Appendix 2: Technical notes on indicators to monitor the Fourth National Mental Health Plan

Priority area	*Outcome*	*Indicators*	*Technical notes regarding indicators*
1. Social inclusion and recovery	The community has a better understanding of the importance and role of mental health and wellbeing, and recognises the impact of mental illness. People with mental health problems and mental illness are valued and supported by their communities to realise their potential, and live full and productive lives. Service delivery is organised to deliver more coordinated care across health and social domains.	Participation rates by people with mental illness of working age in employment[1] Participation rates by young people aged 16–30 with mental illness in education and employment 1 Rates of stigmatising attitudes within the community[2] Percentage of mental health consumers living in stable housing[3] Rates of community participation by people with mental illness[4]	1. Several data sources exist that could provide baseline data against which these indicators could be monitored, including the National Survey of Mental Health and Wellbeing, the Survey of Disability, Ageing and Carers, and the Household, Income and Labour Dynamics in Australia Survey. Consideration will need to be given to issues around the re-administration of these surveys. 2. No existing data sources are available to monitor this indicator, and a large scale population based survey would be required. It might be possible to adapt Jorm's mental health literacy survey (1997) for this purpose. 3. Existing data sources do not yet enable this indicator to be monitored. Amendments will be needed to the various National Minimum Data Sets covering state and territory services to routinely capture the relevant information. 4. Various instruments exist which could be adapted to inform this indicator. For example, New South Wales mental health services are developing an instrument known as the 'Activity Participation Questionnaire' which assesses involvement in a range of social and vocational activities. Such instruments could be routinely administered in mental health services, or could form part of a community based survey which also assessed mental health problems.

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2. Prevention and early intervention	People have a better understanding and recognition of mental health problems and mental illness. They are supported to develop resilience and coping skills. People are better prepared to seek help for themselves and to support others to prevent or intervene early in the onset or recurrence of mental illness. There is greater recognition and response to co-occurring alcohol and other drug problems and physical health issues. Generalist services have support and access to advice and specialist services when needed.	Proportion of primary and secondary schools with mental health literacy component included in curriculum[1] Rates of contact with primary mental health care by children and young people[2] Rates of use of licit and illicit drugs that contribute to mental illness in young people[3] Rates of suicide in the community[4] Rates of understanding of mental health problems and mental illness in the community[5] Prevalence of mental illness[6] Proportion of front line workers within given sectors who have been exposed to relevant education and training[7]	1. Routinely collected data through the national *MindMatters* and *KidsMatter* initiatives can be used to inform this indicator. 2. Numbers of GP Mental Health Care Plans provided for children and young people, identified from Medicare data, could be used to inform this indicator. 3. Data relevant to this indicator are collected at regular intervals via the National Drug Strategy Household Survey 4. Routinely collected data on suicide published by the Australian Bureau of Statistics are used to inform this indicator. 5. Jorm's mental health literacy survey could provide baseline data against which this indicator could be monitored. Consideration will need to be given to issues around the re-administration of this survey. 6. Baseline data relevant to this indicator are available for the Australian population aged 16–85 from the *2007 National Survey of Mental Health and Wellbeing*. The survey could be re-administered to provide a subsequent cross sectional picture of prevalence. It should be noted, however, that to collect meaningful comparative data in this way is an expensive undertaking as the survey is considerably more complex than other health related surveys conducted in Australia. 7 No existing data sources are available to monitor this indicator. New ways of quantifying exposure to education and training in different service sectors will need to be explored.

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3. Service access, coordination and continuity of care	There is improved access to appropriate care, continuity of care and reduced rates of relapse and re-presentation to mental health services. There is an adequate level and mix of services through population based planning and service development across sectors. Governments and service providers work together to establish organisational arrangements that promote the most effective and efficient use of services, minimise duplication and streamline access.	Percentage of population receiving mental health care[1] Readmission to hospital within 28 days of discharge[2] Rates of pre-admission community care[2] Rates of post-discharge community care[2] Proportion of specialist mental health sector consumers with nominated general practitioner[3] Average waiting times for consumers with mental health problems presenting to emergency departments[4] Prevalence of mental illness among homeless populations[5] Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities[6]	1. Numerator and denominator data for this indicator can be calculated at national and local levels from service contact data and census data. The indicator is currently reported in annual progress reports on the COAG National Action Plan on Mental Health. Data from the National Survey of Mental Health and Wellbeing could be used to further inform the question of who in the population is receiving mental health care. 2. Routinely collected data from the Admitted Patient Mental Health Care and the Community Mental Health Care National Minimum Data Sets can be used to inform these indicators. 3. Existing data sources do not yet enable this indicator to be monitored. Consideration will need to be given to novel ways of capturing relevant information (e.g. incorporating new fields into routinely collected data sets, auditing files from a representative sample of services) 4. Existing data sources do not yet enable this indicator to be monitored. Average waiting times could be calculated in many emergency departments, but it is not possible to accurately differentiate waiting times for people with and without mental health problems. Consideration will need to be given to new ways of capturing this information.

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			5. The Supported Accommodation Assistance Program (SAAP) provides crisis accommodation and related support services to people who are homeless or at imminent risk of becoming homeless. The SAAP program has been incorporated into the National Affordable Housing Agreement. Data sources linked to this include data on whether clients have mental health problems, including through a special purpose survey to explore the same issue. These data sources could inform this indicator 6. The Prisoners Health Information Group (a group established in 2004 by the Australian Health Ministers' Advisory Council) has undertaken a range of activities designed to enable regular monitoring of the health status of Australia's prison population. Stemming from this work, a one week census of new entrants to Australian prisons took place in July 2009, as a precursor to more regular national data collection.

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4. Quality improvement and innovation	The community has access to information on service delivery and outcomes on a regional basis. This includes reporting against agreed standards of care including consumers' and carers' experiences and perceptions. Mental health legislation meets agreed principles and is able to support appropriate transfer of civil and forensic patients between jurisdictions. There are 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.	Proportion of total mental health workforce accounted for by consumer and carer workers[1] Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards[2] Mental health outcomes for people who receive treatment from state and territory services and the private hospital system[3] Proportion of consumers and carers with positive experiences of service delivery[4]	1. Data relating to this indicator are available in part through the Mental Health Establishments National Minimum Data Set, which provides information on the size of the total workforce and the numbers comprising particular workforce groups. NGO coverage is not included and will require new data collection. 2. Data relating to this indicator will be available as a by-product of routine reporting against the National Standards for Mental Health Services, again through the Mental Health Establishments National Minimum Data Set. 3. Data relating to this indicator are reported routinely through the National Outcomes and Casemix Collection. 4. Initiatives being taken by several jurisdictions to regularly monitor consumer perceptions of care will be reviewed, with a view to identifying a standard measure. Similarly, work on available measures of carer wellbeing, burden and perceptions of care will be consolidated to identify or develop an appropriate measure or set of measures to be used across services.

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5. Accountability—measuring and reporting progress	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.	Proportion of services publicly reporting performance data[1]	1. As public reporting of performance information is not yet the norm, no existing datasets are available to collect data related to this indicator. Consideration will need to be given to systematic means of monitoring progress against this indicator.