Independent Hospital Pricing Authority

Activity Based Funding Mental Health Care

National Best Endeavours Data Set 2020-21

Technical Specifications for Reporting

May 2020

IHPA

Version history

Version	Effective Dates	Change Summary
1.0	1 July 2018	ABF MHC NBEDS 2018-19 Technical Specifications for Reporting, published October 2018
2.0	May 2019	Technical Specifications for reporting updated to ABF MHC NBEDS 2019-20
3.0	May 2020	Technical Specifications for reporting updated to ABF MHC NBEDS 2020-21

Activity Based Funding Mental Health Care National Best Endeavours Data Set 2020-21 – Technical Specifications for Reporting

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Acronyms

ABF	Activity Based Funding
ABF MHC DRS	Activity Based Funding Mental Health Care Data Request Specifications
ABF MHC DSS	Activity Based Funding Mental Health Care Data Set Specifications
ABF MHC NBEDS	Activity Based Funding Mental Health Care National Best Endeavours Data Set
AMHCC	Australian Mental Health Care Classification
APC NMDS	Admitted Patient Care National Minimum Data Set
CGAS	Children's Global Assessment Scale
CMHC NMDS	Community Mental Health Care National Minimum Data Set
FIHS	Factors Influencing Health Status
HoNOS	Health of the Nation Outcome Scale
HoNOS 65+	Health of the Nation Outcome Scale 65+
HoNOSCA	Health of the Nation Outcome Scale Child and Adolescent
IHPA	Independent Hospital Pricing Authority
LSP-16	Life Skills Profile
METeOR	Metadata Online Registry
MH-CASC	Mental Health Classification and Service Costs
MHISSC	Mental Health Information Strategy Standing Committee
MHPoC	Mental health phase of care
MHWG	Mental Health Working Group
NGO	Non-government organisations
NHDISC	National Health Data and Information Standards
NHISSC	National Health Information Standards and Statistics Committee
NHRA	National Health Reform Agreement
NMDS	National Minimum Data Set
NOCC	National Outcomes and Casemix Collection
NAP NBEDS	Non-Admitted Patient National Best Endeavours Data Set
RMHC NMDS	Residential Mental Health Care National Minimum Data Set
RUG-ADL	Resource Utilisation Groups – Activities of Daily Living

1. Background

In December 2012, the Pricing Authority approved the development of a new mental health classification for mental health services in Australia for the purposes of activity based funding (ABF).

The development of the Australian Mental Health Care Classification (AMHCC) will significantly improve the clinical meaningfulness of the classification of mental health services, which will improve cost predictiveness and strengthen the implementation of new models of care. The development of the AMHCC involved a number of steps including defining the services provided, identifying cost drivers, conducting a consumer level costing study, developing the classification system and associated infrastructure (for example, data set specifications and grouping software), and collecting ongoing activity and cost data.

In 2012, the Independent Hospital Pricing Authority (IHPA) undertook the *Definition and Cost Drivers for Mental Health Services Project* to develop a definition of mental health care for ABF purposes, and to define the cost drivers associated with these services. The project proposed the creation of a separate care type for mental health services, an associated draft definition of mental health care for classification purposes, and the identification of possible cost drivers.

The mental health care definition sets the scope of the AMHCC. The mental health care definition was approved by the Pricing Authority on 31 May 2013 and was further implemented as a Health Standard effective 1 July 2014.

The approved mental health care definition is:

“Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning relating to a patient’s mental disorder.

Mental health care:

- *is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;*
- *is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and*
- *may include significant psychosocial components including family and carer support.*

This includes services provided as assessment only activities.”

In February 2014, IHPA undertook a mental health costing study to generate a data set on mental health services and costs in order to inform the development of the AMHCC Version 1.0 (V1.0) The aim of the costing study was to produce a robust consumer level dataset that is representative of mental health services provided in Australia.

In order to support the development and ongoing use of the AMHCC, IHPA developed the ABF Mental Health Care Data Set Specification (ABF MHC DSS) for data collection in 2015-16. The intention of the ABF MHC DSS was to use existing data collections and definitions where feasible, being mindful of the 'single provision, multiple use' data principle.

The development of the ABF MHC DSS 2015-16 was undertaken during 2014 with extensive consultation through IHPA's working and advisory groups, including the Mental Health Working Group (MHWG), the National Health Information Standards and Statistics Committee (NHISSC) and the Mental Health Information Strategy Standing Committee (MHISSC).

A significantly revised version of the ABF MHC DSS was developed for 2016-17 with input from stakeholders including jurisdictional MHISSC and MHWG members at two workshops.

In 2016, the name of the DSS was revised to the ABF Mental Health Care National Best Endeavours Data Set (ABF MHC NBEDS) 2016-17 following the decision by NHISSC to rename the data sets. ABF MHC NBEDS describe metadata sets that are not mandated for national collection, but where there is a commitment to provide data nationally on a best endeavours basis.

The ABF MHC NBEDS 2020-21 has been developed through consultation with key stakeholders including the National Health Data and Information Standards Committee (NHDISC) and was endorsed by MHISSC in October 2019, and NHDISC in December 2019.

2. Australian Mental Health Care Classification

The AMHCC V1.0 is a consumer level classification using the setting in which the care is provided, the mental health phase of care (MHPoC) of the consumer, the age of the consumer and clinical outcomes as the key concepts, with a simple structure which will allow flexibility for further refinement.

The AMHCC is comprised of six variables which are unrelated to the clinical decision-making process. The first three variables are categorical variables:

- setting
- MHPoC
- age group.

The remaining variables are complexity variables:

- the Health of the Nation Outcome Scales (HoNOS)/Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)/Health of the Nation Outcome Scale 65+ (HoNOS65+)
- Life Skills Profile (LSP-16)
- mental health legal status.

The classification is illustrated at Figures 1 and 2.

Figure 1: AMHCC V1.0 – Admitted setting

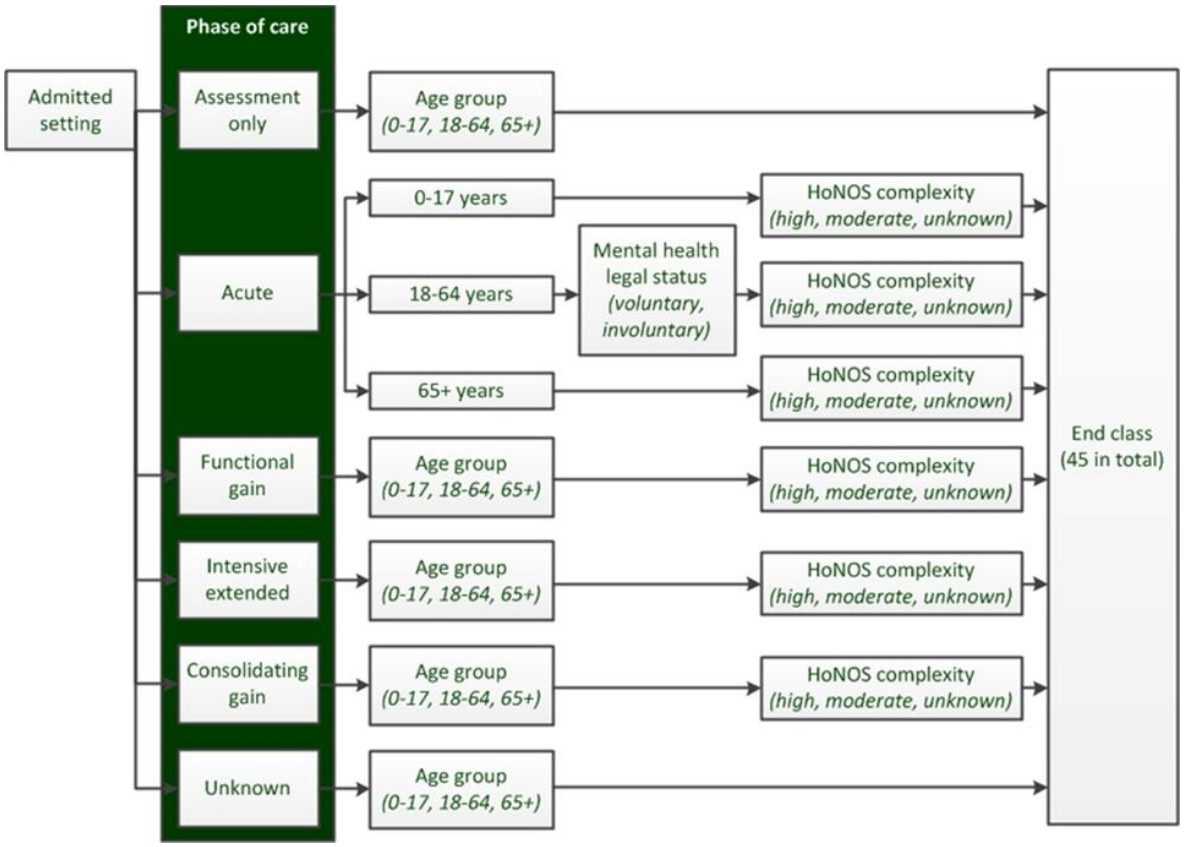
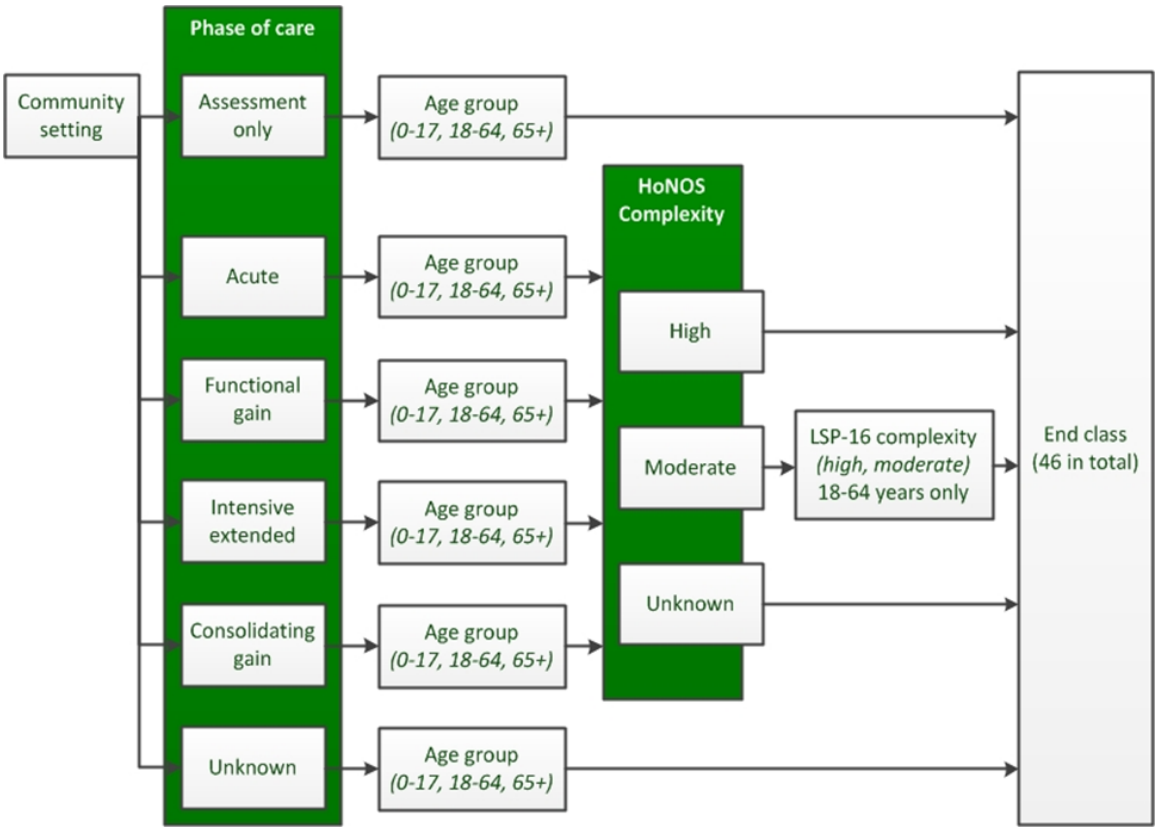


Figure 2: AMHCC V1.0 – Community setting



3. Purpose and Scope of Document

The purpose of this document is to outline the reporting requirements for the provision of data against the ABF MHC NBEDS 2020-21 by state and territory governments. This document provides details about the:

- content and key concepts included in the ABF MHC NBEDS 2020-21
- business rules relating to the reporting of the data items
- frequently asked questions relating to the ABF MHC NBEDS 2020-21.

The purpose of the ABF MHC NBEDS 2020-21 is to collate information about consumers receiving mental health care, funded by the Commonwealth, state and territory government that is associated with Australian public hospitals.

This document is based on information in existing technical specifications, handbooks, manuals and the Australian Institute of Health and Welfare's Metadata Online Registry (METeOR).

The scope of this document is limited to the above and does not cover discussion or issues relating to the provision of data that is a result of, or can be resolved through, system management and design at a state and territory level.

Similarly, this document does not address the analysis and interpretation of the data gathered through this data set specification.

The reporting requirements outlined in this document represent a minimum requirement for ABF reporting purposes, and are not intended to limit the scope of data collections maintained by individual service agencies or state and territory government.

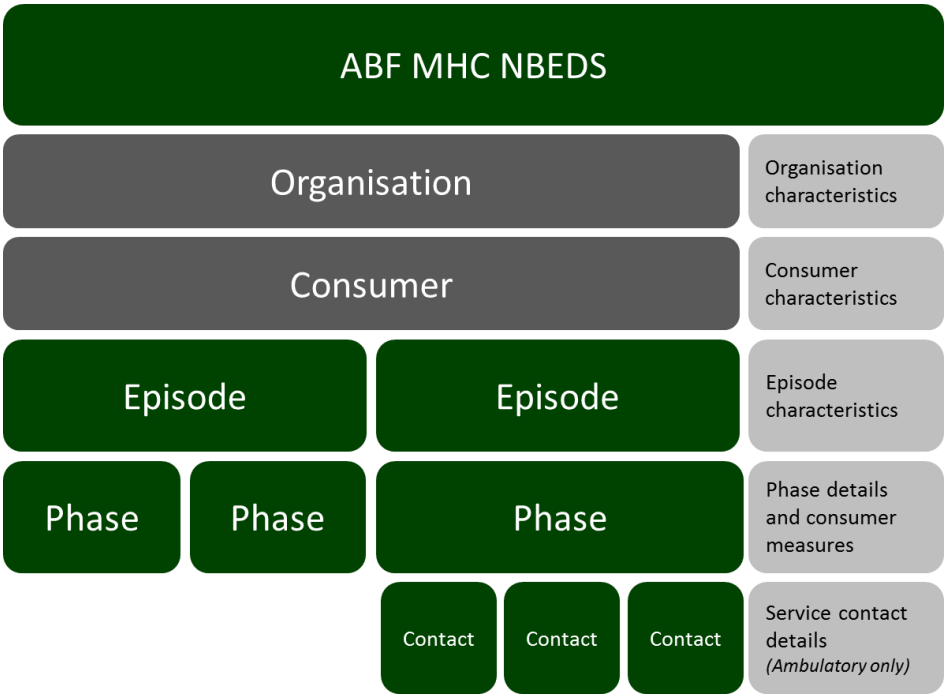
4. Overview of the Activity Based Funding Mental Health Care National Best Endeavours Data Set 2020-21 structure

The ABF MHC NBEDS 2020-21 is comprised of a single data collection, which can be reported to regardless of the setting. The ABF MHC NBEDS 2020-21 enables the reporting of values to occur through the derivation of existing activity data collections and the National Minimum Data Sets (NMDS) where appropriate. For example, mental health legal status is drawn from the Admitted Patient Care NMDS and is accessed via a linking process.

The ABF MHC NBEDS 2020-21 contains data items which are required to be reported for all settings of mental health care and all age groups. The ABF MHC NBEDS requires reporting of activity according to consumer episodes of mental health care and MHPoC. For ambulatory care, individual service events or contacts are also reported.

The high level structure of the ABF MHC NBEDS 2020-21 is illustrated at Figure 3.

Figure 3: ABF MHC NBEDS 2020-21 high level structure



Specific data that is collected in relation to an episode of care, a MHPoC and service contact (ambulatory setting only) are dependent on the setting and age of the consumer.

In the following chapters, the key concepts and data items contained within the ABF MHC NBEDS 2020-21 are discussed, followed by further discussion in relation to collection protocols.

5. Scope of the Activity Based Funding Mental Health Care National Best Endeavours Data Set 2020-21

The ABF MHC NBEDS 2020-21 has been created in the context of ABF, and therefore the scope is primarily mental health care provided by services that are in-scope public hospital services under the National Health Reform Agreement 2011 (NHRA). As the AMHCC has a scope that is broader than the NHRA, any mental health care services which are not in-scope public hospital services under the NHRA, such as non-government organisations (NGOs), are encouraged to report their activity.

The in-scope services include care delivered by specialised mental health services, public hospitals, Local Hospital Networks and NGO, managed or funded by state and territory health authorities, each of which are outlined in more detail in section 5.

This also includes all in-scope services contracted by a public hospital, Local Hospital Network or jurisdiction, regardless of the physical location of the contracting public hospital, Local Hospital Network or jurisdiction, or the location where the services are delivered.

The broader scope of the ABF MHC NBEDS includes consumers receiving mental health care in both specialised and non-specialised settings, across the admitted, ambulatory and residential settings.

The ABF MHC NBEDS is intended to capture instances of service provision from the point of view of the consumer.

5.1. In-scope public hospital services

In-scope public hospital services refer to the ‘General List of In-Scope Public Hospital Services’ (General List) which, in accordance with section 131(f) of the NHRA 2011 and Clauses A9–A17 of the NHRA, defines public hospital services eligible for Commonwealth funding to be:

- all admitted programs, including hospital in the home programs
- all emergency department services
- non-admitted services that meet the criteria for inclusion on the General List as published in the Pricing Framework.

5.2. Specialised mental health services

Specialised mental health services[1] are those with a primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function.

The concept of a specialised mental health service is not dependent on the inclusion of the service within the state and territory mental health budget.

A service is not defined as a specialised mental health service solely because its clients include people affected by a mental disorder or psychiatric disability. The definition excludes specialist drug and alcohol services and services for people with intellectual disabilities, except where they are established to assist people affected by a mental disorder who also have drug and alcohol related disorders or intellectual disability.

Specialised mental health services include the admitted consumer, residential and ambulatory mental health care services. In admitted consumer services, these can be a sub-unit of a hospital even where the hospital is not a specialised mental health establishment itself (e.g. designated psychiatric units and wards or outpatient clinics).

5.3. Non-specialised mental health services

Non-specialised mental health services are those services that:

- do not identify as both specialised and serving a mental health function
- may provide services to clients other than mental health clients
- may be recognised as a service that has a speciality other than mental health care.

A non-specialised mental health service may provide adjunct care and services to a specialised mental health service, or their services may encompass a consumer's entire mental health plan. However, they are not recognised as providing specialised mental health care and may provide services to clients who do not have a mental health disorder or disability.

Whilst it is acknowledged that activity meeting the definition of mental health care type is delivered in non-specialised services, it is also acknowledged that due to system capabilities there may be limited ability to report associated activity through the ABF MHC NBEDS.

[1] Australian Institute of Health and Welfare. (2016). *Specialised mental health service* (Object class). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/268984

5.4. Non-government organisations

A mental health NGO[2] is a private organisation that receives Australian and/or state and territory government funding specifically for the provision of services, where the principal intent is targeted at improving mental health and well-being, and is delivered to people affected by a mental disorder, their families and carers, or the broader community.

[2] Australian Institute of Health and Welfare. (2014). *Mental health non-government organisation* (Object class). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/432937

6. Key concepts of the Activity Based Funding Mental Health Care National Best Endeavours Data Set 2020-21

The type and number of items reported for the ABF MHC NBEDS 2020-21 are dependent on the service setting, age group of the consumer, and the unit of count. The unit of count is the consumer's episode of mental health care.

The key concepts contained within the ABF MHC NBEDS 2020-21 are defined and discussed further in section 6.

6.1. Service setting

In the ABF MHC NBEDS there are three different service settings: admitted, ambulatory and residential. The service setting is primarily defined by the service setting in which the consumer's episode of mental health care takes place. The different service settings are defined further in section 6.1.

6.1.1. Admitted setting

The admitted setting includes consumers that are admitted for mental health care. The consumer may be admitted to a general ward or a designated psychiatric unit in a general hospital or a psychiatric hospital. All activity reported will have a mental health care type for the admitted episode, regardless of the mental health specialisation status of the provider.

Admitted consumer care includes mental health activity, both specialised and non-specialised, which are currently reported through the Admitted Patient Care National Minimum Data Set (APC NMDS) as identified through data item *Hospital Service – care type*, value *11 Mental health care*.

6.1.2. Ambulatory setting

The ambulatory setting (also known as community) includes specialised and non-specialised mental health care services delivered to consumers who are generally not admitted to an inpatient facility or reside in a residential mental health care facility. For the purposes of the AMHCC, this includes the non-admitted hospital service setting (e.g outpatient clinics).

It is recognised that a mental health team from the ambulatory setting can provide mental health care to consumers in an admitted, emergency department or residential setting. This activity is considered an ambulatory episode. The ABF MHC NBEDS allows reporting of in-reach service

contacts from specialised mental health community units into specialised mental health care admitted consumer units, which are out of scope for the Community Mental Health Care National Minimum Data Set (CMHC NMDS).

Specialised mental health services (as defined in section 5.2 Specialised mental health services of this technical specifications) may include activity which is currently reported through the CMHC NMDS, or under the ambulatory care mental health service setting in the National Outcomes and Casemix Collection (NOCC).

Non-specialised mental health services (as defined in section 5.3 Non-specialised mental health services of this technical specifications) are those services provided to consumers which meet the definition of the mental health care type, however are not provided by specialised mental health services. Non-specialised mental health services may be currently reported through the Non-Admitted Patient National Best Endeavours Data Set (NAP NBEDS)[3].

6.1.3. Residential setting

The residential setting[4] refers to care provided in residential mental health care service units that employ mental health trained staff on-site 24 hours per day and other services with less intensive staffing (but the trained staff must be on site for a minimum of 6 hours a day and at least 50 hours per week). They will be established in an ambulatory setting which provides specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability.

Residential care includes mental health activity which is currently reported through the Residential Mental Health Care National Minimum Data Set (RMHC NMDS).

6.2. Age group

The clinical measures associated with the ABF MHC NBEDS are dependent on the age group of the consumer, including child and adolescent, adult or older persons.

For the purposes of the AMHCC grouper, adults are defined as persons between the age of 18 and 64 years inclusive, older persons are defined as persons aged 65 years and older, and children and adolescents are defined as persons under the age of 18 years.

It is important to note that the age group boundaries could be influenced by the clinician's decision on which clinical measure is the most appropriate. For example, there may be circumstances where the adult clinical instrument is considered most applicable to a 17-year-old consumer, in which case the data items relevant to an adult episode of mental health care should be reported.

Clinicians will be responsible for determining whether age group and the associated clinical measures is determined on the basis of the actual age, condition and care needs of the consumer, or on the type of service providing the treatment and care, or a mixture of both.

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[3] Australian Institute of Health and Welfare. (2018). *Non-admitted patient service event – care type,* data item [value 5 *Mental health care*] (Data element). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/679528

[4] Australian Institute of Health and Welfare. (2015). *Residential mental health care service* (Glossary item). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/373049

6.3. Mental health phase of care

In addition to reporting episodes of mental health care, activity must also be reported according to the MHPoC. MHPoC is a prospective description of the primary goal of care in the consumer's mental health treatment plan at the point in time when the data are being reported, and refers to the next stage in the consumer's care. MHPoC should be considered a subset of episode of mental health care, meaning that for each episode there can be multiple MHPoC.

MHPoC is independent of both the treatment setting and the designation of the treating service, and does not reflect service unit type. For example, in an admitted episode of mental health care, the consumer may not have an acute MHPoC for the entire period. Similarly, MHPoC should not be determined based on consumer presentation but rather the primary goal of care. For instance, two consumers with the same diagnosis may require different goals of care due to other factors like social factors and age.

The five MHPoC and related definitions from METeOR[5] are described in Table 1.

Table 1: MHPoC and related METeOR definitions

Code descriptive term	Code definition
Acute	The primary goal of care is the short term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder.
Functional gain	The primary goal of care is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.
Intensive extended	The primary goal of care is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.
Consolidating gain	The primary goal of care is to maintain the level of functioning, or improving functioning during a period of recovery, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently. Consolidating gain may also be known as maintenance.
Assessment only	The primary goal of care is to obtain information, including collateral information where possible, in order to determine the intervention/treatment needs and to arrange for this to occur (includes brief history, risk assessment, referral to treating team or other service).

Whilst it is recognised that there may be aspects of each MHPoC represented in the consumer's mental health plan, the MHPoC is intended to reflect the main goal or aim of care that will underpin the next period of care. For example, a consumer in consolidating gain phase may also

[5] Australian Institute of Health and Welfare. (2016). *Episode of care—mental health care phase,* (Data element). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/681789

have a goal to prevent relapse but the primary goal is to maintain their level of functioning, therefore consolidating gain rather than the intensive extended phase should be reported.

The MHPoC should be assessed on admission/registration to a service, where there has been a transfer of care between service settings or when there has been a change to the mental health care plan due to change to the consumer's symptoms.

If the primary goal of care changes as a result of the assessment, a new MHPoC may begin. Similarly, a review of the consumer's MHPoC may be undertaken part way through an episode within the assigned phase of care but does not lead to a change in the MHPoC if the primary goal of care remains the same.

6.3.1 Assessment only mental health phase of care

As part of good clinical practice, all consumers are assessed at regular intervals. This includes change of mental health legal status, transfer between service sites and change in symptoms/ functioning. The assessment only phase is not intended to capture these regular reviews that are part of standard clinical practice. This phase was developed to capture the significant amount of work undertaken by mental health services in assessing consumers who do not go on to formal mental health episodes of care.

To be assigned an assessment only phase, the care needs to first meet the definition of mental health care (as outlined in section 1 Background of this technical specifications). This can include triage and phone triage services as long as the mental health care and assessment only phase definitions are met.

Example 1:

A help line received a call from a consumer. The consumer was having a stressful period at work but did not exhibit symptoms relating to a mental disorder. General advice was given to the consumer. No further intervention was required. No consumer information was recorded, nor was a formal assessment completed or care plan developed.

This activity is not in scope of the mental health care definition as no mental health assessment was undertaken and no mental health plan was implemented.

Example 2:

A consumer was assessed by a psychiatrist following a GP referral to the psychiatrist. The consumer had a 3 year history of anxiety which had recently become more severe and had been seeing a psychologist following a referral by the GP. The consumer had a strong supportive family network and was attending an anxiety management support group offered by a local church. The consumer information and mental health assessment was recorded along with a documented mental health plan which included commencement of medication and management advice to the consumer and GP. A follow up appointment was not required and the consumer continued to be managed by their GP.

This activity is in scope of the mental health care definition as a mental health assessment was undertaken and mental health plan was implemented. This activity meets the definition of assessment only phase because the primary goal of care was to obtain information in order to determine the treatment needs.

Assessment only phase should only be reported if the review outcome does not lead to the consumer being placed in one of the other four phases immediately after. If the assessment outcome leads to acute, functional gain, intensive extended or consolidating gain phase being selected, then the assessment is included as part of the phase chosen.

Example 3:

A consumer presented at the emergency department following an attempt to take their own life, with their history of psychosis becoming unmanageable. The consumer was assessed by the mental health team in the emergency department who agreed the high levels of behavioural disturbance meant the consumer required admission to hospital with the primary goal of care being the short term reduction in severity of symptoms/risks. The consumer began their acute phase immediately and was discharged 10 days later.

Although an assessment was completed, this was not assessment only MHPoC as the assessment led to the immediate start of the Acute MHPoC.

6.4. Service contact

6.4.1 Service contact definition

For ambulatory episodes of mental health care, individual service contacts must also be reported. The CMHC NMDS defines mental health service contacts[6] as:

"The provision of a clinically significant service by a specialised mental health service provider(s) for consumer/clients…where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question."

6.4.2 Types of service contact

Service contact encompasses two types of activities:

- mental health service contact. In the ambulatory setting, specialised mental health services record mental health service contacts. Specialised ambulatory services are those services that identify as specialised mental health services. Their primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function; or
- non-admitted patient service event. In the ambulatory setting, non-specialised mental health services record non-admitted patient service events. A non-specialised mental health service are those mental health services which do not meet the definition of a

[6] Australian Institute of Health and Welfare. (2018). *Mental health service contact* (Object class). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/493304

specialised mental health service, but provide mental health services to those consumers that have a non-admitted patient service event - mental health care type[7].

For ambulatory mental health episodes, if the consumer received specialised mental health services, mental health service contacts should be reported. If the consumer received non-specialised mental health services, non-admitted patient service events should be reported.

6.4.3 Reporting difference between ABF MHC NBEDS and CMHC NMDS

Although the CMHC NMDS excludes reporting of mental health service contacts for consumers admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals and those resident in 24-hour staffed specialised residential mental health services, these service contacts can be reported to the ABF MHC NBEDS in the context of a concurrent episode of care (refer to section 6.5.2 Concurrent episodes of care of this technical specifications).

6.5. Reporting unit of count

The overarching unit of activity within the ABF MHC NBEDS is episode of mental health care. Within an episode of mental health care, activity is reported according to MHPoC.

6.5.1. Episode of mental health care

For the purposes of the ABF MHC NBEDS, an episode of mental health care is defined as the period of mental health care between the formal or statistical commencement of care (such as an admission) and a formal or statistical completion of care (such as a separation). The episode of mental health care is characterised by the mental health care type within a setting. An episode of mental health care reported through the ABF MHC NBEDS may differ from the clinical concept of an episode of mental health care.

Depending on the service setting and health service organisation, there may be variation regarding what constitutes or equates to the period of mental health care. For example, an episode of care may vary in definition between an admitted episode of care, an ambulatory episode of care and a residential episode of care.

For the purposes of the ABF MHC NBEDS, the episode of mental health care may be derived for admitted or residential consumers from existing reported episodes of care in the APC NMDS and the RMHC NMDS. Therefore, an admitted or residential episode of mental health care may commence with an admission to a facility or in the case of the residential setting it may be signalled by the start of a new reference period (refer to section 6.5 Reference period of this technical specifications). Likewise, the end of the episode for an admitted or residential episode of mental health care occurs when a consumer is discharged from the facility, at the end of a reference period, or for any other reason as stated in associated activity data set specifications[8].

The concept of an ambulatory episode of mental health care is specific to the ABF MHC NBEDS and AMHCC V1.0 and may not be able to be derived from existing data collections.

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[7] Australian Institute of Health and Welfare. (2018). *Non-admitted patient service event—care type* (Data element). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/679528

[8] Refer to the Admitted Patient Care National Minimum Data Set or the Residential Mental Health Care National Minimum Data Set for further information on episode of care specific to an admitted or residential consumer.

6.5.1.1.Admitted episodes

Admitted episodes refer to the period of care provided to a consumer who is admitted to a specialised psychiatric inpatient service or to a general public hospital for the purposes of receiving mental health care (i.e. the consumer would have a mental health care type). The period of care commences when the consumer has an admission and ceases with a discharge.

6.5.1.2.Ambulatory episodes

Ambulatory episodes refer to the care provided to consumers in a non-admitted setting which can be defined by exclusion – i.e. the provider of the service is not of the admitted consumer, emergency department or residential care setting. However, it is recognised that a mental health team from the ambulatory setting can provide mental health care to consumers in any of those settings as an ambulatory in-reach service. This activity is considered an ambulatory episode and may be reported through the ABF MHC NBEDS.

The commencement of an ambulatory episode may be signalled by a new registration to ambulatory care or, if the consumer has previously been treated by the ambulatory team, the start of an episode may be the recommencement of care for a specified goal, such as when moving from mental health care in the admitted setting back to the community. Note that the rule for concurrent episodes allows an ambulatory episode to continue in parallel with an episode in another setting, such as admitted (refer to section 6.6.2 Concurrent episodes of care of this technical specifications).

For ambulatory episodes that start and end within the same reference period, the episode start and end date should be the first and last service contact dates. It is recognised that client registration may occur prior to the first service contact, however for the purpose of consistent reporting practice the ambulatory episode start date must align with a service contact date.

The cessation of an ambulatory episode of mental health care may occur when the consumer's case has been closed by the mental health care team, such as when the consumer moves to mental health care in another setting (e.g. admitted or residential). *Episode of mental health care - episode end mode* should be populated to identify the reason the episode ended.

Note that the rule for concurrent episodes allows an ambulatory episode to continue in parallel with an episode in another setting, such as admitted (refer to section 6.6.2 Concurrent episodes of care of this technical specifications).

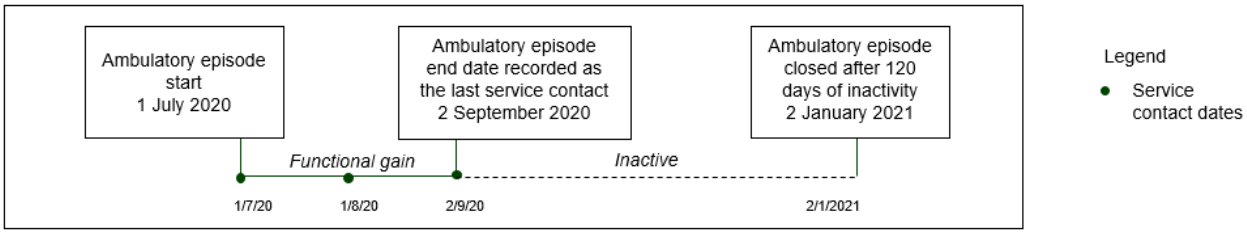
An ambulatory mental health episode needs to be closed when there has been a period of inactivity greater than 120 days[9]. In this case, the date of the last service contact in the episode of mental health care will be the episode end date.

[9] Australian Institute of Health and Welfare. (2018). *Episode of mental health care—episode end mode* (Data element). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/722597

Example 4:

On 1 July 2020, a consumer commenced their episode of ambulatory mental health care under the functional gain MHPoC. They received ambulatory service contacts on the following dates: 1 July, 1 August and 2 September 2020.

Since the last service contact on 2 September 2020, the ambulatory team has been unable to get in touch with the consumer who has not attended any further scheduled appointments nor responded to any phone call. On 2 January 2021 which is 120 days after the last service contact, the episode was closed following the business rule of closing off ambulatory episodes after 120 days of inactivity. The episode end date was backdated to the last service contact date being 2 September 2020, following the ABF mental health reporting rule.



This should be reported as follows:

Ambulatory episode *1 July 2020 – 2 September 2020*

MHPoC *Functional gain 1 July 2020 – 2 September 2020*

Service contact *1 July, 1 August, 2 September 2020*

6.5.1.3.Residential episodes

Residential episodes refer to the period of care provided to a consumer who is admitted to a specialised community-based residential mental health service. The period of care commences with an admission and ceases with a discharge. The admission and/or discharge may be formal or statistical. For the purposes of reporting activity to the ABF MHC NBEDS, episodes of mental health care that extend beyond a reporting period can be reported using a reference period.

For the purposes of reporting residential episodes of mental health care:

- formal episode start date or end date – the formal start date or end date of a residential episode of care must occur on the same date as an admission or discharge.
- statistical episode start date or end date (occurring at a change of reference period) – the statistical start date or end date of a residential episode of care must contain the first or last date of the reference period, which may or may not correspond with an admission or discharge date.

6.5.2. Concurrent episodes of mental health care

Concurrent episodes of mental health care for a consumer within a mental health service organisation can be reported, provided the episodes of mental health care are reported for different settings. The AMHCC allows for concurrent ambulatory mental health episodes to occur with episodes in other settings, such as an admitted episode or residential episode. For admitted episodes, this may take the form of a specialised mental health admitted episode or an acute (non-mental health) admitted episode.

The ABF mental health reporting requirements of concurrent episodes is optional based on jurisdictional system capability.

6.5.2.1.Concurrent episodes within an ambulatory service setting

A consumer receiving an ambulatory episode of mental health care who is admitted to hospital can have both the ambulatory episode and the admitted episode reported. However, a consumer receiving episodes of ambulatory mental health care from different ambulatory teams within an organisation cannot have two ambulatory episodes reported. If more than one service unit from the same setting provided service in one episode, only report the service unit that is primarily responsible for the care.

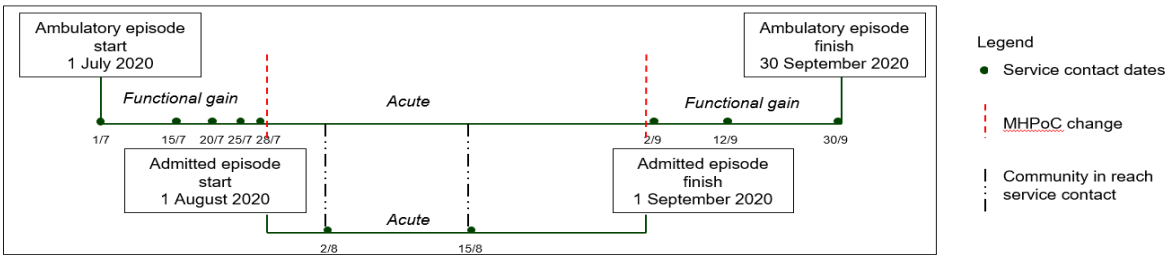
Example 5:

On 1 July 2020, a consumer started their episode of ambulatory mental health care with a functional gain MHPoC. They received ambulatory service contacts on the following dates: 1 July, 15 July, 20 July, 25 July and 28 July 2020.

On 1 August 2020, they were admitted to hospital with an acute MHPoC whilst continuing to be visited by the ambulatory care team on the following dates: 2 August and 15 August 2020.

On 1 September 2020, they were discharged from hospital but received further ambulatory service contacts under functional gain MHPoC on the following dates 2 September, 12 September and 30 September 2020.

On 30 September 2020, their ambulatory care formally ended.



This should be reported as follows:

Admitted episode:		*1 August 2020 – 1 September 2020*
MHPoC	*Acute*	*1 August 2020 – 1 September 2020*
Ambulatory episode:		*1 July 2020 – 30 September 2020*
MHPoC	*Functional gain*	*1 July 2020 – 1 August 2020*
	Acute	*1 August 2020 – 1 September 2020*
	Functional gain	*1 September 2020 – 30 September 2020*
Service contact		*1, 15, 20, 25 and 28 July; 2 and 15 August; 2, 12 and 30 September 2020*

As demonstrated in the example, the ABF MHC NBEDS does not require a concurrently occurring ambulatory episode to have an artificial separation date to coincide with the date of

admitted episode admission. The ABF MHC NBEDS supports the continuation of an ongoing ambulatory episode in parallel with an episode in another setting.

For concurrent episodes, the ambulatory service contact should be reported through the ABF MHC NBEDS with the appropriate 'service contact episode of care setting'. The 'service contact episode of care setting' data item identifies the consumer location when they were seen by the community service provider. The location includes admitted or residential setting as well as emergency department.

6.5.2.2.Concurrent episodes within a residential service setting

In the circumstance of residential mental health care, while the RMHC NMDS allows concurrent episodes within the residential setting, the ABF MHC NBEDS does not allow concurrent episodes to be reported within the same setting.

6.5.2.3.Concurrent across different service settings

Examples of concurrent episodes across different service settings and applicable data set specification are provided in Table 2.

Table 2: Concurrent episodes across different service settings and applicable data set specification

Concurrent episodes across different service settings and applicable data set specification		
	Episode A	Episode B
Example 1 – concurrent episodes across admitted and ambulatory settings with mental health care type.	Admitted setting – APC NMDS and ABF MHC NBEDS	Ambulatory setting – ABF MHC NBEDS
Example 2 – concurrent episodes across admitted and ambulatory settings with an acute care type and mental health in-reach services.	Admitted setting – APC NMDS	Ambulatory setting – ABF MHC NBEDS
Example 3 – concurrent episodes across emergency department and ambulatory setting	Emergency setting – Non-admitted patient emergency department care NMDS	Ambulatory setting – ABF MHC NBEDS

6.5.3. Reference period

A reference period is defined as the period of time for which activity is collected or reported.

The start or end of a mental health episode will be either formal or statistical:

- a formal start, or end, of an episode is used to indicate the actual commencement of an episode of care, and the subsequent discharge or completion of the episode of care.

- a statistical start, or end, of an episode is used when the episode remains open between two or more reference periods, and is used for reporting activity associated with an episode during the specified reference period.

For mental health activity, IHPA requires quarterly reporting currently. Therefore, the reference periods for mental health activity align with the reporting periods as outlined for 2020-21 data. That is:

Quarter 1: 1 July 2020 to 30 September 2020

Quarter 2: 1 July 2020 to 31 December 2020

Quarter 3: 1 July 2020 to 31 March 2021

Quarter 4: 1 July 2020 to 30 June 2021

6.5.3.1 Reporting mental health phase of care across reference periods

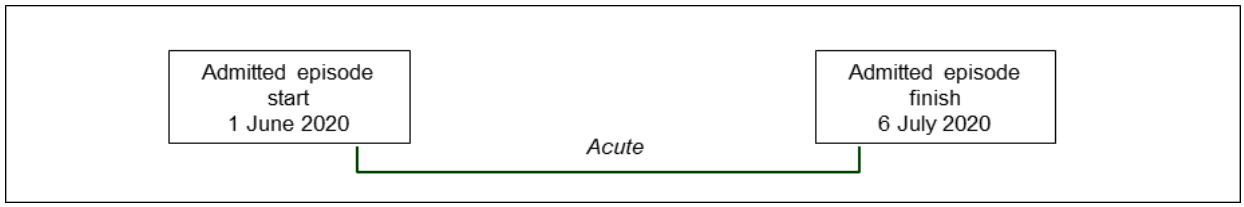
The concept of reference periods does not apply to admitted mental health episodes. Admitted mental health episodes should only be reported once the consumer is discharged regardless of the timeframe.

The concept of reference periods also does not apply to MHPoC. When a MHPoC carries over from the previous reference period, the start date for the MHPoC should be reported, even though it is before the reference period. This is demonstrated in the example 6.

Example 6:

On 1 June 2020, a consumer was admitted to hospital for mental health services, under the Acute MHPoC.

On 6 July 2020, the consumer was discharged from the hospital.



This should be reported as follows:

Admitted episode: *1 June 2020 – 6 July 2020*

MHPoC *Acute* *1 June 2020 – 6 July 2020*

6.5.3.2 Reporting ambulatory service contacts across reference periods

For ambulatory episodes which span across reference periods, the episode start date for the first reference period should be the first service contact date. The episode start dates in following reference periods should be the start date of the reference period. To indicate the episode runs over the reference period, the episode start mode should be value 2 (start of a new reference period).

Similarly, the episode end date for the last reference period should be the last service contact date. The episode end date for all previous reference periods should be the last date of the reference period.

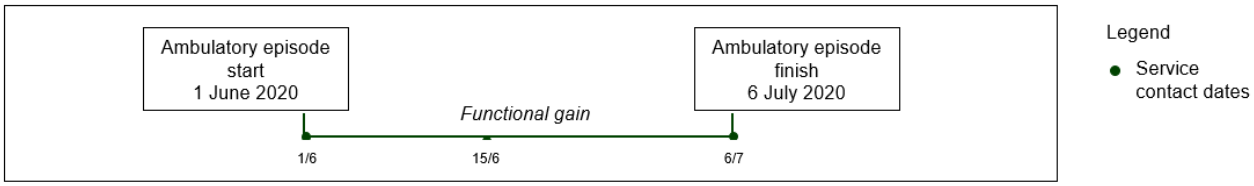
For ambulatory episodes across multiple reference periods that have the same MHPoC carried across reference periods, the MHPoC start date for all reference periods should be the ambulatory episode start date and the first service contact date. The MHPoC end date for the last reference period should be the ambulatory episode end date and the last service contact date. For all previous reference periods, the MHPoC end date should be reported as blank.

Where an ambulatory episode extends across multiple reference periods, only the service contacts falling within the reference period should be reported.

Example 7:

On 1 June 2020, a consumer commenced their ambulatory mental health care episode under the functional gain MHPoC. They received ambulatory service contacts on the following dates: 1 June, 15 June and 6 July 2020.

On 6 July 2020, their ambulatory care episode formally ended.



This should be reported as follows:

Reference period		*1 July 2019 - 30 June 2020*
Ambulatory episode		*1 June 2020 – 30 June 2020*
MHPoC	*Functional gain*	*1 June 2020 – blank*
Service contact		*1 June and 15 June 2020*

Reference period		*1 July 2020 - 30 September 2020*
Ambulatory episode		*1 July 2020 – 6 July 2020*
MHPoC	*Functional gain*	*1 June 2020 – 6 July 2020*
Service contact		*6 July 2020*

6.6 Unique identification of consumers

Unique identification of the consumer is an essential requirement in clinical information systems, both for ensuring that local information collections support continuity of care, as well as analysis at a state or territory and national level.

State and territory governments vary in the extent to which different mental health service units share a unique identifier for consumers under care. However, where these are not in place, state and territory governments are taking steps to establish such arrangements.

The unique patient identifier reported to the ABF MHC NBEDS 2020-21 should be in encrypted form and meet two fundamental requirements:

- the identifier should be identical to the identifier used in supplying unit record data in respect of the individual consumer in the corresponding data collections dataset
- the encrypted identifier used to supply data should be stable over time – that is, it should allow the consumer's data to be linked across reporting years.

The ABF MHC NBEDS 2020-21 contains the *Person – unit identifier type, mental health organisation type* data item that identifies the highest level of organisation (administrative or geographical) to which the patient identifier is unique, and allows all health care activity specific to the individual to be captured.

6.7 Linkage of mental health episodes within and across settings

The allocation of unique identifiers (for patients, episodes and settings) plays an important role in the ability to link patient episodes across and within settings.

IHPA currently uses a combination of episode, establishment and service unit identifiers (refer to section 7.1 Establishment and service unit identifiers of this technical specifications) to link data from multiple data sets as outlined in Table 3.

Table 3: Data set specification sources of mental health care patient data

Patient data type	Specialised / non-specialised mental health care	Data set specification source
Admitted patient	Both	Admitted patient care NMDS
Community patient	Specialised	ABF MHC NBEDS – values can be derived from CMHC NMDS
	Non-specialised	Non-admitted patient NBEDS
Residential patient	Specialised	ABF MHC NBEDS – values can be derived from RMHC NMDS

These links also facilitate access to additional data items such as mental health legal status from the APC NMDS.

In the case of activity that has taken place in the emergency department, it should only be reported through the ABF MHC NBEDS if ambulatory mental health in-reach service was involved. All other activity that takes place in the emergency department does not form part of the ABF MHC NBEDS and should be reported through the Non-Admitted Patient Emergency Department Care NMDS.

The use of *Person—unit identifier type, mental health organisation type* identifies the highest level of organisation to which the patient identifier is unique. Together with the *Episode of mental health care – identifier* within the setting, these enable person-level matching between records within the ABF MHC NBEDS, and also between ABF MHC NBEDS and related data sets (APC NMDS and NAP NBEDS) depending on the episode service setting.

In selecting permissible values for *Person—unit identifier type, mental health organisation type*, where all ABF MHC NBEDS person identifiers are unique internally but do not match to a related non-mental health data set (i.e. APC NMDS and NAP NBEDS) then Code 02 *state or territory Health Authority (specialised mental health)* should be applied.

At this stage, IHPA does not intend to link internal data sets to external data sets (i.e. CMHC NMDS and RMHC NMDS), and IHPA does not intend to link to the NOCC data.

IHPA recognises that there are issues with unique patient identifiers restricting the linkage of concurrent episode. These issues will be explored as systems mature.

7. Data items

The ABF MHC Data Request Specifications (DRS) incorporates unique linking keys that enable separately reported data to be linked together, providing more information without the need for lengthy data files. The ABF MHC DRS consists of three data files which can be linked, including:

- mental health care episode level data (MHCE)
- mental health care phase level data (MHCP)
- ambulatory service contact data (ASC).

Additional data relating to setting, such as data reported through the APC DRS, are linked with the MHCE via a linking key.

Table 4 provides an overview of the data files that are linked to the mental health care episode data file.

Table 4: Data files in the ABF MHC DRS linked to mental health episode data

Episode Setting	Episode Data	Phase data	Additional episode data
Admitted	MHCE	MHCP	APC NMDS
Ambulatory	MHCE	MHCP	ASC Non-admitted patient NBEDS
Residential	MHCE	MHCP	N/A

In line with the principle of ‘collect once, use many’, several data items contained in the ABF MHC NBEDS can be derived from other linked DSS.

Section 7 outlines the ABF MHC NBEDS data items, sectioned into each reporting level: episode, phase, and service contact. Appendix A contains lists of all data items and possible related DSS which could be sources for the provision of this content.

7.1. Establishment and service unit identifiers

Establishment and service unit identifiers are used in the ABF MHC NBEDS 2020-21 to enable identification of the different levels of service units and organisations that provide mental health care services in the public system. As the ABF MHC NBEDS 2020-21 specifies activity from both specialised and non-specialised services, the identifiers included may not be applicable for all settings.

Table 5 provides a guide as to when an identifier may be applicable, noting that this table is a guide only and local business rules may impact on when an identifier should be used.

Table 5: Establishment and service unit identifiers

Identifier data item	METeOR ID	Patient Setting	
		Specialised	Non-specialised
Episode of mental health care – identifier	723156	All settings	All settings
Establishment – Activity based funding organisation identifier	699156	All settings	All settings
Establishment – Local Hospital Network identifier	719447	All settings	All settings
Person – person identifier	290046	All settings	All settings
Person – unit identifier type, mental health organisation type	722698	All settings	All settings
Specialised mental health service – admitted patient service unit identifier	721740	Admitted	None
Specialised mental health service – admitted patient service unit name	721830	Admitted	None
Specialised mental health service – ambulatory service unit identifier	724354	Ambulatory	None
Specialised mental health service – ambulatory service unit name	722184	Ambulatory	None
Specialised mental health service – residential service unit identifier	722711	Residential	None
Specialised mental health service – residential service unit name	722715	Residential	None

7.2. Episode level data items

7.2.1. Principal and additional diagnosis

The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the consumer's episode of care or presentation at a health service. A principal diagnosis is reported for an episode of mental health care that occurs in the admitted, residential and, where possible, the ambulatory settings.

In the APC NMDS, principal diagnosis is determined in accordance with the Australian Coding Standards.

Additional diagnoses identify secondary or other diagnoses that affected the person's care during the period in terms of requiring therapeutic intervention, clinical evaluation, extended management or increased care or monitoring.

Additional diagnoses are reported for an episode of mental health care that occurs in the admitted or residential setting and where possible the ambulatory setting.

In the admitted and residential settings, the principal and additional diagnoses are coded at the end of the episode in accordance with the Australian Coding Standards.

Where a principal diagnosis is not able to be established, as in the case of ambulatory consumers who have been assessed but not activated, a symptom diagnosis (such as R45.89 *Other symptoms and signs involving emotional state*) may be provided as a substitution.

7.2.2. Service provider setting origin

In order to identify the setting from which a service provider for a mental health care episode originates, in 2019 IHPA included a new data item *Episode of mental health care - Service provider setting origin* in the ABF MHC NBEDS. This data item contains three values: admitted, ambulatory or residential care.

Where there are multiple service providers for an episode of care, the service setting of the primary service provider should be reported.

For example, if the primary service provider is ambulatory mental health in-reach team for an admitted consumer (even if the consumer is not in a mental health care type for the admitted episode), the service provider setting origin will be 'ambulatory care' to reflect the origin of the primary service provider.

Alternatively, if the admitted team provides a post discharge follow-up service contact to a consumer previously under their care but their primary care provider is ambulatory mental health, the service provider setting origin will be 'ambulatory care'.

7.3. Phase level data items

7.3.1. Mental health phase of care

As discussed in section 6.3 mental health phase of care of this technical specifications, MHPoC is a key phase level data item being collected for all mental health episodes for the purpose of ABF reporting. For further information, please refer to the MHPoC documentation available on the IHPA website.

7.3.2. Clinical assessments specific to children and adolescents

7.3.2.1.Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)

The HoNOSCA is a 15 item clinician-rated measure modelled on the HoNOS and designed specifically for use in the assessment of child and adolescent consumer outcomes in mental health services. Ratings are made by clinicians based on their assessment of the consumer. In completing their ratings, the clinician makes use of a specific glossary which details the meaning of each point on the scale being rated. HoNOSCA should be reported at the beginning of each MHPoC regardless of the length of stay.

An additional code of '*8 – Unknown'* has been included in the 2020-21 ABF MHC NBEDS. This code should be used for values that are missing or recorded in the HoNOSCA tool as '7 - Not stated/missing' and '9 - Unknown'.

Key references:

- Gowers S, Harrington R, Whitton A, Lelliott P, Beevor A, Wing J, Jezzard R (1999a) Brief scale for measuring the outcomes of emotional and behavioural disorders in children: Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA). *British Journal of Psychiatry*, 174, 413-416.
- Gowers S, Harrington R, Whitton A, Beevor A, Lelliott P, Jezzard R, Wing J (1999b) Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA): Glossary for HoNOSCA score sheet. *British Journal of Psychiatry*, 174, 428-433.

7.3.2.2.Children's Global Assessment Scale (CGAS)

The CGAS was developed by Schaffer and colleagues at the Department of Psychiatry, Columbia University to provide a global measure of severity of disturbance in children and adolescents. Similar to the HoNOSCA, it is designed to reflect the lowest level of functioning for a child or adolescent during a specified period. The measure provides a single global rating only, on a scale of 1–100.

Key reference:

- Schaffer D, Gould MS, Brasic J, et al (1983) A children's global assessment scale (CGAS). *Archives of General Psychiatry*, 40, 1228-1231.

7.3.2.3.Factors Influencing Heath Status (FIHS)

The FIHS measure is a checklist of seven 'psychosocial complications' based on the problems and issues identified in the Factors Influencing Health Status chapter in International Statistical Classification of Diseases and Health Related Problems, Tenth revision. It is a simple checklist of the ICD factors which was originally developed for the Mental Health Classification and Service Costs (MH-CASC) project.

Key reference:

- Buckingham W, Burgess P, Solomon S, Pirkis J, Eagar K (1998) *Developing a Casemix Classification for Mental Health Services. Volume 2: Resource Materials.* Canberra: Commonwealth Department of Health and Family Services.

7.3.3. Clinical assessments specific to adults

7.3.3.1.Health of the Nation Outcome Scales (HoNOS)

The HoNOS is a 12 item clinician-rated measure designed by the Royal College of Psychiatrists specifically for use in the assessment of consumer outcomes in mental health services. Ratings are made by clinicians based on their assessment of the consumer. In completing their ratings, the clinician makes use of a glossary which details the meaning of each point on the scale being rated. HoNOS should be reported at the beginning of each MHPoC regardless of the length of stay.

An additional code of '*8 – Unknown'* has been included in the 2020-21 ABF MHC NBEDS. This code should be used for values that are missing or recorded in the HoNOS tool as '7 - Not stated/missing' and '9 - Unknown'.

Key references:

- Wing J, Beevor A, Curtis R, Park S, Hadden S, Burns A (1998) Health of the Nation Outcome Scales (HoNOS). Research and development. *British Journal of Psychiatry*, 172, 11-18.
- Wing J, Curtis R, Beevor A (1999) Health of the Nation Outcome Scales (HoNOS): Glossary for HoNOS score sheet. *British Journal of Psychiatry*, 174, 432–434.

7.3.3.2.Abbreviated Life Skills Profile (LSP-16)

The LSP was developed by a team of clinical researchers in Sydney (Rosen et al 1989, Parker et al 1991). It was designed to be a brief, specific and jargon free scale to assess a consumer's abilities with respect to basic life skills. It is capable of being completed by family members and community housing members as well as professional staff.

The original form of the LSP consisted of 39 items. Work undertaken as part of the Australian MH-CASC study saw the 39 items reduced to 16 items by the original designers in consultation with the MH-CASC research team. This reduction in item number aimed to minimise the rating burden on clinicians when the measure is used in conjunction with the HoNOS. The abbreviated 16-item instrument is the version to be reported for the ABF MHC NBEDS 2020-21.

Key references:

Original 39 item version of the LSP:

- Rosen A, Hadzi-Pavlovic D, Parker G (1989) The Life Skills Profile: A measure assessing function and disability in schizophrenia. *Schizophrenia Bulletin*, 1989, 325-337.
- Parker G, Rosen A, Emdur N, Hadzi-Pavlov D (1991) The Life Skills Profile: Psychometric properties of a measure assessing function and disability in schizophrenia. *Acta Psychiatrica Scandinavica*, 83 145-152.
- Trauer T, Duckmanton RA, Chiu E (1995) The Life Skills Profile: A study of its psychometric properties. *Australian and New Zealand Journal of Psychiatry*, 29, 492-499.

Abbreviated 16 item version of the LSP-16:

- Buckingham W, Burgess P, Solomon S, Pirkis J, Eagar K (1998) *Developing a Casemix Classification for Mental Health Services. Volume 2: Resource Materials*. Canberra: Commonwealth Department of Health and Family Services.

7.3.4. Clinical assessments specific to older people

7.3.4.1.Health of the Nation Outcome Scale 65+ (HoNOS 65+)

The 65+ variant of the HoNOS has been designed for use with adults aged older than 65 years. It consists of the same item set and is scored in the same way, however the accompanying glossary has been modified to better reflect the problems and symptoms likely to be encountered when rating older persons. HoNOS 65+ should be reported at the beginning of each MHPoC regardless of the length of stay.

An additional code of '*8 – Unknown'* has been included in the 2020-21 ABF MHC NBEDS. This code should be used for values that are missing or recorded in the HoNOS 65+ tool as '7 - Not stated/missing' and '9 - Unknown'.

Key references:

- Burns A, Beevor A, Lelliott P, Wing J, Blakey A, Orrell M, Mulinga J, Hadden S (1999) Health of the Nation Outcome Scales for Elderly People (HoNOS 65+). *British Journal of Psychiatry*, 174, 424-427.
- Burns A, Beevor A, Lelliott P, Wing J, Blakey A, Orrell M, Mulinga J, Hadden S (1999) Health of the Nation Outcome Scales for Elderly People (HoNOS 65+): Glossary for HoNOS 65+ score sheet. *British Journal of Psychiatry*, 174, 435-438.

7.3.4.2.Abbreviated Life Skills Profile (LSP-16)

The original LSP was developed by a team of clinical researchers in Sydney (Rosen et al 1989, Parker et al 1991) and, prior to the introduction of the NOCC collection, was in fairly wide use in Australia as well as several other countries. It was designed to be a brief and specific scale to assess a consumer's abilities with respect to basic life skills. It is capable of being completed by family members and community housing members as well as professional staff.

The original form of the LSP consists of 39 items. Work undertaken as part of the Australian MH-CASC study saw the 39 items reduced to 16 items by the original designers in consultation with the MH-CASC research team. This reduction in item number aimed to minimise the rating burden on clinicians when the measure is used in conjunction with the HoNOS. The abbreviated 16-item instrument is the version to be reported for the ABF MHC NBEDS2020-21.

Key references:

Original 39 item version of the LSP:

- Rosen A, Hadzi-Pavlovic D, Parker G (1989) The Life Skills Profile: A measure assessing function and disability in schizophrenia. *Schizophrenia Bulletin*, 1989, 325-337.
- Parker G, Rosen A, Emdur N, Hadzi-Pavlov D (1991) The Life Skills Profile: Psychometric properties of a measure assessing function and disability in schizophrenia. *Acta Psychiatrica Scandinavica*, 83 145-152.
- Trauer T, Duckmanton RA, Chiu E (1995) The Life Skills Profile: A study of its psychometric properties. *Australian and New Zealand Journal of Psychiatry*, 29, 492-499.

Abbreviated 16 item version of the LSP-16:

- Buckingham W, Burgess P, Solomon S, Pirkis J, Eagar K (1998) *Developing a Casemix Classification for Mental Health Services. Volume 2: Resource Materials*. Canberra: Commonwealth Department of Health and Family Services.

7.3.4.3.Resources Utilisation Groups – Activities of Daily Living (RUG-ADL)

Developed by Fries et al for the measurement of nursing dependency in skilled nursing facilities in the United States of America, the RUG-ADL measures ability with respect to 'late loss' activities – those activities that are likely to be lost last in life (e.g. eating, bed mobility, transferring and toileting). 'Early loss' activities (such as managing finances, social relationships, grooming) are included in the LSP. The RUG-ADL is widely used in Australian nursing homes and other aged care residential settings. The RUG-ADL comprises four items only and is usually completed by nursing staff.

An additional code of '*8 – Unknown'* has been included in the 2020-21 ABF MHC NBEDS. This code should be used for values that are missing or recorded in the RUG-ADL tool as '7 - Unable to rate' and '9 - Not stated/missing'.

Key reference:

- Fries BE, Schneider DP, et al (1994) Refining a casemix measure for nursing homes. Resource Utilisation Groups (RUG-III). *Medical Care*, 32, 668-685.

7.4. Ambulatory service contact level data items

7.4.1. Episode of care setting

The location of the consumer receiving the ambulatory activity is identified through the use of the *Service contact – episode of care setting* data item for each contact, and may vary within the episode. As ambulatory mental health services can be provided to consumers in a variety of settings, this data item identifies the consumer setting during that service contact.

The service providing the care may be a specialised community-based ambulatory mental health service or a non-specialised non-admitted public hospital service (e.g. outpatient clinic). For example, if the ambulatory mental health team provide a service contact to an admitted consumer (in a non-specialised mental health care setting), the consumer episode setting for the ambulatory service contact will be ‘admitted patient – other’ to reflect the consumer setting.

Alternatively, if the ambulatory mental health team provide a service contact to a consumer in the emergency department, the patient episode setting for the ambulatory service contact will be ‘emergency department patient’.

7.4.2. Service duration

This data item, *Service contact – service duration, total minutes*, is intended to collect the total time in minutes from start to finish of a service contact. Although this has already been possible in specialised mental health services, inclusion of this data item in the ABF MHC NBEDS enables collection of data in non-specialised mental health services too. For specialised mental health services this data element can be derived from the existing data element *Mental health service contact—service duration, total minutes*.

8. Collection Protocol

This section outlines the minimum requirements for the ABF MHC NBEDS 2020-21, and should not confine state and territory governments.

Activity for the ABF MHC NBEDS is reported in conjunction with the ABF MHC DRS. The ABF MHC DRS 2020-21 consists of three data files, the MHCE (for episode data), the MHCP (phase of care data) and ASC (ambulatory service contact data) which are linked with unique linking keys.

8.1. Reporting occasions

8.1.1. Episode level items

The ABF MHC NBEDS 2020-21 requires reporting of clinical and other data items at an episode level. Table 6 shows the items required to be reported at an episode level for each setting. The reporting of these data items is consistent for all age groups.

Table 6: ABF MHC NBEDS 2020-21 reporting occasions for episode level items

Data item	Admitted Episode	Ambulatory Episode	Residential Episode
Demographics			
Person – date of birth	✓	✓	✓
Person – sex	✓	✓	✓
Person – marital status	✓	✓	✓
Person – Indigenous status	✓	✓	✓
Person – country of birth	✓	✓	✓
Person – area of usual residence, statistical area level 2 (SA2) code	✓	✓	✓
Episode details			
Episode of mental health care – episode start date	✓	✓	✓
Episode of mental health care – episode end date	✓	✓	✓
Episode of mental health care – episode start mode	✓	✓	✓

Data item	Admitted Episode	Ambulatory Episode	Residential Episode
Episode of mental health care – episode end mode	✓	✓	✓
Episode of care – principal diagnosis	✓	✓	✓
Episode of care – additional diagnoses	✓	✓	✓
Episode of mental health care - service provider setting origin	✓	✓	✓
Specialised mental health service - target population group	-	✓	-
Identifiers			
Establishment – Activity based funding organisation identifier	✓	✓	✓
Specialised mental health service – admitted patient service unit identifier	✓	-	-
Specialised mental health service – admitted patient service unit name	✓	-	-
Specialised mental health service – ambulatory service unit identifier,	-	✓	-
Specialised mental health service – ambulatory service unit name	-	✓	-
Specialised mental health service – residential service unit identifier,	-	-	✓
Specialised mental health service – residential service unit name	-	-	✓
Episode of mental health care – identifier	✓	✓	✓
Establishment - Local Hospital Network identifier	✓	✓	✓
Person – person identifier	✓	✓	✓
Person – unit identifier type, mental health organisation type	✓	✓	✓

8.1.2. Phase level items

The ABF MHC NBEDS 2020-21 requires reporting of clinical and other data items at phase level. Table 7 displays the items required to be reported at phase level for each setting. The reporting of these data items is consistent for all age groups.

Table 7: ABF MHC NBEDS 2020-21 reporting occasions for phase level items

Data item	Admitted Episode	Ambulatory Episode	Residential Episode
Phase details			
Episode of care – mental health phase of care	✓	✓	✓
Episode of care – mental health phase of care start date	✓	✓	✓
Episode of care – mental health phase of care end date	✓	✓	✓
mental health phase of care – number of leave days	✓	-	✓
Clinical assessments – *Refer section 8.1.2.1*			
Identifiers			
Establishment – Activity based funding organisation identifier	✓	✓	✓
Mental health care phase record identifier	✓	✓	✓

8.1.2.1.Clinical measures

The ABF MHC NBEDS 2020-21 requires clinical measures to be reported in relation to the MHPoC. A new MHPoC may be considered when undertaking a review. All clinical assessments should be completed as soon as practical following the commencement of MHPoC, with the exception of the FIHS. If an episode of mental health care only contains one MHPoC, the FIHS is reported at the end of the MHPoC (on discharge).

For the purposes of the ABF MHC NBEDS 2020-21, if a consumer is discharged from an episode of mental health care and commences an episode of mental health care in a different setting, then where applicable the clinical assessment score from the last MHPoC in the previous episode of mental health care may be recorded if:

- the assessment had been completed within the last two weeks
- the MHPoC is the same for the new episode of mental health care as it was for the discharge episode of mental health care.

Table 8 shows when the clinical measures are collected and reported in the ABF MHC NBEDS 2020-21.

Table 8: ABF MHC NBEDS 2020-21 reporting occasions for the clinical measures

Data item	Admitted Episode		Ambulatory Episode		Residential Episode	
Children/ Young Adults	**Phase 1**	**Phase 2 +**	**Phase 1**	**Phase 2 +**	**Phase 1**	**Phase 2 +**
Person – level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score (HoNOSCA)	✓	✓	✓	✓	✓	✓
Person – level of psychiatric symptom severity, Children's Global Assessment Scale score (CGAS)	✓	✓	✓	✓	✓	✓
Episode of care – FIHS psychosocial complications indicator (FIHS)	×*	✓	×*	✓	×*	✓
Adults						
Person – level of psychiatric symptom severity, Health of the Nation Outcome Scale score (HoNOS)	✓	✓	✓	✓	✓	✓
Person – level of difficulty with activities in a life area, Abbreviated Life Skills Profile score (LSP-16)	×	×	✓*	✓*	✓*	✓*
Older Adults						
Person – level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score (HoNOS 65+)	✓	✓	✓	✓	✓	✓
Person – level of difficulty with activities in a life area, Abbreviated Life Skills Profile score (LSP-16)	×	×	✓*	✓*	✓*	✓*
Person – level of functional independence, Resource Utilisation Groups – Activities of Daily Living score (RUG-ADL)	✓	✓	×	×	✓	✓

×* The FIHS is reported at the start of the second and subsequent phases within an episode. If an episode only has one phase, then the FIHS is reported at the end of the phase.

✓*The LSP-16 is assessed and reported at the start of the first phase. If an episode is longer than 3 months, then the LSP-16 score from the initial assessment is reported at the start of each new phase, however will not need to be re-assessed until the next new phase that falls after the 3 month period.

8.1.2.2.Clinical measures rating periods

Table 9 contains a summary of the rating periods for the clinical measures.

Table 9: ABF MHC NBEDS 2020-21 rating periods for the clinical measures

Outcome measure	Usual rating period	Exceptions
HoNOS/ HoNOS 65+/ HoNOSCA	Previous two weeks or preceding mental health phase of care (the shorter time period)	No exceptions to rating period
CGAS	Previous two weeks	No exceptions to rating period
FIHS	Period of care bound by preceding mental health phase of care	No exceptions to rating period
LSP-16	Previous three months	No exceptions to rating period
RUG-ADL	Current status	No exceptions to rating period

The clinician may draw on direct observation and information from other individuals that have been in contact with the consumer during the rating period. This may include family, friends, carers and health professionals.

8.1.3. Service contact level items

For ambulatory episodes, the ABF MHC NBEDS 2020-21 requires reporting of data items at an individual service contact level. Table 10 shows the items required to be reported at a service contact level. The reporting of these data items is consistent for all age groups.

Table 10: ABF MHC NBEDS 2020-21 reporting occasions for service contact level items

Data item	Ambulatory Episode
Service contact items	
Service contact – service date	✓
Service contact – service duration, total minutes	✓
Service contact – patient/client participation indicator	✓
Service contact – group session indicator	✓
Service contact – episode of care setting	✓
Specialised mental health service - target population group	✓
Identifiers	
Establishment – Activity based funding organisation identifier	✓

Data item	Ambulatory Episode
Specialised mental health service – ambulatory service unit identifier	✓
Specialised mental health service – ambulatory service unit name	✓
Mental health care service contact identifier	✓

9. Frequently Asked Questions

9.1. Episode of mental health care

a) Can episodes overlap between settings?

Multiple episodes which occur at the same time may be reported to the ABF MHC NBEDS 2020-21, provided the episodes are reported for different settings. This may occur as a result of a consumer being admitted for mental health care, whilst in an episode of mental health care in the ambulatory or residential settings. Multiple episodes which occur at the same time within the same setting cannot be reported to the ABF MHC NBEDS 2020-21 if the services are part of the same organisation, such as a consumer receiving multiple ambulatory episodes of care from different service providers within one organisation. Refer to section 6.5.2 Concurrent episodes of mental health care of this technical specifications.

b) How and when is patient episode setting reported?

The *Service contact - episode of care setting* (patient episode setting) data item is intended for use within the ambulatory setting only. When consumer activity is reported on the ambulatory patient administration system (PAS), the setting of the consumer's service must be reported. For example, very often the ambulatory service will see consumers in the ambulatory setting, and the value reported will reflect that the care has been provided in the ambulatory setting. However, if the ambulatory service sees a consumer in another setting, such as the admitted patient setting (i.e. in a concurrent episode) or the emergency care setting, the value reported will reflect the alternate setting. The patient episode setting data item is not reported by the alternate setting (e.g. the admitted patient setting). Refer to section 6.5.2 Concurrent episodes of mental health care of this technical specifications.

Example: A consumer is currently active in an ambulatory mental health service unit. The consumer is admitted into a hospital's mental health ward with a mental health care type. The case manager from the ambulatory service wants to retain a pre-existing appointment with the consumer and visits them in the mental health ward. In this example, the episode reported in the community PAS has a patient episode setting value reported as *1 Admitted patient – specialised mental health care unit*. The patient episode setting data item is not reportable for the hospital's episode of care.

c) Ambulatory episodes of care may occasionally be opened prior to a service contact – how are these reported?

There may be occurrences where an episode of care is opened administratively in the local system, allowing preparatory work to occur prior to the first service contact. Whilst IHPA acknowledges the importance of this work, for the purposes of reporting to the ABF MHC

NBEDS 2020-21 the episode must commence on the date of a service contact. Refer to section 6.5.1.2 ambulatory episodes of this technical specifications.

d) There are occasions where an episode of care is formally closed, but work is still undertaken through family counselling or queries service contacts – how are these reported?

The episode of care should not be closed until care for the consumer and family has been completed. Single service contacts that occur outside of an episode of care should not be reported through the ABF MHC NBEDS 2020-21. If there are a significant number of service contacts occurring, a new episode of care may be required to be opened.

e) How are episodes of care provided by Non-government organisations (NGO) reported?

Episodes for an NGO would be identified using the Establishment ID of the public hospital service they are contracted to provide services for. Where they are contracted through a jurisdictional health department, these would not be reported as the ABF MHC NBEDS does not have this facility.

9.2. Setting

a) What is the difference between a specialised ambulatory service and a non-specialised ambulatory service?

The specialised ambulatory services are those services that identify as specialised mental health services. Their primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function[10].

A non-specialised mental health service are those mental health services which do not meet the definition of a specialised mental health service, but provide mental health services to those consumers that have a non-admitted patient service event - mental health care type[11].

b) How are ambulatory in-reach consultation liaison services reported in the ABF MHC NBEDS 2020-21?

Those activities which are normally reported through the activity data sets (such as consultation liaison from ambulatory in-reach services) should continue to be reported as normal through the CMHC NMDS. Consultation liaison in the community can be reported but it must be part of an episode, even just as an 'Assessment only' phase if necessary. Associated service contacts should indicate that the consumer location is different from that of the health service provider.

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[10] Australian Institute of Health and Welfare. (2018). *Specialised mental health service* (Object class). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/268984

[11] Australian Institute of Health and Welfare. (2018). *Non-admitted patient service event—care type* (Data element). Retrieved 17 January 2020 from http://meteor.aihw.gov.au/content/index.phtml/itemId/679528

For example, in the situation of consultation liaison to an admitted consumer episode in a non-mental health care type, the consultation liaison will be reported as part of ambulatory episode and there will be an admitted episode in the Admitted Patient Care NMDS data set which may or may not be able to be linked (dependent on the use of a unique consumer identifier).

9.3. Clinical assessments

a) Are clinical assessment tools required for the assessment only mental health phase of care?

Clinical assessment tools are not required for those episodes of care which are comprised entirely of the assessment only MHPoC, however local clinical practice may encourage the use of clinical assessments tools.

b) Does the LSP-16 need to be re-assessed if the consumer has a mental health phase of care change within three months of completing the tool for a previous mental health phase of care change?

No, as the LSP-16 is based on the previous three months it does not need to be reassessed any more frequently than three months. Refer to section 8.1.2 Phase level items of this technical specifications.

9.4. Service contacts

a) Are all service contacts within an episode of care reported?

Only the service contacts which occurred within the reference period are reported, rather than all the service contacts within an episode of care. Refer to section 6.5.3 Reference period of this technical specifications.

Example: If an episode of care commenced in July 2015, and is still ongoing, the service contacts that occurred during the July to December reference period would be reported.

Appendix A - Relationship between ABF MHC NBEDS 2020-21 and other related data set specifications

This appendix lists data items required for the ABF MHC NBEDS 2020-21 at each reporting level of the data collection: episode level, phase level and ambulatory service contact level. While all items are required to be reported for the ABF MHC NBEDS, some are able to be derived from other DSS sources. This appendix provides the METeOR identifier, and identifies any related data set specification (DSS) source(s).

It also includes additional items required by the ABF MHC data request specifications.

Episode level data items

Table 11 lists all ABF MHC NBEDS 2020-21 data items required to be reported at the episode level.

Table 11: Episode level data items within the ABF MHC NBEDS

ABF MHC NBEDS data items at episode level	METeOR ID	DSS Source	
		Specialised	Non-specialised
Demographics			
Person – date of birth	287007	Derived – APC NMDS, CMHC NMDS, RMHC NMDS	Derived – APC NMDS, NAP NBEDS
Person – sex	635126	Derived – APC NMDS, CMHC NMDS, RMHC NMDS	Derived – APC NMDS, NAP NBEDS
Person – marital status	291045	Derived – APC NMDS, CMHC NMDS, RMHC NMDS	Derived – APC NMDS
Person – Indigenous status	602543	Derived – APC NMDS, CMHC NMDS, RMHC NMDS	Derived – APC NMDS, NAP NBEDS

ABF MHC NBEDS data items at episode level	METeOR ID	DSS Source	
		Specialised	Non-specialised
Person – country of birth	659454	Derived – APC NMDS, CMHC NMDS, RMHC NMDS	Derived – APC NMDS, NAP NBEDS
Person – area of usual residence statistical area level 2 (SA2)	659725	Derived – APC NMDS, CMHC NMDS, RMHC NMDS	Derived – APC NMDS, NAP NBEDS
Episode details			
Episode of mental health care – episode start date	722601	ABF MHC NBEDS Derived – APC NMDS, RMHC NMDS	ABF MHC NBEDS Derived – APC NMDS
Episode of mental health care – episode end date	717758	ABF MHC NBEDS Derived – APC NMDS, RMHC NMDS	ABF MHC NBEDS Derived – APC NMDS
Episode of mental health care – episode start mode	723150	ABF MHC NBEDS Derived – APC NMDS, RMHC NMDS	ABF MHC NBEDS Derived – APC NMDS
Episode of mental health care – episode end mode	722597	ABF MHC NBEDS Derived – APC NMDS, RMHC NMDS	ABF MHC NBEDS Derived – APC NMDS
Episode of care – principal diagnosis	699609	Derived – APC NMDS, CMHC NMDS, RMHC NMDS	Derived – APC NMDS
Episode of care – additional diagnosis	699606	Derived – APC NMDS, RMHC NMDS	Derived – APC NMDS
Episode of mental health care – service provider setting origin	723162	ABF MHC NBEDS	ABF MHC NBEDS
Identifiers			
Establishment – Activity based funding organisation identifier	699156	Derived – concatenation	Derived – concatenation
Episode of mental health care – identifier	723156	ABF MHC NBEDS	ABF MHC NBEDS
Episode of mental health care – service provider setting origin	723162	ABF MHC NBEDS	ABF MHC NBEDS

ABF MHC NBEDS data items at episode level	METeOR ID	DSS Source	
		Specialised	Non-specialised
Establishment – Local Hospital Network identifier	719447	ABF MHC NBEDS	ABF MHC NBEDS Derived – NAP NBEDS
Person – person identifier	290046	Derived - APC NMDS, CMHC NMDS, RMHC NMDS	Derived - APC NMDS, NAP NBEDS
Person – unit identifier type, mental health organisation type	722698	ABF MHC NBEDS Derived – CMHC NMDS	ABF MHC NBEDS
Specialised mental health service – target population group	682403	Derived – CMHC NMDS	N/A
Specialised mental health service – admitted patient service unit identifier	721740	Derived - APC NMDS	N/A
Specialised mental health service – admitted patient service unit name	721830	Derived – APC NMDS	N/A
Specialised mental health service – ambulatory service unit identifier	724354	Derived – CMHC NMDS	N/A
Specialised mental health service – ambulatory service unit name	722184	Derived – CMHC NMDS	N/A
Specialised mental health service – residential service unit identifier	722711	Derived – RMHC NMDS	N/A
Specialised mental health service – residential service unit name	722715	Derived – RMHC NMDS	N/A
Additional DRS items			
Phase linking key	DRS		
Service contact linking key	DRS		
Quarter indicator	DRS		

Phase level data items

Table 12 lists all ABF MHC NBEDS 2020-21 data items required to be reported at the phase level.

Table 12: Phase level data items within the ABF MHC NBEDS

ABF MHC NBEDS data items at phase level	METeOR ID	DSS Source	
		Specialised	Non-specialised
Phase details			
Episode of care – mental health phase of care	681789	ABF MHC NBEDS	ABF MHC NBEDS
Episode of care – mental health phase of care start date	575257	ABF MHC NBEDS	ABF MHC NBEDS
Episode of care – mental health phase of care end date	575251	ABF MHC NBEDS	ABF MHC NBEDS
Mental health phase of care – number of leave days	723264	ABF MHC NBEDS	ABF MHC NBEDS
Clinical assessments			
Person – level of psychiatric symptom severity, Health of the Nation Outcome Scale (HoNOS) Person – level of psychiatric symptom severity, Health of the Nation Outcome scale for Children and Adolescents (HoNOSCA) Person – level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ (HoNOS65+)	717795 717784 717760	ABF MHC NBEDS / NOCC	ABF MHC NBEDS
Person – level of psychiatric symptom severity, children's Global Assessment Scale score (CGAS)	654407	ABF MHC NBEDS / NOCC	ABF MHC NBEDS
Episode of care – FIHS psychosocial complications indicator (FIHS)	680878	ABF MHC NBEDS / NOCC	ABF MHC NBEDS
Person – level of difficulty with activities in a life area, Abbreviated Life Skills Profile score (LSP-16)	654401	ABF MHC NBEDS / NOCC	ABF MHC NBEDS

ABF MHC NBEDS data items at phase level	METeOR ID	DSS Source	
		Specialised	Non-specialised
Person – level of functional independent, Resource Utilisation Groups – Activities of Daily Living score (RUG-ADL)	717778	ABF MHC NBEDS / NOCC	ABF MHC NBEDS
Identifiers			
Establishment – Activity based funding organisation identifier	699156	Derived – concatenation	Derived – concatenation
Additional DRS items			
Mental health care phase record identifier	DRS		
Phase linking key	DRS		

Ambulatory service contact level data items

Table 13 lists all ABF MHC NBEDS 2020-21 data items required to be reported at the ambulatory service contact level.

Table 13: Ambulatory service contact data items within the ABF MHC NBEDS

ABF MHC NBEDS data item at service contact level	METeOR ID	DSS Source	
		Specialised	Non-specialised
Service contact items			
Service contact – episode of care setting	676211	ABF MHC NBEDS	ABF MHC NBEDS
Service contact – group session indicator	721734	Derived – CMHC NMDS	Derived – NAP NBEDS
Service contact – patient / client participation indicator	717803	Derived – CMHC NMDS	Derived – NAP NBEDS
Service contact – service date	681336	Derived – CMHC NMDS	Derived – NAP NBEDS
Service contact – service duration, total minutes	699145	Derived – CMHC NMDS	ABF MHC NBEDS
Target population group	682403	ABF MHC NBEDS	ABF MHC NBEDS

ABF MHC NBEDS data item at service contact level	METeOR ID	DSS Source	
		Specialised	Non-specialised
Identifiers			
Establishment – Activity based funding organisation identifier	699156	Derived – concatenation	Derived – concatenation
Specialised mental health service – ambulatory service unit identifier	724354	Derived – CMHC NMDS	N/A
Specialised mental health service – ambulatory service unit name	722184	Derived – CMHC NMDS	N/A
Additional DRS items			
Mental health care service contact identifier	DRS		
Service contact linking key	DRS		

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