PMHA | PRIVATE MENTAL HEALTH ALLIANCE

NEWSLETTER

20th Edition
September 2015

IN THIS ISSUE

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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

At the beginning of last year, the Australian Government tasked the National Mental Health Commission to review mental health programmes and services across Australia. The Final Report from the Review, *Contributing Lives, Thriving Communities*, was released on 16 April 2015. The Review presents an aspirational plan for the long term reform of the mental health system, across nine strategic directions and twenty five recommendations. The full report can be accessed via the Commission's website at:

www.mentalhealthcommission.gov.au

On 17 April 2015, Federal and State and Territory Health Ministers met in Sydney at the Council of Australian Governments (COAG) to discuss a range of national health issues, including some of the recommendations arising from the Review. Ministers agreed to work collaboratively with the Commonwealth to respond to the Review's recommendations. The Commonwealth Minister for Health and Minister for Sport, the Hon Sussan Ley MP has indicated that partnerships with states and territories will be critical to develop a national approach in the delivery of an efficient and effective mental health system.

To help inform its response to the Review, the Commonwealth has established a time limited Expert Reference Group (ERG). The ERG will particularly focus on issues of most interest to the Australian Government, including options for programme and service redesign. Its work is intended to complement, not duplicate, work to develop a Fifth National Mental Health Plan.

A full list of the ERG committee members, as well as the terms of reference can be viewed at: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental–policy

The Commonwealth is also consulting more broadly with mental health stakeholders, including with established groups such as the Australian Suicide Prevention Advisory Council and the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group.

In writing to state and territory health Ministers, Minister Ley also asked that negotiations should recommence on the development of the Fifth National Mental Health Plan.

At the invitation of the Commonwealth, the PMHA attended the 6 August 2015 Stakeholder Workshops held in Canberra. This targeted consultation was aimed to help inform the Commonwealth's response to the Review of Mental Health Programmes and Services. The Workshop was structured against a series of panel discussions, providing an opportunity for key mental health organisations to share their views on issues and implementation considerations relating to the key policy directions arising from the Review including:

- promotion, prevention and early intervention;
- suicide prevention;
- primary mental health care and regional integration; and
- national leadership.

The Workshop was also used to help inform Commonwealth input to the development of the Fifth National Mental Health Plan. The PMHA provided a submission to the Commonwealth prior to the Workshop, based on data from the PMHA's Centralised Data Management Service (CDMS).

PMHA Research and Development Working Group (RDWG)

The PMHA's RDWG has been established to facilitate high quality research using the PMHA's Centralised Data Management Service (CDMS) data to improve services within the private sector. This includes research that:

- focuses on the important contribution the private sector is making in mental health; and
- facilitates hospitals efforts to improve the quality, effectiveness and efficiency of their services through an effective benchmarking service.

The membership of the RDWG is set out below.

PMHA | RDWG		Members	Alternates
Chair & Secretary		Mr Phillip Taylor	No Alternate
Consumer & Carers	Consumers	Ms Kim Werner	No Alternates
	Carers	Mr Patrick Hardwick	
Providers	Hospitals	Ms Moira Munro	Ms Carol Turnbull
	Psychiatrists	Dr Bill Pring	A/Prof Jeffrey Looi
Payers	Health Insurers	Ms Andres Selleck	Ms Helen Eriksson
	DVA	Mr Matthew Jackson	No Alternate
Other Members	Expert Adviser	Prof. Andrew Page	No Alternate
	CDMS Director	Allen Morris–Yates	No Alternate

Our RDWG Chair provides an update on the inaugural meeting in this edition.

Philip Plummer is the Independent Chair of the PMHA and is based in Adelaide.

PMHA | RDWG

Research and Development Working Group

Phillip Taylor

The PMHA's Research and Development Working Group (RDWG) held its first meeting on 31 July 2015 at the offices of the Federal AMA in Canberra. At that meeting, draft terms of reference and a set of operating guidelines were developed. The terms of reference are reprinted below.

RDWG Terms of Reference

3.1 The role of the PMHA's RDWG is to facilitate high quality research using the PMHA's Centralised Data Management Service (CDMS) data to improve services within the private sector. This includes research that:

- *focuses on the important contribution the private sector is making in mental health; and*
- *facilitates hospitals efforts to improve the quality, effectiveness and efficiency of their services through an effective benchmarking service.*

3.2 Develop a framework and form of Agreement within which external researchers may be given access to data held by the CDMS in order to undertake research that progresses the objectives and work of the PMHA and its CDMS.

Note that access to CDMS data will most likely be provided in the form of Confidentialised Unit Record Files (CURFs), provided under a formal Agreement that specifies the purpose for which the CURF is being provided and which outlines the obligations of the researcher to the AMA (as the legal custodian of the data), limits on analyses of the data contained in the CURF, and procedures to be followed in obtaining authorisation from the AMA for the publication of any results arising from those analyses.

3.3 Work with the CDMS Director, Allen Morris–Yates, on the development of criteria and indicators to enable the identification of effective models, or types, of hospital–based care. The aim will be to implement the agreed criteria and indicators within the CDMS's analysis and reporting framework. In the first instance, in order to initiate the work proposed above, develop a project brief that specifies the aims and objects of the project, the technical issues to be addressed and a work plan for the attainment of the specified objectives.

3.4 Ensure that the work of the RDWG is consistent with the primary aims and objectives of the PMHA and its CDMS.

3.5 Develop research proposals and determine appropriate sources of funding.

After completing that work, RDWG devoted a substantive part of meeting to preparing for the Commonwealth's 6 August 2015 Stakeholder Workshops that Philip Plummer mentioned in this edition's *From the Chair*. In brief, this Stakeholder Workshop was aimed at informing the Commonwealth's response to the National Mental Health Commission's Review of Mental Health Programmes and Services. The Workshop was also used to help inform Commonwealth input to the development of the Fifth National Mental Health Plan.

The RDWG agreed that the Stakeholder Workshop was a perfect opportunity for the RDWG to hit the ground running and promote the work of the private sector using CDMS Data in accordance with its terms of reference. RDWG deferred its discussion of the identification of effective clinical programs until the afternoon and used the time available to work with Dr Bill Pring (the PMHA's Workshop Delegate) , on the PMHA submission. At the end of that process, the PMHA submission was endorsed and forwarded to the Commonwealth together with copies of the following CDMS documents referenced in the submission.

PMHA–CDMS Private Hospital–based Psychiatric Services 1 July 2013 to 30 June 2014: Annual Statistical Report from the PMHA's Centralised Data Management Service regarding the services provided by participating Private Hospitals with Psychiatric Beds and Private Psychiatric Day Hospitals Annual Statistical Report for 2012–13.

Development and implementation of the PMHA's Patient Experiences of Care Survey for private Hospital–based psychiatric services (with selected statistics for the 2014 calendar year).

In the afternoon, RDWG discussed one of its first tasks, which is to work with our CDMS Director, Allen Morris–Yates, on the development of criteria and indicators to enable the identification of effective clinical programs, that is, of effective models, or types, of hospital–based care. RDWG is in the process of developing a project brief that ensures technical issues, such as how patient groups, models or types of care and effectiveness can be defined and what additional data elements, if any, need to be collected. The aim will be to eventually implement the agreed criteria and indicators within the CDMS's analysis and reporting framework.

Phillip Taylor is the Chair and Secretary of the RDWG and the Director of the PMHA based in Canberra

PMHA Patient Experiences of Care Measure

Allen Morris–Yates

Considerable evidence demonstrates that consumer and carer participation in health planning, delivery and evaluation improves service responsiveness to consumer needs.[1] This can only result in better clinical outcomes for patients. It may also help reduce the incidence of adverse events and increase consumer satisfaction with their health care.

Consumer participation is sought for two main reasons:

- to use their feedback to monitor and improve services[2]; and
- as a means of demonstrating accountability for performance[3].

Consumer participation involves encouraging consumers to provide feedback, both positive and negative, about their care. This feedback provides an opportunity to continue to improve the delivery of safe and effective mental health services.

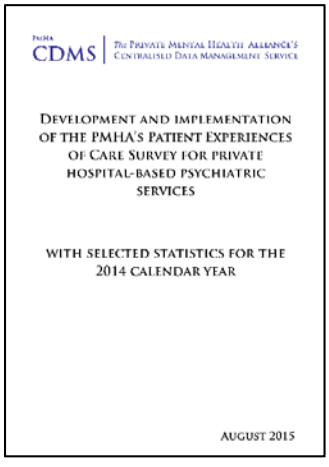
Since 2002, Australian private hospitals with psychiatric beds (Hospitals) have been participating in the benchmarking service offered under the PMHA's *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures.*[4] This involves the routine collection of both clinical ratings called the Health of the Nation Outcomes Scale, or HoNOS, and consumer self–assessments known as the Mental Health Questionnaire, or MHQ–14, at the beginning and end of episodes of care. When analysed, this data provides important information about the complexity and severity of the clinical problems of patients admitted to participating hospitals, and the changes in their clinical status associated with the care provided by the hospital. Asking patients to report on their Experiences of Care approaches the issues of quality and effectiveness directly from the patient's perspective by asking their opinion of the quality and outcomes of the services they received whilst in the hospital's care.

These three components: (1) clinicians' ratings of patients clinical status at admission and discharge, (2) patients' self–assessments of their clinical status at admission and discharge, and (3) patients' ratings of the quality and outcomes of the services they received, together provide comprehensive information that can be used by Hospitals to help ensure that they continue to meet the needs of consumers.

Our readers may recall that, under the auspice of the 2011–13 PMHA Quality Improvement Project, a *PMHA Patient Experiences of Care Measure (PEx)*, for both overnight inpatient care and ambulatory care, was developed. The PEx Survey instrument together with PMHA–PEx related local analysis and reporting functionality were then integrated within the CDMS's Hospitals Standardised Measures database (HSMdb) software, which is provided to participating Hospitals by the CDMS. Implementation by interested Hospitals coincided with the release of the latest version of the HSMdb in the second half of 2013. In September 2013, Hospitals were provided with the new PEx Survey templates, a detailed PEx Implementation Guide, and the updated HSMdb database application.

In the very first quarter of data submitted (Oct–Dec 2013) we had 15 Hospitals collecting the PMHA–PEx survey. In addition, in just that first quarter of implementation, those Hospitals managed to collect 1,798 Surveys. This was an outstanding achievement that Hospitals should be very proud of.

The CDMS has now begun to report the PEx statistics back to Hospitals within a dedicated Standard Quarterly Report. In addition a new summary report titled, Development and implementation of the PMHA's Patient Experiences of Care Survey for private Hospital–based psychiatric services (with selected statistics for the 2014 calendar year). This report is now available from the PMHA website at: www.pmha.com.au. /PublicationsResources/Statistics.aspx



1 Australian Commission on Safety and Quality in Health Care (2011). Patient–centred care: Improving quality and safety through partnerships with patients and consumers. ACSQHC, Sydney.

2 Australian Health Ministers (2010). National Standards for Mental Health Services 2010. Commonwealth of Australia, Canberra.

3 NMHWG Information Strategy Committee Performance Indicator Drafting Group (2005). Key Performance Indicators for Australian Public Mental Health Services. ISC Discussion Paper No 5. Australian Government Department of Health and Ageing, Canberra.

4 Morris–Yates, A and The Strategic Planning Group for Private Psychiatric Services Data Collection and Analysis Working Group (2000). A National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based Psychiatric Services.Commonwealth of Australia, Canberra.

Allen is the Director of the PMHA's CDMS and is based in Adelaide

Activity Based Funding and Mental Health

Moira Munro

The Independent Hospitals Pricing Authority (IHPA) is developing the Australian Mental Health Care Classification (AMHCC) including a supporting Activity Based Funding Mental Health Care Data Set Specification (ABF MHC DSS). The development of the AMHCC is intended to significantly improve the clinical meaningfulness of mental health classification, leading to an improvement in the cost predictiveness and will support the new models of care being implemented in all states and territories.

Mental Health Costing Study

A mental health costing study was conducted at 25 public sector facilities in New South Wales, Queensland, Western Australia and South Australia. In addition, four private psychiatric facilities also participated. Data collection ran for six months from July to December 2014. While there were some delays with submission of data, all expected data has been received with some resubmission ongoing. Site close out visits are providing an opportunity to consider benchmarked data and provide feedback.

It is anticipated that the final report on the costing study will be published on the IHPA website in late 2015. Following its publication, IHPA will extend an opportunity for participating jurisdictions and sites to discuss the final report and provide feedback, and will present the report to the Mental Health Information Strategy Standing Committee (MHISSC) of the Australian Health Ministers Advisory Council's Mental Health/Drug and Alcohol Principal Committee.

Development of the AMHCC

The AMHCC is being developed using statistical modelling techniques with the results being discussed by the IHPA's Mental Health Classification Expert Reference Group (MHCERG) in the context of clinical meaningfulness and statistical explanatory power. Further clinical input will be sought throughout its development. Linear modelling and generalised linear modelling techniques are being used to explore the ability of patient and service delivery characteristics to explain costs of mental health care type activity. Costs are being modelled at the 'phase of mental health care' level. The explanatory power of the following variables will be tested:

- measures of functional impairment (e.g. Health of the Nation Outcomes Scales (HoNOS), Life Skills Profile (LSP) and Resource Utilisation Groups – Activities of Daily Living (RUG–ADL))
- Electroconvulsive Therapy sessions
- Mental health legal status
- Recent episode of mental health care
- Patient age
- Principal diagnosis clusters (i.e. Coherent Diagnosis Classes).

In relation to the functional impairment scores, analysis is being undertaken on total scores, subscale total scores (e.g. HoNOS Subscale A – Behaviour) and individual scores. Some analysis was undertaken in relation to some of the data items that were raised in the public consultation responses as being important and possible cost drivers. These included:

- carer status;
- Indigenous status;
- accommodation status; and
- employment status.

It was found that whilst some data items were well completed, generally those items that are deemed 'optional' in the National Minimum Data Sets such as carer status are not well populated.

The analysis to date has provided general direction for the AMHCC Version 1.0. After further refinement using the complete costing study data set, IHPA will release a consultation paper on AMHCC Version 1.0.

The AMHCC will be piloted from September 2015 to November 2015, to test the concepts, end–classes and data collection protocols of the AMHCC. It will also include the development of documentation, manuals and training aids to support implementation. The AMHCC, ABF MHC DSS and supporting materials will be refined as a result.

Implementation of the AMHCC

In its *Consultation paper on the Pricing Framework for Australian Public Hospital Services 2016–17*, released on 24 June 2015, IHPA stated that it intends to defer implementation of the AMHCC until 1 July 2017.

Moira is the Deputy Chair of the PMHA, CEO of Perth Clinic and represents the Australian Private Hospitals Association on IHPA's Mental Health Working Group

Network receives 2015 TheMHS Award

Janne McMahon OAM

I am very pleased to advise that the our Private Mental Health Consumer Carer Network (Australia) [the Network] received a most auspicious award at The Mental Health Services (TheMHS) Learning Network Conference 2015 which was held in Canberra from 25 to 28 August.

The Award was presented by The Hon Dr Kay Patterson, National Mental Health Commissioner. The award was within the 'Consumer Led' category and the notation read:

'Significant and sustained consumer and carer advocacy'

This has special significance for the Network in that consumer led services are quite prominent in Australia and New Zealand and to be judged the winner in this category is an outstanding achievement.

Congratulations go to the Network team that made this award possible.

Janne McMahon OAM	Network Chair
Patrick Hardwick	Network Deputy Chair
Kim Werner	Network Policy/Governance Officer
Evan Bichara	Network Multicultural Adviser
Norm Wotherspoon	Network Coordinator Qld
Simone Allan	Network Coordinator NSW
Judy Bentley	Network Coordinator ACT
De Backman Hoyle	Network Coordinator Vic
Assoc. Prof. Sharon Lawn	Network Coordinator SA
Patrick Hardwick	Network Coordinator WA
Darren Jiggins	Network Coordinator Tas

As you may recall the Network was first formed in 2002 with the private hospitals playing a very significant role. In 2004 the Network received its first funding to undertake its activities. Since that time, as the Network Chair, I have appeared by invitation before 10 Parliamentary Inquiries. The Network has representatives on 66 boards, working groups or committees and has made 37 formal Submissions.

Project development and management has also been an important activity and the Network has undertaken in 2007, 2009 and again this year significant projects across public and private sectors around carer identification, good practice protocols for engaging carers, and an 'Information Booklet for families and other carers'.

The current Carer Project that we are managing involves the development of a ***Practical Guide for working with carers of people with a mental illness***.

An Australian first was the undertaking of two national surveys, one for consumers about their experiences of care with the diagnosis of Borderline Personality Disorder (BPD) and the second for carers, caring for someone with the diagnosis of BPD. The data was analysed and appears in the three Reports titled 'Foundations for Change', which are posted on our website. A further challenge for the Network was the convening of the 2nd National BPD Awareness Day Conference in Adelaide on Friday 5th October, 2012 in partnership with Flinders University, Faculty of Health Sciences.

You can learn much more about our work at the Network's website www.pmhccn.com.au

Receiving the Award on behalf of the Network at the 2015 TheMHS Conference are, left to right, Norm Wotherspoon (Qld), Janne McMahon (Network Chair), The Hon. Dr Kay Patterson, Judy Bentley (ACT), and Evan Bichara (Multi–cultural advisor)

Janne is the Chair of the Network and Project Manager for the National Carer Project.

Stakeholder Round Up

Australian Medical Association

Since the last edition the AMA Held its 2015 National Conference in Brisbane from 29 to 31 May.

The theme was Medicare – midlife crisis? Following the Government's decision not to proceed with its plans for a GP co–payment, it was time for a more focused debate about what needs to be done to prepare our health system to meet future needs. The AMA National Conference enabled a much broader discussion about health and the need for the Abbott Government to provide vision and leadership on public hospital funding, medical workforce, mental health, Indigenous health, aged care, end of life care, and a whole range of public health concerns, including alcohol abuse, obesity, exercise, and illicit drugs. Policy sessions at Conference explored the core areas and ideals that underpin the medical profession and the health system. These include:

- Funding quality general practice – is it time for change?
- Quality public hospital services: funding capacity for performance
- Stewardship and the Doctor's Role
- General Practice Training – Reclaiming Our Future
- Key AMA Public Health advocacy – local and global

You can view the full range of video presentations here: https://ama.com.au/media/video

Australian Private Hospitals Association

The Australian Private Hospitals Association (APHA) is delighted to have recently reaffirmed its support of the Private Mental Health Alliance (PMHA). Upon signing the agreement, Mr Roff said: "PMHA provides unique forum for enabling us to work with health funds, clinicians and consumers. It has been a valuable source of consensus statements and guidelines and joint advice to government."

The APHA will also be holding a forum for private psychiatric hospitals in September providing a valuable opportunity for hospital CEOs and others to network and hear presentations on the use and importance of data, including PMHA–CDMS. The forum will also hear from the Australian Commission on Safety and Quality in Healthcare (ACSQHC) on quality and safety initiatives relevant to psychiatric hospitals.

APHA members once again look forward to celebrating Mental Health Week in October, taking the highly successful "Elephant in the Room" campaign into the community to raise awareness of mental health and the role of private hospitals in supporting people living with a mental illness.

Private Healthcare Australia

Our Chief Executive Officer, Dr Michael Armitage, will retire from the position at the end of October, after ten years representing the Private Health Insurance Industry at the highest levels of Government and across the Australian health sector.

The President of Private Healthcare Australia (PHA), Rob Bransby, has thanked Dr Armitage for his outstanding service to the private health insurance sector over the past decade.

"The Private Health Insurance Industry has been fortunate to have been led by someone with Dr Armitage's experience and expertise. His background as both a medical practitioner and State Government Cabinet Minister has meant he has been uniquely qualified for the role.

"Dr Armitage has been at the helm of PHA through a particularly challenging period, when changes in government policy have threatened the interests of insurers and members and despite this there has been a steady rise in the number of Australians who have taken up private health insurance during the decade he has led PHA.

"He has consistently been a strong advocate for all Australian health consumers. He has championed the case for an expanded role for private health providers for the benefit of all Australians, and his focus on improving quality and safety in Australian healthcare is now a key part of the private healthcare agenda," he said.

Mr Bransby said PHA would be looking to appoint a new Chief Executive in coming months.

Stakeholder Round Up

Australian Government

Safety and Quality Partnership Standing Committee

The Safety and Quality Partnership Standing Committee (SQPSC) is a Standing Committee under the Mental Health Drug and Alcohol Principal Committee (MHDAPC).

The key role of the SQPSC is to provide expert technical advice and recommendations on the development of national policy and strategic directions for safety and quality in mental health consistent with the National Mental Health Strategy, national mental health plans, and mainstream health initiatives.

Some of the SQPSC current activity includes the following.

Seclusion and Restraint Reduction in Mental Health Services

National Seclusion and Restraint Forum

The 10th National Mental Health Seclusion and Restraint Reduction Forum was held in Melbourne on 28 and 29 May 2015. The Victorian Department of Health hosted the forum with the theme *'From here to there: Shaping the path to harm free care'*. Approximately 250 delegates attended each day and initial feedback has been positive.

Restraint Working Group (RWG)

The development of a national chemical restraint definition that would be meaningful and measurable has presented a challenge for members of the RWG and SQPSC over the last two years, particularly regarding issues around acute sedation, behaviour modification, intent and the consumer and carer perspective. SQPSC IS supporting the following two staged approach as a way forward:

- Presenting a session at the 10th National Seclusion and Restraint Reduction Forum on 29 May 2015 to inform the wider sector of the issues and seek feedback.
- Holding a workshop session with select key stakeholders to consider the Forum feedback and determine if it is possible to develop a national chemical restraint definition or proxy definition at this time.

The RWG is also undertaking work in relation to seclusion and restraint information provided to consumers, carers and family members, and the development of high level guiding principles relating to mechanical and physical restraint.

Medication Safety Project

The medication safety project is progressing in accordance with the SQPSC endorsed project schedule. The design and development phase for the survey instrument is nearing completion; progress includes:

a. The design of the survey instrument has been validated and field reviewed. The primary objective of the survey is to gain a baseline understanding of the current status of evidence–based interventions to reduce prescribing and administration errors in acute mental health inpatient units across Australia.

b. A formal pilot of the survey is being co–ordinated by Victoria in collaboration with the SQPSC, and will be undertaken across Victorian public acute mental health inpatient units.

c. Program activities to prepare for the subsequent national implementation of the survey, scheduled to begin in July 2015, are being finalised.

Private Mental Health Consumer Carer Network

One of the most exciting recent initiatives of the Network has been the development of 5 on line resources for training for consumer or carer mental health advocacy. You can view the resources at:

https://pmha.com.au/pmhccn/Resources/TrainingResources.aspx

We have just completed this initiative and our thanks goes to our DVD developer Inspired Workforce Performers, and to the Australian Government for agreeing to the use of the publication 'The Kit – the advocacy we choose to do' which formed the basis for these on line resources.

Fact Sheet

The private sector plays an essential role in the overall provision of mental health services in Australia. Data from the PMHA's (PMHA–CDMS) Annual Statistical Report shows that for the 2013–14 Financial Year, there were 31 stand–alone private psychiatric hospitals and 30 psychiatric units located within private general hospitals in operation in Australia. Together these Hospitals had approximately 2,670 psychiatric beds. The hospitals that participated in the PMHA's CDMS during that financial year accounted for approximately 100% of all private psychiatric beds.

During the financial year the 61 private Hospitals participating in the CDMS admitted 33,765 patients for psychiatric care. Of those patients, 25,957 had a total of 37,714 separations from overnight inpatient care (excluding brief overnight admissions for sameday procedures) with an average length of stay of 20 days. The demographic and diagnostic profiles of those patients are shown below in Figures A and B. For the 17,141 patients who received any care on a Sameday or Outreach basis (referred to under the National Model as Ambulatory care) the average number of Days of care per patient was 14. Of those patients seen in the Ambulatory Care service setting, 9,035 also had at least one overnight inpatient admission.[1]

Figure C in the column opposite provides a comparison of patients MHQ–14 summary scores at Admission and Discharge with scores on the measure derived from the Australian Bureau of Statistics' National Health Survey conducted in 1995. As can be seen, Patients reported mental health, social and role functioning at Admission are very much worse than that of the general population. By discharge they have improved greatly, but are still not as well on average as the general population.

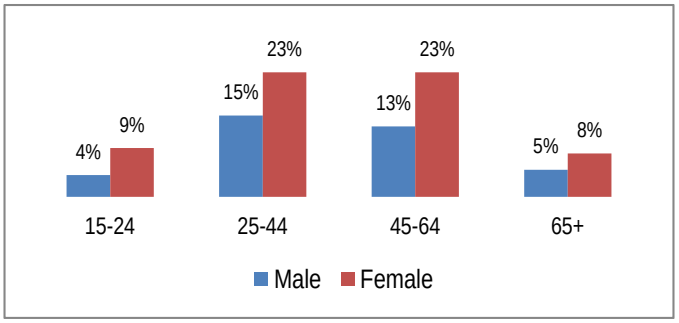


Figure A: Demographic profile (Age group by Sex) of patients admitted to participating private hospitals

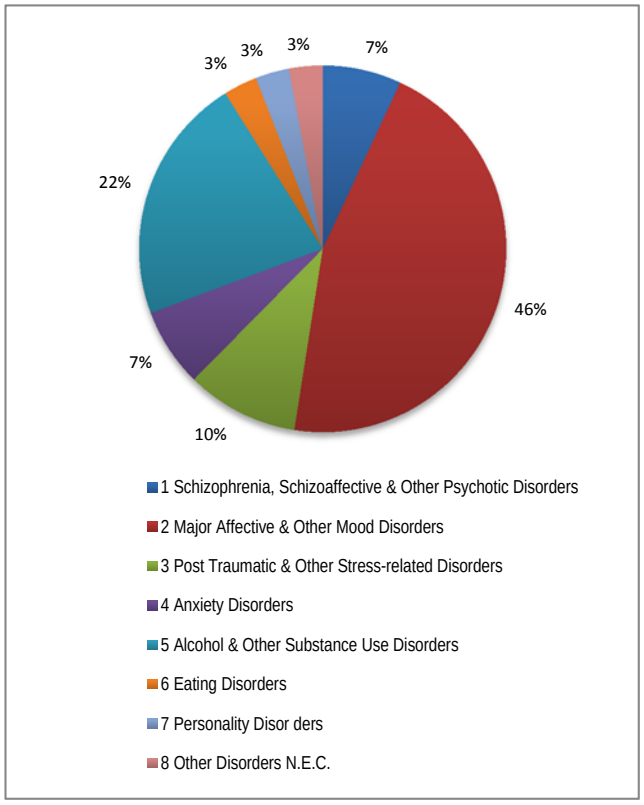


Figure B: Diagnostic profile (proportion in each of the eight major MHDGs) for Episodes of Overnight Inpatient Care during the Financial Year

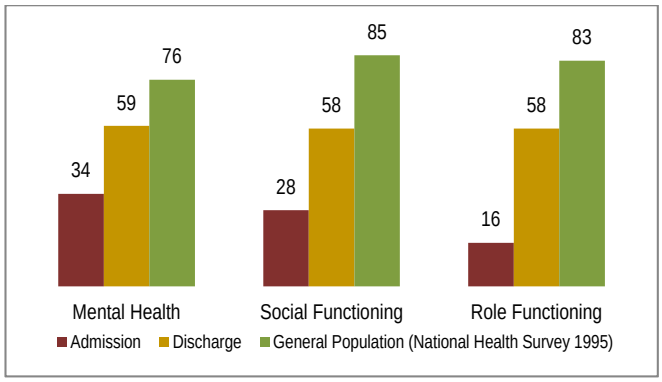


Figure C: Comparison of patients' self–reported clinical status at admission and Discharge with that of the General Population.

Reference

[1] *PMHA–CDMS Private Hospital–based Psychiatric Services 1 July 2013 to 30 June 2014: Annual Statistical Report from the PMHA's Centralised Data Management Service regarding the services provided by participating Private Hospitals with Psychiatric Beds and Private Psychiatric Day Hospitals Annual Statistical Report for 2012–13*

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