PMHA CDMS | *The* PRIVATE MENTAL HEALTH ALLIANCE'S CENTRALISED DATA MANAGEMENT SERVICE

Statistics for

National Healthcare Agreement Performance Indicator 17 - Treatment rates for mental illness,

and 4th National Mental Health Plan Indicator 23 - Mental health ouctomes of people who receive treatment.

2013-2014 Financial Year

Report prepared 11 August 2015

Preface

The development, preparation and distribution of this report has been undertaken by the PMHA's Centralised Data Management Service (CDMS) as part of its obligations to stakehodlers participating in the Private Mental Health Alliance.

The CDMS is jointly funded by participating Private Hospitals with Psychiatric Beds through the Australian Private Hospitals Association (APHA), participating Private Health Insurance Funds through the Private Health Australia (PHA), and the Australian Government Department of Health (DoH) under an Agreement with the Australian Medical Association (AMA) for the provision of services and operation of the CDMS. Under this Agreement, the PMHA's CDMS assists participating Hospitals with their implementation of the National Model and provides Hospitals and Health Funds with a data management service that routinely prepares and distributes Standard Reports to assist them in the monitoring, evaluation and improvement of the quality of care. The Agreement also specifies that oversight of the operation of the CDMS is the responsibility of the PMHA.

The Director of the PMHA's CDMS, Mr Allen Morris-Yates, is responsible for the development and preparation of this report. If you have any questions, concerns or comments to make regarding this report, please direct them to Allen, who can be contacted by email to allen.yates@pmha-cdms.com.au or by telephone on either 08 8278 5811 or 0417 268 386.

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Disclaimer

The PMHA's CDMS has made every reasonable effort to ensure that the information contained in this report is free from errors and omissions, and that all the data and information drawn upon to compile it have been provided in good faith. However, the PMHA's CDMS does not warrant the accuracy of this report and does not warrant its suitability for use for any management or commercial purpose. This report is provided by way of information only to aid initiatives to improve the quality, effectiveness and efficiency of private sector, hospital-based psychiatric services.

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

Statistics for the National Healthcare Agreement Performance Indicator 17: Treatment rates for mental illness.

State or Territory	Financial Year ending		
	June 2012	June 2013	June 2014
NSW	9,131	10,074	**10,991**
VIC	7,948	8,230	**8,988**
QLD	6,319	6,909	**7,550**
SA			suppressed
WA	3,483	3,627	**3,495**
TAS			suppressed
ACT			suppressed
Australia	29,400	31,476	**33,574**

The statistics shown in the above table are unique counts of individuals receiving specialist psychiatric care within the private hospital service stream, including both Overnight and Sameday admitted patient care. The statistics are derived from information submitted to the Private Mental Health Alliance's Centralised Data Management Service by private hospitals with psychiatric beds. Due to the fact that, prior to 2011, not all such hospitals submitted data to the CDMS (it is a volunatry collection) statistics for financial years prior to July 2011 are estimates that include person counts for both actively participating and non-particpating private hospitals with psychiatric beds. Those adjustements particularly affect statistics reported for the 2007-2008 and 2008-2009 financial years.

Note that services provided to patients with a principal psychiatric diagnosis by other private hospitals without designated psychiatric beds are NOT included.

Statistics for South Australia, Tasmania and the Australian Capital Terrirtory are supressed because their publication could lead to the identification of results for individual hospitals or hospital corporate groups. No statistics are shown for the Northern Territory because there are no private hospitals with psychiatric beds in that jurisdiction.

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 Performace Indicator 17: Treatment rates for mental illness.

The statistics shown in the following three tables on this and the next page are high level summaries of the detailed information provided to the Australian Institute of Health and Welfare (AIHW) by the PMHA's CDMS. The statistics are derived from the same data source as that used for the preparation of the NHA Indicator 17 Statistics provided on the preceding page. These summary tables are included here so that PMHA representatives and other stakeholders are aware of the nature and general pattern of the information provided to the AIHW by the CDMS.

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

	Financial Year ending		
Age Group	June 2012	June 2013	**June 2014**
15-19	2.9%	3.3%	**3.5%**
20-24	8.1%	8.5%	**8.3%**
25-29	7.7%	7.5%	**7.8%**
30-34	9.2%	9.3%	**9.4%**
35-39	10.2%	10.2%	**10.3%**
40-44	11.2%	11.2%	**10.9%**
45-49	9.9%	9.8%	**10.0%**
50-54	9.9%	9.7%	**9.6%**
55-59	8.6%	8.8%	**8.7%**
60-64	7.8%	7.2%	**7.2%**
65-69	6.1%	6.2%	**6.1%**
70-74	3.1%	3.0%	**3.2%**
75-79	2.0%	2.0%	**2.0%**
80-84	1.6%	1.6%	**1.4%**
85+	1.5%	1.6%	**1.4%**
NR	0.2%	0.1%	**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 2012	June 2013	**June 2014**
Major cities	82.0%	81.7%	**81.0%**
Inner regional	13.5%	14.1%	**14.6%**
Outer regional	3.7%	3.5%	**3.6%**
Remote	0.4%	0.4%	**0.4%**
Very remote	0.3%	0.2%	**0.2%**

"Remoteness" is derived from the postcode of the person's Area of Usual Residence, coded to the Australian Standard Geographical Classification (ASGC) Remoteness Structure.

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 2012	June 2013	**June 2014**
1 - Most disadvantaged	8.2%	7.9%	**7.9%**
2	12.0%	12.5%	**12.8%**
3	18.0%	17.1%	**17.9%**
4	23.1%	23.4%	**23.4%**
5 - Least disadvantaged	38.6%	39.1%	**38.0%**

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 2013-2014 Financial Year

	Significant Deterioration	No Change	Significant Improvement
Number of Separations	1,239	5,019	22,863
Proportion	**4.3%**	**17.2%**	**78.5%**

Number of separations that met basic inclusion criteria:	34,720
Number of separations with complete data:	29,121
Proportion with complete data:	**83.9%**

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.

end of this report