PMHA | PRIVATE MENTAL HEALTH ALLIANCE

NEWSLETTER

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IN THIS ISSUE

Wishing all our readers a very merry Christmas and a happy and safe New Year

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The PMHA is an alliance of major stakeholders who fund and provide mental health services in the Australian private sector. Originally established in 1996, the Alliance is committed to the provision of high quality mental health care in a private sector environment. PMHA addresses issues related to funding, classification, quality of care, outcome measurement, consumer and carer participation and related matters as they affect the private mental health sector.

The PMHA Newsletter provides a brief summary of some of the issues being progressed by our Private Mental Health Alliance, and it's Centralised Data Management Service (CDMS). As such it is intended to stimulate discussion and debate concerning the delivery of mental health services in the private sector. We welcome any feedback from our readers, which should be sent to: ptaylor@pmha.com.au

The PMHA Newsletter does not necessarily represent the views of participating organisations unless otherwise stated. Further information on the PMHA and its CDMS can be obtained from the PMHA Website at: www.pmha.com.au

The PMHA gratefully acknowledges the funding and support provided by the following organisations.

AMA

Australian Private Hospitals Association

Private Healthcare Australia

Australian Government Department of Health

From the Chair

Philip Plummer

This is our final Edition of the PMHA Newseltter for 2013 and I would like to wish all of our readers a happy and safe holiday season and New Year.

PMHA Principles

It gives me great pleasure to announce the recent release of our *Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers*.

We have a vision for a mental health system that addresses the need for consumers and carers to have a robust referral pathway and process that promotes better communication between providers of mental health services in the private sector. Implementation of the Principles will help to improve outcomes for people with a mental illness and their carers. The Principles were developed through a highly collaborative process. They have been recognised as an *Accepted Clinical Resource* by The Royal Australian College of General Practitioners and carry the endorsement of the following organisations.

Australian Medical Association
The Royal Australian and New Zealand College of Psychiatrists
Australian Psychological Society
Australian College of Mental Health Nurses
Australian Association of Social Workers
Occupational Therapy Australia
Australian Private Hospitals Association
Private Healthcare Australia
Private Mental Health Consumer Carer Network (Australia)
Mental Health Professionals Network
General Practice Mental Health Standards Collaboration

The Principles are an important resource for mental health professionals Continuing Professional Development (CPD) programs and CPD events, particularly those that might relate to establishing and working in private practice. Education and training providers including universities may find the Principles particularly useful for developing and delivering their mental health curricula.

The Principles are available from the PMHA website www.pmha.com.au

Webinar

The Mental Health Professionals' Network will produce a webinar in March 2014 that addresses issues facing consumers who access private mental health services. The webinar will highlight ways that practitioners from different mental health disciplines can work together collaboratively to deliver an improved service to consumers. The Principles will provide an excellent resource to support the discussion. I encourage you to take part in this free professional development activity. Full details are available on MHPN's website, www.mhpn.org.au.

Progress Report 2011–13

Since our last edition, we also completed our progress report on the activities of the PMHA, its Centralised Data Management Services (CDMS), and the Private Mental Health Consumer Carer Network (Australia).

The report covers the period from 1 July 2011 to 30 June 2013 and is a key reference for stakeholders. A copy of the Progress Report is being released with this Edition and further copies can be obtained from the PMHA website www.pmha.com.au

Phil Plummer is the Independent Chair of the PMHA based in Adelaide

National Report Card on Mental Health

Genuine reform needs a 'no wrong doors' approach

Professor Allan Fels AO

Mental health remains a weak point in our society, our health system and our economy. In the National Mental Health Commission's second report card on mental health and suicide prevention – released on 27 November, we shine a light on shocking and stubborn disadvantage.

We have focussed on some very specific problems, such as issues with alcohol and drug misuse and with the justice system. However in each case, deep problems emerge that are symptomatic of much bigger problems in our approach to mental health.

The National Mental Health Commission, which I chair, was horrified to learn this year that only seven per cent of the 340,000 Australians who have co–existing mental illness and substance use disorders are estimated to receive treatment for both problems. It is scandalous that the presence of one of those challenges means exclusion from services designed to help the other.

Prisons have become our new mental health institutions. In 2012, 38 per cent of all people entering prison reported having been told they have a mental illness and 87 per cent of young people in the juvenile justice system in NSW were found to have at least one psychological disorder.

It costs taxpayers up to $1 million each year for each person with a mental health disorder or cognitive impairment who comes into frequent contact with the justice system, and that doesn't count the wasted potential and the impacts on families and communities. This highlights the significant economic advantages of tackling mental health problems properly.

Prisoners with poor mental health have more extensive and early imprisonment histories, poorer school attainment, higher unemployment rates and higher rates of substance abuse. Incarceration often makes their mental illness worse and rarely treats their illness appropriately. Each stage of the justice system needs significant reform.

Right now, only 25% of young people and 15% of boys and young men with mental health problems receive treatment of any kind. Forty–four Australians, on average, take their own lives each week, and Aboriginal and Torres Strait Islander peoples are two times more likely to die by suicide than non–Indigenous people.

Australia needs to find a better way to support good mental health and recovery based on early intervention and investment in social supports and services across people's lives.

All levels of government, businesses, schools, service providers and the community must also work better together to make sure that whatever door is knocked on, there is someone behind it who can see a person's potential and lead them to the right support, care and treatment.

Tackling the causes, rather than the symptoms; preventing mental illness and suicide in the first place; promoting good mental health for everyone; and timely support when things start to get tough, is the best economic and social renewal strategy that we can invest in.

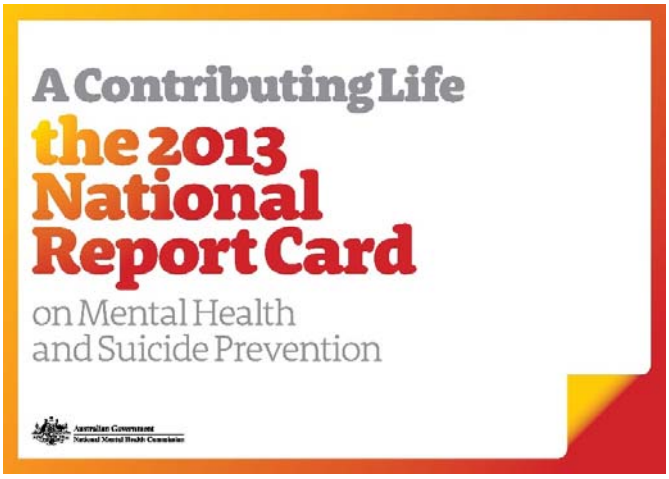
Australia needs to do better at mental health. That will require vision and political courage.

This above piece was first published in The Australian on 28 November 2013

You can read the full National Report Card on Mental Health and Suicide Prevention at: www.mentalhealthcommission.gov.au

This year you'll read about:

- The challenges of living with a mental illness when it's combined with the difficulties that alcohol and drug use can bring;
- Strengthening community understanding and ending discrimination, that resonated with every community we spoke to;
- What makes a difference to a person's recovery and gives meaning to their life, especially early intervention;
- Transitioning from education to independence is a pivotal point in young people's lives, at a time when they are vulnerable to mental health difficulties;
- The Justice system and mental health, in which people with mental illness are over- represented and require a health based response, not a custodial one; and
- What works in suicide prevention?



Professor Allan Fels is the Chair of the National Mental Health Commission

Activity Based Funding and Mental Health

Ms Moira Munro

In responding to the concerns of the private hospital sector, the Independent Hospital Pricing Authority (IHPA) recently included a position on its Mental Health Working Group (MHWG) for a representative from the APHA to represent private psychiatric facilities. I was subsequently appointed by the APHA to represent the private hospital sector. I am member of the APHA Psychiatry Committee, Deputy Chair of the PMHA, and the Chief Executive Officer of the Perth Clinic in Western Australia.

Current developments

Since my last update, IHPA tendered to engage a suitably qualified consultant (or consortium) to undertake a mental health costing and classification study and to develop the national activity based funding (ABF) mental health classification system.

The successful tenderer will be required to develop the first version of the national mental health classification system that:

- is supported by the majority of stakeholders;
- is suitable for ABF purposes; and
- can be consistently applied within the mental health sector; and between states and territories.

The successful tender will be required to deliver the classification system based on clinical practice that builds on the previous investments in developing the system.

The tender is offered as two stages (A and B), which have the following requirements.

Stage A

1. This stage involves undertaking a live mental health costing and classification study for a 6 month period at a sample of Australian public hospitals, community mental health services and at a **minimum three private hospitals**.

   The sample should include a mix of consumer and service locations to ensure robust cost weights may be derived.

2. Deliver an agreed dataset.

Stage B

3. This Stage involves development of the national ABF mental health classification system, with clinically meaningful and resource homogenous groups.

The consultant will also be required to undertake comprehensive, ongoing stakeholder consultation throughout both stages.

It is anticipated that the costing study phase will provide a costing data set in November 2014. Preparatory classification development should commence in early 2014, with a finalised classification developed and approved by 30 April 2015. A trial of the classification is to run for a period of one year commencing 1 July 2015. This will allow IHPA to price mental health services using the new classification from 1 July 2016.

Critical Milestone	***Required date***
Costing data set supplied	*1 November 2014*
Data set specification finalised	*1 November 2014*
Classification approved	*30 April 2015*
Trial commences	*1 July 2015*

Industry briefing

An industry briefing was held in Sydney on 31 October 2013 with access available at other Australian capital cities via videoconference. Tenders had to be lodged with IHPA by 25 November 2013.

The successful tenderer/s will be required to maintain regular contact with IHPA, clinicians, clinical coders, data users, state and territory health authorities, relevant professional peak bodies and the **private hospital sector**.

The successful tenderer will present updates to every MHWG meeting throughout the project, which may include formal presentations.

The next meeting of the MHWG will take place after a successful tender has been selected.

IHPA website is located at www.ihpa.gov.au

Moira is the Deputy Chair of the PMHA and represents the APHA on IHPA's Mental Health Working Group

National mental health collaborative care initiative connects mental health practitioners across discipline and sector boundaries

Chris Gibbs

The Mental Health Professionals' Network (MHPN) is a federally–funded, national initiative that provides mental health practitioners the opportunity to engage in activity that promotes interdisciplinary practice and collaborative care.

The Australian mental health care landscape is characterised by the high portion of private practitioners who often work independently in small practices, providing services to the majority of Australians with a mental illness. MHPN is uniquely positioned to help connect these clinicians with practitioners from other disciplines, in both the private and public sectors to foster a more collaborative perspective on providing care, through building more informed and stronger referral pathways.

These benefits have seen private practitioners form a significant portion of those who have chosen to voluntarily participate in MHPN's two core interdisciplinary platforms: practitioner networks and the online professional development program.

Practitioner networks

MHPN has established and continues to support 450 interdisciplinary networks Australia–wide where GPs, psychologists, psychiatrists and other allied mental health professionals meet regularly to share knowledge, learn about each other's field of expertise and engage in peer support, all ultimately in aid of improving referral pathways.

Networks are eligible for MHPN's support, as long as they meet three key criteria. Namely, they are interdisciplinary including at least three different disciplines, aim to meet at least four times a year and retain a focus on mental health. MHPN delivers support services centrally through a national framework that provides easy and efficient access to an annual grant, advice, as well as tools and resources to aid network growth and encourage longer–term sustainability.

Underpinning the MHPN approach is an understanding that to be relevant in a local setting, networks are most effective when they are self–directed. This encourages flexibility and gives ownership of decisions regarding network purpose, membership and content to be covered, to the network members.

Networks may focus on a range of mental health topics or choose to concentrate on a shared field of interest. Over 140 networks have chosen to focus on a field of specific interest, with a growing number looking at topics that cover the intersection between physical and mental health, including mental health and cancer, diabetes and chronic pain.

Online professional development webinars

MHPN also produces interactive webinars featuring case–based panel discussions in which leading experts model interdisciplinary practice and collaborative care. Webinars are attended by practitioners from across Australia who log in via the internet.

Importantly, practitioners who attend the live webinar are generally able to claim CPD recognition for this activity.

Recordings of all webinars are made available on MHPN's website www.mhpn.org.au to view or download after the live event. As at 1 October, there were 27 webinar recordings. Topics covered include; complex trauma, supporting people at risk of suicide, supporting families living with parental mental illness, and much more.

Participating in a live event or downloading or viewing the recording is free.

High level of practitioner engagement key success indicator

MHPN strongly believes a key marker for success is the high level of practitioner engagement and participation in both networks and online professional development.

The fact that busy practitioners are willing to voluntarily participate in network meetings and webinars in their own time demonstrates the value they attribute to these activities and the importance they place on developing collaborative care practices.

In 2012–13, over 11,000 practitioners from a range of professions took advantage of the networking opportunities provided by their local mental health professionals' network.

Given the interdisciplinary nature of MHPN's activity, another importance engagement success measure involves looking at the mix of practitioners who attend meetings.

MHPN's interdisciplinary online professional development webinar program attracted 10,000 participants who chose to either log in to the live broadcast or watch a recording of one of the 10 webinars produced during the year.

Member organisations support has been vital to MHPN

The active support and endorsement of our four member organisations; Royal Australian College of General Practitioners, the Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society and the Australian College of Mental Health Nurses, and our three partner organisations; the Australian Association of Social Workers, Occupational Therapy Australia and The Royal Australasian College of Physicians has been integral to the initiative's success.

Learn more about MHPN and opportunities to work together

To learn more about MHPN, including starting or joining a network, participating in webinars, or working collaboratively at an organisational level to further interdisciplinary and collaborative care practices, please visit www.mhpn.org.au or call 1800 209 031.

Chris is the CEO of the MHPN based in Melbourne

Mental Health Council of Australia

Philip Plummer

It gives me very great pleasure to advise that the PMHA was recently admitted as a full member organisation of the Mental Health Council of Australia (MHCA or Council). The MHCA is the peak, national non–government organisation representing and promoting the interests of the Australian mental health sector and is committed to achieving better mental health for all Australians. The Council was established in 1997 as the first independent peak body in Australia to represent the full spectrum of mental health stakeholders and issues. MHCA members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

The MHCA aims to promote mentally healthy communities, educate Australians on mental health issues, influence mental health reform so that government policies address all contemporary mental health issues, conduct research on mental health issues, and carry out regular consultation to represent the best interests of our members, partners and the community. These endeavours in education and policy reform are matched by the Council's commitment to researching more innovative approaches to the provision of mental health care. In addition, the MHCA continues to focus on the human rights of people with a mental illness.

In their 2014–2016 Strategic Plan, the MHCA articulates a vision of mentally healthy people and mentally healthy communities, their mission being to create the best mental health system in the world. The Council wants that system to be characterised by the following essential elements.

- Full and meaningful participation by people with mental illness and the people who care for them
- Priority given to mental health promotion, prevention and early intervention
- Recovery orientation
- Seamless integration and coordination of policies, services and programs.
- Accessibility, effectiveness and efficiency

Focus Areas include:

1. *Co–designing*. Designing the best mental health system in the world
2. *Monitoring*. Monitoring system performance and the progress of national mental health reform
3. *Encouraging*. Ensuring that governments, services and programs work effectively
4. *Engaging*. Helping the mental health sector to work together
5. *Managing*. Fostering a healthy and financially sustainable MHCA

Full membership of the MHCA has strengthened the linkage between our organisations and we look forward to working with the Council. The benefits of full membership include.

- Nomination of a delegate to the MHCA who has voting rights at the MHCA Annual General Meeting
- Delegates may nominate for a position on the MHCA Board.
- Up to two representatives may attend the Members Policy Forum held twice a year. Members may attend the annual State Consultation Workshops.
- Media Monitoring and weekly updates. Daily media stories and updates on Federal and state Government mental health initiatives collated and emailed to members. Weekly updates on the work of the MHCA and wider mental health sector from the MHCA CEO.
- MHCA Newsletter. News and updates on the work of the MHCA and other relevant mental health news produced and emailed bi monthly.
- MHCA Working Groups. From time–to–time the MHCA Board will establish a working group in order to progress an issue the MHCA membership identifies as a priority. The working groups usually run for 6– 12 months and develop a report on the priority issue.

As the PMHA Chair, I will be the voting Delegate to the MHCA with the PMHA Deputy Chair, Moira Munro, acting as my proxy. The second representative to attend MHCA Meetings with the PMHA Chair will be rotated through the other PMHA Members, as appropriate.

The MHCA website is at: www.mhca.org.au

Stakeholder Round Up

Australian Medical Association (AMA)

This December, we will release the Tenth Edition of our *AMA Psychiatrists' Newsletter*. In that Edition, we have include articles on the PMHA Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers, Activity Based Funding and Mental Health, the AMA's role in the overhaul of the Personally Controlled Electronic Health Record, and the work the Mental Health Council of Australia and beyondblue are doing on Mental Health and Discrimination in Insurance. The AMA Psychiatrists' Newsletter is sent by the AMA to all psychiatrists throughout Australia with email addresses – about 1490.

Australian Private Hospitals Association (APHA)
Mental Health Week Campaign

Since the last edition, nearly 200 private hospitals around the country marked Mental Health Week in October with displays, staff events, community talks, ad campaigns and many more activities. APHA was proud to coordinate and provide the production of campaign materials for hospitals over the week. Lots of people checked out the APHA Facebook page and participated in the APHA Mental Health Week quiz. APHA Mental Health Week Facebook advertising was seen by more than 400,000 people across Australia during the month of October.

The intent of the campaign was to raise awareness of common mental health disorders and the coverage of mental health services afforded by private health insurance. To achieve this, APHA devised an educational campaign centred around a series of interactive quizzes titled, *What do you know…about mental illness?* Run in 200 private hospitals, these quizzes focused on four of Australia's most prevalent mental illnesses: anxiety, depression, eating disorders and substance abuse. A fifth card was developed to focus on the mental health of older people as this was the theme of Mental Health Week 2013 as set by the World Health Organisation.

The campaign specifically urged people with private health insurance to ensure that they were covered for psychiatric care. Media releases were issued to launch the campaign, highlight these issues. To view the celebrations, please visit the Australia's Private Hospitals Facebook page or Priv8hospitals Twitter page.

Private Healthcare Australia

Since the last edition, Private Healthcare Australia's held its 2013 Conference between 27 and 29 November at the Grand Chancellor Hotel in Hobart, Tasmania. The Conference titled *Private Health Insurance: Delivering value for your money?*, was addressed, along with other key industry leaders, by a range of international and local speakers of the highest calibre including Saul Eslake (Economist), Simon McKeon (Macquarie Bank), Janet Albrechtsen (The Australian), Kate Carnell (beyond blue), Dr Steve Pearson (Institute for Clinical & Economic Review), and General Peter Cosgrove

Key topics of the conference included health funding, regulatory environments and improving health outcomes.

The Conference provided a chance for the Industry to demonstrate to both the Government and the Opposition that we are focused on the common good for the 12 million Australians who have taken out private health insurance.

The event provided delegates with the opportunity to meet influential people at the forefront of the private health insurance industry. Further information can be obtained at: http://www.privatehealthcareaustralia2013.com/

Private Mental Health Consumer Carer Network

It is with great sadness that I advise of the recent death of Lucy Henry. Lucy had until very recently, been the Network's State Coordinator for Tasmania since June 2011. Lucy was a special person with extreme passion, advocating strongly for justice and respect in the mental health system. We are deeply saddened by her loss and she will be greatly missed by her Network colleagues and friends.

Since the last edition, we have appointed Associate Professor Sharon Lawn as the Network's Coordinator for South Australia, and Ms Judy Bentley as the Coordinator for the Australian Capital Territory (ACT). The previous ACT Coordinator and Deputy Chair of the Network, Kim Werner has relinquished those positions to take up the role of Network Governance and Policy Officer. Mr Patrick Hardwick will now be the sole Deputy Chair for the Network.

Our website is at www.pmhccn.com.au:

Stakeholder Round Up

Australian Government Department of Health

The *National Mental Health Report 2013* was published in October 2013. This report tracks the progress of mental health reform in Australia between the years of 1993 to 2011. This is also the first National Mental Health Report to feature Centralised Data Management Service (CDMS) data from the PMHA, which provides a statistical analysis and reporting service on service provision and patient outcomes. This service is closely supervised by the PMHA, and is operated by the AMA with funding from participating private hospitals, private health insurance funds and the Australian Government.

The National Mental Health Report series continues to be maintained as the primary vehicle for monitoring reform progress since the National Mental Health Strategy was endorsed by Australian Health Ministers in 1992. The report contains system–level indicators of mental health reform from 1993 to 2011, as well as monitoring of progress and outcomes under the Fourth National Mental Health Plan. It also provides profiles of State and Territory reform progress.

Some trends in private sector mental health services are as follows:

- There was significant growth in mental health care activity in private hospitals between 1992–93 and 2010–11. Bed numbers in specialist psychiatric units in private hospitals increased by 40% and the number of FTE staff increased by 106%.

- Medicare Benefits Schedule expenditure on mental health services increased significantly with the introduction of the Better Access program. In 2007–08, the first full year of Better Access, there was a sharp increase to $583 million, and by 2010–11 the overall MBS mental health specific expenditure figure rose to $852 million, accounting for 35% of overall Australian Government mental health spending.

- In 2011–12, 1.6 million people received mental health services subsidised by the Medicare system, some from several providers. In total, 7.9 million mental health services were provided in that year.

Australian Government Department of Veterans' Affairs (DVA)

Since the last Edition, the Department of Veterans' Affairs (DVA) has launched a new, free online training program to help mental health professionals better understand the impact of military experience on the mental health of veterans.

Understanding the Military Experience is a two hour program to help providers understand Australia's involvement in wars and peace operations and the long–term effects that military service can have on veterans of all ages. It seeks to increase providers' awareness and understanding of the military experience by providing an insight into a range of veteran experiences and their potential impact on mental health and wellbeing.

Understanding the Military Experience makes clear that not only does trauma have the potential to affect veterans, but that military training and culture may shape veterans' behaviour long after they have left the military. The aim of the training is to assist providers to offer more relevant and effective care for their veteran patients. The training will also help providers understand the changing DVA client profile and their health needs. *Understanding the Military Experience* can be accessed via the new *At Ease Professional* portal at: https://at-ease.dva.gov.au/professionals

Operation *Life* Online

DVA has developed a new online resource, Operation *Life* Online, to assist veterans, ADF members and their families learn about suicide prevention. This tool is the latest addition to DVA's suicide prevention framework – Operation *Life*, and supports the suicide prevention workshops offered by the Veterans and Veterans Families Counselling Service (VVCS), to encourage discussions about suicide in the veteran community.

Operation *Life* Online provides educational strategies and learning tools to raise awareness and understanding about the risk of suicide. These resources were developed by mental health experts, with the website containing information and resources to:

- help those who are worried about themselves or someone else to ask for help and access support services;
- recognise the warning signs and risk factors for suicide;
- understand protective factors against suicide;
- learn how to ask someone if they are suicidal; and
- learn about what happens after suicide or a suicide attempt.

Operation *Life* Online is available via DVA's *At Ease* mental health portal at: http://at-ease.dva.gov.au For more information please contact the team at at–ease@dva.gov.au.

Fact Sheet

Set out below are the statistics from the PMHA's Centralised Data Management Service (CDMS) Statistics for the National Mental Health Report 4th National Mental Health Plan Indicators 13 and 23 National Healthcare Agreement Indicator 21, that were recently provided to the Australian Institute of Health and Welfare (AIHW).

The HoNOS referred to in this Fact Sheet is a twelve item clinician–completed rating scale, developed by the Royal College of Psychiatrists in the UK and known as the *Health of the Nation Outcome Scale*, or the HoNOS. Further details regarding this instrument can be found in the most recent edition of *the CDMS Annual Statistical Report*.

Number of persons receiving care from Private Hospitals with Psychiatric Beds.

Statistics for the 4th National Mental Health Plan Indicator 13: Percentage of population receiving clinical mental health care.

	Financial Year Ending		
State or Territory	June 2010	June 2011	June 2012
NSW	9,269	9,156	9,548
VIC	7,457	8,054	8,312
QLD	5,801	5,780	6,604
SA			suppressed
WA	3,330	3,345	**3,640**
TAS			suppressed
ACT			suppressed
Australia	28,613	29,192	30,731

Demographic attributes of persons receiving care from Private Hospitals with Psychiatric Beds.

Summary of statistics provided to the AIHW to enable reporting in respect of National Healthcare Agreement Performance Indicator 21: Treatment rates for mental illness.

Age distribution of all persons receiving care from Private Hospitals with Psychiatric Beds.

	Financial Year Ending		
Age Group	June 2010	June 2011	June 2012
15–19	2.4%	2.8%	2.9%
20–24	7.2%	7.6%	8.1%
25–29	7.4%	7.5%	7.7%
30–34	8.6%	8.8%	9.2%
35–39	11.0%	10.8%	10.2%
40–44	10.8%	10.8%	11.2%
45–49	10.4%	10.0%	9.9%
50–54	10.0%	10.1%	9.9%
55–59	9.0%	8.8%	8.6%
60–64	9.0%	8.6%	7.8%
65–69	5.2%	5.9%	6.1%
70–74	2.8%	3.0%	3.1%
75–79	2.1%	1.9%	2.0%
80–84	1.9%	1.6%	1.5%
85+	1.8%	1.5%	1.5%
NR	0.3%	0.2%	0.2%

Remoteness of the Area of Usual Residence of all persons receiving care from Private Hospitals with Psychiatric Beds.

	Financial Year ending		
Remoteness	June 2010	June 2011	June 2012
0 – Major cities	83.2%	81.8%	82.2%
1 – Inner regional	13.6%	14.3%	13.4%
2 – Outer regional	2.5%	3.2%	3.6%
3 – Remote	0.4%	0.4%	0.4%
4 – Very remote	0.1%	0.1%	0.2%

Relative Socio–economic Disadvantage of the Area of Usual Residence of all persons receiving care from Private Hospitals with Psychiatric Beds.

	Financial Year ending		
Relative Disadvantage of Area of Usual Residence	June 2010	June 2011	June 2012
1 Most disadvantaged	7.5%	7.7%	7.8%
2	11.4%	11.5%	11.5%
3	16.2%	17.1%	17.8%
4	23.6%	23.6%	23.9%
5 Least disadvantaged	41.1%	39.8%	38.9%

Outcomes of episodes of Overnight Inpatient Care provided in Private Hospitals with Psychiatric Beds.

Statistics for the 4th National Mental Health Plan Indicator 23: Mental health outcomes of people who receive treatment from state and territory public services and the private hospital system.

Statistics for the 2011–2012 Financial Year

	Significant Deterioration	No Change	Significant Improvement
Number of Separations	945	5,798	17,263
Proportion	3.9%	24.2%	71.9%

Number of separations that met basic inclusion criteria	29,902
Number of separations with complete data	24,006
Proportion with complete data:	80.3%

Reporting of outcomes of people discharged from private hospital psychiatric units is based on all separations from those units that occurred within the identified Financial Year, where the length of stay was greater than 3 days. The count of such episodes is given in the second half of the table as the "Number of separations that met basic inclusion criteria".

For this indicator, the evaluation of outcomes is based on changes in the clinician–rated severity and complexity of patients' clinical status using a standardised measure known as the HoNOS. For each in– scope separation, an outcome score was calculated as the difference between the total HoNOS scores at admission and discharge i.e. Discharge HoNOS total less Admission HoNOS total score. For both the admission and discharge scores, the total HoNOS score was calculated as the sum of all 12 HoNOS items. The "Proportion of episodes with complete data" identifies the proportion of episodes that had HoNOS ratings completed at both Admission and Discharge.

For each separation, the outcome score was then classified as either 'significant improvement', significant deterioration or no change, based on Effect Size. To do that, the Effect Size statistic was calculated for each individual separation as the ratio of the difference between the admission and discharge score to the group standard deviation of the admission score. A medium effect size of 0.5 was used to assign outcome scores to the three outcome categories. Thus individual episodes were classified as either: 'significant improvement' if the Effect Size index was greater than or equal to positive 0.5; 'significant deterioration' if the Effect Size index was less than or equal to negative 0.5; or 'no change' if the index was between –0.5 and 0.5.

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