



Priority area 5:
Accountability—
measuring and reporting progress

Outcome

The public is able to make informed judgements about the extent of mental health reform in Australia, including the progress of the Fourth Plan, and has confidence in the information available to make these judgements. Consumers and carers have access to information about the performance of services responsible for their care across the range of health quality domains and are able to compare these to national benchmarks.

Summary of actions

- Establish comprehensive, timely and regular national reporting on the progress of mental health reform which responds to the full range of stakeholder needs.
- Build an accountable service delivery system that monitors its performance on service quality indicators and makes this information available to consumers and other stakeholders.
- Further develop mental health information, including national mental health data collections, that provide the foundation for system accountability and reporting.
- Conduct a rigorous evaluation of the *Fourth National Mental Health Plan*.

Cross-portfolio implications

Responsibility for establishing an accountable mental health service system lies primarily with the health sector. Health will need to collaborate with other sectors including community services, housing, and correctional services to assist them with developing indicators to monitor the extent to which they are having an impact on the community's mental health. Health will also need to work with other sectors in the overarching evaluation of the Fourth Plan.

Indicators for monitoring change

- Proportion of mental health service organisations publicly reporting performance data *

*This indicator requires further development

Building a more accountable and transparent mental health system is an essential step to establishing public confidence. Confidence is needed at two levels. At the broad policy level, the public needs to have confidence in the mental health reforms agreed by governments, and that governments are doing as promised. At the service delivery level, consumers and others who depend on mental health services need to be confident that those services are providing quality care in a manner consistent with modern standards. Both of these aspects of accountability have been a source of community concern, and will be central to actions taken under the Fourth Plan.

Processes designed to improve accountability depend on the right information being available. In the mental health sector, there is a complex mix of stakeholders, each with different information needs, but who share a common interest in knowing how the mental health system is performing. Consumers are the central group. They need the health organisations responsible for their care to make information available that allows them to understand treatment options, make informed decisions and participate actively in their care. This should include information about how the organisation performs in comparison to its peers on a range of health quality indicators, presented in a way that will assist the person to understand what they can expect as a consumer of the organisation. While there are few examples of such practice being adopted in Australian mental health services, there are multiple innovations in this direction developing overseas and in areas outside mental health within Australia.

Beyond consumers, other stakeholders have legitimate needs for information about mental health system performance. Carers need information to be able to understand the treatment being offered to their relative or friend, and the outcomes that can be expected for the person while they receive treatment provided by the organisation. Mental health

service providers also need information about how the treatments they provide compare with similar organisations so that they can establish evidence based treatment systems. Service managers need information about the performance of services for which they are responsible (and other similar services), in order to make operational decisions that will affect the efficiency and effectiveness of the service. Mental health policy makers and planners need a wide range of information about how the mental health system is performing to enable them to determine priorities for resource allocation, plan and pay for services, and monitor the achievement of outcomes.

Australia's mental health sector has been a world leader in reporting on indicators of mental health reform, and has a longer and stronger history of doing so than many other sectors. The process began with the original *National Mental Health Plan* in 1992, when health ministers imposed on themselves the discipline of public reporting on reform progress through the National Mental Health Report. Having no international counterpart, ten reports were released over the period 1994 to 2008, charting the progress of all governments in reforming their mental health service delivery. Complementing this work, first and second editions of a national mental health information development plan were prepared to guide the developmental work needed to build an 'informed mental health system'.

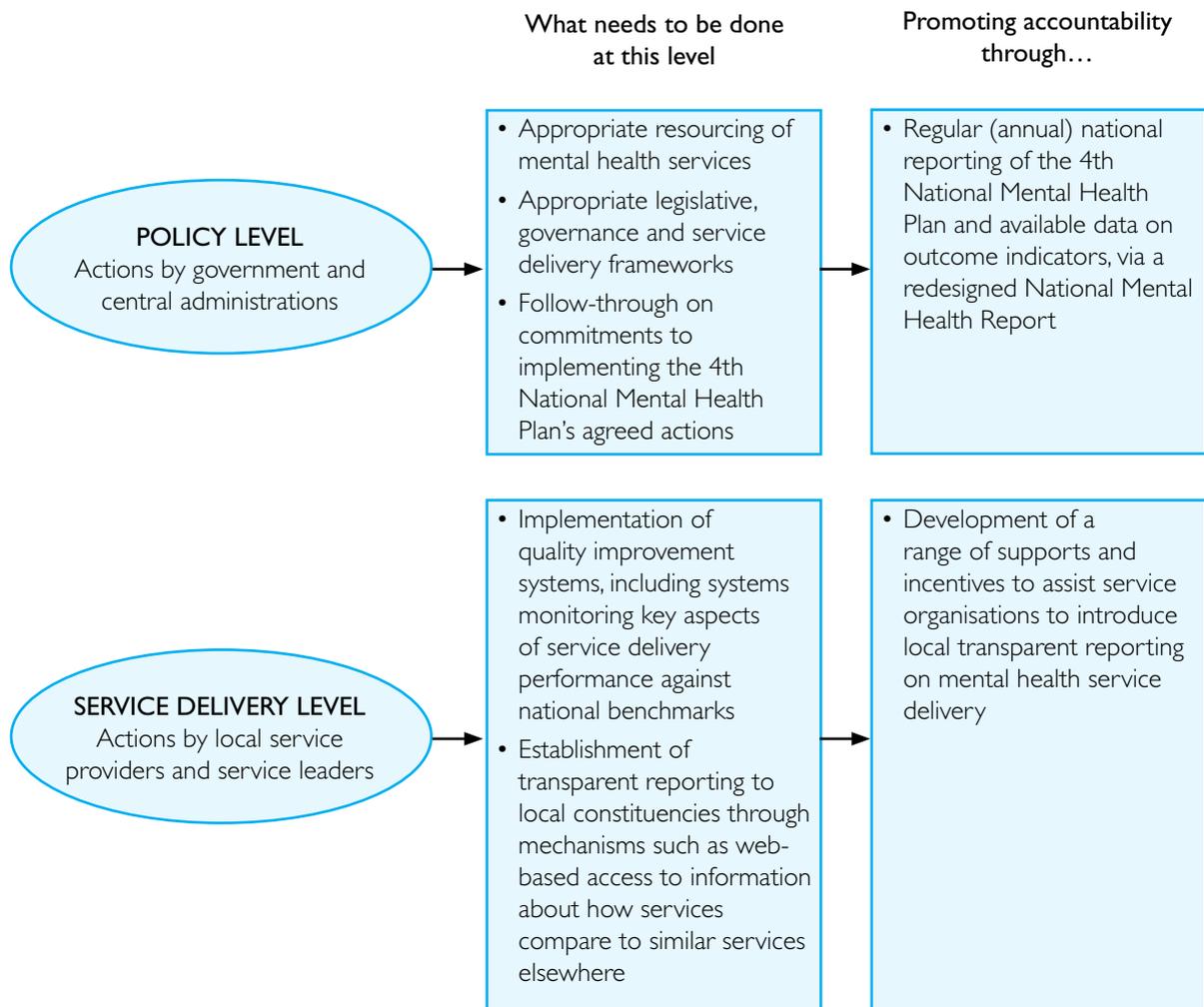
These plans drove a number of major achievements, including: the implementation of routine outcome measurement for all consumers receiving care through state and territory mental health services; the development of national performance indicators for public mental health services and the introduction of service level benchmarking; the establishment of national minimum data sets to cover all aspects of public sector mental health service delivery; and the conduct of various population based mental health

surveys designed to monitor the prevalence of mental illness in the community.

Despite these achievements, a range of concerns have been raised about existing mechanisms for promoting accountability. The area of reporting on mental health reform has been particularly targeted, with calls for information to be more readily available, timelier and of greater relevance to the current national reform agenda. Additionally, significant gaps remain in the information collections that

underpin national reporting, restricting what we are able to routinely monitor about mental health system performance. Foremost among these are nationally consistent measures of consumers' experiences of services, recovery based outcome measures and collections that cover the growing specialised mental health non government sector. At the service delivery level, very little information is readily available to consumers and other stakeholders on the performance of their local mental health services.

Figure 9: Multi-level approach to building an accountable and transparent mental health system



The Fourth Plan acknowledges these concerns and responds by committing governments to a series of actions designed to build an accountable and transparent mental health system. These actions will work across both the policy level and the service delivery level, recognising that each level of the mental health system has a unique contribution to make in establishing public confidence.

- At the policy level, accountability is about ensuring that governments are doing what they promised to do, and monitoring whether actions taken are effective. Accountability arrangements at this level primarily involve public reporting on performance.
- At the service delivery level, processes to strengthen accountability need to be progressed within a quality improvement framework. Services that actively pursue quality inherently seek to be transparent and accountable to those they serve. Steps to build stronger accountability at this level involve providing tools and incentives to support service managers and clinical leaders to establish a culture of continuous quality improvement. Accountability arrangements at this level include such efforts as benchmarking exercises and transparent reporting of a variety of indicators across the domains of health quality.

Figure 9 summarises the approach.

National actions

Establish comprehensive, timely and regular national reporting on the progress of mental health reform which responds to the full range of stakeholder needs.

The Fourth Plan provides an opportunity to develop a comprehensive, tailored system of reporting on performance, both within and beyond the health sector. There are currently several vehicles for regular reporting on mental health in Australia that provide a good foundation but these need to be overhauled to remove duplication and improve their timeliness and relevance (see Table 1). Amongst these, a restructured and modernised *National Mental Health Report* will be the primary vehicle for reporting on mental health reform, including the progress of the Fourth Plan. Health ministers will jointly authorise this report, and commit their respective administrations to the collection and reporting of all required data in a timely way. The report will be developed in a way that builds the momentum for change through its role in encouraging peer pressure and enabling of public scrutiny.

The *National Mental Health Report* will draw on and interpret a range of data sources, including the *Mental Health Services in Australia* report, prepared annually by the Australian Institute of Health and Welfare. In addition to presenting analysis of reform trends, the redesigned *National Mental Health Report* will include independent commentaries from invited national stakeholder and other bodies, to contribute to the ongoing analysis of mental health reform in Australia. As such, the report will not only present the 'good news', but also point to where further action is needed to achieve the vision of the *National Mental Health Policy 2008* for services to people with mental illness in Australia.

Table 1: Regular national level reports contributing to comprehensive information about mental health services in Australia

<i>Title</i>	<i>Purpose</i>	<i>Prepared/ Released by</i>	<i>How the report will be developed 2009–14</i>	<i>Frequency</i>
National Mental Health Report	Principal report for monitoring progress of mental health reform in Australia. Presents analysis of reform against specified indicators.	Australian Government, for AHMC	Focus to be on reporting progress and outcomes of Fourth Plan. Key contextual indicators used in previous National Mental Health Reports to be continued, to allow monitoring of long term trends in mental health resourcing and service mix. Special commentaries to be added to allow stakeholder opinion and analysis to inform national debate.	Annual
Mental Health Services in Australia	Presents the source descriptive data on the activity of mental health services, primarily based on annual National Minimum Data Sets. Also includes descriptive information on activities of services operating beyond the health sector which are of relevance to mental health.	Australian Institute of Health and Welfare, funded by Australian Government	Publication to be developed as the comprehensive report for all source data that describe mental health services in Australia. Increasing range of source data and customised analyses to be developed for on-line access	Annual
COAG Action Plan on Mental Health Annual Progress Report	Serves as the key accountability instrument for the Action Plan—summarises progress in the Action Plan’s implementation and available data on outcomes.	Prepared under auspice of AHMC for COAG	Report scheduled to conclude at end of Action Plan in 2011. Progress indicators are incorporated in indicators developed for Fourth Plan and will be published in National Mental Health Report.	Annual to 2011

Indicators to be used to monitor the success of the Fourth Plan are listed in Table 2. The *National Mental Health Report* will publish updates on these indicators as they become available, along with reporting on the progress of the actions committed by governments in each of the five Priority Action Areas. Complementing this information, future National Mental Health Reports will continue to analyse and report on other key measures currently used for national monitoring (for example, per capita expenditure, workforce levels, hospital–community mix). These are important measures to add to understanding of the long term trends in mental health reform in Australia as well as providing essential context for the new indicators to be reported.

The indicators summarised in Table 2 represent core measures for assessing the achievements of the Fourth Plan, and details on data sources for these indicators are provided in Appendix 2. For some of these indicators, relevant data

are already available and are used for current monitoring of the performance of the mental health system. For other indicators, relevant data collections are not in place, or, where they are, further work is needed to enable them to be used to inform the indicator. Collaboration between governments will be needed to fill these data gaps.

Targets have not been set for the indicators outlined in Table 2 but will be progressed during the first twelve months of the Fourth Plan. The setting of targets should not be done arbitrarily but needs to take into account objective evidence derived from local and international research, as well as best practice guidelines and opinions of both experts and stakeholders. As with the collaborative work needed to fill the data gaps, the contributions of all governments will be needed to develop performance targets for each of the indicators that are credible and expressed in a way that is meaningful to all parties.

Table 2: Indicators of outcomes of the Fourth National Mental Health Plan

Priority area 1: Social inclusion and recovery

Outcome:

The community will understand the importance and role of mental health and wellbeing, and recognise the impact of mental illness. People with mental health problems and mental illness will be embraced and supported by their communities to realise their potential, and live full and productive lives. Service delivery will be organised to deliver more coordinated care across health and social domains.

Indicators for which data are currently available:

- Participation rates by people with mental illness of working age in employment
- Participation rates by young people aged 16–30 with mental illness in education and employment

Indicators requiring further development:

- Rates of stigmatising attitudes within the community
- Percentage of mental health consumers living in stable housing
- Rates of community participation by people with mental illness

Priority area 2: Prevention and early intervention

Outcome:

People will have a better understanding and recognition of mental health problems and mental illness. They will be supported to develop resilience and coping skills. They will be better prepared to seek help for themselves and others to prevent or intervene early in the onset of recurrence of mental illness. There will be greater recognition and response to co-occurring alcohol and other drug problems and physical health issues. Generalist services will have support and access to advice and specialist services when needed.

Indicators for which data are currently available:

- Proportion of primary and secondary schools with mental health literacy component included in curriculum
- Rates of contact with primary mental health care by children and young people
- Rates of use of licit and illicit drugs that contribute to mental illness in young people
- Rates of suicide in the community

Indicators requiring further development:

- Proportion of front line workers within given sectors who have been exposed to relevant education and training
 - Rates of understanding of mental health problems and mental illness in the community
 - Prevalence of mental illness
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Priority area 3: Service access, coordination and continuity of care

Outcome:

There will be improved access to appropriate care, continuity of care and reduced rates of relapse and re-presentation to mental health services. There will be an adequate level and mix of services through population based planning and service development across sectors. Governments and service providers will work together to establish organisational arrangements that promote the most effective and efficient use of services, minimise duplication and streamline access.

Indicators for which data are currently available:

- Percentage of population receiving mental health care
- Readmission to hospital within 28 days of discharge
- Rates of pre-admission community care
- Rates of post-discharge community care

Indicators requiring further development:

- Proportion of specialist mental health sector consumers with nominated general practitioner
 - Average waiting times for consumers with mental health problems presenting to emergency departments
 - Prevalence of mental illness among homeless populations
 - Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities
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Priority area 4: Quality improvement and innovation

Outcome:

The community will have access to information on service delivery and outcomes on a regional basis. This will include reporting against agreed standards of care including consumer and carer experiences and perceptions. Mental health legislation will meet agreed principles and, in conjunction with any related legislation, be able to support appropriate transfer of civil and forensic patients between jurisdictions. There will be explicit avenues of support for emerging and current leaders to implement evidence based and innovative models of care, to foster research and dissemination of findings, and to further workforce development and reform.

Indicators for which data are currently available:

- Proportion of total mental health workforce accounted for by consumer and carer workers
- Proportion of services reaching threshold standards of accreditation under the *National Mental Health Standards*
- Mental health outcomes for people who receive treatment from state and territory services and the private hospital system

Indicators requiring further development:

- Proportion of consumers and carers with positive experiences of service delivery
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Priority area 5: Accountability—measuring and reporting progress

Outcome:

The public will be able to make informed judgements about the extent of mental health reform in Australia, including the progress of this Fourth Plan, and have confidence in the information available to make these judgements. Consumers and carers will have access to information about the performance of services responsible for their care across the range of health quality domains and be able to compare these to national benchmarks.

Indicators for which data are currently available:

- N/A

Indicators requiring further development:

- Proportion of services publicly reporting performance data
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Build an accountable service delivery system that monitors its performance on service quality indicators and makes this information available to consumers and other stakeholders.

Accountability at the service delivery level will be strengthened by the introduction of systems of public reporting by service organisations on key performance measures. This will be progressed as part of broader initiatives to establish a culture of continuous quality improvement within service delivery systems that revolve around benchmarking and

consumer and carer involvement. The aim will be to stimulate the development of informed mental health service delivery organisations that value positive results, strive for quality and are transparent to those they serve.

Introduction of these new arrangements will be achieved through incentives and supports to organisations seeking to participate in the new developments. This will include providing access to national benchmarking data, forums for interaction between peer organisations to share performance data and learn from

each other and other leadership development opportunities. Internet based systems of reporting and benchmarking will be developed to better inform consumers, carers and the general community about local service performance.

Further develop mental health information, including national mental health data collections, that provide the foundation for system accountability and reporting.

The solid information foundation developed over the past decade requires continuing collaborative effort between governments to keep data sources up to date, as well as fill gaps in current national collections. Key gaps in regularly available national data to be corrected over the course of the Fourth Plan are measures of consumers' experiences of services, recovery based outcome measures and collections that cover the growing specialised mental health non government sector. To guide the information development work, an updated National Mental Health Information Development Priorities document will be prepared in the first year of the Fourth Plan.

Conduct a rigorous evaluation of the Fourth National Mental Health Plan

The Fourth Plan has a strong commitment to evaluation. The monitoring and reporting activities described above, including the assessment of the achievements of the Fourth

Plan against explicit indicators, will form the core of the evaluation. The evaluation will go beyond this. It will draw on a range of additional sources, in recognition of the fact that the indicators can only present a partial picture of progress. For example, the indicators are quantitative in nature, and the evaluation will ensure that qualitative information is captured too. In particular, the perceptions of consumers, families and carers, and the broader community will be sought through stakeholder consultations that employ qualitative data collection and analysis techniques. The emphasis here will be on the extent to which the mental health system and related sectors work together to promote recovery. Similar methods will be used to gauge workers' views of the system, competencies and morale.

The evaluation of the Fourth Plan will involve the development of a clear framework at its outset that operationalises the aims of the Fourth Plan in a manner that enables them to be assessed. It will then use this information to determine any additional evaluative information that needs to be collected to examine the extent to which the aims of the Fourth Plan are achieved.

The evaluation will recognise the role of other sectors in mental health. Assessing the activities occurring in other sectors that may have an influence on the mental health of the community will be challenging, but the evaluation will incorporate an emphasis on these wherever possible.