PMHA | PRIVATE MENTAL HEALTH ALLIANCE

NEWSLETTER

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December 2011

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 and Ageing

From the Chair

Philip Plummer

Welcome to the Christmas Edition of our newsletter, as yet another busy and productive year draws to a close.

PMHA Quality Improvement Project

It gives me great pleasure to report that the PMHA's Quality Improvement Project, or QIP as we call it, is in its last stages of successful completion. As our regular readers will know, QIP contains a suite of four complementary activities.

1. *Implementation of Consumer Experiences of Care Measure*
2. *Outcomes in Private Psychiatry Practice*
3. *Borderline Personality Disorder*
4. *Internet Access to the PMHA's CDMS*

In this Edition, our QIP Steering Committee Chair, Andrea Selleck, reports on the work of the Steering Committee that has overseen the QIP.

PMHA Experiences of Care Measure. A PMHA Patient Experiences of Care Measure (PMHA-PEx) Validation Study has been completed and the PMHA-PEx will be ready for implementation in private hospitals next year. All private hospitals with psychiatric beds were invited to participate in the Validation Study. The following kindly volunteered.

1. Mayo Private Hospital, NSW
2. The Hills Clinic Kellyville, NSW
3. The Melbourne Clinic, VIC
4. Pinelodge Clinic, VIC
5. Albert Road Clinic, VIC
6. Belmont Private Hospital, QLD
7. Toowong Private Hospital, QLD
8. Currumbin Clinic, QLD
9. Perth Clinic, Western Australia, WA
10. Sentiens Clinic, WA
11. The Hobart Clinic, TAS

We would like to convey our heartfelt gratitude for the time and effort these facilties put into the supporting and participating in the Validation Study. Our sincere thanks also goes to the staff at the Australian Private Hospitals Association who so willingly assisted with advertising and promoting the Study. These concerted efforts not only enabled us to achieve an excellent response rate, but will enhance the implementation of the PMHA-PEx in the private sector in 2013.

PMHA Psychiatrist Workload Survey. The final report on the results of our *PMHA Psychiatrists Workload Survey* has been completed and is being released with this Edition. Dr Bill Pring sets out some of the key findings in this Edition.

PMHA Borderline Personality Disorder Survey. The survey of Hospital–based treatment of Borderline Personality Disorder was completed and a report is in the final stages of drafting. Our PMHA Senior Research Officer, Ellie Rosenfeld, has provided an update for this Edition.

Internet Access to the PMHA's CDMS. The architecture for secure internet access for participating private hospitals and private health insurers to the data held by the PMHA's Centralised Data Management Service (CDMS) is in place and ready for implementation next year. In this Edition, our PMHA's CDMS Director, Allen Morris-Yates provides an overview of how the system will work.

PMHA Principles for Collaboration

I am also pleased to announce that the PMHA's Collaborative Care Models Working Group has completed the task of developing a set of principles to better support mental health professionals working in the private sector to refer, collaborate, and where necessary, share care. The Principles were developed over the course of 2012 and have been endorsed by the PMHA for wider circulation and comment to those organisations who are involved in education, training and setting standards for the relevant professions.

National Mental Health Commission

At the request of the Minister for Mental Health and Ageing, the Hon. Mark Butler MP, we met with the Chair of the Commission, Professor Allan Fels to discuss the essential role the private sector plays in the overall provision of mental health services in Australia. Professor Fels was impressed by our CDMS and the work it has been doing since 2001 with private hospitals and private health insurers to continuously improve the quality and efficiency of mental health service delivery in the private hospital sector. Particularly impressive is the participation rates whereby currently all 56 private facilities with psychiatric beds (100% of the industry) are routinely collecting outcomes data that enables the quality and efficiency of their mental health service delivery to be evaluated and reported on every quarter.

Since our last Edition, the Commission released Australia's first *National Report Card on Mental Health and Suicide Prevention* We welcome the Report Card and look forward to working with the Commission on subsequent editions. Copies of the Report Card are available at: www.mentalhealthcommission.gov.au.

DVA

The Director of Mental Health Policy for the Department of Veterans' Affairs, Mr Matthew Jackson, recently replaced Ms Kym Connolly as our DVA representative. We welcome Matthew and thank Kym for supporting our work during her term on the PMHA. Kym will remain as the DVA representative on the PMHA Collaborative Care Models Working Group.

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

PMHA Quality Improvement Project

Andrea Selleck

In 2009, an anonymous offer of financial support of $250,000 was made available to the AMA to manage, on behalf of the PMHA, for a Quality Improvement Project (QIP) directed at improving outcomes for consumers within the context of the mental health services that are provided by private hospitals with psychiatric beds (Hospitals) and psychiatrists in private practice. The purpose being to make better use of the mechanism of the PMHA and its Centralised Data Management Service (CDMS). QIP contained a suite of four complementary activities.

1. ***Implementation of Consumer Perceptions of Care (CPoC) Measure.*** This first activity involved the development and implementation of a standardised measure of CPoC in all private hospital–based psychiatric services across Australia.

2. ***Outcomes in Private Psychiatry Practice.*** Work on this second activity established a Private Psychiatrist Research Network (PPRN) and the conduct of a Psychiatrists' Workload Study.

3. ***Internet Access to the PMHA's CDMS.*** This third activity involved a scoping exercise to determine the requirements for a model Agreement that would enable appropriate and secure internet–based access for participating stakeholders to the data currently held by the PMHA's CDMS.

4. ***Borderline Personality Disorder (BPD).*** This activity involves preliminary work to scope what models of care are currently being used for people with a diagnosis of BPD.

In 2010, the PMHA established a QIP Steering Committee to act as a reference group and to assist with managing the Project over the course of 2011 and 2012. I accepted the invitation of the PMHA to Chair the Steering Committee, which is comprised of the following representatives.

QIP Steering Committee

Ms Andrea Selleck (Chair)	Private Healthcare Australia
Ms Moira Munro	Australian Private Hospital Association
Dr Bill Pring	Australian Medical Association
Ms Robyn Milthorpe	DoHA Mental Health Reform Branch
Ms Janne McMahon	Consumer Representative
Mr Patrick Hardwick	Carer Representative
Professor Andrew Page	Expert Adviser
Mr Allen Morris–Yates	QIP Project Manager
Mr Phillip Taylor	PMHA Director (Secretary)

In 2010, the Steering Committee held several meetings in order to develop the Project Brief, advertise for a Senior Research Officer (SRO), and conduct interviews. Ms Ellie Rosenfeld was subsequently appointed for the Project, and commenced duties on 31 January 2011 located at the PMHA Research Office, at Kahlyn Day Centre, in Adelaide. The Director of the PMHA's CDMS, Mr Allen Morris–Yates was appointed as the QIP Project Manager located in Adelaide.

Over the course of 2011 and 2012, the Steering Committee has been holding face–to–face meetings back–to–back with meetings of the PMHA to enable proper reporting arrangements for the SRO and to manage and support QIP.

Additional QIP Funding

At the beginning of QIP, the Commonwealth Department of Health and Ageing provided $230,081 in additional funding to strengthen following aspects of the QIP Work Programs.

- Enable Ellie and Dr Bill Pring to undertake visits to Western Australia, South Australia, Queensland, New South Wales and Victoria to facilitate the establishment of a PPRN and to enlist the support of participating Hospitals, their Medical Advisory Committees (MACs) and psychiatrists in private practice for the Psychiatrists' Workload Study.

- Redevelopment of the PMHA website to a point whereby the old website was replaced with the architecture necessary to eventually enable secure access for Hospitals and private health insurers to CDMS Training Resources and Standard Quarterly Reports.

- Enable the expert Adviser to the QIP Steering Committee, Associate Professor Andrew Page, to attend meetings of the Steering Committee. Professor Page's advice and guidance has proven invaluable and timely for both the Steering Committee throughout the course of QIP and for Ellie and Allen.

QIP is now in its last stages and we will be holding one final Steering Committee meeting in March next year to tie up any loose ends. Readers will recall that Allen provided a substantive article on the CPoC work program in the last Edition of this Newsletter. The measure developed under this work program is now titled, PMHA Patient Experiences of Care Measure (PMHA-PEx). It has been validated and is ready for implementation in the private hospital sector early next year. The remainder of this Edition of the PMHA Newsletter is devoted to providing readers with updates on the outcomes of the other three work programs.

Andrea is the Chair of the PMHA's QIP Steering Committee and represents Private Healthcare Australia on the PMHA.

QIP: Psychiatrists' Workload Study 2012

available online now!

Dr Bill Pring

In this article, I want to share with our readers some of the results of the PMHA's Psychiatrists Workload Study (or WLS as we call it), which has been a core component of the PMHA's Quality Improvement Project (QIP).

The WLS was conducted online in March 2012 with the support of the AMA, the RANZCP and the Chief Executive Officers of Private Hospitals. You can obtain a copy of the The final report is available from the PMHA website at **www.pmha.com.au**

While this substantive and rigorous report should be read in its entirety, some of the key finding included the following.

- Respondents were representative of other Australian psychiatrists in age and gender distribution. The average age was 54 years; just under two thirds of the survey participants were men (65%) and just over a third were women (35%).
- Respondents were representative of the usual state and territory distribution of Australian psychiatrists, with a somewhat higher representation from Queensland and lower representation from Victoria.
- The mean number of years since psychiatry qualification was 19, with the 75th percentile being 26 years.
- The mean number of years since beginning psychiatric practice in Australia was 18 years. Given the 75th percentile was 25 years since beginning practice, these psychiatrists had lengthy experience of psychiatry practice.
- Respondents worked on average 46 hours per week.
- The majority of respondents nominated private psychiatrists' rooms as the setting they worked in most often during their last usual month, spending over two thirds of their working time in private rooms.
- Direct patient care consumed the greatest proportion (62%) of the working time of most participants.
- Psychiatrists used mostly an eclectic or integrative therapeutic approach, with a broad range of different therapeutic approaches tailored to the individual needs of patients.
- Two thirds of respondents felt the administrative tasks associated with their practice had increased in the past five years.
- A substantial proportion of respondents, 40%, felt themselves to be positioned more in a consulting role than an ongoing care role compared to five years previously.
- Psychiatrists saw an overall average of 37 patients a week, 32 of whom were in private rooms. Of these patients, 47% were men and 53% were women; 1% of patients were Aboriginal or Torres Strait Island people; 9% spoke English with difficulty or as a second language; and most patients were aged 25-44 years.
- Almost half the patients had some form of employment and most patients were securely housed.
- Patients treated in private rooms experienced the full range of mental disorders, including schizophrenia and schizo-affective disorder, though they were predominantly people with Major Depression, Anxiety Disorders, Bipolar Disorder, Borderline Personality Disorder, and Post Traumatic Stress Disorder (PTSD).
- A substantial number of patients had co-morbid medical conditions such as arthritis, diabetes, cardiovascular disease, renal disease, and respiratory disease.
- General practitioners (GPs) and psychologists were the other professionals seen most frequently by patients in the previous year.
- Half the respondents felt there had been no change in the severity or complexity of the clinical presentation of patients at first referral compared to five years ago, however 34% felt their patients' condition on clinical presentation was more severe.

Our special thanks goes to the PMHA's Centralised Data Management Service (CDMS) Director, Allen Morris-Yates, for his statistical analyses, to Ellie Rosenfeld, PMHA QIP Senior Research Officer, and to Professor Andrew Page of the University of Western Australia, who was the Expert Adviser for QIP, for their ongoing critique and advice.

Our sincere thanks go to the Australian Medical Association and the Royal Australian and New Zealand College of Psychiatrists (RANZCP) who supported and promoted the QIP and, in particular, the Outcomes in Private Psychiatry Practice Project.

We are indebted to members of the PMHA Private Psychiatrists' Research Network and AMA Psychiatrist Group, who participated in piloting the Workload Survey.

Bill is a psychiatrist who represents the AMA on the PMHA and is a member of the QIP Steering Committee.

QIP: Internet Access to PMHA's CDMS

Allen Morris-Yates

As Andrea mentioned, the Commonwealth Department of Health and Ageing sought to assist the work of the PMHA's Centralised data Management Service (CDMS) through the provision of additional funding related to Internet access to the PMHA's CDMS component of the QIP.

Originally, the *Internet access to the PMHA's CDMS Work Program* was intended to only involve a scoping exercise to determine the requirements for a Model Agreement that would enable appropriate and secure internet–based access for participating stakeholders to the data currently held by the PMHA's CDMS.

The scoping exercise was to specify the requirements for the following.

(1) Privacy and confidentiality guidelines consistent with the National Model's information access guidelines.

(2) Protocols for the protection of intellectual property, in particular, for private psychiatric facilities contributing data.

(3) Protocols for the publication of information derived from CDMS data.

(4) Reliable and cost effective systems for granting and revoking authenticated user access.

(5) A Model Agreement for internet–based access for each organisation to sign whose staff will be granted access.

The tasks specified under this Work Program were just one part of the work needed to give Hospitals and private health insurers secure access to CDMS Training Resources, Standard Quarterly Reports, and ultimately, to a web–based system for ad–hoc analysis that works within the constraints of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures*' Guidelines for access to aggregate statistical information. That full work program actually involved two complex tasks.

- First, in order to enable web–based access to Standard Quarterly Reports, the requirements and protocols for secure access to that data by authenticated users must be developed. The tasks and funding originally included under the QIP Work Program were designed to enable completion of that work.
- Second, the PMHA's website would need to be redeveloped so that it could provide a secure and more robust platform for the future development of the secure web–based access systems. The funding originally included under the QIP Work Program did not extend to the completion of that work.

Redevelopment of the PMHA Website

The additional funding from the Commonwealth enabled the full redevelopment of the PMHA website to be progressed to a point whereby the old website was replaced with the architecture necessary to eventually enable secure access for private hospitals and private health insurers to CDMS Training Resources and Standard Quarterly Reports. The new website was launched in September 2011 and was well received.

After implementation of the website, the task remaining was the development of a Model Agreement between the AMA and authenticated responsible officers of participating Hospitals and private health insurers (Security Officials) that are to be given secure access to the CDMS. The Agreement will enable these Security Officials to be given secure access to their organisation's Standard Quarterly Reports (SQRs). They will **not** have access to any other organisation's SQRs.

It is intended that the PMHA Director and CDMS Director (PMHA Officers) will be responsible for the authentication of identification of the person signing the Agreement for their organisation and for the registration of their organisation's designated Security Official.

On completion of the registration process, an email providing the Login ID will be generated and temporary password will be sent to the Security Official. Security Officials will then be able to login into the website and change their password. Security Officials will then be responsible for authenticating any of their staff they wish to provide access for.

The steps to be followed by Security Officials in providing access for their staff will be set out in *User Guide for Security Officials*, which will form part of the Agreement with the AMA.

It is anticipated that this Work Program will be completed early next year.

Allen is the Director of the PMHA's CDMS and the QIP Project Manager.

QIP: Hospital Manager's Survey of BPD Services

Ellie Rosenfeld

In Australia approximately 2–4% of the general population have diagnoses of Borderline Personality Disorder (BPD). This may not seem significant in terms of population prevalence, however, people with this diagnosis constitute a substantial number of patients receiving inpatient and outpatient psychiatric services, making up about 20% of psychiatric inpatients and 10% of outpatients (Lieb et al, 2004).

The association of BPD with other psychiatric conditions is a complicating factor in making accurate assessments of prevalence; many databases of mental illness enter a primary diagnosis only, or at best primary and secondary. To use serious depression as an example, the association of Cluster B personality disorders, including BPD, with major depressive disorders and with substance abuse disorders has been clearly identified (Dolan–Sewell, Kreuger and Shea, 2001).

In recent years this debilitating mental illness has been the increasing subject of national and international debate and research, including Australian research with consumers and carers, and "mapping" exercises of services available in the public sector.

The United Kingdom (UK) National Institute for Health and Clinical Excellence (NICE) has published BPD Treatment and Management Guidelines in 2009, and established BPD dedicated services which have been robustly evaluated.

In Australia, the Commonwealth Government established a BPD Expert Reference Group (BPD ERG) to gather information from public and private sector on policies and treatment options for people with BPD and their carers. The National Health and Medical Research Council (NHMRC) has also developed a Clinical Practice Guideline for the management of BPD.

The nature and extent of psychiatric treatment provided by Australian hospitals in the private sector to patients with BPD diagnoses is unclear. Having a clear description of services available to people in Australian private psychiatric services will be useful in identifying gaps in services, and will align the private sector with these other national initiatives.

To contribute to this work, we recently conducted an online survey of Hospital Managers of stand alone hospitals and Managers of co-located psychiatric units within private general hospitals, who are contributors to the PMHA's Centralised Data Management Service (CDMS), about the psychological services provided to consumers with diagnoses of BPD. The objective of this survey is to describe the treatment approaches Australian private hospitals take with this group of patients. This research project is another component of the PMHA Quality Improvement Project (QIP) brief.

Hospital Managers were invited to participate in the survey between 15 October and 11 November this year. Our thanks go to the Australian Private Hospitals' Association (APHA) who endorsed and promoted this survey, to the APHA Psychiatry Committee and to Ms Lucy Cheetham, APHA Head of Policy and Research for their support and assistance.

Thanks also to members of the Private Mental Health Consumer Carer Network (PMHCCN) and to members of the PMHA QIP Steering Committee for their invaluable feedback in the early stages of survey development.

The response rate to this survey was outstanding at 81%, so our sincere thanks to those Hospital Managers and Heads of co-located psychiatric units within private hospitals who took the time to participate. Our QIP survey information will make an important contribution to the broader goal of improving services for patients with BPD diagnoses and their families in Australia.

Survey data is currently being analysed and findings will be available on the PMHA website in 2013, and also via the APHA Newsletter.

References:

1. Dolan–Sewell R, Kreuger R, Shea M (2001), Co–occurrence with syndrome disorders. In Livesley WJ editor. Handbook of Personality Disorders: Theory, Research and Treatment. NY: Guilford Press; 2001. pp. 84–101.
2. Lieb K, Zanarini M, Schmahl C, Linehan M, Bohus M (2004) Borderline personality disorder. *Lancet*. 2004 Jul 31–Aug 6; 364 (0432): 453–61.

Ellie is the PMHA's QIP Senior Research Officer based in Adelaide

Stakeholder Round Up

Australian Medical Association (AMA)

This December, we will release the Seventh Edition of our AMA Psychiatrists' Newsletter. In that Edition, we have included articles on *Youth Mental Health*, *Mental Illness and Insurance*, *Activity Based Funding and Mental Health*, a *DVA Update*, a *PMHA Update*, an update from the *RANZCP Private Practitioners Network*, and our new section titled *AMA Branch Round Up*. The AMA Psychiatrists' Newsletter is sent by the AMA to all psychiatrists throughout Australia with email addresses.

Australian Private Hospitals Association (APHA)
Mental Health Week Campaign

Nearly 200 private hospitals around the country have marked Mental Health Week 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 check 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 in just one week.

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. APHA produced zip-cards and posters promoting information about depression, anxiety disorders, eating disorders, substance abuse and private health insurance using a simple and accessible quiz format. 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.

If you'd like to see samples of the campaign materials, photos of mental health week events at APHA member hospitals, listen to audio interviews or view the Mental Health Week video, click here If you'd like to check out the APHA Facebook mental health quizzes, click here.

Private Healthcare Australia

The year 2012 has been a particularly significant one for the Private Health Insurance Industry. There have been legislative issues with which to deal; the community has been severely impacted by economic realities, affecting their discretionary expenditure; demand for health services continues to climb; and Australia's population continues to age. The Annual Conference of Private Healthcare Australia, held from 13-15 November at the Park Hyatt in Melbourne, provided insight into how to best tackle these problems and provided an opportunity to share and debate possible solutions. The Conference areas of critical importance to the Industry such as fraud prevention; quality care; business issues; cost control; and the nuances of the world economy. The PMHA's CDMS Director, *Mr Allen Morris-Yates*, accepted an the invitation of the PHA to attend the address the Congress on the work of the PMHA's CDMS.

Australian Government

Council of Australian Governments

On 7 December 2012, the Council of Australian Governments (COAG) reaffirmed its commitment to mental health reform, and welcomed the recent release of the National Mental Health Commission's inaugural *Report Card on Mental Health and Suicide Prevention*. COAG agreed to provide a response to the Report Card that would include national indicators and targets for mental health reform.

COAG also endorsed the *Roadmap for National Mental Health Reform 2012-22* that sets out the ongoing reform necessary to achieve the vision of all Australian governments of a "society that values and promotes the importance of good mental health and wellbeing, maximises opportunities to prevent and reduce the impact of mental health issues and mental illness and supports people with mental health issues and mental illness, their families and carers to live full and rewarding lives". A full copy of the roadmap can be found at: http://www.coag.gov.au/node/482

Department of Veterans' Affairs (DVA)

With the transition to Afghan led security in 2014 and the changing and emerging needs of veterans and their families, mental health will continue to be a priority focus for Veterans' Affairs. The Department has developed a consultation draft of a new Veteran Mental Health Strategy 2013, which is now ready for your feedback. The strategy sets out strategic objectives for mental health for the veteran and ex-service community and will outline priority actions for future work.

A key message is that there are many ways our clients can seek mental health support and information. This includes online mental health information and support at: www.at-ease.dva.gov.au, GP services and access to psychological treatment, psychiatric care, and medical and hospital services for those who need it, including post traumatic stress disorder (PTSD) programs. Counselling and mental health treatment is also available from the Veterans and Veterans Families Counselling Service (VVCS), by calling 1800 011 046. The new strategy will help guide the future development of these services. Feedback on the draft Strategy is sought through DVA's At Ease website www.at-ease.dva.gov.au by 15 February 2013.

Private Mental Health Consumer Carer Network

In 2011, 5 October was declared National BPD Awareness Day. In 2012, the Network hosted the National BPD Awareness Day Conference in Adelaide on Friday, 5 October 2012 with funding from the Mental Health Council of Australia grant program, SA Health, MIND Australia and headspace. The Conference brought together consumers, carers and health professionals to create a greater awareness of BPD including the challenges for people, their families and carers, health professionals and the mental health system. There were presentations on a range of different topics including treatment models, legacy of trauma, the need for awareness from a consumer and carer perspective and whether recovery is possible. Conference presentations can be viewed on the Post Conference website by clicking here.

Fact Sheet

Set out below are the statistics from the PMHA's Centralised Data Management Service (CDMS) on the COAG Indicator Statistics for the National Action Plan for Mental Health Indicators 5 and 6 and National Healthcare Agreement Indicator 21 for 2010–2011 Financial Year (FY), that were recently provided to the Australian Institute of Health and Welfare (AIHW). on the population seen by private hospitals.

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 COAG Annual Report Indicator 5: Percentage of population receiving clinical mental health care.

State or Territory	Financial Year Ending				
	June 2007	June 2008	June 2009	June 2010	June 2011
NSW					
VIC	6,566		6,566		6,566
QLD	7,315		7,315		7,315
SA					suppressed
WA	2,168	2,181	2,630	3,047	3,255
TAS					suppressed
ACT					suppressed
Australia	22,520	23,155	24,528	25,536	25,710

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.

Age Group	Financial Year Ending				
	June 2007	June 2008	June 2009	June 2010	June 2011
15-19	2.8%	2.3%	2.5%	2.2%	2.3%
20-24	7.4%	7.0%	7.1%	7.2%	7.2%
25-29	6.3%	7.0%	7.3%	7.4%	7.3%
30-34	7.8%	8.2%	8.4%	8.3%	8.6%
35-39	10.7%	10.5%	10.0%	10.9%	10.7%
40-44	9.7%	10.0%	10.6%	10.8%	10.6%
45-49	10.7%	10.5%	10.1%	10.4%	10.0%
50-54	10.3%	9.8%	9.8%	9.9%	10.3%
55-59	10.4%	10.0%	9.5%	9.0%	9.2%
60-64	8.8%	9.5%	9.8%	9.1%	8.9%
65-69	4.4%	4.6%	4.8%	5.3%	6.0%
70-74	2.7%	2.9%	2.8%	3.0%	3.2%
75-79	2.7%	2.6%	2.4%	2.1%	2.0%
80-84	2.4%	2.4%	2.4%	2.0%	1.8%
85+	2.0%	2.1%	2.2%	2.0%	1.7%
NR	0.9%	0.5%	0.2%	0.4%	0.2%

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

Remoteness	Financial Year ending				
	June 2007	June 2008	June 2009	June 2010	June 2011
0 - Major cities	84.2%	83.9%	83.4%	83.1%	81.7%
1 - Inner regional	12.4%	12.9%	13.2%	13.5%	14.5%
2 - Outer regional	2.6%	2.5%	2.6%	2.7%	3.0%
3 - Remote	0.4%	0.3%	0.4%	0.4%	0.4%
4 - Very remote	0.1%	0.1%	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.

Relative Disadvantage of Area of Usual Residence	Financial Year ending				
	June 2007	June 2008	June 2009	June 2010	June 2011
1 Most disadvantaged	9.7%	11.1%	8.4%	7.6%	7.7%
2	10.4%	10.2%	10.6%	11.2%	11.7%
3	14.3%	15.5%	15.9%	16.1%	16.8%
4	23.7%	23.3%	25.4%	23.5%	24.3%
5 Least disadvantaged	41.7%	39.6%	39.4%	41.4%	39.4%

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

Statistics for COAG Annual Report Indicator 6: Mental health outcomes of people who receive treatment from state and territory public services and the private hospital system.

Statistics for the 2009–2010 Financial Year

	Significant Deterioration	No Change	Significant Improvement
Number of Separations	742	4,830	14,622
Proportion	3.7%	23.9%	72.9%

Number of separations that met basic inclusion criteria	25,322
Number of separations with complete data	20,194
Proportion with complete data:	79.7%

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.

PMHA Representatives Contact Details

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