

# Appendix 6: National Survey of Mental Health Services

The NSMHS is an annual collection of establishment-level data from publicly funded hospital and community mental health care services in all States and Territories.

The Survey, first conducted in 1993, was designed to fulfil reporting requirements under the previous Medicare Agreements and to enable progress to be monitored against the 38 policy objectives of the National Mental Health Strategy. It has been extended into the current Australian Health Care Agreements and requires the States and Territories to coordinate the collection of information including expenditure, staffing, service types and activity levels relating to public mental health services within their jurisdiction. The future of the NSMHS following the end of the Second Mental Health Plan in June 2003 is currently being reviewed.

Summary data from the NSMHS are reported in the National Mental Health Report series (DHAC 2000). Data from the NSMHS for 1999–00 have yet to be published. Personal communication from DHA regarding preliminary unvalidated NSMHS data for 1999–00 indicates that there are a number of differences between data from NSMHS and data from NPHED, NMHD and NCMHED for 1999–00. An overview of the reasons for these differences is presented below.

## **NCMHED data**

There is concordance in the scope of the NCMHED and the NSMHS data collection, with the exception of New South Wales. In New South Wales, the NSMHS data collection includes all services described by Area Health Services as providing specialist mental health services. For NCMHED only those specialist mental health services, which are part of the Mental Health financial program are included. For one Area this has the effect of excluding most non-admitted child and adolescent services. NCMHED data provided by New South Wales also exclude all Confused and Disturbed Elderly (CADE) services, with the exception of the New England CADE (New South Wales' only mental health program-financed CADE). For the NSMHS, however, New South Wales reports data for all CADEs. This difference in scope affects the comparability of New South Wales FTE staffing and recurrent expenditure data between the NCMHED and the NSMHS. The public community mental health establishments that report to NCMHED are listed in Appendix 7.

For 1999–00, recurrent expenditure data from Victoria, Queensland, Western Australia and South Australia tend to closely match preliminary data from the NSMHS on the total direct expenditure. The NCMHED data for Tasmania and the two Territories more closely match the preliminary NSMHS data for recurrent expenditure including apportioned organisational and regional indirect expenditure.

## **NPHED data**

The difference between the hospital data reported to the NSMHS and that reported to NPHED stems from the different manner in which hospital establishments are classified. The public psychiatric hospitals that report to NPHED are listed in Appendix 7.

For 1999–00, the difference in the number of hospitals reported as public psychiatric hospitals to the NPHED and NSMHS is greatest for Victoria. For the NSMHS collection, six Victorian hospital establishments are classified as public psychiatric hospitals (reflecting physical locations). For NPHED, one of these establishments is classified as a public psychiatric hospital and the rest are classified as campuses of acute care hospitals (reflecting hospital management arrangements). For this reason, FTE staffing and expenditure for 1999–00 reported to NPHED for Victoria were lower than that for the NSMHS.

Hospitals reported to NPHED can also include community-based, non-admitted patient services that are managed by the hospital, but are located elsewhere. Within the NSMHS these services are classified as distinct service units and data on them are reported as for community-based services only. For this reason, the 1999–00 FTE staffing and expenditure data reported for public psychiatric hospitals to NPHED for most States and Territories (except for Victoria as noted above) was higher than the preliminary NSMHS totals for public psychiatric hospitals for 1999–00.