Mental Health Establishments NMDS 2019–20: National Mental Health Establishments Database, 2022; Quality Statement

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Identifying and definitional attributes

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Data quality

Data quality statement summary:

- The long-term nature of the data contained in the National Mental Health Establishments Database (NMHED) means any analysis must consider all of the coherence caveats included in this quality statement. These specify classification changes from year to year. For example, changes to the classification of services from hospital to residential services.
- Service level expenditure comparisons between states and territories must take into consideration the service profile mix in each jurisdiction.

Description

The National Mental Health Establishments Database (NMHED) contains data on specialised mental health care services managed or funded by state or territory health authorities in Australia. The NMHED is specified by the Mental health establishments (MHE) National Minimum Data Set (NMDS) (see link).

The NMHED includes data from 1992–93 to 2019–20. Since 2005–06 data have been compiled as specified by the MHE NMDS. Prior to this (1992–92 to 2004–05), data were collected through the National Survey of Mental Health Services, managed by the Australian Government Department of Health, and the Community Mental Health Establishments NMDS.

The NMHED includes information on the characteristics of specialised mental health services (for example, program type and target populations) and summary information on their expenditure, staffing and activity (for example, patient days, available beds, separations, service contacts and episodes).

The Mental Health Establishments (MHE) NMDS is associated with the Community Mental Health Care NMDS, Residential Mental Health Care NMDS, Admitted Patient NMDS and the Mental Health National Outcomes and Casemix Collection, which are used to collect data about clients and care provided by specialised mental health services.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the Australian Institute of Health and Welfare Act 1987 (AIHW Act), governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Compliance with the confidentiality requirements in the AIHW Act, the Privacy Principles in the Privacy Act 1988, (Cth) and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website www.aihw.gov.au/about-us, which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and vision and strategic goals (www.aihw.gov.au/about-us/our-vision-and-strategic-goals).

Mental health services may be required to provide data to state and territory health authorities 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 NMHED under the terms of the National Health Information Agreement (see link), as specified by the MHE NMDS (see 'Interpretability' section below).

The services that report to MHE NMDS may also report client level data in accordance with the Community Mental Health Care NMDS (METeOR ID 699975), Residential Mental Health Care NMDS (METeOR ID 707512), Admitted Patient Care NMDS (METeOR ID 699728) and Mental Health National Outcomes and Casemix Collection (see link).

Timeliness:

States and territories are required to supply data annually in accordance with the MHE NMDS specifications. The reference period for this data set is 2019–20, that is, services that were operational between 1 July 2019 and 30 June 2020, or part thereof. Data for the 2019–20 reference period were first supplied to the AIHW in April (Tas, Qld, NT, WA), May (Vic, NSW, SA), and July (ACT) 2021.

The AIHW publishes data from the NMHED in its online product Mental health services in Australia annually.

Accessibility:

The AIHW produces the annual series *Mental health services in Australia*, primarily as an online publication at https://www.aihw.gov.au/mhsa. This includes pdf documents of all sections in the publication, as well as data workbooks and an interactive data portal.

Interpretability:

Metadata information for the MHE NMDS is published in the AIHW's online metadata repository—METeOR.

METeOR can be accessed on the AIHW website:

https://meteor.aihw.gov.au

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 NMHED is to collect national data to provide a system-wide view of all specialised mental health services, managed or funded by state or territory health authorities.

Specialised psychiatric care (and associated costs) provided to patients admitted to wards/units that are not specialised public mental health inpatient units is not in scope.

Coverage of specialised mental health services, managed or funded by state and territory health authorities, is considered complete by states and territories, subject to any specific caveats in the Coherence section.

Accuracy:

States and territories are primarily responsible for the quality of the data they provide. The AIHW undertakes extensive validation after files are submitted for review. Validation is conducted in two stages: (1) The compliance stage is managed by the AIHW and is concerned with ensuring that the file is structurally compliant. (2) The data validation stage is managed by the AIHW and is primarily concerned with identifying and explaining or fixing inconsistent, anomalous, and exceptional issues, including invalid values, missing data and historical inconsistency.

Although there are national standards for the reporting of mental health services data, differences in financial accounting, counting and classification practices may affect the comparability of these data.

Data are subject to ongoing historical validation. Due to this ongoing validation, published 2005–06 to 2018–19 data could differ from previously published data.

Coherence:

Data are reported for each year from 1992–93 to 2019–20. Data should be consistent across most jurisdictions and across years within most jurisdictions, with the following exceptions.

Youth admitted beds

Prior to 2014–15, *Youth* beds were rolled up into the *General* category, due to small numbers. From 2014–15 these beds have been reported separately. Patient days, and patient day costs relating to *Youth* units are rolled up into the *General* category, for all years.

Admitted patient cost per bed day comparisons

Costs per inpatient bed day by target population and program type may not be comparable across jurisdictions. Classification of expenditure into target populations and program type is based on the classification of services in accordance with the MHE NMDS rather than the characteristics of their patient populations. For a service to be classified as providing a Child and adolescent, Youth, Older persons' or Forensic mental health service for example, it must be recognised by the relevant state or territory funding authority as having a corresponding specialised function and is specifically funded to provide such specialty services. It is likely that the cost per patient day for General mental health services in a jurisdiction that has separate Child and adolescent and Older persons services (for example, New South Wales and Victoria), may not be comparable to the average cost in a jurisdiction that has General services only (for example, Northern Territory).

Full-time-equivalent (FTE) staffing

Data collected for specific professional categories are only available from 1994–95. Data prior to 2005–06 may exclude small numbers of staff employed by specialised mental health service organisations.

In 2012–13, the Organisational overhead setting was introduced. The category includes FTE staff not directly involved in the delivery of patient care services in the admitted patient, residential or community mental health care service settings, or in the operations of those settings. This does not imply that these roles do not have an impact on service delivery. The introduction of this new category may have resulted in an observed decreased FTE in the other service setting categories for some jurisdictions, and may not have been consistently applied both within and between jurisdictions.

FTE data for a small number of residential services reported by Victoria, Western Australia, South Australia, the Australian Capital Territory and Northern Territory as Youth or Forensic residential services were included in the General category at the request of those jurisdictions.

New South Wales

Housing and Accommodation Support Initiative (HASI) services provided in NSW are reported as Specialised mental health service—supported mental health housing places. In 2016, Community Living Supports (CLS) commenced to support more people with severe mental illness to access the same type of support provided in HASI. Both HASI and CLS are out of scope as Residential mental

health care services.

The number of supported housing places reported by NSW in 2017–18 reflect changes resulting from the conclusion of the Commonwealth National Partnership Agreement (NPA) on Mental Health Services. The NSW Government continued funding until December 2017 to allow for transition to alternative support arrangements (including the NDIS) for up to 200 people in NPA funded places.

New South Wales reported a number of Child and Adolescent residential beds in 2018–19. These beds are reported separately but the number of patient days are included in the General category at the request of NSW.

2018–19 FTE figures are under-reported for NSW due to data on FTE staffing not being provided by the Northern Beaches Hospital. This is a new, privately-operated hospital that provides public mental health services under a public-private partnership agreement with NSW Health. The hospital opened in late October 2018.

Victoria

In 2018–19, 70% of the expenditure reported by Prevention and Recovery Care (PARC) units were deemed to be Non-Government Organisation expenditure, contrasting with data presented in the Facilities section, where beds, mental health care days, etc. were shown as government operated services.

Queensland

Long term analysis of admitted and residential services in Queensland must take the following reporting changes into consideration:

- Caution is required when interpreting trends in Queensland for hospital admitted patient services and community residential services from 1999–00. Commencing in 1999–00, Queensland opened a number of services that fall within the national definition of residential mental health services, but reported these facilities as hospital admitted patient services. For the years 1999–00 to 2004–05, under the National Survey of Mental Health Services (NSMHS), these services were reclassified by the Australian Government as residential mental health services to achieve consistency with national definitions and across jurisdictions. Following the introduction in 2005–06 of the Mental Health Establishments NMDS data collection, Queensland has continued to report these facilities as hospital admitted patient services. In contrast to the earlier years' data, no service reclassification has been made and the data for all years from 2005–06 are presented as reported by Queensland. From 2017-18, Queensland reclassified a number of services as residential and commenced reporting to the Residential Mental Health Care (RMHC) NMDS.

FTE data for a small number of Youth hospital services have been reported in the General category at the request of Queensland.

Queensland provides Older persons' mental health inpatient services using a number of different service models; however, the majority of Older persons' acute care is reported through General units, which limits comparability with jurisdictions that report these services differently. Queensland does not report any Forensic services; however, forensic patients can and do access acute care through General units.

From 2018–19 onwards, the number of supported housing places reported by Queensland reflects changes resulting from the transition of clients to the National Disability Insurance Scheme (NDIS).

Western Australia

FTE staff data has been unavailable for one service in WA since 2015–16, impacting time series staffing figures. Direct care FTE staff for the service are estimated to be about 70 FTE in 2015–16, around 120 FTE in 2016–17, about 125 FTE in 2017–18, 2018–19 and 2019–20. Comparisons between staffing and expenditure should be made with caution.

South Australia

In 2019–20, South Australia advised that the decrease in non-24 hour, non-

government organisation operated residential mental health care beds are related to the transition to these beds to funding under the National Disability Insurance Scheme (NDIS), which are considered out-of-scope for reporting to the Mental Health Establishments NMDS.

Australian Capital Territory

In 2016–17, ACT advised that a number of non-24 hour residential services are now funded under the National Disability Insurance Scheme (NDIS), which ACT now consider out-of-scope for reporting to the Mental Health Establishments NMDS. This has resulted in a significant reduction in non-24 hours staffed residential beds (from 45 to 5), and small decreases in patient days and residential FTE. Therefore, time-series comparisons and comparisons between jurisdictions should be made with caution.

Following a system-wide data review in 2018, ACT Health is continuing to improve its data quality.

From 2017–18 the ACT made a number of changes to its supported housing program resulting in the jurisdiction reporting zero places. This number may be revised or increased in the future.

Northern Territory

In 2016–17 and 2017–18, services within the Northern Territory were assessed under service accreditation standards which do not include certification for National standards for mental health services. Caution should be exercised when conducting time series analyses. Domestic staffing FTE figures are routinely unavailable for the NT.

In 2019–20, the NT advised that the decrease in residential expenditure is due to the gradual transition of clients to NDIS funding.

Data products

Implementation start date: 01/07/2019

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes Mental Health Establishments NMDS 2018–19: National Mental Health Establishments Database, 2021; Quality Statement
AIHW Data Quality Statements, Standard 29/01/2021

See also Mental health establishments NMDS 2019–20
Health!, Superseded 16/01/2020