—patient/client participation indicator, yes/no code N	Conditional	1
	Conditional obligation: The data element is only required to be reported for patients with an ambulatory mental health episode of care.		
-	Service contact—service date, DDMMYYYY	Conditional	1
	Conditional obligation: The data element is only required to be reported for patients with an ambulatory mental health episode of care.		
-	Specialised mental health service organisation—organisation identifier, XXXX	Mandatory	1
	Conditional obligation: The data element is only required to be reported for patients with an ambulatory mental health episode of care.		
-	Specialised mental health service organisation—organisation name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—admitted patient service unit identifier, XXXXXX	Mandatory	1
-	Specialised mental health service—admitted patient service unit name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—ambulatory service unit identifier, XXXXXX	Mandatory	1
-	Specialised mental health service—ambulatory service unit name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—residential service unit identifier, XXXXXX	Mandatory	1
-	Specialised mental health service—residential service unit name, text XXX[X(97)]	Mandatory	1

Seq **Metadata item**
No.

Obligation **Max**
occurs

- [Specialised mental health service—target population group, code N](#)

Conditional 1

Conditional obligation:

The data element is only required to be reported for patients admitted to an ambulatory mental health episode of care.