Turning policy into practice:
The glossy brochure is more than the next batch of recycling
# National Mental Health Performance Framework

## Health Status and Outcomes (TIER 1)

<table>
<thead>
<tr>
<th>Health Conditions</th>
<th>Human Function</th>
<th>Life Expectancy and Well-being</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of disease, disorder, injury or trauma or other health-related states</td>
<td>Alterations to body, structure or function (impairments), activity (activity limitation) and participation (restriction in participation)</td>
<td>Broad measures of physical, mental, and social well-being of individuals and other derived indicators such as Disability Adjusted Life Expectancy (DALE)</td>
<td>Age or condition specific mortality rates</td>
</tr>
</tbody>
</table>

## Determinants of Health (TIER 2)

<table>
<thead>
<tr>
<th>Environmental Factors</th>
<th>Socio-economic Factors</th>
<th>Community Capacity</th>
<th>Health Behaviours</th>
<th>Person-related Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal</td>
<td>Socio-economic factors such as education, employment, per capita expenditure on health, and average weekly earnings</td>
<td>Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport</td>
<td>Attitudes, beliefs, knowledge and behaviors (e.g., patterns of eating, physical activity, access to alcohol consumption and smoking)</td>
<td>Genetic related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight</td>
</tr>
</tbody>
</table>

## Health System Performance (TIER 3)

<table>
<thead>
<tr>
<th>Effective</th>
<th>Appropriate</th>
<th>Efficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care, intervention or action achieves desired outcome</td>
<td>The care, intervention or action provided is relevant to the consumer’s and/or community needs and based on established standards</td>
<td>Achieving desired results with most cost effective use of resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsive</th>
<th>Accessible</th>
<th>Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provides respect for persons and their consumer and carer relationships: respect for dignity, confidential, participate in choices, prompt, quality of amenities, access to social support networks, and choice of provider</td>
<td>Ability of people to obtain health care at the right place and right time irrespective of income, geography and cultural background</td>
<td>Potential risks of an intervention or the environment are identified and avoided or minimized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuous</th>
<th>Capable</th>
<th>Sustainable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organizations and levels over time.</td>
<td>An individual or service’s capacity to provide a health service based on skills and knowledge</td>
<td>System or organization’s capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring)</td>
</tr>
</tbody>
</table>
National Mental Health Performance Framework

Health Status and Outcomes (‘TIER 1’)
How healthy are Australians? Is it the same for everyone? Where is the most opportunity for improvement?
• Health Conditions
• Human Function
• Life Expectancy and Well-being
• Deaths

Determinants of Health (‘TIER 2’)
Are the factors determining health changing for the better? Is it the same for everyone? Where and for whom are they changing for the worse?
• Environmental Factors
• Socio-economic Factors
• Community Capacity
• Health Behaviours
• Person-related Factors

Health System Performance (‘TIER 3’)
How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?
• Effective
• Appropriate
• Efficient
• Responsive
• Accessible
• Safe
• Continuous
• Capable
• Sustainable
Available information

• Awash with information
• What are we trying to achieve?
Tier 1

Health status and outcomes

How healthy are Australians? Is it the same for everyone? Where is the most opportunity for improvement?

- **Health conditions** - Prevalence of disease, disorder, injury or trauma or other health-related states.
- **Human function** - Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation).
- **Life expectancy and wellbeing** - Broad measures of physical, mental, and social wellbeing of individuals and other derived indicators such as Disability Adjusted Life Expectancy (DALE).
- **Deaths** - Age and/or condition specific mortality rates.
12-month diagnoses were derived based on lifetime diagnosis and the presence of symptoms of that disorder in the 12 months prior to the survey interview.

Source: NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING 2007
2. **12-MONTH MENTAL DISORDERS(a), by Age(b)**

![Bar chart showing mental disorders by age group](image)

(a) Persons who met criteria for diagnosis of a lifetime mental disorder (with hierarchy) and had symptoms in the 12 months prior to interview. A person may have had more than one mental disorder.

(b) Persons who had a 12-month mental disorder as a proportion of all persons in that same age group.

Source: NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING 2007
12-MONTH MENTAL DISORDERS (a), by Persons who used services for mental health problems (b) — Perceived need not fully met (c)

- Information
- Medication
- Counselling
- Social intervention (d)
- Skills training (e)

(a) Persons who met criteria for diagnosis of a lifetime mental disorder (with hierarchy) and had symptoms in the 12 months prior to interview. A person may have more than one mental disorder.
(b) In the 12 months prior to interview. See Services used for mental health problems in the Glossary.
(c) Need partially met and need not met.
(d) Includes help to sort out practical issues, such as money or housing, or help to meet people for support or company.
(e) Includes help to improve ability to work, to care for self, or to use time effectively.

Source: NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING 2007
Antidepressant medicines dispensing 17 years and under

Figure 68: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 17 years and under, age standardised, by local area, 2013–14
Antipsychotic medicines dispensing 17 years and under

Figure 88: Number of PBS prescriptions dispensed for antipsychotic medicines per 100,000 people aged 17 years and under, age standardised, by local area, 2013–14

For this map, local area refers to an ABS standard geographic region known as a Statistical Area Level 3 (SA3).
Tier 2
Determinants of health

Are the factors determining health changing for the better? Is it the same for everyone? Where and for whom are they changing?

- **Environmental factors** - Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal.

- **Socioeconomic factors** - Socioeconomic factors such as education, employment, per capita expenditure on health, and average weekly earnings.

- **Community capacity** - Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport.

- **Health behaviours** - Attitudes, beliefs, knowledge and behaviours eg patterns of eating, physical activity, excess alcohol consumption and smoking.

- **Person-related factors** - Genetic related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight.
Figure 2.9: The ratio of health expenditure to tax revenue, by state and territory governments, current prices, 2004–05 to 2014–15

Sources: AIHW health expenditure database; ABS 2016f.
National Survey of Mental Health Literacy and Stigma 2011
Informing people about physical health

Source: InforMH Health System Information & Performance Reporting Branch NSW Ministry of Health Published May 2017
Tier 3
Health system performance

How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?

- **Effective** - Care, intervention or action achieves desired outcome.
- **Appropriate** - Care/intervention/action provided is relevant to the client's needs and based on established standards.
- **Efficient** - Achieving desired results with most cost effective use of resources.
- **Responsive** - Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.
- **Accessible** - Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.
- **Safe** - Potential risks of an intervention or the environment are identified and avoided or minimised.
- **Continuous** - Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.
- **Capable** - An individual or service’s capacity to provide a health service based on skills and knowledge.
- **Sustainable** - System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring)
Understanding variability across jurisdictions

Figure AD.1: Mental health-related separations with specialised psychiatric care, state and territory, by hospital type, 2014–15

Notes:
1. The Northern Territory does not have any public psychiatric hospitals.
2. Private hospital figures for Tasmania and the Northern Territory are not published for confidentiality reasons.
3. Data for the Australian Capital Territory were not available for the 2014-15 reporting period. See the footnotes in each of the tables for details about the calculation of national rates.

Source data: National Hospital Morbidity Database and [Admitted patient mental health-related care Table AD.3 (1.2MB XLS)](https://example.com).
Figure AD.2: Mental health-related separations with specialised psychiatric care, by sex and age, 2014-15

Rate (per 1,000 population)

Source data: National Hospital Morbidity Database and Admitted patient mental health-related care Table AD.2 (1.20MB XLS).
Figure AD.3: Mental health-related separations with specialised psychiatric care (per cent), the 5 most frequently reported principal diagnoses, by hospital type, 2014-15

Principal diagnosis (ICD.10 AM code)
- Depressive episode (F32)
- Schizophrenia (F20)
- Reaction to severe stress and adjustment disorders (F43)
- Bipolar affective disorders (F31)
- Mental and behavioural disorders due to other psychoactive substance use (F11–F19)

Source data: National Hospital Morbidity Database and Admitted patient mental health-related care Table AD.7 [1.20MB XLS]
Figure AD.4: Mental health-related separations with specialised psychiatric care (per cent), by mental health legal status and hospital type, 2014–15

Source data: National Hospital Morbidity Database and Admitted patient mental health-related care Table AD.5 (1.2MB XLS).
Seclusion across age groups

Figure AD.11: Rate of seclusion events, public sector acute mental health hospital services, by target population, 2011–12 to 2015–16

Rate (per 1,000 bed days)

Target population

Note: Queensland and the Northern Territory do not report any acute Forensic services, however forensic patients can and do access acute care through General units.

Source: State and territory governments, unpublished.
Source data Admitted patient mental health-related care Table AD.19 (1.20MB XLS).
Restraint across age groups

Figure AD.14: Rate of restraint events, public sector acute mental health hospital services, by target population, 2015–16

Source: State and territory governments, unpublished.
Source data: Admitted patient mental health-related care Table AD.22 (1.20MB XLS)
Outcomes of Care

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td>Child and Adolescent</td>
</tr>
<tr>
<td>Measure</td>
<td>HoNOSCA</td>
</tr>
<tr>
<td>View</td>
<td>Total Score</td>
</tr>
<tr>
<td>Level of Analysis</td>
<td>Episode Transition</td>
</tr>
<tr>
<td>Transition</td>
<td>Admission/Discharge</td>
</tr>
<tr>
<td>Service Setting</td>
<td>Inpatient</td>
</tr>
</tbody>
</table>

### Statistics

<table>
<thead>
<tr>
<th>Summary</th>
<th>N</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5135</td>
<td>4.8</td>
<td>7.2</td>
</tr>
</tbody>
</table>

### Percentiles

<table>
<thead>
<tr>
<th>Value</th>
<th>10</th>
<th>25</th>
<th>50</th>
<th>75</th>
<th>90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>-3.0</td>
<td>0.0</td>
<td>4.0</td>
<td>9.0</td>
<td>14.0</td>
</tr>
</tbody>
</table>

**Chart**

All data reported from 1st of July, 2012 to 30th of June, 2015.
Reported KPIs

Key Performance Indicators for Australian Public Mental Health Services

A Key Performance Indicator (KPI) is a measure that describes a situation concisely, helps track progress and performance and acts as a guide to inform decision making. KPIs in the public mental health sector cover different aspects of services, may be affected by many factors, and are often interconnected. They can inform consumers, service providers and funders’ impressions of service and service performance.

Data portal

Data are currently available for 13 out of the 15 KPIs. For a number of the 13 indicators currently available, users can customise charts and tables according to consumer characteristics, geography, service type/level and year. Data can be exported by right clicking on any chart/table. The tab below link to the SASS VA portal.

Please note

The data portal requires Adobe Flash Player 11.1 or later and has minimum browser requirements. If your computer does not support these requirements, the indicator data is available in Microsoft Excel format and can be accessed through the table downloads icon above.

If you require the data in an alternative format, please contact mentalhealth@ahl.gov.au.

Data may take a couple of minutes to download. Data views will open in a new window.

Data are subject to minor revisions over time.

What happens during the period of care?

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion receiving care</td>
<td>1.8%</td>
</tr>
<tr>
<td>Pre-admission care</td>
<td>41.4%</td>
</tr>
<tr>
<td>New clients</td>
<td>42.6%</td>
</tr>
<tr>
<td>Seclusion</td>
<td>8.1%</td>
</tr>
</tbody>
</table>
• KPI.1: Percentage change in consumers' outcomes, states and territories
• KPI.2: Proportion of separations readmitted within 28 days of discharge (per cent), states and territories
• KPI.3: Proportion of expenditure by level of National Standards compliance (per cent), states and territories
• KPI.4: Average length of acute inpatient stay (days), by target population, states and territories
• KPI.5: Average cost per acute admitted patient day($), constant prices, states and territories
• KPI.6: Average number of community treatment days per three month community care period, states and territories
• KPI.7: Average cost per community treatment day ($), constant prices, states and territories
• KPI.8: Proportion of population receiving clinical mental health care (per cent), states and territories
• KPI.9: New client index (per cent), states and territories
• KPI.10: In Development (Expenditure per capita by area)
• KPI.11: Rate of pre-admission community care (per cent), states and territories
• KPI.12: Rate of post-discharge community care (per cent), states and territories
• KPI.13: In Development (Completed self-assessment by clients)
• KPI.14: Outcomes readiness (per cent), states and territories, by consumer group and age group
• KPI.15: Rate of seclusion events, public sector acute mental health hospital services, by target population
Reported KPIs
28 day readmission
Reported KPIs
Average cost per acute admitted patient day
Reported KPIs
Proportion of population receiving clinical health care

Indigenous

Non-Indigenous

More Information:
Specifications for the Key Performance Indicators for Australian Public Mental Health Services are available on the AIHW online metadata registry METeOR.

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Specifications for the Key Performance Indicators for Australian Public Mental Health Services are available on the AIHW online metadata registry METeOR.
Afternoon tea
National Information Priorities and Strategies under the Second National Mental Health Plan (released 1999)

- Module 1: Implementation strategy for introducing routine consumer outcome measurement in mental health services
- Module 2: Development and implementation of national service quality indicators for mental health services
- Module 3: Further development and implementation of a national mental health casemix information system
- Module 4: Understanding population mental health needs
- Module 5: Continuing development and implementation of the National Minimum Data Set – Mental Health Care
- Module 6: Annual monitoring and reporting of progress under the Australian Health Care Agreements and the Second National Mental Health Plan


- Priority Area 1: Using outcome measurement to improve mental health care
- Priority Area 2: Further development of a mental health casemix classification
- Priority Area 3: Using information to improve safety in mental health care
- Priority Area 4: Establishing performance indicators and benchmarking in mental health services
- Priority Area 5: Strengthening workforce uptake and capacity to use information
- Priority Area 6: Improving national minimum data sets for mental health care
- Priority Area 7: Information to support mental health care provided external to the specialist sector
- Priority Area 8: Monitoring population mental health and wellbeing
- Priority Area 9: Information to support mental health prevention and promotion
- Priority Area 10: Monitoring and reporting of progress under the National Mental Health Strategy
| Priority Area 1: Achieving integrated regional planning and service delivery |
| Priority Area 2: Suicide prevention |
| Priority Area 3: Coordinating treatment and supports for people with severe and complex mental illness |
| Priority Area 4: Improving Aboriginal and Torres Strait Islander mental health and suicide prevention |
| Priority Area 5: Improving the physical health of people living with mental illness and reducing early mortality |
| Priority Area 6: Reducing stigma and discrimination |
| Priority Area 7: Making safety and quality central to mental health service delivery |
| Priority Area 8: Ensuring that the enablers of effective system performance and system improvement are in place |
Healthy start to life
Meaningful and contributing life
Better physical health and living longer
Good mental health and wellbeing
Effective support, care and treatment
Less avoidable harm
Stigma and discrimination
Workshop Questions

• For what purposes/reasons should information be collected?
• What information would we need?
• What information don’t we have now?
• What information should be reported and how should it be reported?
• What are the barriers to information reporting and use?
• What priorities should we set?