Mental health care and mental health information in Australia

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NSW GOVERNMENT | Health

Context

23 m people

Federated government : 6 States and 2 Territories

New South Wales (NSW) 7.3m, of which 5m in Sydney

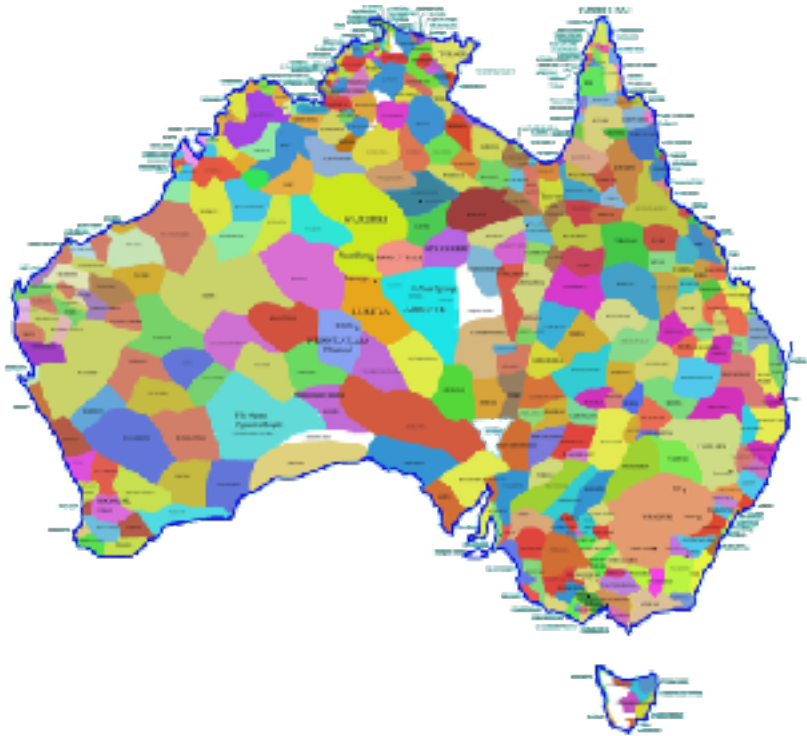# Seulement deux jours en retard …

Jean-François de Galaup, comte de Lapérouse
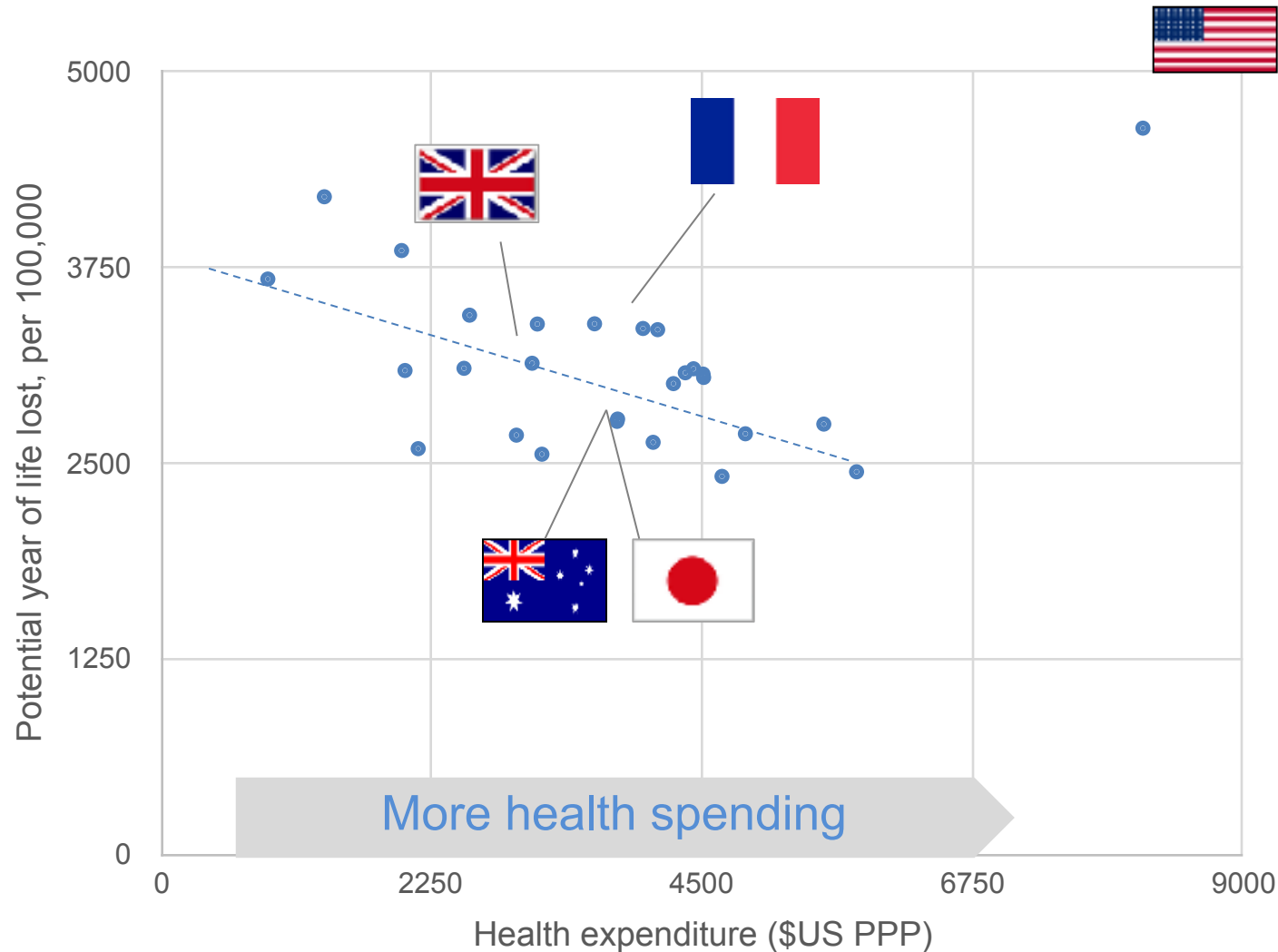

La Perouse, Sydney

CULTURAL CONTEXT

Aboriginal and Torres Strait Islanders have the oldest continuous culture in the world

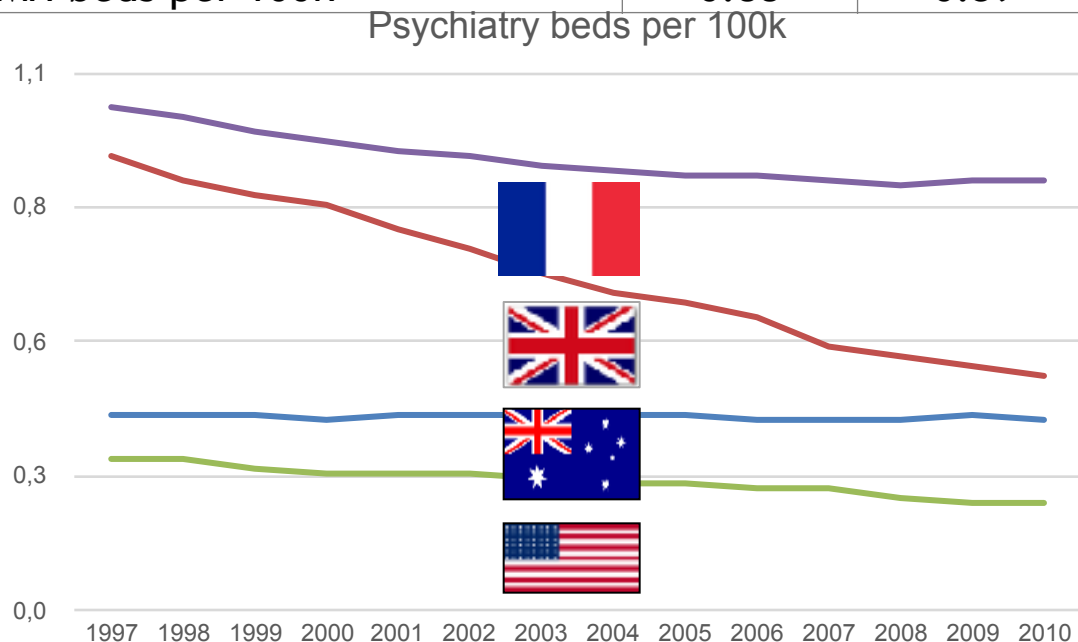40% of Australians are either born overseas or have a parent born overseas

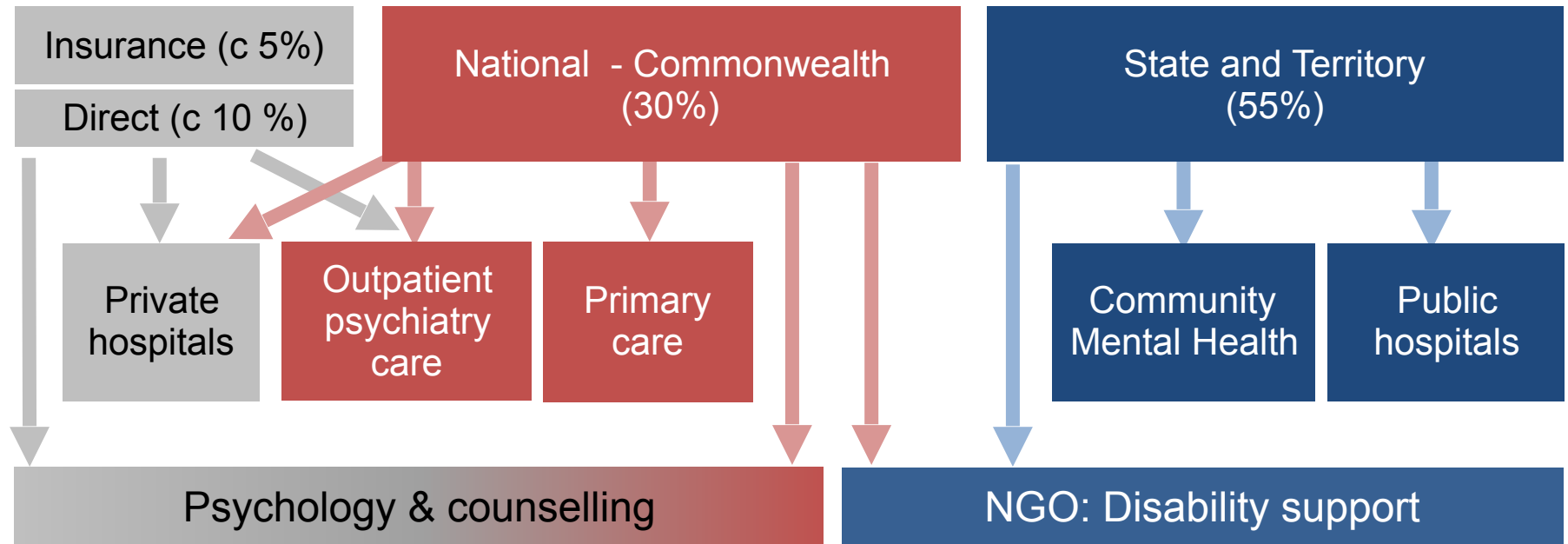# Health spending and outcomes

Poorer health outcomes

Potential year of life lost, per 100,000

More health spending

Health expenditure ($US PPP)

Data for 2011, from OECD Health Statistics 2016

Mental health system differences?

	FRANCE	AUSTRALIA
Daily smokers (all ages > 15)	22%	13%
Daily smokers (15-24)	24%	11%
Alcohol litres per capita	11.1	9.7
Overweight or obese (measured)	49%	63%
Psychiatrists per 100k	0.23	0.16
MH beds per 100k	0.88	0.39

Psychiatry beds per 100k

Australian Mental Health system

Insurance (c 5%)

Direct (c 10 %)

National - Commonwealth (30%)

State and Territory (55%)

Private hospitals

Outpatient psychiatry care

Primary care

Community Mental Health

Public hospitals

Psychology & counselling

NGO: Disability support

Planned & office-based care
Planned & voluntary admissions
"High prevalence disorders"
Fee for service staff
Subsidised, many services capped
Out of pocket "gap" payment
Consumer choice
Data poor

Severe and enduring illness
Acute and emergency care
Involuntary care
Long term community care
Salaried staff
Care free, uncapped
Little consumer choice
Data rich

Mental health policy

- National Mental Health Strategy since 1990s

- 5-year national Mental Health Plans: 5th plan in preparation for 2017-2022

- Themes have included

  - Structural reform: reducing beds, increasing community care

  - "Mainstreaming" with general health services

  - Prevention and early intervention

  - Consumer and carer involvement

  - Quality and safety

  - Recovery

Structural reform

Mental Health Beds per 100,000 by type of hospital, 1992-93 to 2010-11
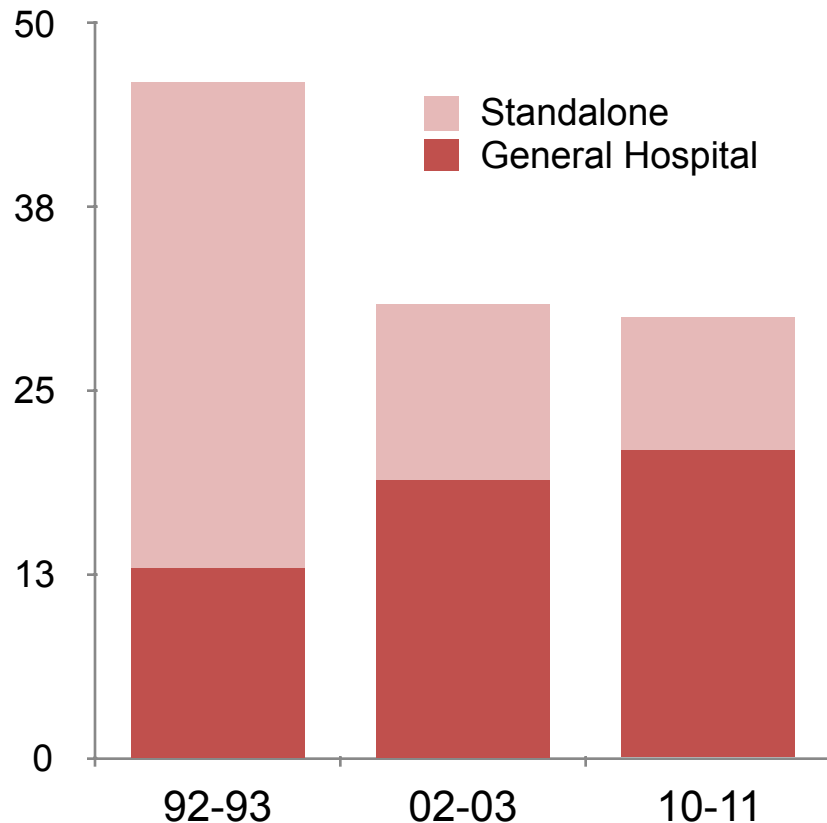
Full-time equivalent (FTE) direct care staff per 100,000 population employed in ambulatory mental health care services, 1992-93 to 2010-11
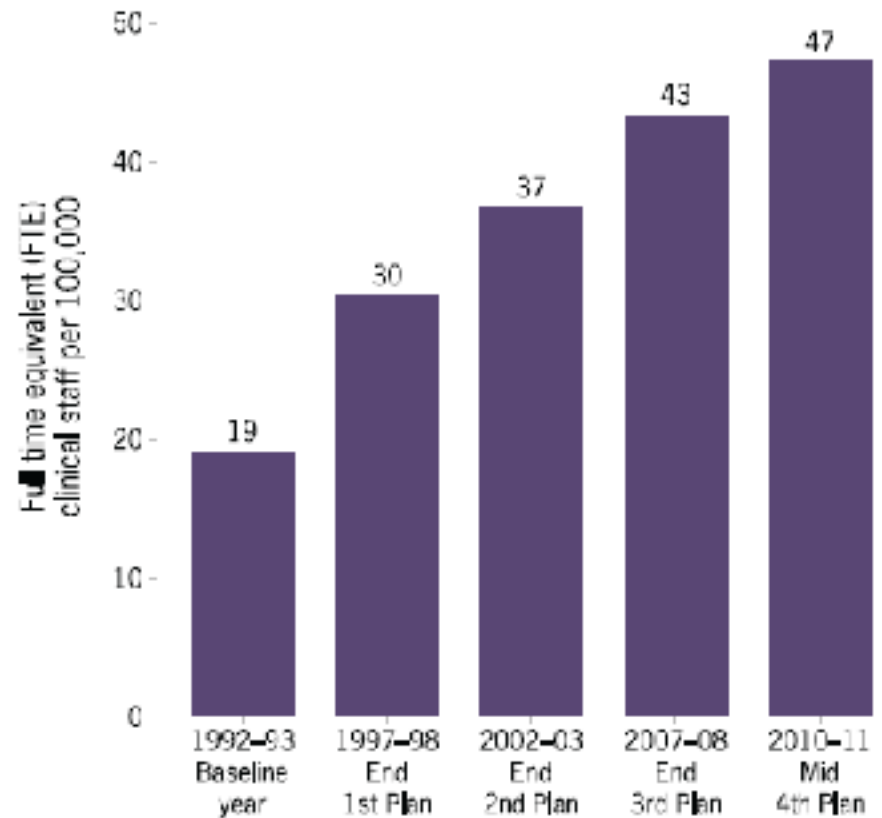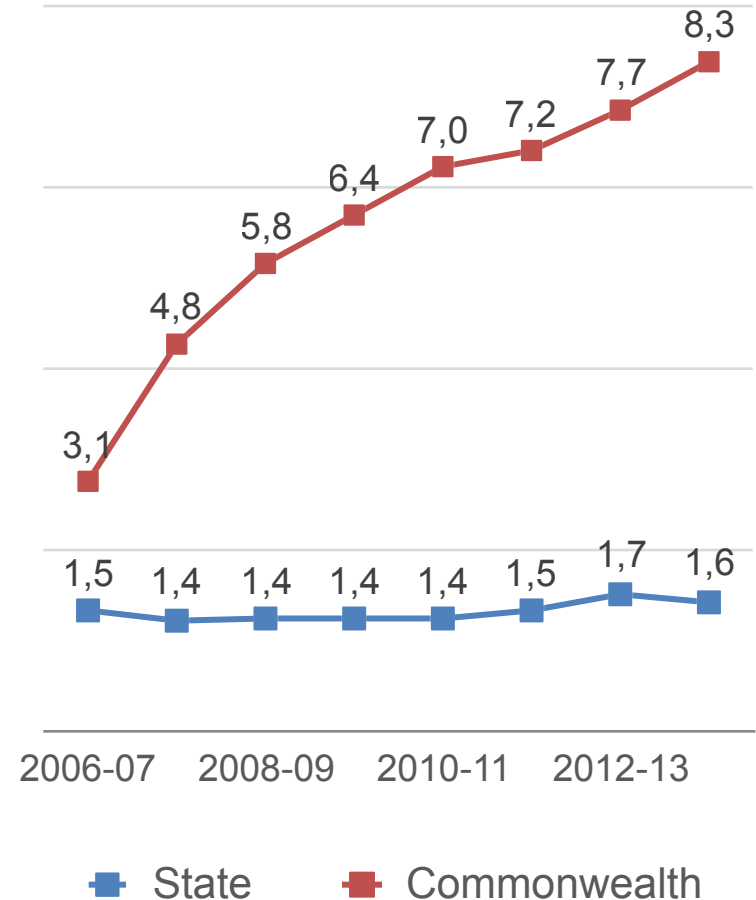
Better service access

Substantial reforms aimed to improve access to treatment for anxiety and depression

- Introduction of Commonwealth government subsidy for psychological treatments

- "Better Access" program

- New primary care youth mental health services

headspace
National Youth Mental Health Foundation

Percent of population receiving mental health service

	State	Commonwealth

Commonwealth: 3,1 (2006-07), 4,8, 5,8, 6,4, 7,0, 7,2, 7,7, 8,3

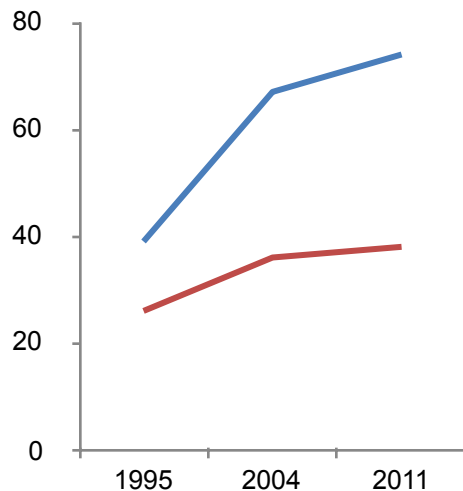State: 1,5 (2006-07), 1,4, 1,4, 1,4, 1,4, 1,5, 1,7, 1,6

Stigma reduction

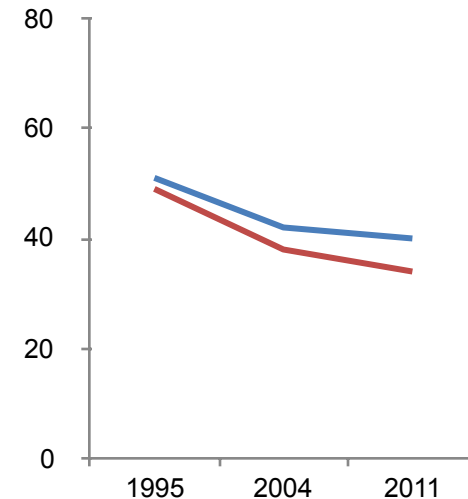## National surveys 1995,2004,2011

Recognition of condition from vignette (%)

— Depression   — Early psychosis

Belief that moral weakness contributes (%)

— Depression   — Early psychosis

2015 survey: In most domains, respondents reported more positive treatment experiences than avoidance or discrimination

The information landscape

Health and mental health policy

Information policy, strategy, and governance
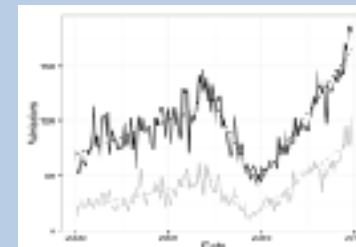
Organisations

Governance structures

Policies & strategies

Collection & storage

Information use

MH Information: key national organisations

	Australian Institute of Health and Welfare AIHW	Information and statistics on health and welfare Collection and analysis of national datasets Meta-data and data standards
	Australian Bureau of Statistics (ABS)	Collection of population-level data Census, household surveys Suicide statistics
	Australian Commission on Safety and Quality in Health Care (ACQSHC)	Lead, coordinate safety and quality in healthcare Practice standards. Performance indicators Healthcare variation
	Australian Mental Health Outcomes and Classification Network (AMHOCN)	Support the use of mental health outcome measures in clinical practice

plus State/Territory agencies, others involved in advocacy and accountability …

MH Information strategies and policies

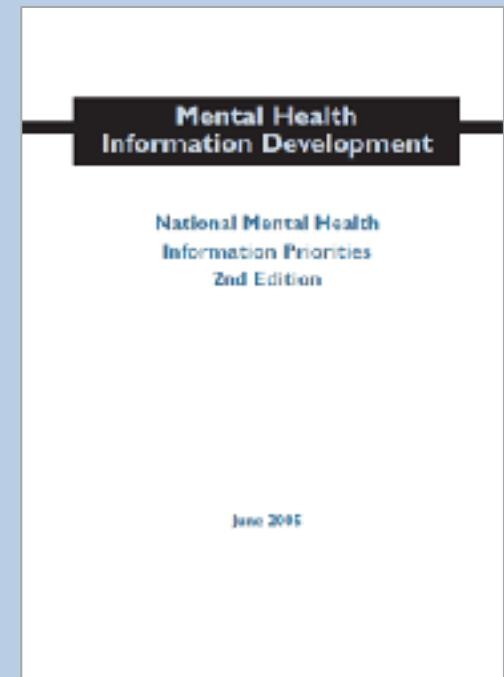**Mental Health Information Development Priorities**

2nd edition 2005

10 year strategic plan for information development

Framework for key clinical and population data collections
- Outcome measurement
- Casemix development
- Performance indicator development and use
- Benchmarking
- Understanding population prevalence
- Supporting health workforce data literacy
- Reporting

Work commencing on 3rd edition

Mental Health
Information Development

National Mental Health
Information Priorities
2nd Edition

June 2005

MH Information strategies and policies

Mental Health Information Development Priorities

National Outcome and Casemix Collection (NOCC)

Agreed outcome measures for all public (state/territory) inpatient and community services
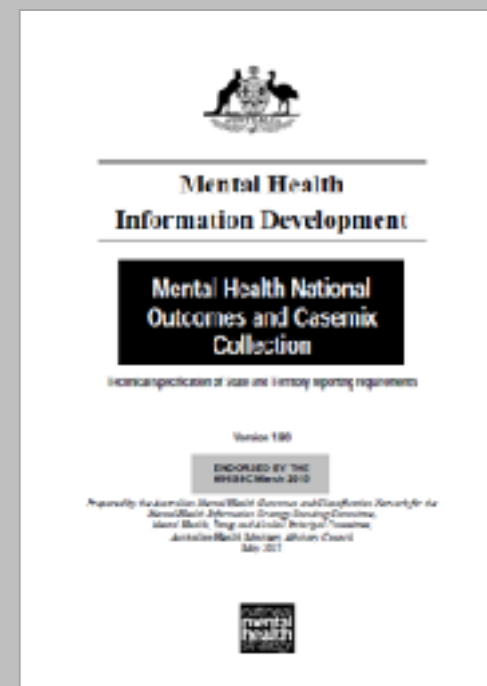
Measures
- Symptoms (HoNOS/65/Ca)
- Functioning (LSP, SDQ, RUG-ADL)
- Distress (K10)

Protocols
- Admission
- Change of care
- Review (13 weeks)
- Discharge

Processes
- National submission, validation and reporting

MH Information strategies and policies

Mental Health Information Development Priorities

National Outcome and Casemix Collection (NOCC)

Mental Health Key Performance Indicators

KPIs to support consistent national reporting
○ 9 domains of performance
○ quality, safety, accessibility, efficiency, responsiveness…
○ 15 indicators, including ….
  ○ Change in outcomes (HoNOS)
  ○ 28 day readmission
  ○ 7-day post discharge follow-up
  ○ Pre-admission community care
  ○ Proportion of population in care
  ○ New client index (accessibility)
  ○ Seclusion rate (safety)
  ○ Efficiency measures …
  ○ Data quality measures …

Key Performance Indicators for Australian Public Mental Health Services
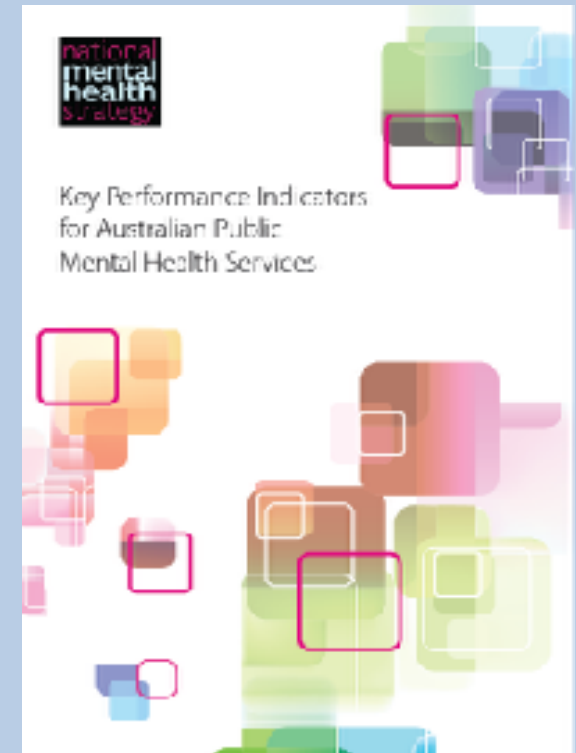
Information Collection : Population surveys

Prevalence surveys

National Survey of Mental Health and Wellbeing
- *Prevalence of common mental disorders (1997, 2007)*

Child and Adolescent Survey of Mental Health and Wellbeing
- *Prevalence of common mental disorders (2007, 2015)*

Survey of High Impact Psychosis
- *Targeted population survey of people with psychosis (1997, 2010)*

National Household Drug Survey
- *Drug use and attitudes*
- *3 yearly since 1985*

Household and panel surveys (ABS)

- Survey of Disability, Aging and Carers
- National Health Survey
- General Social Survey
- Household Income and Labour Dynamics Australia (HILDA)

Many include a capacity to identify people with mental health problems

Used to compare people with/without mental health conditions on a range of social outcomes
- Employment
- Social participation
- Housing stability
- Access to primary care

Percentage of people aged 16-30 years who are employed and/or enrolled for study, nationally and in each state and territory, by mental illness status, 2011-2012

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	National
People without a self-reported mental illness	93	91	87	89	86	87	97	88	90
People with a self-reported mental illness	81	80	79	71	84	75	82	55	79

People without a self-reported mental illness
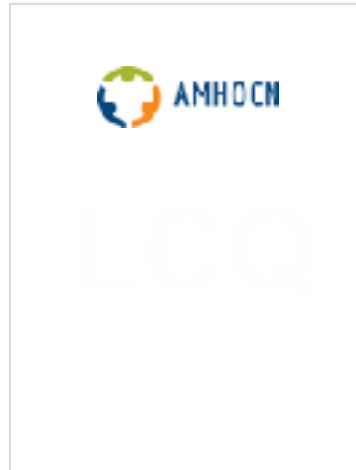People with a self-reported mental illness
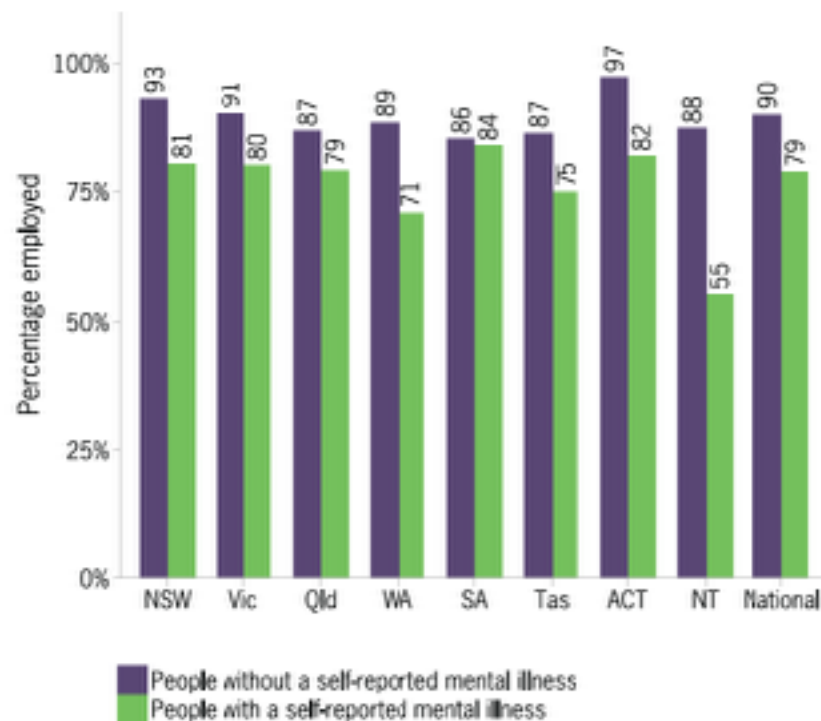
Information Collection: clinical tools

- Current tools (NOCC) focus on symptoms/illness

- Have developed three recovery-focused measures. Rated by consumers and carers (PROMs)

Your experience of service (YES)

Living in the Community Questionnaire

Carer Experience of Service

Your Experience of Service (YES)

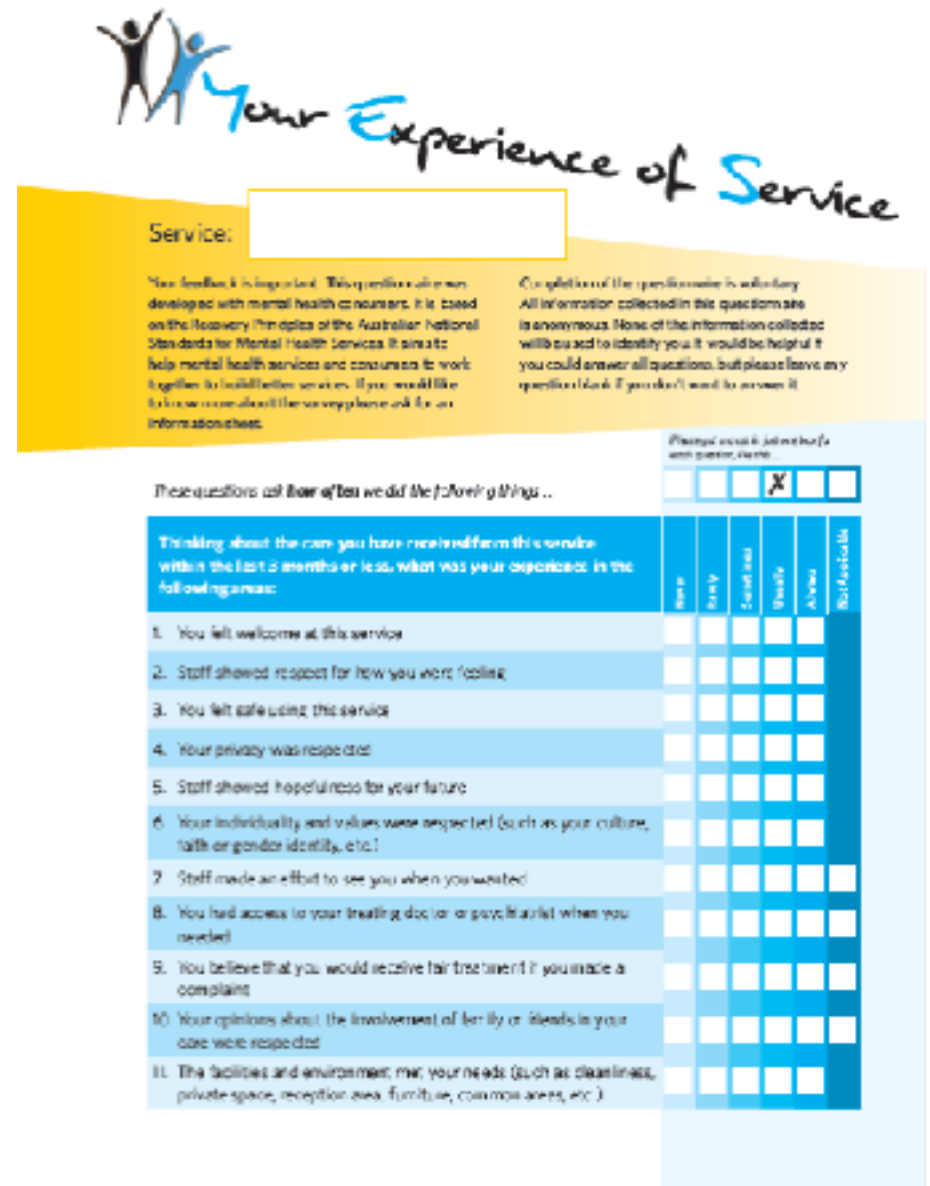Co-designed with consumers, based on National Recovery Standards

Overall experience + 9 domains + overall impact of service

Implemented in 3 states, likely national rollout

Other versions developed

- NGO version
- Short form (Primary care)

Translated into 21 community languages

Your Experience of Service (YES)

NSW results 2015-16 (n = 13,537)

Seclusion reduction

Policy goal to reduce coercive practices: seclusion, restraint and involuntary treatment

States/territories cooperated to establish national seclusion and restraint collection

○ Overseen by MHISSC and Chief Psychiatrists
○ Meta-data, specifications and collection developed
○ Annual data collection, hosted by AIHW
○ Public reporting

Seclusion events per 1,000 bed days

Year	Value
2009-10	13,5
2010-11	11,8
2011-12	10,4
2012-13	9,6
2013-14	8,1
2014-15	7,8

https://mhsa.aihw.gov.au/services/admitted-patient/restrictive-practices/
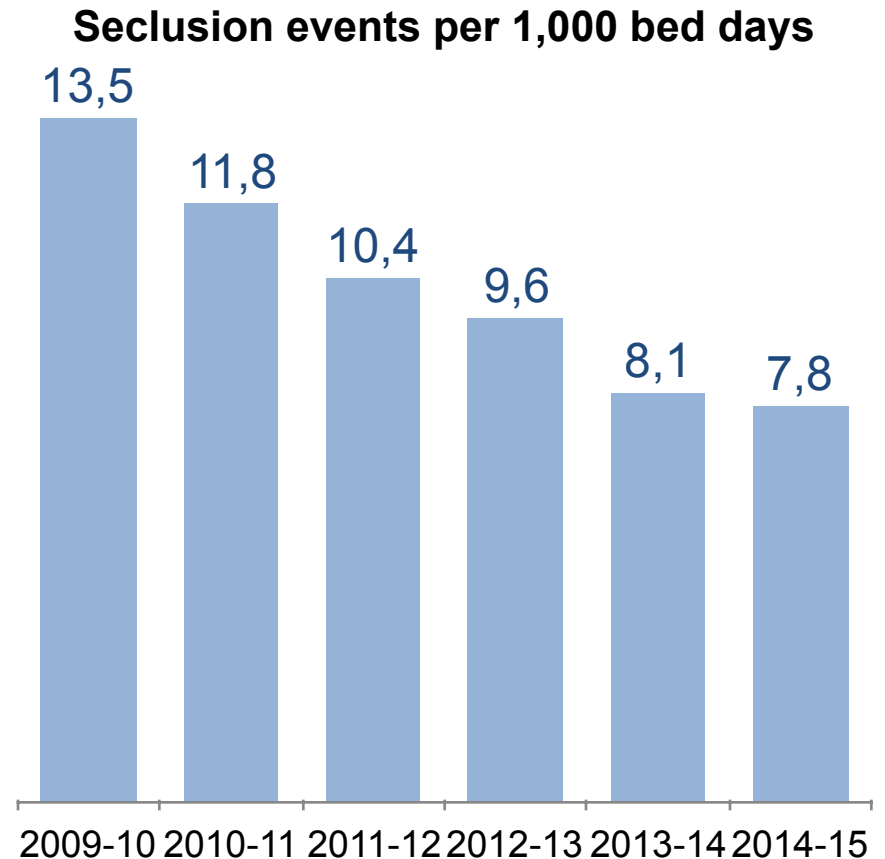
Clinical Benchmarking

Profiling clinical and consumer differences using HoNOS

HoNOS/HoNOS65 scores on admission
Percent of overnight seps with clinically significant scores (2 or above) on admission

Legend: St Vincents: Caritas ■, Quartile 1 ▲, Median ◆, Quartile 3 ▲, Peer Avg by sep ●

Inner city unit, significant disadvantage and homelessness

Percent of this unit's consumers with clinically significant scores

Median and interquartile range for peer group units

Exploring clinical variation

Electroconvulsive therapy (ECT) is an important and effective treatment.

ECT is coded as a procedure in routine health data, so it is possible to examine variation in its use between hospitals:

- Due to clinical differences

- Due to medical preference or organizational barriers ("unwarranted" clinical variation)

Recent Trends for Optimization of Electroconvulsive Therapy

Tak Youn, MD,[1,4] Ung Gu Kang, MD,[3] Yong Sik Kim, MD,[1,4] and In Won Chung, MD[1,4]
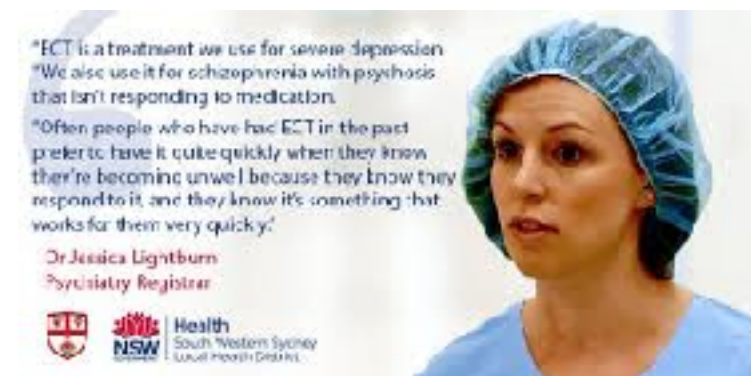
"ECT is a treatment we use for severe depression.
"We also use it for schizophrenia with psychosis that isn't responding to medication.
"Often people who have had ECT in the past prefer to have it quite quickly when they know they're becoming unwell because they know they respond to it, and they know it's something that works for them very quickly."

Dr Jessica Lightburn
Psychiatry Registrar

Health South Western Sydney Local Health District

Exploring clinical variation

Factors predicting the odds of receiving ECT

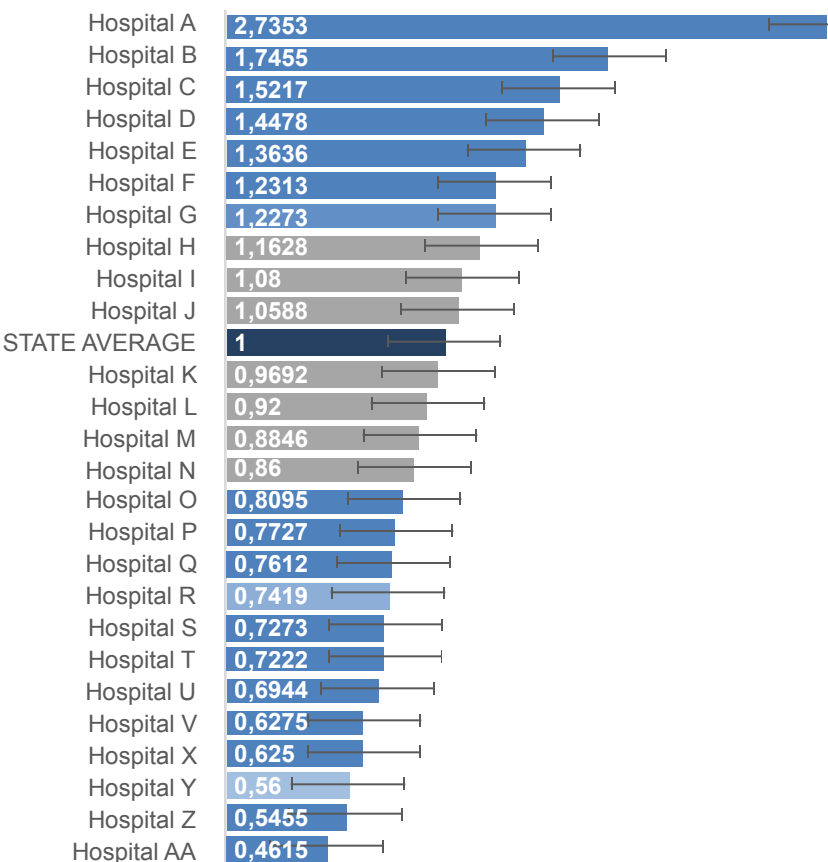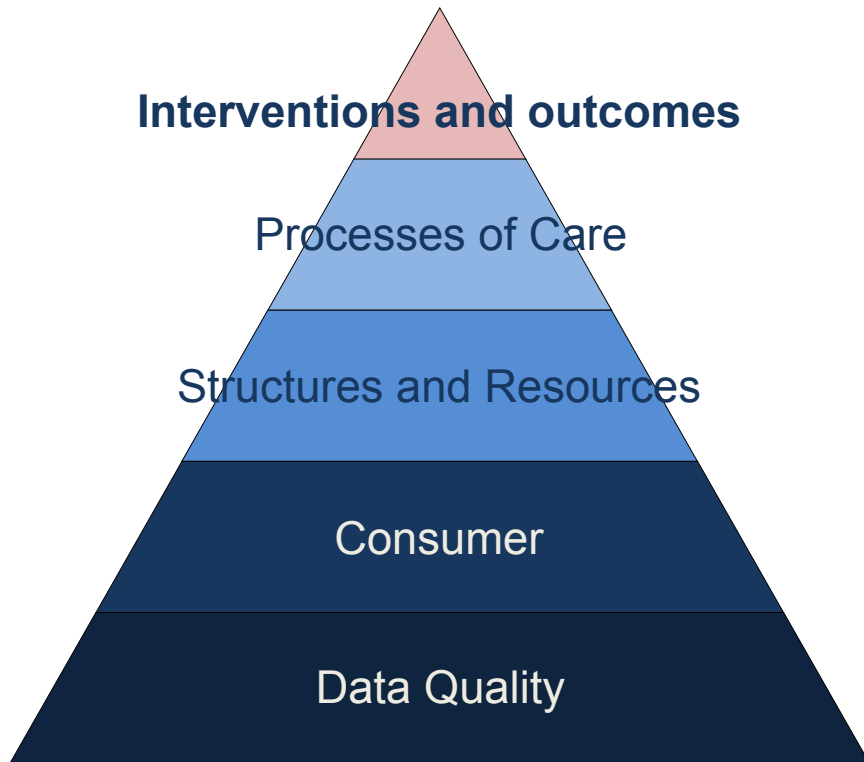| Factor	Odds Ratio	95% CI
Female	**1.6**	**(1.4 - 1.8)**
< 18	0.05	(0.02 - 0.13)
18-34	0.6	(0.5 - 0.8)
35-54	1.0	-
55-64	**1.5**	**(1.2 - 1.8)**
65-74	**2.1**	**(1.7 - 2.5)**
75-84	**2.4**	**(1.9 - 3.0)**
85+	1.9	(1.3 - 2.6)
Organic mental disorders	0.5	(0.2 - 0.9)
Psychosis	0.9	(0.7 - 1.1)
Other Diagnoses	1.0	-
Mania/Bipolar Disorder	1.9	(1.4 - 2.5)
Major depression	**11.4**	**(9.1 - 14.1)**
Psychotic depression	19.0	(14.8 - 24.2)

Regression model used to compare actual vs predicted ECT use (Utilisation Ratio) for NSW Hospitals, to explore reasons for variation …

Likelihood of receiving ECT, after controlling for age, sex, diagnosis, length of stay, comorbidity and area of residence

Hospital	Value
Hospital A	2,7353
Hospital B	1,7455
Hospital C	1,5217
Hospital D	1,4478
Hospital E	1,3636
Hospital F	1,2313
Hospital G	1,2273
Hospital H	1,1628
Hospital I	1,08
Hospital J	1,0588
STATE AVERAGE	1
Hospital K	0,9692
Hospital L	0,92
Hospital M	0,8846
Hospital N	0,86
Hospital O	0,8095
Hospital P	0,7727
Hospital Q	0,7612
Hospital R	0,7419
Hospital S	0,7273
Hospital T	0,7222
Hospital U	0,6944
Hospital V	0,6275
Hospital X	0,625
Hospital Y	0,56
Hospital Z	0,5455
Hospital AA	0,4615

CHALLENGES

Interventions and outcomes

Processes of Care

Structures and Resources

Consumer

Data Quality

Mental health data is inherently complex

The most important things are the hardest to measure

Includes …

- Meaningful outcomes

- Psychosocial interventions

CHALLENGES

Political and structural challenges
- Investment in data and information is slow and uncertain
- Broader cultural sensitivities (eg about privacy and linkage)
- Strong leadership and alliances are important

All systems have intrinsic fault lines
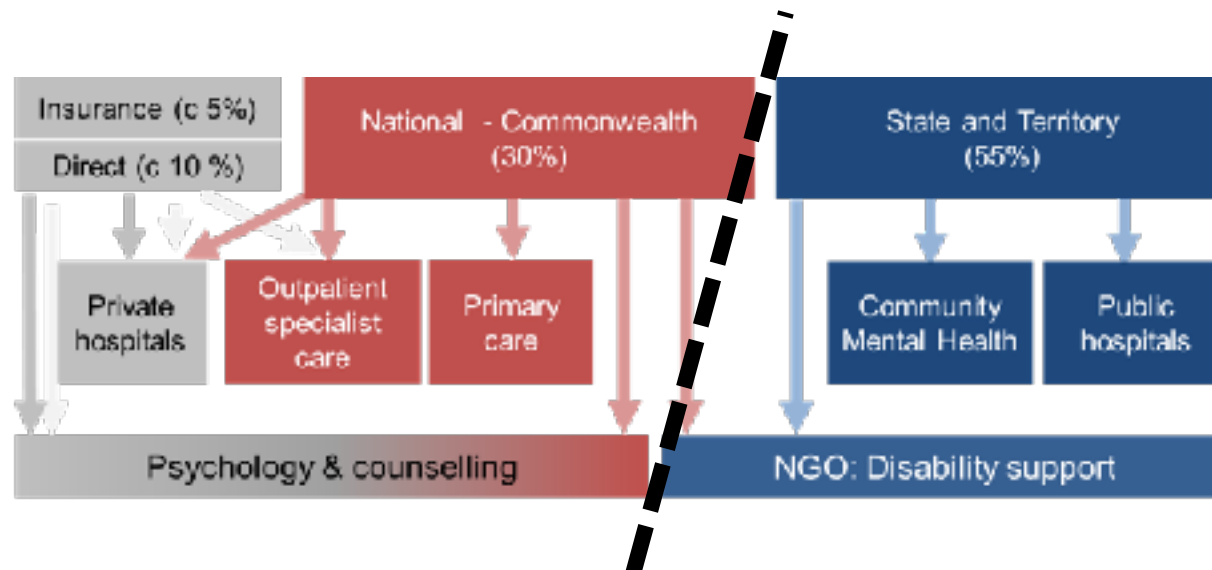
CHALLENGES

Critical areas for the next decade require progress on these challenges

- Service and system integration, better regional planning and coordination

- Stepped care for common disorders, integrated care for complex and enduring illness

- Physical health and mental health: gaps in access, care and outcomes

- Suicide
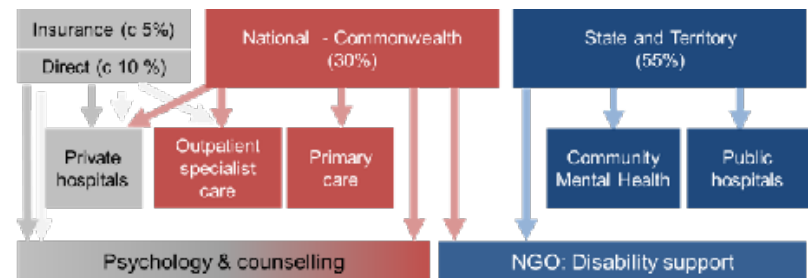
CONCLUSIONS

Australia's approach to MH information reflects our history, health system and structures

Strengths

- Skilled technical organisations
- Core national data sets & frameworks
- Structures for cooperation and collaboration
- Engagement of consumers and carers
- National outcomes measurement agenda
- Progress on some key measures

Challenges

- Barriers due to diverse funders and systems
- Measuring outcomes that matter
- Responding quickly to changing priorities
- Maximising value from EHRs

Merci

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