

Community mental health care 2000–01

**Review of data collected under the National
Minimum Data Set for Community Mental
Health Care**

March 2004

Australian Institute of Health and Welfare
Canberra

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Number 2

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Within the AIHW, the report was prepared by Maryellen Moore, Jenny Hargreaves, Jenny Kok and David Braddock.

Abbreviations

AHMAC	Australian Health Ministers' Advisory Committee
AIHW	Australian Institute of Health and Welfare
ICD-9-CM	International Statistical Classification of Diseases and Related Health Problems, 9th Revision, Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ISC	(AHMAC National Mental Health Working Group) Information Strategy Committee
NCMHCD	National Community Mental Health Care Database
NCMHED	National Community Mental Health Establishments Database
NHDC	National Health Data Committee
NHDD	National Health Data Dictionary
NHIMG	National Health Information Management Group
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set (for Community Mental Health Care)
NMDS Sub-committee	(AHMAC National Mental Health Working Group Information Strategy Committee) National Minimum Data Set Sub-committee
NMHWG	(AHMAC) National Mental Health Working Group
NSMHS	National Survey of Mental Health Services
NOCC	National Outcomes and Casemix Collection
SLA	Statistical Local Area

List of recommendations

Recommendation 1:

That state and territory health authorities continue to work towards the supply of all service contacts for all establishments which provided ambulatory mental health care services during the collection period, and identify any gaps in the collection with each year's supply.

Recommendation 2:

That a nationally agreed and consistent method be developed for estimating the coverage of, and under reporting to, the National Minimum Data Set for Community Mental Health Care for each collection period. NMDS for Community Mental Health Establishments expenditure data could be a basis for this estimation when the ambulatory/residential split in expenditure is implemented from July 2004.

Recommendation 3:

That establishment identifiers be made consistent or mappable between the NMDS for Community Mental Health Care and the NMDS for Community Mental Health Establishments. A mapping and list of any establishments, which fall into the scope of the collections but have not reported, need to be provided by the jurisdiction with annual data supplies for Australian Institute of Health and Welfare validation purposes.

Recommendation 4:

That the relationships between establishments as identified in the NMDS for Community Mental Health Care, the NMDS for Community Mental Health Establishments, and the National Outcomes and Casemix Collection (NOCC, see Appendix 3 for more details) be investigated with a view to addressing any alignment issues that may exist between the collections.

Recommendation 5:

That consideration be given to developing a data element that will capture information on the nature of purchaser/provider arrangements for ambulatory mental health services. Current National Health Data Dictionary (NHDD) data elements such as *Contract establishment identifier* (Knowledgebase ID 000416), *Contract role* (Knowledgebase ID 000418), *Contract type* (Knowledgebase ID 000419) or *Funding source for hospital patient* (Knowledgebase ID 000632) could provide a model for such a data element.

Recommendation 6:

That further analysis be conducted to determine variations in the types of service contacts reported by jurisdictions, and further clarification made about which types of service contacts are in scope for the NMDS. That on the basis of this analysis, work should be undertaken to determine the feasibility of developing a data element or data elements for the NMDS for Community Mental Health Care, to enable comparison across jurisdictions of the different types of service contacts provided.

This would enable differentiation between individual contacts, group sessions, consultation and liaison services, telephone and face-to-face contacts, contacts with carers and family members and contacts between service providers. This recommendation should include the revisiting of the *Service contact—patient/client present status* and *Service contact—group session status* draft data elements.

Recommendation 7:

That state and territory health authorities clarify jurisdictional practices for the reporting/defining of patients aged less than 1 year. Also that advice as to the inclusion and recording of these patients be sought from the Child and Adolescent Mental Health Outcomes Expert Group (a group which provides clinical and technical advice on standardised measures used to monitor outcomes in child and adolescent mental health consumers to the Australian Health Ministers' Advisory Committee National Mental Health Working Group Information Strategy Committee (ISC)).

Recommendation 8:

That the NMDS Sub-committee consider the feasibility of developing and including data elements that describe to some extent what happened during the service contact. Examples include *Intervention*, *Service contact duration* and *Type of health professional* data elements.

Recommendation 9:

That the supply of date data should be complete and conform to the format specified in the appropriate version of NHDD. An appropriate default should be agreed to record unknown dates of birth.

Recommendation 10:

That jurisdictions and the AIHW continue to work to improve the accuracy of the Aboriginal and Torres Strait Islander status data in the National Community Mental Health Care Database (NCMHCD) in accordance with the *This Time, Let's Make it Happen* report (ABS & AIHW 1997).

Recommendation 11:

That the category 'Aboriginal or Torres Strait Islander, not further specified' be used in the future if the NHDD standard domain values have not been used for reporting data on Indigenous status.

Recommendation 12:

That missing data and mapping of domain differences be investigated at jurisdictional level and where possible coded to an appropriate value prior to submission to AIHW.

Recommendation 13:

That jurisdictions where possible ensure that all data elements are consistent with the NHDD definitions and data domains.

Recommendation 14:

That person identifier-establishment identifier combinations with more than 250 contacts (that is, more than approximately one contact for each working day) are queried in validation processes.

Recommendation 15:

That person identifier–establishment identifier combinations with more than one sex value should be queried in validation processes.

Recommendation 16:

That person identifier–establishment identifier combinations with more than one date of birth should be queried in validation processes.

Recommendation 17:

That ‘patients’, defined as establishment identifier, birth date, sex and Indigenous status combinations, should be queried in validation processes if more than one person identifier has been reported.

Recommendation 18:

The current arrangement for diagnosis reporting to the NMDS for Community Mental Health Care needs to be reviewed in consultation with ISC, the NMDS Subcommittee and the NOCC Technical Specifications Drafting Group (see Appendix 3). It is suggested that the key aims of this review should be to:

1. Allow the reporting of codes other than those in the *Mental and behavioural disorders* or *Factors influencing health status and contact with health services* chapters of ICD-10-AM for *Principal diagnosis*.
2. Clarify the *Principal diagnosis* definition in terms of the period of care to which the *Principal diagnosis* applies for this data set. For this NMDS it is suggested that the definition refer to a longer period of care, similar to that used by most states and territories, rather than the individual service contact.
3. Investigate the feasibility of developing and including an *Additional diagnosis* data element, which would enable reporting of co-morbid conditions.
4. Investigate the feasibility of developing and including a *Presenting problem* data element, which would record the reason for the service contact.
5. Disallow the reporting of *External causes of morbidity and mortality* codes for *Principal diagnosis*. Instead develop or adopt an *External cause* data element and rules for reporting external causes separately from diagnosis data.

1 Introduction

Purpose

The purpose of this paper is to present findings of the review of the first year of collection of the National Community Mental Health Care Database (NCMHCD), which is supplied to the Australian Institute of Health and Welfare (AIHW) under the specifications of the National Minimum Data Set (NMDS) for Community Mental Health Care.

Report structure

Chapter 1 presents information on this report's structure and background information on the development of the NMDS for Community Mental Health Care.

Chapter 2 summarises the data receipt and checking process undertaken by the AIHW.

Chapter 3 presents information and estimates on the extent to which public community mental health establishments reported to the NCMHCD for 2000–01.

Chapter 4 presents information on the similarities and differences between reporting practices of states and territories with respect to service contacts provided by public community mental health establishments.

Chapter 5 provides a summary of the extent to which data supplied by state and territory health authorities were consistent with the definitions, domain values and format specified in the National Health Data Dictionary (NHDD). It also evaluates the extent to which data elements were reported for all service contacts.

Chapter 6 explores issues in relation to the level of uniqueness in the person identification and the principal diagnosis reporting and the implications of these in the use of the data.

The appendixes provide more detailed technical notes on the data and analyses that are included in the chapters. Appendix 1 details the routine validation process proposed based on experience gained with the 2000–01 data. Appendix 2 provides a list of the public community mental health establishments that contributed data to this report. Appendix 3 provides information on the National Outcomes and Casemix Collection (NOCC) and its relationship with the NMDSs for Mental Health Care. Appendix 4 details the compliance to the NHDD data element specifications by state and territory data providers. Appendix 5 lists the principal diagnosis codes and the categorisation of these used by AIHW in this report to describe and compare the use of various diagnosis codes.

A list of recommendations regarding coverage, scope, data provision and data reporting arising from this review can be found on page 9. These recommendations are proposed for the consideration of the Australian Health Ministers' Advisory Committee National Mental Health Working Group Information Strategy Committee (ISC), its NMDS Sub-committee and other interested stakeholders. Any proposals for consequent changes to the NMDS will be submitted to the National Mental Health Working Group (NMHWG), the Health Data Standards Committee, the Statistical Information Management Committee and the National Health Information Group for endorsement.

People who use mental health services are given a variety of titles including patient, client, service user and consumer. For the purposes of this report the title patient has been used, except in cases where data element definitions refer specifically to another term.

Background

The development of the NMDSs for Mental Health Care during the first National Mental Health Plan was based on providing answers to the question: 'Who receives what services from whom, at what cost, and with what effect?' (Leginski et al. 1989).

Results from the National Survey of Mental Health and Wellbeing 1997 indicated that most people with mental illness who receive mental health care receive them through ambulatory care services (for example 77.4% of those who used services saw general practitioners) rather than through admission to hospital (less than 1%) (ABS 1998). The first patient-level data set of the NMDSs for Mental Health Care developed was the NMDS for Admitted Patient Mental Health Care (originally referred to as the NMDS for Institutional Mental Health Care). This data set was endorsed by NHIMG for collection from July 1996 and is collated by the AIHW as part of the National Hospital Morbidity Database.

To provide information on mental health care provided to non-admitted patients by public community mental health services, the development of the NMDSs for Mental Health Care then included the introduction of the NMDS for Community Mental Health Establishments and the NMDS for Community Mental Health Care. The data specified in the NMDS for Community Mental Health Establishments are collated at the AIHW as the National Community Mental Health Establishments Database (NCMHED), which contains financial and staffing information at the mental health establishment level, and has been collected since 1998–99. The data specified in the NMDS for Community Mental Health Care are collated as the NCMHCD, which comprises service contact data from ambulatory mental health care service providers, and which was agreed for collection from 1 July 2000 and collated for the first year during 2002 and 2003.

NMDS for Community Mental Health Care

The statistical unit for which the NCMHCD data is collected is the service contact, defined as a contact between a patient/client and an ambulatory care health unit

(including outpatient and community health units) which results in a dated entry being made in the patient/client record (NHDC 2000, 2001). The data set is therefore a collection of data about the characteristics of these service contacts. It is not a collection of data about patients.

The scope of NCMHCD is all service contacts provided by specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients, including ambulatory public community mental health care establishments and non-admitted services in hospitals such as specialised psychiatric outpatient services. The establishments in this scope are the same as those in NCMHED, except that establishments that provide residential services only do not report any service contact data.

Table 1 outlines the data elements that constitute the NMDS. The NMDS is composed of socio-demographic and clinical data elements to provide information about community mental health care patients and allow the analysis of data for specific population groups. The NMDS does not currently include any data elements that specify the type of service or measure outcomes.

Table 1: Data elements^(a) that constitute the NMDS for Community Mental Health Care

Data element	Knowledgebase ^(b) identifier
Establishment identifier (concatenation of)	000050
State identifier	000380
Establishment sector	000379
Region code	000378
Establishment number	000377
Person identifier	000127
Sex	000149
Date of birth	000036
Aboriginal and Torres Strait Islander status	000001
Marital status ^(c)	000089
Area of usual residence ^(c)	000016
Country of birth ^(c)	000035
Mental health legal status	000092
Principal diagnosis	000136
Service contact date	000402

(a) All data elements are defined in the *National Health Data Dictionary*, Versions 9.0 and 10.0 (NHDC 2000, 2001).

(b) The Knowledgebase: Australia's Health, Community Services and Housing Metadata registry can be accessed through the AIHW web site at www.aihw.gov.au.

(c) First collection from 1 July 2001.

2 Data receipt and checking

The initial AIHW data request specified December 2001 as the deadline for the supply of NMDS for Community Mental Health Care data for 2000–01. All state and territory health authorities had supplied data to the AIHW by September 2002.

States and territories indicated that data delays and some data quality issues were in part due to implementation of new information systems or the lack of data collection infrastructure within establishments or jurisdictions.

A formal validation process was applied to data from all jurisdictions (see Appendix 1). Queries resulting from the validation process were forwarded to the jurisdictions. South Australia was unable to address some validation concerns due to system issues. Data were resupplied from New South Wales, Victoria, Queensland, Western Australia and Tasmania following the validation process. Other jurisdictions provided advice for data changes.

3 Coverage of establishments

The NMDS for Community Mental Health Care was designed to include all specialised public mental health ambulatory services provided to non-admitted patients, incorporating both community-based and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics. Hence, the coverage of the NMDS should match that of the NMDS for Community Mental Health Establishments, with the exception of residential mental health care. A list of those establishments that reported data to the NCMHED and those that also reported to the NCMHCD is provided in Appendix 2.

This section presents data on the extent to which jurisdictions reported data for all relevant service contacts for 2000–01. Therefore data presented in this section are indicative of the data recording capacity of jurisdictions at that time and do not necessarily indicate the actual level of service activity.

Review of data provided by the states and territories for the NCMHCD in comparison with data provided for the NCMHED indicated that the coverage of the collection was not complete for 2000–01 (Table 2). In the first month of the data collection period, 115 establishments that were in scope for the data collection contributed data to the NCMHCD. The number of establishments rose to a maximum of 123 in March and totalled 125 for the entire collection year. Overall 87.7% of establishments that provided ambulatory care mental health services in 2000–01 provided data for at least some part of the year to NCMHCD. Consultation with state and territory health authorities indicated that there were 26 mental health care establishments that provided ambulatory care services during 2000–01 but did not contribute any data to the NCMHCD. These comprised one area health service in New South Wales, all rural health services in South Australia (21 establishments), three services in Tasmania and one in the Australian Capital Territory.

There were 18,224 service contacts reported to the NCMHCD by Queensland for which the establishment was not identified in NCMHED (e.g. establishments that were not community mental health establishments). Queensland indicated that these were instances where ambulatory care service provision was contracted out by hospital units to a community mental health service provider already identified in NCMHED. These contracting establishments were excluded from the analysis presented in Table 2.

Estimations of coverage based on number of establishments are limited because of the variation between jurisdictions in the definition of what constitutes an ‘establishment’, and therefore in the relative sizes of the establishments and the number of service contacts reported by each. For example, in Queensland the region-level identifier was used for the purposes of this report although data were actually reported at the service delivery unit level. Thus Queensland reported service contacts for 18 regions which equated to 100 establishments. In comparison, New South

Wales reported data for 18 establishments that were region-level entities (i.e. area health services).

A more appropriate measure of coverage is the ratio of the expenditure of establishments reporting service contacts to NCMHCD to the expenditure of all establishments in NCMHED that provided ambulatory care services. Using this ratio, Table 2 shows that, nationally, coverage for the NCMHCD for 2000–01 was 96.9%, with complete coverage for Victoria, Western Australia and the Northern Territory, and the lowest coverage estimate for South Australia (83.7%). This estimate also has limitations, however, since community mental health establishment expenditure data are currently reported without delineating which components of expenditure relate to ambulatory service provision and which relate to residential service provision. Therefore there is some residential care expenditure included in the calculation of these ratios for establishments which provide both ambulatory and residential care.

Table 2: Number of in-scope establishments reporting service contacts, by month of contact, states and territories, 2000–01

Month	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Australia
2000									
July	13	34	18	18	10	15	1	6	115
August	13	34	18	18	10	15	1	6	115
September	14	34	18	18	10	14	1	6	115
October	15	35	18	18	10	15	1	6	118
November	15	35	18	18	9	16	1	6	118
December	15	35	18	18	9	16	1	6	118
2001									
January	17	35	18	18	9	18	1	6	122
February	17	35	18	18	9	18	1	6	122
March	18	35	18	18	9	18	1	6	123
April	17	35	18	18	9	18	1	6	122
May	18	35	18	18	9	17	1	6	122
June	17	35	18	18	9	17	1	6	121
Total establishments reporting to NCMHCD	18	35	18	18	10	19	1	6	125
Total establishments providing ambulatory services	19	35	18	18	31	22	2	6	151
Estimated coverage of service contacts based on reporting establishments (%)^(b)	95.0	100.0	98.0^(c)	100.0	83.7^(d)	87.6^(e)	96.5	100.0	96.9

(a) Queensland reported establishments at a higher level of specificity than other jurisdictions. Region level has therefore been used for this analysis as a comparable level of establishment to other jurisdictions.

(b) Estimate calculated by dividing the total expenditure of establishments which reported service contacts by the expenditure of establishments which were reported by jurisdictions as having provided ambulatory services during 2000–01.

(c) Although all regions providing ambulatory services in Queensland reported service contacts to NCMHCD, at the establishment level 3 establishments did not report service contacts to NCMHCD. These 3 establishments represented 2% of ambulatory care expenditure in Queensland.

(d) The relatively low proportion reflects the fact that 21 rural establishments in South Australia were unable to report service contacts for 2000–01. South Australia has advised that reporting for these services commenced in 2001–02.

(e) No expenditure data were available for one ambulatory care service provider in Tasmania.

Table 3: Estimated number of service contacts, states and territories, 2000–01

Estimation method	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Service contacts reported to NCMHCD	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873
Based on quarter with highest number of service contacts									
Reporting establishments only ^(a)	828,000	1,690,300	763,900	483,000	258,500	57,200	145,500	40,900	4,267,400
Adjusted for non-reporting establishments ^(b)	871,500	1,690,300	779,200	483,000	308,900	65,400	150,800	40,900	4,389,800
Based on month with highest number of service contacts									
Reporting establishments only ^(c)	937,900	1,925,700	897,600	540,300	289,600	69,400	159,100	44,500	4,864,000
Adjusted for non-reporting establishments ^(d)	987,000	1,925,700	915,400	540,300	346,100	79,200	164,800	44,500	5,018,900

(a) Estimate calculated by taking the quarter with the highest number of service contacts for each establishment in each state/territory and multiplying by four.

(b) Estimate calculated by taking estimated service contacts (based on the highest quarter), multiplying by 100 and dividing by estimated coverage percentage of service contacts based on reporting establishments given in Table 2.

(c) Estimate calculated by taking the month with the highest number of service contacts for each establishment in each state/territory and multiplying by four.

(d) Estimate calculated by taking estimated service contacts (based on the highest month), multiplying by 100 and dividing by estimated coverage percentage of service contacts based on reporting establishments given in Table 2.

The collection was also affected by under reporting of service contacts for those establishments that did report. There were 987,568 service contacts reported in the last quarter of collection, the quarter with the most service contacts reported (see Table 15). Had coverage been at this level for the whole collection year, there would have been approximately 3.95 million service contacts reported compared with the 3.64 million actually reported. While the last quarter had the highest number of service contacts reported for Australia as a whole, the fourth quarter was not the highest reporting quarter for several jurisdictions. When the highest reporting quarter for each individual jurisdiction is multiplied by four, the total estimated number of service contacts was 3.99 million. When the highest reporting quarter for each establishment is multiplied by four, the total estimated number of service contacts was 4.27 million (Table 3). When this estimate was based on the month (rather than quarter) with the highest number of service contacts for each reporting establishment, the total was 4.9 million.

These estimates do not include estimates of service contacts that occurred in non-reporting establishments. Incorporating the proportion of estimated coverage of service contacts calculated in Table 2 increased the quarter-based estimate to 4.39 million and the month-based estimate to 5.0 million (Table 3). If a residential/ambulatory expenditure split were available for community mental health establishments, a more accurate estimate of service contacts for non-reporting establishments could be made on the basis of the service contact to expenditure ratio of reporting establishments.

Table 4 presents the number of service contacts reported by ambulatory mental health care establishments to the NCMHCD and the National Survey of Mental

Health Services (NSMHS). The comparison suggests that a large number of actual service contacts were not reported. This was particularly the case for New South Wales, which expected that no more than a 50% level of activity recording would be possible in the first year of collection. The scope and definitional differences between the service contact data collected by the two collections have yet to be analysed in detail.

Table 4: Number of service contacts reported and estimated number of service contacts, states and territories

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Service contacts reported to NCMHCD for 2000–01	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873
Service contacts reported to NSMHS for 1999–00 ^(a)	1,872,630	1,725,731	906,733	589,110	369,712	34,831	125,958	42,451	5,667,156
NCMHCD service contacts as a proportion of NSMHS service contacts (per cent)	33	86	68	75	65	128	109	86	64

(a) National Mental Health Report 2000 (DHA 2002).

Currently there is an agreement to establish a research and development data set referred to as the National Outcomes and Casemix Collection (NOCC) that supplements the NMDS with outcome measures. The community component of this data set has a similar coverage of public community mental health care establishments to the NMDS (Appendix 3). As the NOCC develops and is fully implemented, there will be opportunities to align the coverage of the community component of the NOCC and this NMDS.

Recommendation 1:

That state and territory health authorities continue to work towards the supply of all service contacts for all establishments which provided ambulatory mental health care services during the collection period, and identify any gaps in the collection with each year's supply.

Recommendation 2:

That a nationally agreed and consistent method be developed for estimating the coverage of, and under reporting to, the NMDS for Community Mental Health Care for each collection period. NMDS for Community Mental Health Establishments expenditure data could be a basis for this estimation when the ambulatory/residential split in expenditure is implemented from July 2004.

Recommendation 3:

That establishment identifiers be made consistent or mappable between the NMDS for Community Mental Health Care and the NMDS for Community Mental Health Establishments. A mapping and list of any establishments, which fall into the scope of the collections but have not reported, need to be provided by the jurisdiction with annual data supplies for AIHW validation purposes.

Recommendation 4:

That the relationships between establishments as identified in the NMDS for Community Mental Health Care, the NMDS for Community Mental Health Establishments, and the National Outcomes and Casemix Collection (NOCC, see Appendix 3 for more details) be investigated with a view to addressing any alignment issues that may exist between the collections.

Recommendation 5:

That consideration be given to developing a data element that will capture information on the nature of purchaser/provider arrangements for ambulatory mental health services. Current NHDD data elements such as *Contract establishment identifier* (Knowledgebase ID 000416) *Contract role* (Knowledgebase ID 000418), *Contract type* (Knowledgebase ID 000419) or *Funding source for hospital patient* (Knowledgebase ID 000632) could provide a model for such a data element.

4 Service contact definitions and coverage

As mentioned above, the statistical unit for which the NCMHCD data is collected is the service contact. Review of the NCMHCD data for 2000–01 identified inconsistencies in the definition of a service contact actually used across jurisdictions. The NHDD defines a service contact as:

a contact between a patient/client and an ambulatory care health unit (including outpatient and community health units, consultation/liaison, mobile and outreach services) which results in a dated entry being made in the patient/client record. A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts would either be with a client, carer or family member or another professional or mental health worker involved in providing care and do not include contacts of an administrative nature (e.g. telephone contact to schedule an appointment) except where a matter would need to be noted on a patient's record. Service contacts may be differentiated from administrative and other types of contacts by the need to record data in the client record. However, there may be instances where notes are made in the client record that have not been prompted by a service contact with a patient/client (e.g. noting receipt of test results that require no further action). These instances would not be regarded as a service contact.

Variation between states' and territories' reporting practices have been identified with respect to the number of service contacts reported when multiple contacts occur during one day, the inclusion of contacts in the absence of the patient, non face-to-face contacts, the inclusion of consultation and liaison contacts, the inclusion of patients without personal details, and the number of service contacts reported for group sessions.

Multiple service providers and/or multiple patients present at the service contact

The NCMHCD collects service contact information at the patient level and as such is a 'patient-centred' collection rather than a service provider- or expenditure-based collection. For this reason, it would be expected that service contacts in which multiple service providers and/or multiple patients are present (such as group sessions) would be counted according to the number of patients receiving the service.

In Victoria, Queensland, South Australia (Adult Mental Health Services), Western Australia, Tasmania and the Northern Territory a single service contact was reported for each patient participating in a group session (regardless of the number of clinicians in attendance). In South Australia (Child and Adolescent Mental Health Services) and the Australian Capital Territory a service contact was reported for each

clinician/patient combination. This means multiple service contacts for an individual patient can be reported for the same group session, depending on the numbers of clinicians involved.

An unknown number of records for New South Wales were actually for group sessions with an unknown number of patients, rather than for service contacts with individual patients. The 13,450 records with no information recorded on sex, date of birth or Indigenous status and with a principal diagnosis of *Mental disorder not otherwise specified* (F99) may represent these sessions.

Telephone and written correspondence

The NHDD definition of a service contact specifies that telephone and written correspondence are considered service contacts if they result in a dated entry on the patient's clinical record. Such contacts are considered service contacts in New South Wales, Victoria, Queensland, South Australia (Adult Mental Health Services), the Northern Territory and the Australian Capital Territory. South Australia (Child and Adolescent Mental Health Services) further specifies that the telephone conversation must exceed 15 minutes duration. Tasmania stated that while these types of contacts were collected, there was not consistent recording of these contacts by clinicians. Western Australia did not report these contact types to the NCMHCD because recording of them was inconsistent throughout the state.

Contacts in the absence of the patient

Contacts between service providers in the absence of the patient were not included in New South Wales data for 2000–01, and limited data were provided for Western Australia. In Victoria, Queensland and South Australia (Adult Mental Health Services) these contacts are recorded if a note was made on the clinical record of the patient. In South Australia (Adult Mental Health Services) one service contact is recorded for each service provider present. Tasmania and the Australian Capital Territory also reported these contacts if related to patient care. In South Australia (Child and Adolescent Mental Health Services) these contacts are not reported as service contacts. The Northern Territory would count contacts between service providers where a note is made on the patient's clinical record, but has informed AIHW that this counting rule may not be consistently applied throughout the territory.

Consultation and liaison services

The NHDD definition of a service contact specifies that consultation and liaison services should be included in the recording of service contact activity. In the context of the NCMHCD, consultation and liaison services occur when specialist mental health providers liaise with general hospital units treating patients with mental health service needs.

In New South Wales, Western Australia and the Australian Capital Territory consultation and liaison services are reported as service contacts. In Victoria, services of this type are only recorded for registered patients of mental health services. In

Queensland most services reported consultation and liaison services, although there was some variability across the state. In South Australia, these contacts are reported if funded by the community mental health service. Tasmania and the Northern Territory stated that not all of the establishments that provided consultation and liaison services recorded and submitted data for this activity.

Patients about whom personal details are not known

NCMHCD aims to capture all available information on community mental health service provision in Australia. It would therefore be expected that service contacts for all patients would be included, including those patients for whom personal details (such as name or date of birth) are not known, for example, at the outset of treatment. Such patients would not be able to be uniquely identified; however, service contacts for them can still be considered to be within the scope of the data collection.

In Victoria and the Northern Territory, contacts with no personal details are included in the collection whereas in Queensland patients who could not be uniquely identified were not included from October of the collection year. In South Australia, service contacts of patients without personal details are reported only if a clinical record has been opened for that patient. Western Australia and Tasmania only report known patients to the NCMHCD. In the Australian Capital Territory two 'pseudo' person identifiers with male and female sex variables are used to capture service contacts where no name is known; however, the Australian Capital Territory health authority was unsure as to whether these service contacts were included in their submission to NCMHCD.

Numerous service contacts during one day

The NHDD definition of a service contact includes any contact between a patient/client and an ambulatory care health unit. Therefore, if several service contacts with one patient occur in a single day, the definition specifies that several service contacts would be recorded for that patient.

Victoria, Tasmania, the Northern Territory and the Australian Capital Territory stated that any number of service contacts can be assigned to the one patient in one day. Queensland also reported that any number of service contacts can be assigned to the one patient in one day, but that the counting of these contacts was not necessarily consistent across the jurisdiction. In South Australia (Child and Adolescent Mental Health Services) one contact per day was recorded if numerous contacts were provided by the same clinician, whereas in South Australia (Adult Mental Health Services) more than one contact was recorded. In Western Australia, a patient was only attributed more than one contact per day if different health professionals attended the contacts or if one contact was a primary contact and the other an emergency contact.

Same day admissions to hospital

Under the NMDS scope definition, admitted patient service provision is considered out of scope for NCMHCD data, instead being recorded as part of the NMDS for

Admitted Patient Mental Health Care. No state or territory reported same day admissions to the NCMHCD for 2000–01. However, there may be differences among the jurisdictions in admission practices for same day mental health related care, so the boundary between these two collections could vary. Analysis of data on both same day separations with specialised psychiatric care and ambulatory care service contacts would enable analysis of the nature of this boundary. The extent to which this would be informative is limited at present, but would be aided by the development of an *Intervention* data element for inclusion in the NMDS in the future.

Service contacts for patients aged 1 year or under

Variation in the number of service contacts reported for patients less than 1 year of age suggests that jurisdictions may have a different approach to the reporting of service contacts for this age group (see Table 6). Low numbers of service contacts for patients less than 1 year of age in Western Australia and the Northern Territory suggest that these jurisdictions either do not report or do not provide services to children less than 1 year of age, or that they define the carer of the infant as the patient for reporting purposes. Western Australia has indicated that it only reported service contacts for children less than 1 year of age where the child and a family member were both treated. Further clarification of jurisdictional reporting practices for this age group is needed, including the clarification of who is the patient for NMDS reporting purposes.

Recommendation 6:

That further analysis be conducted to determine variations in the types of service contacts reported by jurisdictions, and further clarification made about which types of service contacts are in scope for the NMDS. That on the basis of this analysis, work should be undertaken to determine the feasibility of developing a data element or data elements for the NMDS for Community Mental Health Care, to enable comparison across jurisdictions of the different types of service contacts provided. This would enable differentiation between individual contacts, group sessions, consultation and liaison services, telephone and face-to-face contacts, contacts with carers and family members and contacts between service providers. This recommendation should include the revisiting of the *Service contact—patient/client present status* and *Service contact—group session status* draft data elements.

Recommendation 7:

That state and territory health authorities clarify jurisdictional practices for the reporting/defining of patients aged less than 1 year. Also that advice as to the inclusion and recording of these patients is sought from the Child and Adolescent Mental Health Outcomes Expert Group (a group which provides clinical and technical advice on standardised measures used to monitor outcomes in child and adolescent mental health consumers to the ISC).

Recommendation 8:

That the NMDS Sub-committee consider the feasibility of developing and including data elements that describe to some extent what happened during the service contact. Examples include *Intervention*, *Service contact duration* and *Type of health professional* data elements.

5 Summary of 2000–01 data

This section presents a summary of each of the NMDS data elements as provided to the NCMHCD for 2000–01 and other data elements provided optionally. Further detailed information, including definitions, for each NMDS data element and the optional data elements is presented in Appendix 4.

NMDS data elements

NHDD definitions were used for nine data elements in the NMDS by all state and territory health authorities (Table 5). The NHDD-defined domain values were used for five data elements by all state and territory health authorities. Data were provided for all reported service contacts by all jurisdictions for eight of the data elements. There were five data elements that were provided for all reported service contacts for all jurisdictions and that used the NHDD definition and domain values.

Establishment identifier

Information on coverage and scope of establishments can be found in Chapter 3.

According to NHDD version 9, *Establishment identifier* is composed of four component data elements; the *State identifier* (a single-digit numeric code), the *Establishment sector* (a single-digit numeric code), the *Region code* (a one- to two-digit alphanumeric code), and the *Establishment number* (a five-digit numeric code).

All jurisdictions except for the Australian Capital Territory provided data for the *State identifier*, *Establishment sector* and *Region code* data elements. There were some jurisdictional differences in the reporting of *Establishment number* data such as in field sizes and/or representational layout.

Comparability with NCMHED establishment identifiers

Analysis of service contact activity with expenditure and resource data are possible if the *Establishment identifiers* supplied are identical or mappable between the NCMHCD and NCMHED. All jurisdictions except for Queensland reported identical or directly mappable *Establishment identifiers* in the NCMHCD and NCMHED.

Person identifier

NHDD version 9 specifies the format for the *Person identifier* data element to be an alphabetic, numeric or alphanumeric code. All jurisdictions supplied *Person identifier* data in an alphabetic, numeric or alphanumeric code.

Table 5: Use of standard definitions, domain values and reporting for service contacts, Australia, 2000–01

NMDS data element	NHDD definition used?	NHDD domain values used?	Provided for all reported service contacts?	Details of compliance
Establishment identifier (concatenation of)				
State identifier	✓	✓	✓	
Establishment sector	✓	✓	✓	
Region code	✓	✓	✓	
Establishment number	✓	✗	✓	Alphanumeric 3 characters used in NSW.
Person identifier	✗	n.a.	✓	WA unique to state. Vic, Qld, SA, Tas, ACT and NT unique at establishment level.
Sex	✓	✓	✓	
Date of birth	✓	✗	✗	WA supplied month and year. Vic supplied without leading zeros for one-digit days or months. SA and NT provided DD/MM/YY format. Date or age information available for 99.2% of records.
Indigenous status	✓	✗	✗	South Australian Adult Services data for 'Aboriginal or Torres Strait Islander, not further specified' mapped to 'Not reported'.
Mental health legal status	✓	✗	✓	'Not permitted to be reported under legislative arrangements in the jurisdiction' incorrectly used in South Australia. AIHW mapped to 'Not reported'.
Principal diagnosis	✗	✗	✗	Missing for 68,993 records. <i>Mental disorder not otherwise specified</i> (F99) for 267,337 records.
Service contact date	✓	✓	✓	

Note: ✓ Yes; ✗ No; n.a. Not applicable.

Level of uniqueness in person identification

The NHDD version 9 data definition requires that the *Person identifier* be unique to the patient within an establishment. New South Wales had person identifier–establishment identifier combinations with more than one birth date or sex, indicating that the person identifier was not unique within establishments in these jurisdictions. In Victoria and Western Australia, person identifiers were unique to the state. Queensland, South Australia, Tasmania, the Northern Territory and the Australian Capital Territory reported that their person identifiers were unique at the establishment level. A more detailed analysis of the uniqueness of person identification numbers can be found in Chapter 6.

Sex

The NHDD version 9 specifies that data for this data element should be provided in a single numeric code format. All jurisdictions provided these data in the appropriate format. Nationally, 2.3% of service contacts had 'unknown' sex; this proportion was

highest for New South Wales (11.7% of service contacts with 'unknown' sex) and the Australian Capital Territory (7.3%).

Tables 6 and 7 present data on the number of service contacts and service contacts per 100,000 population by the patient's sex and age group. There were more service contacts per capita for male patients than for female patients.

Date of birth

NHDD version 9 specified that data for this data element should be provided in DDMMYYYY format. Data in the appropriate format were provided by New South Wales, Queensland and Tasmania. Victoria supplied these data without leading zeros for one-digit days or months. South Australia and the Northern Territory provided these data in DD/MM/YY format. Western Australia provided month and year but not date of birth.

Recommendation 9:

That the supply of date data should be complete and conform to the format specified in the appropriate version of NHDD. An appropriate default should be agreed to record unknown dates of birth.

Age group information was derived from the patient's date of birth to present summary service contact information (Tables 6 and 7). The high proportion of service contacts in the 25–44 year age groups is consistent with the high proportion of separations with specialised psychiatric care in this age group in hospital morbidity data (AIHW 2003). There was substantial variation between jurisdictions in rates per 100,000 population, indicating scope and data comparability issues.

Table 6: Service contacts by sex and age group, states and territories, 2000–01^(a)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
Less than 1	645	79	365	0	51	11	1	0	1,152
1–14	22,902	83,234	65,099	23,462	26,296	2,647	5,492	1,033	230,165
15–24	52,488	132,428	53,377	26,873	20,602	3,309	16,035	5,850	310,962
25–34	71,567	194,891	67,460	46,365	29,468	5,368	16,527	7,621	439,267
35–44	67,677	134,932	59,666	47,115	29,424	4,981	16,234	6,055	366,084
45–54	42,392	91,528	38,206	36,098	14,743	3,086	6,069	1,982	234,104
55–64	16,391	38,949	23,609	17,936	5,968	1,317	2,367	813	107,350
65 and over	10,413	74,744	29,174	23,346	5,537	1,196	1,583	402	146,395
Not stated	2,128	814	221	21	186	14	544	29	3,957
<i>Total</i>	<i>286,603</i>	<i>751,599</i>	<i>337,177</i>	<i>221,216</i>	<i>132,275</i>	<i>21,929</i>	<i>64,852</i>	<i>23,785</i>	<i>1,839,436</i>
Females									
Less than 1	707	27	252	2	35	58	10	1	1,092
1–14	11,106	42,728	35,232	12,170	14,484	2,128	3,099	625	121,572
15–24	41,205	111,749	47,513	23,412	14,414	3,303	13,881	2,294	257,771
25–34	55,733	139,205	47,561	36,608	17,238	5,093	12,715	3,001	317,154
35–44	59,560	138,800	48,970	46,188	22,180	4,652	11,543	3,561	335,454
45–54	43,775	104,402	37,911	37,279	16,225	4,198	8,969	2,445	255,204
55–64	25,170	55,246	23,603	21,879	11,459	1,931	6,507	812	146,607
65 and over	21,341	146,778	40,627	45,958	11,536	1,373	4,931	82	272,626
Not stated	2,388	1,030	208	0	127	20	982	16	4,771
<i>Total</i>	<i>260,985</i>	<i>739,965</i>	<i>281,877</i>	<i>223,496</i>	<i>107,698</i>	<i>22,756</i>	<i>62,637</i>	<i>12,837</i>	<i>1,712,251</i>

(continued)

Table 6 (continued): Service contacts by sex and age group, states and territories, 2000–01^(a)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Persons^(b)									
Less than 1	6,356	106	617	2	86	69	13	1	7,250
1–14	36,031	125,962	100,337	35,632	41,331	4,784	10,770	1,658	356,505
15–24	104,010	244,179	100,894	50,289	35,332	6,612	31,286	8,191	580,793
25–34	142,229	334,096	115,021	82,973	46,781	10,464	30,135	10,626	772,325
35–44	140,686	273,732	108,636	93,303	51,649	9,637	28,240	9,639	715,522
45–54	93,832	195,936	76,117	73,377	31,016	7,298	15,155	4,427	497,158
55–64	45,129	94,199	47,212	39,815	17,428	3,248	8,936	1,625	257,592
65 and over	34,065	221,546	69,801	69,304	17,102	2,569	6,877	484	421,748
Not stated	18,131	1,844	433	21	355	34	6,117	45	26,980
Total	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(b) Includes separations for which sex not reported as male or female.

Table 7: Service contacts per 1,000 population^(a) by sex and age group, states and territories, 2000–01^(b)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
Less than 1	1.38	0.25	1.47	0.00	0.56	0.36	0.05	0.00	0.87
1–14	3.55	18.02	17.57	12.11	18.60	5.53	17.56	4.19	12.01
15–24	11.72	40.38	20.78	19.48	20.27	10.44	61.91	35.83	23.10
25–34	14.70	54.12	25.57	32.29	27.56	17.85	64.47	39.57	30.58
35–44	13.44	37.13	22.14	31.85	25.58	14.17	66.45	35.60	24.80
45–54	9.54	28.60	15.42	27.06	14.04	9.33	26.43	14.56	17.73
55–64	5.27	17.57	13.76	20.72	8.20	5.57	17.87	11.18	11.82
65 and over	2.79	27.75	15.48	25.34	5.82	4.21	13.29	10.57	13.77
<i>Total</i>	<i>8.80</i>	<i>31.90</i>	<i>18.80</i>	<i>23.33</i>	<i>17.70</i>	<i>9.41</i>	<i>41.17</i>	<i>22.94</i>	<i>19.16</i>
Females									
Less than 1	1.60	0.09	1.08	0.02	0.40	2.03	0.48	0.06	0.87
1–14	1.81	9.71	10.06	6.63	10.79	4.69	10.22	2.73	6.68
15–24	9.59	34.96	18.99	17.89	14.93	10.76	55.64	15.24	19.86
25–34	11.31	37.42	17.65	25.89	16.51	16.16	48.49	16.23	21.77
35–44	11.78	37.20	17.60	31.03	19.17	12.79	44.71	22.59	22.37
45–54	9.93	31.89	15.44	28.48	15.22	12.70	37.33	20.54	19.33
55–64	8.19	24.67	14.34	26.37	15.46	8.23	48.69	14.79	16.37
65 and over	4.47	42.08	17.82	40.27	9.33	3.81	32.86	2.35	20.25
<i>Total</i>	<i>7.88</i>	<i>30.38</i>	<i>15.58</i>	<i>23.65</i>	<i>14.10</i>	<i>9.51</i>	<i>38.72</i>	<i>13.54</i>	<i>17.54</i>

(continued)

Table 7 (continued): Service contacts per 1,000 population^(a) by sex and age group, states and territories, 2000–01^(b)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Total									
Less than 1	70.0	1.7	12.8	0.1	4.8	11.7	3.1	0.3	28.1
1–14	28.6	139.6	139.2	94.4	150.0	51.3	174.8	34.9	95.4
15–24	118.6	377.1	199.0	187.1	178.3	106.0	615.3	261.1	219.7
25–34	145.2	456.3	215.7	291.2	221.4	169.9	581.1	281.5	267.0
35–44	139.4	371.6	198.3	314.4	223.8	134.7	562.0	294.1	240.4
45–54	106.0	302.7	154.3	277.6	146.5	110.4	322.5	173.5	188.3
55–64	73.0	211.4	140.4	234.9	118.6	68.9	335.8	127.3	142.8
65 and over	40.1	358.4	167.6	336.0	78.1	39.9	255.5	66.3	175.1
Total^(c)	95.1	311.4	172.6	296.8	127.5	97.1	695.3	113.7	188.7

(a) Rates are age-specific rates based on the estimated resident population as at 30 December 2001.

(b) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(c) Total rates are indirectly age-standardised rates based on the estimated resident population as at 30 June 2001.

Aboriginal and Torres Strait Islander status

The NHDD version 9 specifies that data for this data element should be provided in a single numeric code format. All jurisdictions provided these data in the appropriate format using domain values given in the NHDD data definition.

South Australia (Adult Mental Health Services) collected Aboriginal and Torres Strait Islander status data through its Race data element, which only has an 'Indigenous' domain and no 'Aboriginal' or 'Torres Strait Islander' domains. South Australia then mapped records reported as 'Indigenous' to the 'Aboriginal and Torres Strait Islander', in the absence of a more appropriate code for 'Indigenous, not further specified'. AIHW subsequently mapped these records to 'Not reported'.

The consistent and accurate recording of Aboriginal and Torres Strait Islander status has been a challenge for most health care data collections. Table 8 presents data on the number of service contacts by Indigenous status. Just over 40% of service contacts in New South Wales, 22.7% in the Australian Capital Territory and 12.8% in Tasmania reported Aboriginal and Torres Strait Islander status as 'Unknown'. In South Australia, this data element was not reported for 11.5% of service contacts.

The quality of Indigenous identification varies across jurisdictions. Variation in the number of Aboriginal and Torres Strait Islander service contacts across states and territories shown in Table 8 could reflect either varying accuracy of Indigenous identification, or varying coverage of service contacts in total or service contacts for Indigenous people. Any future publication of these data would need to be accompanied by information on the quality of the Aboriginal and Torres Strait Islander data element for each state and territory. This practice is currently used in *Australian Hospital Statistics* (see *Australian Hospital Statistics 2000–01*, p. 114). For the NHMD data, jurisdictions are asked to indicate whether they consider their Aboriginal and Torres Strait Islander status data as of acceptable quality or in need of improvement. They are also asked to provide information on programs in place for the improvement of the data quality, or studies conducted on the status of Aboriginal and Torres Strait Islander data in the jurisdiction. Below are outlined the responses to this query provided by state and territory health authorities for the NMDS for Community Mental Health Care.

Information on the quality of Aboriginal and Torres Strait Islander status data was not available for New South Wales, Victoria, the Australian Capital Territory or the Northern Territory.

Queensland Health reported that there was concern about the quality of Queensland Indigenous status data for the 2000–01 collection period. The three main concerns were that:

- some regions defaulted all new patients to the most common response (i.e. neither Aboriginal nor Torres Strait Islander) which could result in an underestimation of Queensland Indigenous mental health patients.

- some users were selecting the 'Aboriginal and Torres Strait Islander category' as an Indigenous dump category (i.e. Aboriginal OR Torres Strait Islander) or to indicate non-Australian Indigenous status (e.g. Maori).
- when a patient visits a mental health establishment Indigenous status may not be obtained (especially in the case of crisis care). When this information is obtained at later service contacts, it is currently not backdated to previous service contacts, thus increasing the overall 'Not stated/unknown' count for Queensland.

Queensland Health has attempted to address these issues through removal of the default system, through coder education strategies and through discussions with the Queensland Indigenous Information Strategy Team. As a result of the above actions, an improvement in 2001–02 data is evident.

The Western Australia Department of Health believes the quality of its Aboriginal and Torres Strait Islander data to be variable, due to the fact that service providers across Western Australia may differ in the rigour of the approach used to collecting the data. A survey of Indigenous data collection is planned for 2003–04 to determine the approaches used.

The South Australian Department of Human Services reported that the integrity and quality of Aboriginal and Torres Strait Islander collections is good, but that improvements could be made by ensuring that the question of Indigenous status is asked in an appropriate manner. Adoption of a New South Wales training manual for hospital staff regarding patient registration information (particularly Indigenous background) is currently being discussed as a method of improving data quality in the admitted patient collection, and an assessment of its potential use for community collections is planned.

The Department of Health and Human Services, Tasmania indicated that approximately 2% of ambulatory patients reported Aboriginal and/or Torres Strait Islander status. It also indicated that it was difficult to determine if the data are reliable as a relatively low proportion of the population report Aboriginal and/or Torres Strait Islander status. The broad debate in Tasmania about the legitimacy of people's identification as Indigenous has complicated the Indigenous identification issues for mental health data collections.

Recommendation 10:

That jurisdictions and the AIHW continue to work to improve the accuracy of the Aboriginal and Torres Strait Islander status data in the NCMHCD in accordance with the *This Time, Let's Make it Happen* report (ABS & AIHW 1997).

Recommendation 11:

That the category 'Aboriginal or Torres Strait Islander, not further specified' be used in the future if the NHDD standard domain values have not been used for reporting data on Indigenous status.

Mental health legal status

The NHDD version 9 specified that data for this data element should be provided in a single numeric code format. All jurisdictions provided these data in the appropriate format.

Table 9 presents the number of service contacts reported by mental health legal status for 2000–01. As agreed during the NMDS endorsement process, Queensland and Western Australia have reported all their service contacts as having a mental health legal status of ‘Not permitted to be reported under legislative arrangements’. Western Australia indicated that the mental health legal status will be reported in the future under expected legislative changes. The code ‘Not permitted to be reported under legislative arrangements’ was used by South Australia since mental health legal status was not able to be provided for these service contacts, and were recoded to ‘Not reported’ by AIHW. Almost 60% of service contacts in New South Wales had a mental health legal status of ‘Not reported’.

Nationally, 8.9% of service contacts were involuntary; this equates to 13.9% of service contacts in all jurisdictions except Queensland, Western Australia and South Australia. However, there were very different patterns across jurisdictions, with higher rates of involuntary service contacts for the Australian Capital Territory (28.2% overall) and Victoria (16.4%).

Table 10 presents information on the proportion of service contacts that were involuntary, by principal diagnosis. *Schizophrenia, schizotypal and delusional disorders* (F20–F29) were the principal diagnosis group with the largest proportion of involuntary service contacts (26.4%), but the proportion of involuntary service contacts for these diagnoses varied between states and territories. In the Australian Capital Territory, 41.4% of service contacts with a principal diagnosis in this group were involuntary, in Victoria 29.7%, while in Tasmania 1.1% of service contacts with principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29) were involuntary.

Table 8: Service contacts by Indigenous status, states and territories, 2000–01^(a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Indigenous status	Number								
Aboriginal	11,497	19,549	13,598	13,883	1,650	918	2,388	7,392	70,875
Torres Strait Islander	322	359	2,015	441	52	49	45	78	3,361
Aboriginal and Torres Strait Islander	1,170	703	5,310	3,317	3,423	28	317	462	14,730
<i>Total Indigenous</i>	<i>12,989</i>	<i>20,611</i>	<i>20,923</i>	<i>17,641</i>	<i>5,125</i>	<i>995</i>	<i>2,750</i>	<i>7,932</i>	<i>88,966</i>
Not Aboriginal nor Torres Strait Islander	358,308	1,470,989	590,407	426,918	208,327	37,979	103,627	28,172	3,224,727
Not reported	249,172	0	7,738	157	27,628	5,741	31,152	592	322,180
Total	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873
	Per cent								
Aboriginal	1.9	1.3	2.2	3.1	0.7	2.1	1.7	20.1	1.9
Torres Strait Islander	0.1	0.0	0.3	0.1	0.0	0.1	0.0	0.2	0.1
Aboriginal and Torres Strait Islander	0.2	0.0	0.9	0.7	1.4	0.1	0.2	1.3	0.4
<i>Total Indigenous</i>	<i>2.1</i>	<i>1.4</i>	<i>3.4</i>	<i>4.0</i>	<i>2.1</i>	<i>2.2</i>	<i>2.0</i>	<i>21.6</i>	<i>2.4</i>
Not Aboriginal nor Torres Strait Islander	57.7	98.6	95.4	96.0	86.4	84.9	75.3	76.8	88.7
Not reported	40.2	0.0	1.2	0.0	11.5	12.8	22.7	1.6	8.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Rate per 1,000 population^(b)								
Indigenous ^(c)	98.1	739.2	167.5	265.7	198.1	58.6	666.8	131.0	193.6
Not Indigenous ^(d)	87.5	284.2	159.1	213.9	148.8	91.7	378.1	171.3	173.3
Total	87.7	286.7	159.3	215.5	149.6	90.5	381.4	160.6	173.8

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(b) Rates are indirectly age-standardised rates based on the Aboriginal and Torres Strait Islander estimated resident population as at 30 June 2001, based on the 2001 census population estimates.

(c) Includes 'Aboriginal', 'Torres Strait Islander' and 'Aboriginal & Torres Strait Islander'.

(d) Includes 'Not Aboriginal nor Torres Strait Islander' and 'Not reported'.

Table 9: Service contacts by mental health legal status, states and territories, 2000–01^(a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Mental health legal status	Number								
Involuntary	38,020	245,340	n.a.	n.a.	0	403	38,786	1,778	324,327
Voluntary	213,809	1,246,260	n.a.	n.a.	0	44,312	98,743	34,899	1,633,064
Not permitted to be reported under legislative arrangements	0	0	619,068	444,716	0	0	0	0	1,309,823
Not reported	368,640	0	n.a.	n.a.	241,080	0	0	19	368,659
Total	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873
	Per cent								
Involuntary	6.1	16.4	n.a.	n.a.	0.0	0.9	28.2	4.8	8.9
Voluntary	33.7	83.6	n.a.	n.a.	0.0	99.1	71.8	95.1	44.9
Not permitted to be reported under legislative arrangements	0.8	0.0	100.0	100.0	0.0	0.0	0.0	0.0	36.0
Not reported	59.4	0.0	n.a.	n.a.	100.0	0.0	0.0	0.1	10.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.
n.a. Not applicable.

Table 10: Proportion of contacts that were involuntary by principal diagnosis, states and territories, 2000–01^(a)

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
F00–F09	Organic, including symptomatic, mental disorders	4.0	5.0	n.a.	n.a.	..	4.5	14.0	0.4	5.3
F10–F19	Mental and behavioural disorders due to psychoactive substance use	2.9	12.8	n.a.	n.a.	..	0.3	46.1	5.0	13.0
F20–F29	Schizophrenia, schizotypal and delusional disorders	13.7	29.7	n.a.	n.a.	..	1.1	41.4	8.8	26.4
F30–F39	Mood (affective) disorders	3.5	7.9	n.a.	n.a.	..	1.3	23.7	3.5	7.7
F40–F49	Neurotic, stress-related and somatoform disorders	1.6	1.7	n.a.	n.a.	..	0.0	8.8	0.3	1.8
F50–F59	Behavioural syndromes associated with physiological disturbances and physical factors	1.6	1.3	n.a.	n.a.	..	0.0	21.2	1.5	3.0
F60–F69	Disorders of adult personality and behaviour	3.2	6.2	n.a.	n.a.	..	0.0	40.4	0.0	8.1
F70–F79	Mental retardation	1.2	1.8	n.a.	n.a.	..	0.0	55.8	0.0	8.0
F80–F89	Disorders of psychological development	0.0	0.0	n.a.	n.a.	..	0.0	14.9	0.0	0.7
F90–F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	0.3	0.0	n.a.	n.a.	..	0.0	10.0	0.0	0.8
F99	Unspecified mental disorder	0.9	11.3	n.a.	n.a.	..	0.0	23.0	0.0	6.3
	Other diagnoses not in <i>Mental and behavioural disorders</i> chapter	7.3	5.1	n.a.	n.a.	..	1.1	0.0	4.9	6.0
	Not reported	4.0	8.8	n.a.	n.a.	..	0.0	n.p.	n.p.	7.9
	Total	6.1	16.4	n.a.	n.a.	..	0.9	28.2	4.8	13.9

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(b) Excludes Queensland, Western Australia and South Australia from the denominator.

n.a. Not applicable.

.. Not available.

n.p. Not published: denominator <10.

Principal diagnosis

The NHDD defines *Principal diagnosis* as ‘the diagnosis established after study to be chiefly responsible for occasioning the patient’s attendance at the health care facility...The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status’.

Jurisdictions expressed reservations about their capacity to collect principal diagnosis data in a community setting when the NMDS for Community Mental Health Care was agreed for collection. Issues of concern arose around the ability of small community facilities to accurately code the data, the availability of appropriate clinicians to assign principal diagnoses and the more appropriate application of diagnosis to a period of care rather than to an individual service contact.

NHDD version 9 specified that data for this data element should be provided using the second edition of the ICD-10-AM. This classification is structured such that codes exist at three-, four- and five-character levels; a three-character code is generally not considered a valid code if further specificity at the four- or five-character level is available. For example, the code F22 *Persistent delusional disorders* has subsidiary codes F22.0 *Delusional disorder*, F22.8 *Other persistent delusional disorders* and F22.9 *Persistent delusional disorder, unspecified*, so the three-character code F22 would generally not be considered a valid code. For NCMHCD data for 2000–01, where diagnoses were not valid at the third character level, it was agreed that these codes would be accepted if further information could not be provided. Jurisdictions originally supplied diagnosis codes ranging from two- to five-character level. After consultation and edits supplied by jurisdictions, codes ranged from three to five characters.

With the exception of South Australia, where three classifications were used, all other jurisdictions supplied diagnosis codes using ICD-10-AM version 2. South Australia reported principal diagnoses using ICD-10-AM, ICD-9-CM and codes specified by Child and Adolescent Mental Health Services (Tables 13 and 14). Codes used by South Australia were mapped to ICD-10-AM for parts of this working paper.

Nationally 690,134 service contacts (19.0%) were reported without a principal diagnosis (Table 11). In addition, the codes *Mental disorder not otherwise specified* (F99), *Unknown and unspecified causes of morbidity* (R69) and *Other ill-defined and unspecified causes of morbidity* (R99) were used by some states and territories (267,337 service contacts for F99, 17,451 for R69 and 1,038 for R99). Combining these three groups, 26.8% of service contacts had no principal diagnosis or the principal diagnoses were not informative.

In New South Wales, 18.5% of service contacts had a missing principal diagnosis and 31.7% had diagnoses of either F99 or R69. In total 50.2% of service contacts had no principal diagnosis or the principal diagnoses were not informative. The highest proportion of service contacts with no principal diagnosis occurred in Queensland (68.5% missing). In the Northern Territory, missing or non-informative codes accounted for 58.2% of service contacts; of these, 58.0% were missing diagnosis codes and 0.2% were coded as F99. In the Australian Capital Territory, missing or non-

informative codes accounted for 41.9% of service contacts; of these, 0.1% were missing diagnosis codes and 41.8% were coded as F99. The lowest proportion of missing or non-informative codes was reported for Western Australia, with no missing principal diagnosis codes, 5.0% coded as F99 and 0.2% coded as R99.

The proportion of service contacts where a principal diagnosis code was supplied by principal diagnosis grouping and jurisdiction is presented in Table 12. The Australian Capital Territory and the Northern Territory used principal diagnosis codes almost exclusively in the *Mental and behavioural disorders* chapter of the ICD-10-AM classification. In New South Wales, Queensland, South Australia and Tasmania, principal diagnosis was generally coded to the *Mental and behavioural disorders* chapter, *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* (R00–R99), *Injury, poisoning and certain other consequences of external causes* (S00–T98) or to *Factors influencing health status and contact with health services* (Z00–Z99). In Victoria and Western Australia, principal diagnosis codes ranged over the entire classification.

External causes of morbidity and mortality codes (V01–Y98) are codes that permit ‘the classification of environmental events and circumstances as the cause of injury, poisoning and other adverse events’. These codes are usually intended to be used in addition to other codes which indicate the nature of the condition being treated and were not expected to be reported as principal diagnoses. *External causes of morbidity and mortality* were reported as principal diagnoses in Victoria, Queensland, South Australia and Tasmania. While these codes provide some information related to the reason a patient may seek mental health services, a more appropriate use of these codes would be as additional information accompanying the principal diagnosis information, when applicable.

As explained further in Chapter 6, person identifier–establishment identifier pairs can potentially be used in this database to enumerate patients being provided community mental health services. Table 15 outlines the average number of contacts per person identifier–establishment identifier combination for groups of principal diagnoses across states and territories, which gives some indication of the way in which principal diagnosis codes are being reported by jurisdictions. The highest average number of contacts per person identifier–establishment identifier combination was for *Schizophrenia, schizotypal and delusional disorders* (F20–F29, 34.6 service contacts per person identifier–establishment identifier combination), followed by *Disorders of adult personality and behaviour* (F60–F69, 20.2). The average number of contacts per person identifier–establishment identifier combination varied between states and territories, from 24.9 contacts in Victoria to 9.0 in Tasmania. This variation was also apparent within principal diagnosis groups. For example, the average number of service contacts per person identifier–establishment identifier combination for *Neurotic, stress-related and somatoform disorders* (F40–F49) ranged from 5.8 in South Australia to 18.2 in the Australian Capital Territory.

These variations in the reporting of principal diagnosis suggest that this data element has been interpreted differently across jurisdictions. A more detailed examination of the principal diagnosis data can be found in Chapter 6.

Table 11: Service contacts by principal diagnosis in ICD-10-AM groupings, states and territories, 2000–01^(a)

Principal diagnosis	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Australia
A00–B99 Certain infectious and parasitic diseases	0	4	0	1	0	0	0	0	5
C00–D48 Neoplasms	0	0	0	157	0	0	0	0	157
D50–D89 Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	0	0	0	18	0	0	0	0	18
E00–E90 Endocrine, nutritional and metabolic diseases	9	72	0	207	0	0	0	0	288
F00–F09 Organic, including symptomatic, mental disorders	2,578	50,040	4,415	27,705	3,283	290	2,307	265	90,883
F10–F19 Mental and behavioural disorders due to psychoactive substance use	8,469	36,435	6,724	13,459	2,579	387	3,082	958	72,093
F20–F29 Schizophrenia, schizotypal and delusional disorders	171,197	653,603	85,104	158,683	103,826	17,227	36,728	6,163	1,232,531
F30–F39 Mood (affective) disorders	73,546	306,259	42,169	113,396	47,832	8,435	19,724	3,960	615,321
F40–F49 Neurotic, stress-related and somatoform disorders	27,320	108,832	23,510	51,360	19,740	5,452	4,895	2,488	243,597
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors	2,211	9,004	3,517	4,356	668	316	1,077	131	21,280
F60–F69 Disorders of adult personality and behaviour	8,403	62,399	7,233	16,451	5,754	1,744	5,419	917	108,320
F70–F79 Mental retardation	1,298	4,337	1,821	3,142	616	132	778	54	12,178
F80–F89 Disorders of psychological development	523	13,818	3,594	1,979	2,064	145	680	13	22,816
F90–F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	6,557	51,561	11,111	17,661	9,709	1,586	5,265	393	103,843
F99 Unspecified mental disorder	181,855	4,388	0	22,033	1,522	14	57,443	82	267,337
G00–G99 Diseases of the nervous system	66	4,348	0	1,059	25	21	0	0	5,519
I00–I99 Diseases of the circulatory system	0	375	0	4	0	0	0	0	379
J00–J99 Diseases of the respiratory system	0	233	0	0	0	0	0	0	233
K00–K93 Diseases of the digestive system	0	110	0	1	1	8	0	0	120

(continued)

Table 11 (continued): Service contacts by principal diagnosis in ICD-10-AM groupings, states and territories, 2000-01^(a)

Principal diagnosis		NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Australia
M00-M99	Diseases of the musculoskeletal system and connective tissue	1	37	0	4	1	0	0	0	43
N00-N99	Diseases of the genitourinary system	0	37	0	48	0	0	0	0	85
O00-O99	Pregnancy, childbirth and the puerperium	0	3	0	0	0	0	0	0	3
P00-P96	Certain conditions originating in the perinatal period	0	0	0	0	67	0	0	0	67
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	0	42	0	2	0	0	0	0	44
R00-R98	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding R69)	38	2,173	0	33	6	876	0	0	3,126
R69	Unknown and unspecified causes of morbidity	14,543	2,879	0	25	0	4	0	0	17,451
R99	Other ill-defined and unspecified causes of morbidity	0	19	0	1,019	0	0	0	0	1,038
S00-T98	Injury, poisoning and certain other consequences of external causes	87	1,522	9	253	572	1	0	0	2,448
V01-Y98	External causes of morbidity and mortality	0	1,029	104	0	57	69	0	0	1,259
Z00-Z99	Factors influencing health status and contact with health services	6,975	93,000	5,397	11,660	5,698	729	0	3	123,458
Not reported		114,793	85,041	424,360	0	37,060	7,279	131	21,269	689,933
Total		620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(b) South Australia reported principal diagnoses in three classifications. This table includes 49,959 records which have been mapped from either ICD-9-CM or South Australian Child and Adolescent Mental Health Services codes.

Table 12: Proportion of service contacts with a principal diagnosis^(a) in ICD-10-AM groupings, states and territories, 2000–01^(b)

Principal diagnosis	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Australia
F00–F09 Organic, including symptomatic, mental disorders	0.8	3.6	2.3	6.6	1.6	0.8	2.9	1.7	3.4
F10–F19 Mental and behavioural disorders due to psychoactive substance use	2.7	2.6	3.5	3.2	1.3	1.0	3.9	6.2	2.7
F20–F29 Schizophrenia, schizotypal and delusional disorders	55.4	46.7	43.7	37.6	51.3	46.0	45.9	40.2	46.3
F30–F39 Mood (affective) disorders	23.8	21.9	21.7	26.9	23.6	22.5	24.7	25.8	23.1
F40–F49 Neurotic, stress-related and somatoform disorders	8.8	7.8	12.1	12.2	9.7	14.6	6.1	16.2	9.2
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors	0.7	0.6	1.8	1.0	0.3	0.8	1.3	0.9	0.8
F60–F69 Disorders of adult personality and behaviour	2.7	4.5	3.7	3.9	2.8	4.7	6.8	6.0	4.1
F70–F79 Mental retardation	0.4	0.3	0.9	0.7	0.3	0.4	1.0	0.4	0.5
F80–F89 Disorders of psychological development	0.2	1.0	1.8	0.5	1.0	0.4	0.9	0.1	0.9
F90–F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	2.1	3.7	5.7	4.2	4.8	4.2	6.6	2.6	3.9
Z00–Z99 Factors influencing health status and contact with health services	2.3	6.6	2.8	2.8	2.8	1.9	0.0	<0.1	4.6
Other diagnoses ^(d)	0.1	0.7	0.1	0.4	0.4	2.6	0.0	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Principal diagnosis other than F99, R69 and R99.

(b) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(c) South Australia reported principal diagnoses in three classifications. This table includes 49,959 records which have been mapped from either ICD-9-CM or South Australian Child and Adolescent Mental Health Services codes.

(d) Non-F codes except those in Z00–Z99.

Table 13: Service contacts, by principal diagnosis in ICD-9-CM codes^(a), South Australia, 2000–01^(b)

Principal diagnosis		Total
290, 294.1, 331.0	Dementia	444
291–294	Other organic psychotic conditions ^(c)	570
295	Schizophrenic disorders	31,075
296.2–296.3	Major depressive disorder	2,511
296	Other affective psychoses ^(d)	5,845
297	Paranoid states	748
298–299	Other psychoses	1,585
300	Neurotic disorders	1,979
301	Personality disorders	1,405
302	Sexual deviations & disorders	0
303	Alcohol dependence syndrome	122
304	Drug dependence	15
305	Non-dependant drug use disorder	90
311	Depressive disorder, not elsewhere specified	2,020
306–310, 312–316	Other non-psychotic mental disorders	1,287
V71.0	Observation for suspected mental condition	0
Other V codes ^(e)	Other factors influencing health status, services contact	83
Other codes		76
Total		49,855

(a) ICD-9-CM codes were mapped to ICD-10-AM using forward historical maps supplied by the National Centre for Classification in Health (www.cchs.usyd.edu.au/ncch).

(b) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(c) Excludes *Dementia in conditions classified elsewhere* (294.1).

(d) Excludes *Depressive disorder* 296.2–296.3.

(e) V11.0, V11.9, V40.3, V57.9, V60.3, V60.8, V61.1, V62.5, V62.89, V62.9, V62.5, V70.2.

Table 14: Service contacts, by principal diagnosis in Child and Adolescent Mental Health Services specific codes, South Australia, 2000–01^(a)

Principal diagnosis				Service contacts
Child and Adolescent Mental Health Services specific code		ICD-10-AM map		
0200	Conduct disorders	F91.9	Conduct disorder, unspecified	1
0800	Non-organic encopresis	F98.1	Non-organic encopresis	40
1001	Specific speech articulation disorder	F80.0	Specific speech articulation disorder	2
1703	Depressive disorder	F32.9	Depressive episode, unspecified	13
1910	Multiple drug use and use of other psychoactive substances	F19.9	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances, unspecified mental and behavioural disorder	1
2003	Enduring personality disorders, not attributable to brain damage and disease	F62.9	Enduring personality change, unspecified	10
2503	Adjustment disorders	F43.2	Adjustment disorders	7
3500	Maltreatment syndromes	T74.9	Maltreatment syndrome, unspecified	1
3601	Loss of love relationship in childhood	Z61.0	Loss of love relationship in childhood	1
3603	Altered pattern of family relationships in childhood	Z61.2	Altered pattern of family relationships in childhood	4
3902	Atypical parenting situation	Z60.1	Atypical parenting situation	4
4000	Problems related to certain psychosocial circumstances	Z65	Problems related to other psychosocial circumstances	1
4003	Seeking and accepting physical, nutritional and chemical interventions known to be hazardous and harmful	Z64.2	Seeking and accepting physical, nutritional and chemical interventions known to be hazardous and harmful	3
4200	Problems which cannot be classified in the Child and Adolescent Mental Health Services classification system	F99	Mental disorder, not otherwise specified	16
Total				104

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

Table 15: Average number of service contacts per 'patient'^(a) by principal diagnosis, states and territories, 2000–01^(b)

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F09 Organic, including symptomatic, mental disorders	4.3	17.7	17.2	20.1	5.2	6.6	28.1	9.1	15.5
F10–F19 Mental and behavioural disorders due to psychoactive substance use	5.2	17.8	15.4	11.7	4.6	4.7	23.7	6.9	11.6
F20–F29 Schizophrenia, schizotypal and delusional disorders	23.0	46.4	23.9	30.5	27.0	19.2	79.5	22.3	34.6
F30–F39 Mood (affective) disorders	9.2	26.6	10.9	16.1	12.1	8.0	27.6	8.4	16.9
F40–F49 Neurotic, stress-related and somatoform disorders	5.9	16.1	8.6	11.3	5.8	6.4	18.2	7.2	10.3
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors	8.2	19.8	15.3	11.4	5.5	5.6	22.4	8.2	13.3
F60–F69 Disorders of adult personality and behaviour	10.1	30.9	9.1	16.7	9.9	14.2	41.1	9.5	20.2
F70–79 Mental retardation	8.1	17.1	21.3	27.1	7.8	3.6	48.6	6.8	16.1
F80–89 Disorders of psychological development	4.9	16.0	12.9	11.1	8.6	5.0	26.2	3.3	13.1
F90–98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	5.0	18.8	9.6	10.2	7.0	4.6	27.6	6.6	11.6
F99 Unspecified mental disorder	8.4	16.6	n.a.	8.0	3.8	3.5	15.5	4.8	9.3
Other diagnoses	7.1	14.5	7.1	9.5	4.4	5.1	n.a.	3.0	10.8
Not reported	7.5	9.7	8.4	n.a.	7.9	6.7	32.8	8.8	8.3
Total	10.5	26.0	9.6	16.5	12.5	9.0	23.9	10.4	15.3

(a) Patient refers to a person identifier–establishment identifier combination in all jurisdictions except Queensland and Western Australia. In Queensland a patient is represented by a person identifier–region code combination and in Western Australia by person identifier only. See Chapter 6 for a more detailed explanation.

(b) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

n.a. Not applicable: no service contacts.

Service contact date

NHDD version 9 specified that data for this data element should be provided in DDMMYYYY format. Data in the appropriate format were provided by New South Wales, Queensland and Tasmania. Victoria supplied this data element without leading zeros for one-digit days or months. South Australia and the Northern Territory provided these data in DD/MM/YY format. Western Australia advised that 42,835 records collected using paper-based methods did not include the day of the service contact. The month and year of these service contacts were provided and date was set to 01.

Table 16 presents the number of service contacts reported for each month in the collection period, and shows that the level of reporting gradually increased throughout the financial year. This was particularly the case for New South Wales and Queensland with ratios of July 2000 service contacts to June 2001 service contacts of 0.52 and 0.62 respectively. New South Wales, Victoria, Queensland, South Australia and Tasmania had establishments that commenced reporting some time after the start of 2000–01 or did not report for all months. More information on the coverage of establishments can be found in Chapter 2.

Table 16: Number of service contacts per month, states and territories, 2000–01^(a)

Month	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	% of all service contacts
2000										
July	36,339	142,343	33,902	37,162	20,085	3,863	10,627	3,032	287,353	7.9
August	39,687	113,467	51,548	43,250	22,971	4,742	12,075	3,521	291,261	8.0
September	34,734	131,348	51,872	36,748	18,219	3,663	10,499	3,437	290,520	8.0
October	41,283	114,711	54,381	37,326	20,695	3,723	11,847	3,302	287,268	7.9
November	45,908	126,421	57,050	41,151	20,684	3,663	11,723	3,275	309,875	8.5
December	38,743	107,570	42,049	31,747	16,795	2,619	9,188	2,573	251,284	6.9
2001										
January	56,340	117,027	51,802	34,119	18,377	3,445	11,390	3,042	295,542	8.1
February	57,833	116,537	55,144	34,479	20,027	3,370	11,485	2,754	301,629	8.3
March	67,711	127,719	58,235	38,043	22,523	4,004	12,308	3,030	333,573	9.2
April	58,196	114,265	48,388	33,101	17,925	3,342	10,413	2,654	288,284	7.9
May	74,241	147,720	60,251	42,301	22,412	4,587	13,258	3,210	367,980	10.1
June	69,454	132,472	54,446	35,289	20,367	3,694	12,716	2,866	331,304	9.1
Total	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873	100.0
Ratio July 2000:June 2001	0.52	1.07	0.62	1.05	0.99	1.05	0.84	1.06	0.87	n.a.

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

n.a. Not applicable.

Optional data elements for 2000–01

In addition to the NMDS data elements listed above, some jurisdictions reported data for additional data elements which were scheduled for reporting in 2001–02. These data elements were the three socio-demographic data elements *Marital status*, *Country of birth* and *Area of usual residence*. *Service contact—patient/client present status* and *Service contact—group session status* were requested as optional data elements for 2000–01.

Area of usual residence

Data for the *Area of usual residence* data element were only supplied by South Australia and the Northern Territory. The NHDD version 9 specifies that data for this data element should be provided in five-digit numerical code format as defined in the Australian Standard Geographical Classification. This code consists of a single-digit state or territory code and a four-digit Statistical Local Area (SLA) code.

South Australia reported area of usual residence in the 2001 version in the correct format. State of residence was supplied as 4 (South Australia) for all records. One hundred and thirty seven service contacts had a combination of area of residence and state of residence codes that was invalid. SLA codes in the 1996 version were supplied by the Northern Territory and only the four-digit SLA was supplied. There were 56 SLA codes reported that were not valid for the Northern Territory (3,709 or 10.1% of service contacts).

Table 17: Service contacts by rural, remote and metropolitan region of *Area of usual residence*, South Australia and the Northern Territory, 2000–01^(a)

Rural, remote and metropolitan region of area of usual residence	SA		NT	
	Service contacts	Per cent ^(b)	Service contacts	Per cent ^(b)
Capital cities	216,428	93.4	23,029	69.8
Large rural centres	1,204	0.5	0	n.a.
Small rural centres	4,528	2.0	0	n.a.
Other rural areas	9,208	4.0	1,075	3.3
Remote centres	0	n.a.	5,774	17.5
Other remote areas	445	0.2	3,109	9.4
Not reported (includes both null fields and SLA 9999)	9,130	n.a.	0	n.a.
Invalid combinations of SLA and state of usual residence	137	n.a.	3,709	n.a.
Total	241,080	100.0	36,696	100.0

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(b) Per cent of valid codes only.

n.a. Not applicable.

Over 93% of service contacts with a valid SLA code in South Australia occurred for patients with a metropolitan area of usual residence (Table 17). In the Northern Territory, over a quarter of service contacts with valid SLA codes (26.9%) were for patients from remote areas, and 69.8% were for patients from metropolitan areas.

Country of birth

Data for the *Country of birth* data element were only supplied by Western Australia, South Australia and the Northern Territory. The data request specified that this data element should be provided as defined in the Standard Australian Classification of Countries (SACC) code (ABS 1998). SACC codes were used by the Northern Territory for the *Country of birth* data element. South Australia and Western Australia supplied *Country of birth* data in accordance with the Australian Standard Classification of Countries for Social Statistics.

Table 18 shows that Australia was the most common country of birth in Western Australia (70.3%), South Australia (68.7%) and the Northern Territory (76.8%). Of the three jurisdictions that supplied these data, Western Australia had the highest proportion of service contacts with a country of birth in the 'Other English-speaking countries' category (14.4%) and in the 'Non-English-speaking countries' category (14.0%). South Australia had the highest proportion of 'Not stated and unknown' at 17.7%.

Table 18: Service contacts by country of birth, Western Australia, South Australia and the Northern Territory, 2000–01^(a)

Country of birth	WA		SA		NT	
	Number	Per cent	Number	Per cent	Number	Per cent
Australia	312,813 ^(b)	70.3	165,534 ^(b)	68.7	28,198	76.8
Other English-speaking countries ^(c)	6,698	15.0	15,441	6.4	2,835	7.7
Non-English-speaking countries ^(d)	59,653	13.4	17,350	7.2	3,539	9.6
Not stated and unknown	5,423	1.2	42,735	17.7	1,694	4.6
Other	129	0.03	20	0.01	430	1.2
Total	444,716	100.00	241,080	100.00	36,696	100.00

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

(b) Includes Australian External Territories.

(c) 'Other English-speaking countries' includes New Zealand, the United Kingdom, England, Scotland, Wales, Ireland, Northern Ireland, Channel Islands, Canada, the United States of America and South Africa.

(d) 'Non-English-speaking countries' includes all countries other than those specified as Australia and Other English-speaking countries.

Marital status

Data for the *Marital status* data element were only supplied by South Australia and the Northern Territory. The NHDD version 9 specified that data for this data element should be provided in a single numeric code format. South Australia supplied an extra category (7) for de facto status, which was mapped to 5 'Married (including de facto)' by AIHW. All 104 South Australia Child and Adolescent Mental Health Services records were assigned to the 'Not stated/unknown' category.

Most service contacts reported marital status as 'Never married' in all three jurisdictions (Western Australia 52.7%, South Australia 43.6% and the Northern Territory 67.6%) (Table 19). 'Married (including de facto)' was the next highest category in Western Australia (22.6%) and the Northern Territory (16.3%). For South

Australian records, marital status 'Not stated/inadequately described' was reported for just over a quarter of service contacts (25.7%).

Table 19: Service contacts by marital status, Western Australia, South Australia and the Northern Territory, 2000–01^(a)

Marital status	WA		SA		NT	
	Number	Per cent	Number	Per cent	Number	Per cent
Never married	234,546	52.7	105,059	43.6	24,806	67.6
Widowed	31,286	7.0	8,988	3.7	516	1.4
Divorced	44,519	10.0	23,003	9.5	986	2.7
Separated	30,438	6.8	11,815	4.9	1,639	4.5
Married (including de facto)	100,613	22.6	23,274	9.7	5,970	16.3
Not stated/ inadequately described	3,314	0.7	62,063	25.7	2,779	7.6
Not reported	0	n.a.	6,878	2.9	0	n.a.
Total	444,716	100.0	241,080	100.0	36,696	100.0

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

n.a. Not applicable: no service contacts.

Service contact—patient/client present status

Victoria, Western Australia and Tasmania were the only jurisdictions to supply this optional data element. The AIHW data request specified this optional data element be provided in a single numeric code format, with 1 indicating that the patient was present during the service contact, and 2 indicating that the service contact occurred in the absence of the patient. All jurisdictions provided these data in the appropriate format.

Eighty-seven per cent of service contacts in Victoria, 65.1% of service contacts in Western Australia and 96.8% of service contacts in Tasmania occurred with the patient present (Table 20).

Table 20: Service contacts by patient present status, Victoria, Western Australia and Tasmania, 2000–01^(a)

Patient present status	Vic		WA		Tas	
	Number	Per cent	Number	Per cent	Number	Per cent
Patient/client present	970,406	65.1	430,687	96.8	39,073	87.4
Patient/client not present	521,194	34.9	14,029	3.2	5,303	11.9
Not stated	0	n.a.	0	n.a.	339	0.8
Total	1,491,600	100.0	444,716	100.0	44,715	100.0

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

n.a. Not applicable: no service contacts

Service contact—group session status

Victoria, Western Australia, South Australia and Tasmania were the only jurisdictions to supply this optional data element. The AIHW data request specified this optional data element be provided in a single numeric code format. All jurisdictions provided these data in the appropriate format.

There was a large difference between the proportions of service contacts occurring in individual sessions in Victoria (62.0%) and Western Australia (67.5%) and the other two jurisdictions (South Australia 86.0% and Tasmania 96.4%). Over one-third (34.9%) of service contacts in Victoria had a group session status of 'Other'.

Table 21: Service contacts by group session status, Victoria, Western Australia, South Australia and Tasmania, 2000–01^(a)

Group session status	Vic		WA		SA		Tas	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Only one patient/client present with or without carer(s)/relative(s) or carer(s)/relative(s) present on behalf of one patient/client only	924,357	62.0	300,276	67.5	207,411	86.0	43,093	96.4
Two or more patients/clients present with or without carer(s)/relative(s) or carer(s)/relative(s) present on behalf of more than one patient/client	46,049	3.1	144,440	32.5	33,669	14.0	1,389	3.1
Other	521,194	34.9	0	n.a.	0	n.a.	0	n.a.
Not stated	0	n.a.	0	n.a.	0	n.a.	233	0.5
Total	1,491,600	100.0	444,716	100.0	241,080	100.0	44,715	100.0

(a) These data represent the first year of collection of NCMHCD and are subject to the interpretation implications outlined in Chapters 3, 4 and 6. They should be used with caution.

n.a. Not applicable: no service contacts.

Recommendation 12:

That missing data and mapping of domain differences be investigated at jurisdictional level and where possible coded to an appropriate value prior to submission to AIHW.

Recommendation 13:

That jurisdictions where possible ensure that all data elements are consistent with the NHDD definitions and data domains.

6 Implications for use of the database

Estimation of patient numbers: uniqueness of person identifier

It is anticipated that records for service contacts within establishments will be able to be linked to enable estimation of patient numbers and reporting on treatment histories. This linkage would be based on the combination of person identifier and the establishment identifier.

The NHDD definition of *Person identifier* specifies that the identifier should be attributable to only one patient per establishment. South Australia, the Northern Territory, Tasmania and the Australian Capital Territory reported that their person identifiers are unique at the establishment level. Person identifiers were unique to each region in Queensland. In Victoria and Western Australia, person identifiers were unique at the state level. New South Wales indicated that, due to current system constraints, it was not possible for it to reconcile duplicate person identifiers at this stage. Implementation of new collections systems will enable New South Wales to supply person identifiers that are unique at the establishment level.

For the 2000–01 collection, the quality of the person identifier–establishment identifier combination as a possible linkage key was reviewed (Table 22). For this report the combination of establishment identifier and person identifier has been used for patient enumeration, except for Victoria and Western Australia.

There were 224,773 person identifier–establishment identifier combinations reported nationally to NCMHCD for 2000–01. This represents a national rate of person identifier–establishment identifier combinations per 1,000 population of 11.6. The Australian Capital Territory had the highest rate of person identifier–establishment identifier combinations per 1,000 population at 18.0, while New South Wales had the lowest rate at 9.0.

The proportion of person identifiers with more than one contact per establishment was greater than 68% for all states and territories. This indicates that establishments were generally reusing person identifiers rather than assigning new person identification numbers for each service contact.

Table 22: Summary statistics on person identification numbers, states and territories, 2000–01

	NSW	Vic ^(a)	Qld ^(b)	WA ^(a)	SA	Tas	ACT	NT	Australia
Service contacts	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873
Establishments	18	35	18	18	10	19	1	6	207
Person identifier–establishment identifier combinations									
Number	59,257	52,620	55,482	23,889	19,290	4,964	5,751	3,520	224,773
Per 1,000	9.0	11.0	15.4	12.6	12.8	10.5	18.0	17.7	11.6
Number with more than 250 contacts	137	517	99	176	48	5	63	12	1057
Number with two different sex values	33	0	0	0	0	0	0	0	33
Number with more than one date of birth	156	0	0	..	0	0	0	0	156
Proportion with more than one service contact per establishment	72.9	86.2	76.8	83.3	74.4	77.9	84.3	68.5	78.6
Service contacts per person identifier–establishment identifier combinations									
Average	10.5	28.4	11.2	18.6	12.5	9.0	23.9	10.4	16.2
Median	3	10	4	6	4	4	7	3	5
Establishment identifiers per person identifier									
Average	1.0	1.1	1.1	1.1	1	1.1	1	1.1	1.1
Maximum	5	10	4	6	4	4	1	4	10
Establishment identifier–date of birth–sex–Indigenous status combinations									
Number	53,970	55,008	58,556	..	17,950	4,865	5,375	3,459	199,183
Number with more than one person identifier	2,790	2,213	1,317	..	1,199	95	160	58	7,832

(a) Victoria and Western Australia reported that person identifier was unique at the state level. For this reason, a person identifier–establishment identifier combination for Victoria and Western Australia refers to person identifier only.

(b) Queensland reported establishments at a higher level of specificity than other jurisdictions. Region level has been used for this analysis as a comparable level of establishment to other jurisdictions.

.. Not available.

The number of person identifier–establishment identifier combinations with more than 250 contacts over the collection period was low (0.5% nationally), which is another indication that person identifier–establishment identifier combinations were indicative of individual patients. Person identifier–establishment identifier combinations with more than 250 service contacts are likely to be due to data problems rather than genuine occurrences of high service use; these service contacts will be investigated in validation procedures in future collections.

In New South Wales there were 33 person identifier–establishment identifier combinations with more than one sex value, and 156 with more than one date of birth value (of these, two person identifier–establishment identifier combinations had more than one sex value and more than one date of birth value). One of these person identifier–establishment identifier combinations in New South Wales had 12 different sex and birth date combinations, indicating that, in this particular case, one person identifier was used for 12 different people.

The average number of contacts per person identifier–establishment identifier combination ranged from 28.4 in Victoria to 9.0 in Tasmania, and was 16.2 nationally.

Average and median number of establishments per person identifier indicates the extent to which the person identification numbers were unique to individual establishments, or were used for multiple establishments. Low average and median numbers of establishments per person identification number indicate that in most jurisdictions these identifiers were not used in multiple establishments.

An alternative method of investigating the number of patients attributable to person identifiers is to combine all demographic data available and to consider each combination of these factors with an establishment identifier as a unique ‘patient’. The number of person identifiers assigned to these ‘patients’ could then be examined. Since many of the demographic variables were optional for the first year of collection, birth date, sex and Indigenous status were combined with the establishment identification number to provide a count of ‘patients’. This analysis could not be conducted for Western Australia since date of birth was only supplied as the month and year. This analysis is further limited by the fact that different patients may share the same date of birth, sex and Indigenous status, and that Indigenous status has been noted by some jurisdictions to be sometimes recorded differently at different service contacts for the same individual.

Counts of establishment identifier, sex, birth date and Indigenous status combinations in all jurisdictions excluding Western Australia were lower than counts of person identifier–establishment identifier combinations. There were 199,183 of these ‘patients’ Australia wide (excluding Western Australia) and of these 7,832 or 3.9% had more than one person identifier.

Recommendation 14:

That person identifier–establishment identifier combinations with more than 250 contacts (that is, more than approximately one contact for each working day) are queried in validation processes.

Recommendation 15:

That person identifier–establishment identifier combinations with more than one sex value should be queried in validation processes.

Recommendation 16:

That person identifier–establishment identifier combinations with more than one date of birth should be queried in validation processes.

Recommendation 17:

That ‘patients’, defined as establishment identifier, birth date, sex and Indigenous status combinations, should be queried in validation processes if more than one person identifier has been reported.

Principal diagnosis

The NHDD defines *Principal diagnosis* as ‘the diagnosis established after study to be chiefly responsible for occasioning the patient’s attendance at the health care facility...The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status’.

The principal diagnosis of patients seen by community mental health care service providers is of obvious interest. However, there is uncertainty about how these data are being collected, in terms of whether the principal diagnosis relates to the service contact, or to a longer period of the patient’s care that may encompass a series of service contacts and possibly hospital admissions. In the 2000–01 collection the use of different classifications for coding principal diagnoses, the use of invalid codes and the relatively large number of missing values have diminished the quality of this data element.

Jurisdictions expressed reservations about their capacity to collect principal diagnoses in a community setting when the NMDS for Community Mental Health Care was agreed for collection. Issues of concern arose around the ability of small community facilities to accurately code the data, the availability of appropriate clinicians to assign principal diagnoses and the more appropriate application of diagnoses to periods of care rather than to individual service contacts. Table 23 summarises the current collection practices of states and territories.

Table 23: Current collection practices of states and territories for principal diagnosis for the NMDS for Community Mental Health Care

Jurisdiction	Collection practice	Summary
NSW	Principal diagnosis refers to the main diagnosis at the time of the contact. It does not refer to a retrospective period.	Principal diagnosis applies to the service contact only.
Vic
Qld	Principal diagnosis is not necessarily the diagnosis that is the focus of the service contact, but is an overall diagnosis based on clinical assessment of the underlying condition.	Principal diagnosis applies to longer period of care.
WA	Either the underlying condition or reason for attendance if a mental diagnosis can not be made.	Principal diagnosis applies to longer period of care.
SA	Principal diagnosis relates to the diagnosis assigned to the patient for the episode covering a set of contacts. A change in diagnosis may occur at a re-assessment of a patient.	Principal diagnosis applies to longer period of care.
Tas	Principal diagnosis is collected at admission, review and discharge assessments and is therefore the diagnosis occasioning a care period, rather than the current service contact.	Principal diagnosis applies to longer period of care.
ACT	Principal diagnosis is collected at every service contact but defaults to previous principal diagnosis if not recorded.	Principal diagnosis applies to longer period of care.
NT	Principal diagnosis relates to a period of care. Currently in the Northern Territory, a diagnosis applies to all service contacts from the date of diagnosis assessment to the date of change in diagnosis assessment for the same person.	Principal diagnosis applies to longer period of care.

.. Not available.

Principal diagnosis codes collected in NCMHCD for 2000–01 can be categorised into nine groups (see Appendix 5 for a list of codes in each category):

1. Mental and behavioural disorders underlying conditions (F00–F98, excluding presenting problems as described in category 2 below)
2. Mental and behavioural disorders presenting problems (codes in the *Mental and behavioural disorders* chapter specifically referring to the current episode, such as F10.0, *Mental and behavioural disorder due to use of alcohol, acute intoxication*)
3. Other underlying conditions likely to result in need for mental health care (for example *Diseases of the nervous system*)
4. Other conditions not apparently likely to result in need for mental health care (for example I50.0, *Congestive heart failure*, and some injury and poisoning codes)
5. Symptoms or signs likely to be of mental disorders
6. External causes of injury and poisoning and injuries likely to be indicative of self-harm
7. External circumstances likely to have contributed to need for mental health care
8. Reasons for attendance not apparently likely to have contributed to need for mental health care

9. Non-informative codes:

9a Missing principal diagnosis

9b Invalid code, uninterpretable

9c Non-informative codes (F99, *Mental disorder, not otherwise specified*; R69, *Unknown and unspecified causes of morbidity*; R99, *Other ill-defined and unspecified causes of mortality*).

This organisation of the principal diagnosis codes reported in NCMHCD 2000–01 is not intended as a new mental health categorisation; it is proposed only as a way of illustrating the types of codes employed by jurisdictions for the reporting of principal diagnoses.

The codes classified as presenting problems in category 2 are available only in the *Mental and behavioural disorders due to psychoactive substance use* (F10–F19), *Mood (affective) disorders* (F30–F39) and *Neurotic, stress-related and somatoform disorders* (F40–F49) blocks of ICD-10-AM version 2.

Table 24 outlines the spread of 2000–01 principal diagnosis codes according to these categories. In all jurisdictions except for Queensland and the Northern Territory, the majority of service contacts were for mental health underlying conditions or mental health presenting problems. External causes of injury and poisoning likely to be indicative of self-harm accounted for less than 0.1% of service contacts nationally. Other conditions not apparently likely to result in the need for mental health care accounted for 0.2% or less in all states and territories. There was high use of non-informative codes in New South Wales (31.7% of service contacts) and the Australian Capital Territory (41.8%). *External causes of morbidity and mortality* (V01–Y98) were used in Victoria, Queensland, South Australia and Tasmania.

Once validation processes had been completed and codes mapped to ICD-10-AM codes where necessary, there remained 689,933 records with no principal diagnosis code recorded (not including the non-informative codes F99, R69 and R99).

Table 24: Service contacts by category of principal diagnosis code, states and territories, 2000–01

Principal diagnosis category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Number								
Mental and behavioural disorders underlying conditions	302,084	1,294,633	189,061	407,290	195,945	35,714	79,242	15,214	2,519,183
Mental and behavioural disorders presenting problems	893	69,641	330	3,513	180	36	713	128	75,434
<i>Total mental and behavioural disorders conditions and presenting problems</i>	<i>302,977</i>	<i>1,364,274</i>	<i>189,391</i>	<i>410,803</i>	<i>196,125</i>	<i>35,750</i>	<i>79,955</i>	<i>15,342</i>	<i>2,594,617</i>
Other underlying conditions likely to result in need for mental health care	60	1,228	0	942	24	21	0	0	2,275
Other conditions not apparently likely to result in need for mental health care	98	2,213	0	698	37	21	0	0	3,067
Symptoms or signs likely to be of mental and behavioural disorders	683	2,070	0	333	7	947	0	0	4,040
External causes of injury and poisoning and injuries likely to be indicative of self-harm	26	1,611	0	752	55	49	0	3	2,496
External circumstances likely to have contributed to need for mental health care	2,511	25,010	5,262	6,670	6,113	623	0	0	46,189
Reasons for attendance not apparently likely to have contributed to need for mental health care	2,923	2,867	55	1,423	100	7	0	0	7,375
Non-informative codes									
Missing principal diagnosis	114,793	85,041	424,360	0	37,060	7,279	131	21,269	689,933
Invalid code, uninterpretable	0	0	0	18	37	0	0	0	55
Non-informative codes	196,398	7,286	0	23,077	1,522	18	57,443	82	285,826
Total	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873

(continued)

Principal diagnosis and patients

Over a quarter of all service contacts had a principal diagnosis that was missing or non-informative in the 2000–01 data (26.9%). The summary statistics presented in Table 25 enable further analysis of these service contacts by examining the principal diagnosis codes within person identifier–establishment identifier combinations.

Person identifier–establishment identifier combinations with no diagnosis code recorded in any service contact numbered 71,555 or 31.8%. There were an additional 28,229 person identifier–establishment identifier combinations with either non-informative diagnosis codes assigned, or a combination of missing and non-informative codes. Overall 44.4% of person identifier–establishment identifier combinations provided no information about the principal diagnosis of the client receiving the service. There were 112,496 person identifier–establishment identifier combinations (50.0%) with at least one missing or non-informative principal diagnosis.

The high proportion of person identifier–establishment identifier combinations with only one diagnosis code (excluding missing and non-informative codes), and the low average numbers of diagnosis codes per person identifier–establishment identifier combination, suggests that generally the principal diagnosis data element has been used to refer to an underlying condition that remained unchanged over time rather than a diagnosis occasioning the specific service contact that may have changed over time. The proportion of person identifier–establishment identifier combinations with more than one diagnosis at the three-character level was also low (3.9% nationally).

New South Wales reported that principal diagnosis was collected to reflect the presenting problem at each service contact; it would be expected, therefore, that the proportion of person identifier–establishment identifier combinations with only one diagnosis code (excluding missing and non-informative codes) in New South Wales would be lower than for other jurisdictions. A total of 38.7% of person identifier–establishment identifier combinations in New South Wales had only one principal diagnosis, compared to a national proportion of 51.4%. Proportions were also low in the Australian Capital Territory (35.0%) and the Northern Territory (37.8%).

Two-character codes in the *Mental and behavioural disorders* chapter of ICD-10-AM generally represent a broad mental health disorder group. For example, a two-character code of F2 refers to a principal diagnosis in the *Schizophrenia, schizotypal and delusional disorders* block, while a two-character code of F3 indicates *Mood (affective) disorders*. Statistics on the number of person identifier–establishment identifier combinations with more than one diagnosis at the two-character level provide information on the stability of the principal diagnosis codes recorded, disregarding variation in the detail of the diagnosis which may indicate different manifestations of the same disorder group. Only 2.4% of person identifier–establishment identifier combinations had more than one code at the two-character level over the collection period indicating more than one major type of mental health disorder. Reflecting this, average and median numbers of two-character diagnosis codes per person identifier–establishment identifier combination were low.

The average number of two-character diagnosis codes in quarterly periods would be expected to be low, since most jurisdictions indicated that the principal diagnosis reported applies to a period of care.

Person identifier–establishment identifier combinations with more than one diagnosis at the three- and two-character levels suggests the existence of mental health co-morbid conditions in the clients of community mental health services and highlights the need for an *Additional diagnosis* data element to be included in NCMHCD to allow these to be recorded for periods of care.

Table 25: Summary statistics on principal diagnosis, states and territories, 2000–01

	NSW	Vic ^(a)	Qld ^(b)	WA ^(a)	SA	Tas	ACT	NT	Total
Total service contacts	620,469	1,491,600	619,068	444,716	241,080	44,715	137,529	36,696	3,635,873
Service contacts with no principal diagnosis reported									
Number	114,793	85,041	424,360	0	37,060	7,279	131	21,269	689,933
Per cent	18.5	5.7	68.5	0	15.4	16.3	0.1	58.0	19.0
Service contacts with non-informative principal diagnosis codes (F99, R69 and R99)									
Number	196,398	7,286	0	23,077	1,522	18	57,443	82	285,826
Per cent	31.7	0.5	0	5.2	0.6	0	41.8	0.2	7.9
Total person identifier–establishment identifier combinations	59,257	52,620	55,482	23,889	19,290	4,964	5,751	3,520	224,773
Person identifier–establishment identifier combinations with missing principal diagnosis for all service contacts									
Number	13,472	8,614	42,398	0	3,881	1,093	4	2,093	71,555
Per cent	22.7	16.4	76.4	0	20.1	22.0	0.1	59.5	31.8
Person identifier–establishment identifier combinations with missing or non-informative principal diagnoses for all service contacts									
Number	34,532	9,034	42,398	2,626	4,286	1,098	3,700	2,110	99,784
Per cent	58.3	17.2	76.4	11.0	22.2	22.1	64.3	59.9	44.4
Person identifier–establishment identifier combinations with one or more service contacts with no reported principal diagnosis or non-informative codes									
Number	37,599	9,133	50,636	2,810	5,081	1,098	3,706	2,433	112,496
Per cent	63.5	17.4	91.3	11.8	26.3	22.1	64.4	69.1	50.0
Person identifier–establishment identifier combinations with one diagnosis code only (excluding missing and non-informative codes)									
Number	22,959	40,056	12,282	18,763	12,214	3,866	2,011	1,332	113,483
Per cent	38.7	76.1	22.1	78.5	63.3	77.9	35.0	37.8	50.5
Person identifier–establishment identifier combinations with more than one diagnosis at the three-character level (excluding missing and non-informative codes)									
Number	2,872	2,560	504	959	1,871	0	35	53	8,854
Per cent	4.8	4.9	0.9	4.0	9.7	0	0.6	1.5	3.9

(continued)

Table 25 (continued): Summary statistics on principal diagnosis, states and territories, 2000–01

	NSW	Vic ^(a)	Qld ^(b)	WA ^(a)	SA	Tas	ACT	NT	Total
Person identifier–establishment identifier combinations with more than one diagnosis at the two-character level (excluding missing and non-informative codes)									
Number	1,274	1,938	343	653	1,160	0	23	36	5,427
Per cent	2.1	3.7	0.6	2.7	6.0	n.a.	0.4	1.0	2.4
Average number of principal diagnosis codes (excluding missing and non-informative codes)									
Three-character level per person identifier–establishment identifier combination ^(c)	1.08	1.07	1.04	1.09	1.15	1.00	1.02	1.04	1.06
Two-character level per person identifier–establishment identifier combination for the whole year ^(c)	1.06	1.05	1.03	1.06	1.09	1.00	1.01	1.03	1.04
Two-character level per person identifier–establishment identifier combination in quarterly periods	1.03	1.03	1.01	1.03	1.03	1.00	1.00	1.01	1.02
Average proportion of person identifier–establishment identifier combinations with no informative diagnosis in quarterly periods (per cent)	57.2	12.4	74.3	8.4	21.2	20.2	55.9	58.8	41.8

(a) Victoria and Western Australia reported that person identifier was unique at the state level. For this reason, a person identifier–establishment identifier combination for Victoria and Western Australia refers to person identifier only.

(b) Queensland reported establishments at a higher level of specificity than other jurisdictions. Region level has been used for this analysis as a comparable level of establishment to other jurisdictions.

(c) The corresponding median for all states and territories was 1.

n.a. Not applicable.

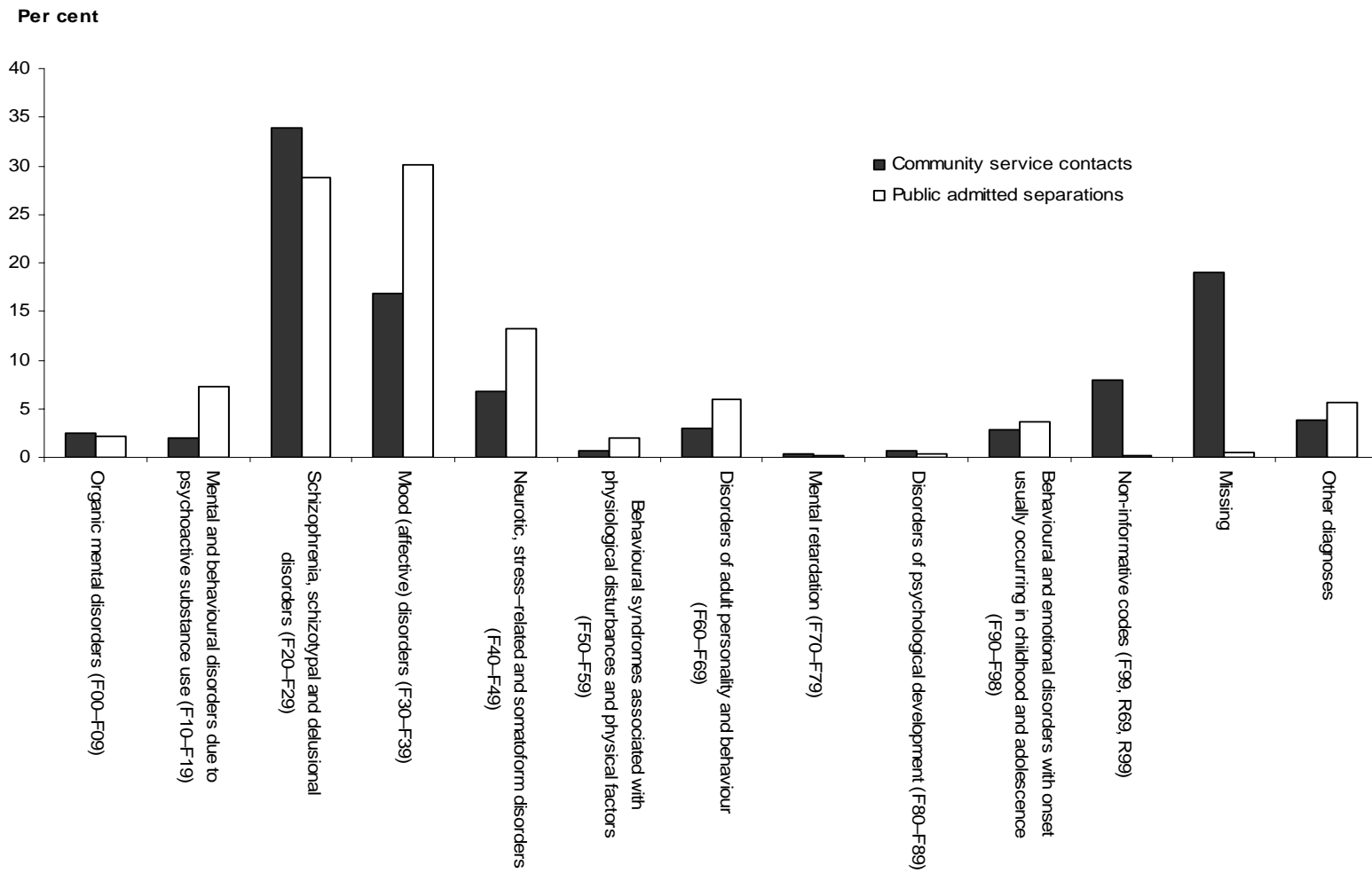


Figure 1: Distribution of community and public admitted patient specialised mental health care, by ICD-10-AM groupings

Comparison with public admitted patient separations for 2000–01

Comparison of the principal diagnosis codes reported to the NCMHCD and those reported for separations with specialised psychiatric care in public hospitals (AIHW 2003) showed a marked difference in the distributions of diagnoses between the two collections (Figure 1). The high number of missing diagnosis codes in NCMHCD and the varied application of the principal diagnosis definition among the jurisdictions in this collection complicate the comparison between these two collections. However, in general, the proportion of service contacts provided to patients with a diagnosis in the *Schizophrenia, schizotypal and delusional disorders* block (F20–F29) in community mental health services is higher than the proportion of public hospital separations with specialised psychiatric care in the same diagnosis block. Similarly, the proportion of service contacts provided to patients with diagnoses in the *Mood (affective) disorders* and *Neurotic, stress-related and somatoform disorders* blocks (F30–F39 and F40–F49 respectively) in community mental health services is lower than the proportion of public hospital separations with specialised psychiatric care in the same diagnosis blocks.

Recommendation 18:

The current arrangement for diagnosis reporting to the NMDS for Community Mental Health Care needs to be reviewed in consultation with ISC, the NMDS Subcommittee and the NOCC Technical Specifications Drafting Group (see Appendix 3). It is suggested that the key aims of this review should be to:

1. Allow the reporting of codes other than those in the *Mental and behavioural disorders* or *Factors influencing health status and contact with health services* chapters of ICD-10-AM for *Principal diagnosis*.
2. Clarify the *Principal diagnosis* definition in terms of the period of care to which the *Principal diagnosis* applies for this data set. For this NMDS it is suggested that the definition refer to a longer period of care, similar to that used by most states and territories rather than the individual service contact.
3. Investigate the feasibility of developing and including an *Additional diagnosis* data element, which would enable consistent reporting of co-morbid conditions.
4. Investigate the feasibility of developing and including a *Presenting problem* data element, which would record the reason for the service contact.
5. Disallow the reporting of *External causes of morbidity and mortality* codes for *Principal diagnosis*. Instead develop or adopt an *External cause* data element and rules for reporting external causes separately from diagnosis data.

Appendix 1: Routine validation process proposed for NCMHCD

Table A1.1: Proposed validation checks^(a) for the National Community Mental Health Care Database

Data element	Edit check	FATAL/WARNING ^(b)	Type of edit
Age (derived)	Check for age outliers (i.e. age 110 and above).	WARNING	Validity
	Check that age is appropriate for Child and Adolescent Mental Health Units.	WARNING	Logical
Area of usual residence	Code supplied must be valid according to the current year's SLA (ABS catalogue number 1216.0).	FATAL	Validity
	State or territory of usual residence must be supplied.	FATAL	Validity
Country of birth	Code supplied must be valid according to the Standard Australian Classification of Countries (ABS catalogue number 1269.0).	FATAL	Validity
	Frequency counts should be high for countries for which high counts are expected (e.g. Australia) and low for countries for which low counts are expected.	WARNING	Logical
Date of birth	Field must not be null.	FATAL	Validity
	Date must not be after the end of the data collection period.	FATAL	Validity
	Date not provided in DDMMYYYY format.	WARNING	Validity
Establishment identifier	Field must not be null.	FATAL	Validity
	Establishment identifier in NCMHCD also valid for NCMHED or mappable to NCMHED.	WARNING	Coverage
	Establishment sector should be in the public category.	FATAL	Validity
	State identifier matches the jurisdiction supplying the data.	FATAL	Validity
	All establishments should report each month unless new to the collection.	WARNING	Validity
Indigenous status	Field must not be null.	WARNING	Validity
	Field must be 1, 2, 3, 4 or 9.	WARNING	Validity
	Large proportion in categories 2 and 3 in comparison to 1 and 4 will be queried.	WARNING	Logical
Marital status	Field must not be null.	FATAL	Validity
	Data domain is consistent with the NHDD.	FATAL	Validity
	Query records where age less than 15 years and status is not 'never married'.	WARNING	Logical
Mental health legal status	Field must not be null.	FATAL	Validity
	Field must be 1 (involuntary), 2 (voluntary) or 9 (not reported) in New South Wales, Victoria, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. Code 3 is only valid for Western Australia and Queensland.	WARNING	Validity
Person Identifier	Field must not be null.	FATAL	Validity

(continued)

Table A1.1 (continued): Proposed validation checks^(a) for the National Community Mental Health Care Database

Data element	Edit check	FATAL/WARNING ^(b)	Type of edit
Person identifier	Maximum number of contacts per person identifier per establishment not greater than 250.	WARNING	Logical
	Query establishment identifier–person identifier combinations with two different sex values.	WARNING	Logical
	Query establishment identifier–person identifier combinations with more than one date of birth.	WARNING	Logical
	Query establishment identifier–person identifier combinations with more than one value for other demographic characteristics.	WARNING	Logical
Principal diagnosis	Field must not be null.	WARNING	Validity
	The diagnosis must be a valid code in the classification specified in the NHDD.	FATAL	Validity
	Codes beginning with V, W, X, Y (external causes) describe the circumstances of an injury, rather than the condition being treated.	WARNING	Validity
	F53.0–F53.9 Mental and behavioural disorders associated with the puerperium, not elsewhere classified valid for female only.	WARNING	Logical
	F52.5 Non-organic vaginismus valid for female only.	WARNING	Logical
	F52.4 Premature ejaculation valid for male only.	WARNING	Logical
	F53.0–F53.9 Mental and behavioural disorders associated with the puerperium, not elsewhere classified valid for age 15–55 years.	WARNING	Logical
	F00.0–F01.9 Dementia in Alzheimer’s disease and vascular dementia valid for age more than or equal to 15 years.	WARNING	Logical
	F03 Unspecified dementia valid for age more than or equal to 15 years.	WARNING	Logical
	F52.0–F52.9 Sexual dysfunction, not caused by organic disorder or disease valid for age more than or equal to 15 years.	WARNING	Logical
	F64.0–F64.1 Transexualism and dual-role transvestism valid for age more than or equal to 15 years.	WARNING	Logical
	F64.2 Genetic identity disorder of childhood valid for age less than 15 years.	WARNING	Logical
Service contact date	The service contact date must be within the collection period.	FATAL	Validity
	The service contact date must not be prior to the date of birth.	FATAL	Validity
Sex	Field must not be null.	FATAL	Validity
	Field must be equal to 1, 2 or 9. Indeterminate sex category (3) is invalid for this NMDS.	FATAL	Validity

(a) The edit checks listed constitute the routine validation protocol. However, other anomalous data detected during use of the data will also be queried with the relevant state or territory health authority.

(b) Failure to pass a fatal edit check requires data correction or resupply. Failure to pass warning edit checks requires investigation of potential data error.

Appendix 2: Establishments reporting data to the NCMHED and NCMHCD

Table A2.1: Public community mental health establishments reporting to NCMHED and whether they also reported service contacts to NCMHCD, states and territories, 2000–01

State or territory	Establishment name	Reported to NCMHCD
New South Wales	Central Coast Area Health Service	✓
	Central Sydney Area Health Service	✓
	Corrections Health Service	✓
	Far West Area Health Service	✓
	Greater Murray Area Health Service	✓
	Hunter Area Health Service	✓
	Illawarra Area Health Service	✓
	Macquarie Area Health Service	✓
	Mid North Coast Area Health Service	✓
	Mid Western Area Health Service	✓
	New England Area Health Service	✓
	Northern Rivers Area Health Service	✓
	Northern Sydney Area Health Service	✓
	South Eastern Sydney Area Health Service	✓
	South Western Sydney Area Health Service	✓
	Southern Area Health Service	×
	The New Children's Hospital	✓
	Wentworth Area Health Service	✓
	Western Sydney Area Health Service	✓
	Victoria	Austin & Repatriation Medical Centre
Ballarat Health Service—Grampians Psychiatric Services		✓
Barwon Health		✓
Bayside Health—Caulfield APMHS		✓
Bayside Health—The Alfred		✓
Bendigo Health—Loddon Mallee		✓
Bouverie Centre		✓
Eastern Health—Central East AMHS		✓
Eastern Health—Outer East (Maroondah)		✓
Eastern Health—Peter James Centre		✓
Eastern Health—St Georges		✓
Forensicare—Thomas Embling		✓
Goulburn Valley Health		✓
La Trobe Regional Hospital		✓
Lyndoch Warnambool Inc.		× (residential only)
Mercy Health and Aged Care—Werribee		✓
Mildura District Base Hospital		✓
North Western Health—IWAMHS—Adult		✓
North Western Health—MHSKY (EPPIC)		✓
North Western Health—MW/SW—Aged		✓
North Western Health—MWAMHS—Adult		✓
North Western Health—NAMHS		✓
North Western Health—NE Aged—Bundoora Extended Care Centre		✓
North Western Health—NWAMHS—Adult		✓
North Western Health—NWIW—Aged		✓
Peninsula Health		✓
South West Health Care		✓

(continued)

Table A2.1 (continued): Public community mental health establishments reporting to NCMHED and whether they also reported service contacts to NCMHCD, states and territories, 2000–01

State or territory	Establishment name	Reported to NCMHCD
Victoria (continued)	Southern Health—Dandenong	✓
	Southern Health—Kingston Centre	✓
	Southern Health—Middle South Mental Health Services	✓
	Southern Health—Southern Child and Adolescent Mental Health Service	✓
	St Vincent's Hospital	✓
	Stawell District Hospital	✗ (residential only)
	The Beechworth Hospital	✗ (residential only)
	Wangaratta District Base Hospital—North East Psychiatric Service	✓
	West Wimmera Health Service	✗ (residential only)
	Wodonga Regional Health Service	✓
Queensland	Women's and Children's Health	✓
	Aspley Adult Community Mental Health Service	✓
	Beenleigh Adult Community Mental Health Service	✓
	Beenleigh Child and Youth Community Mental Health Service	✓
	Bowen Community Mental Health Service	✓
	Bundaberg Adult Community Mental Health Service	✓
	Bundaberg Child and Youth Community Mental Health Service	✓
	Bundaberg Hospital—Mental Health Inpatient Unit	✓
	Caboolture Adult Community Mental Health Service	✓
	Caboolture Child and Youth Community Mental Health Service	✓
	Cairns Adult Community Mental Health Service	✓
	Cairns Child and Youth Community Mental Health Service	✓
	Cape York Community Mental Health Service	✗
	Central Highlands Mental Health Service	✓
	Central West Community Mental Health Service	✓
	Charleville Mental Health Service	✓
	Charters Towers Mental Health Service	✓
	Chermside Adult Community Mental Health Service	✓
	Community Forensic Mental Health Service	✓
	Community Initiatives Team	✓
	Community Psychogeriatric Service	✓
	Coorparoo Adult Community Mental Health Service	✓
	Department of Corrective Services	✗
	Enoggera Child and Youth Community Mental Health Service	✓
	Fraser Coast Community Mental Health Service	✓
	Gladstone Mental Health Service	✓
	Gold Coast Adult Community Mental Health Service (Palm Beach)	✓
	Gold Coast Adult Community Mental Health Service (Southport)	✓
	Gold Coast Child & Youth Community Mental Health Service—Burleigh	✓
	Gold Coast Child & Youth Community Mental Health Service—Southport	✓
	Goodna Adult Community Mental Health Service	✓
	Greenslopes Child and Youth Community Mental Health Service	✓
	Gympie Community Mental Health Service	✓
	Inala Adult Community Mental Health Service	✓
	Inala Child and Youth Community Mental Health Service	✓
	Innisfail Community Mental Health Service	✓
Ipswich Adult Community Mental Health Service	✓	

(continued)

Table A2.1 (continued): Public community mental health establishments reporting to NCMHED and whether they also reported service contacts to NCMHCD, states and territories, 2000–01

State or territory	Establishment name	Reported to NCMHCD
Queensland (continued)	Ipswich Child and Youth Community Mental Health Service	✓
	Logan Central Adult Community Mental Health Service	✓
	Logan Central Child Community Mental Health Service	✓
	Logan Central Youth Community Mental Health Service	✓
	Mackay Adult Community Mental Health Service	✓
	Mackay Child and Youth Community Mental Health Service	✓
	Maroochydore (Coastal) Adult Community Mental Health Service	✓
	Mater Children's Hospital Mental Health Service	✓
	Mobile Intensive Support Team	✓
	Moranbah Community Mental Health Service	✓
	Mt Gravatt Adult Community Mental Health Service	✓
	Mt Isa Mental Health Service	✓
	Nambour (Hinterland) Adult Community Mental Health Service	✓
	North Burnett Community Mental Health Service	✓
	Northern Downs Community Mental Health Service	✓
	Nundah Child and Youth Community Mental Health Service	✓
	Palm Island Community Mental Health Service	✓
	Pine Rivers Adult Community Mental Health Service	✓
	Pine Rivers Child and Youth Community Mental Health Service	✓
	Princess Alexandra Hospital—Mental Health Inpatient Unit	✓
	Redcliffe Adult Community Mental Health Service	✓
	Redcliffe Child and Youth Community Mental Health Service	✓
	Redlands Adult Community Mental Health Service	✓
	Rockhampton Adult Community Mental Health Service	✓
	Rockhampton Child and Youth Community Mental Health Service	✓
	Rockhampton Eventide Psychogeriatric Inpatient Unit	✓
	Roma Community Mental Health Service	✓
	Royal Brisbane Hospital—Adult Community Mental Health Service	✓
	Royal Children's Hospital—Child and Family Therapy	✓
	Sandgate Adult Community Mental Health Service	✓
	South Burnett Community Mental Health Service	✓
	Southern Downs Community Mental Health Service	✓
	Spring Hill Adolescent Forensic Unit	✓
	Sunshine Coast Child and Youth Community Mental Health Service	✓
	Tablelands Community Mental Health Service	✓
	Toowoomba Adult Community Mental Health Service	✓
	Toowoomba Child and Youth Community Mental Health Service	✓
	Toowoomba Psychogeriatric Community Mental Health Service	✓
	Torres Community Mental Health Service	✓
	Townsville Cambridge Street Adult Community Mental Health Service	✓
	Townsville Child and Youth Community Mental Health Service	✓
Townsville Hospital—Mental Health Inpatient Unit	✓	
Valley Adult Community Mental Health Service	✓	
West End Adult Community Mental Health Service	✓	
Wolston Park Hospital	x	

(continued)

Table A2.1 (continued): Public community mental health establishments reporting to NCMHED and whether they also reported service contacts to NCMHCD, states and territories, 2000–01

State or territory	Establishment name	Reported to NCMHCD
Queensland (continued)	Wynnum Adult Community Mental Health Service	✓
	Wynnum Child and Youth Community Mental Health Service	✓
	Yeronga Child and Youth Community Mental Health Service	✓
Western Australia	Armadale Health Service	✓
	Bentley Health Service	✓
	Central West Health Service	✓
	Fremantle Hospital and Health Service	✓
	Gascoyne Mental Health Service	✓
	Graylands Selby—Lemnos and Special Care Services	✓
	Great Southern Mental Health Service	✓
	Hampton Road Service	✗ (residential only)
	Inner City Mental Health Service	✓
	North Metropolitan Health Service (incl. SCGH)	✓
	Northern Goldfields Community Mental Health Service	✓
	Northwest Mental Health Services	✓
	Peel Mental Health Service	✓
	Princess Margaret/King Edward Memorial Hospital	✓
	Rockingham Kwinana Health Service	✓
	South East Coastal Mental Health Service	✓
	South West Mental Health Service	✓
	Swan Mental Health Service (includes Kalamunda)	✓
	Western Health Service	✓
	Whitby Falls Hostel	✗ (residential only)
South Australia	Adelaide Hills Community Health Service	✗
	Barossa and Districts Mental Health	✗
	Community Mental Health Service (North Terrace C3)	✗
	Eastern Community Mental Health Service	✓
	Eastern Community Mental Health Service—Residential	✗ (residential only)
	Flinders Medical Centre Department of Psychiatry	✗
	Lower North Community Health Service	✗
	Lyell McEwin Health Service—Mental Health Division	✓
	Modbury Public Hospital	✗
	Murray Mallee Community Health Service	✗
	Noarlunga Health Service	✓
	Northern Metro, Child & Adolescent Mental Health Service	✓
	Northern York Peninsula Health Service	✗
	Pika Wiya Health Service	✗
	Port Augusta Hospital & Regional Health Service	✗
	Port Lincoln Community Health Service	✗
	Port Pirie Regional Health Service	✗
	Repatriation General Hospital—Southern Mental Health	✗
	Riverland Regional Health Service	✗
	Royal Adelaide Hospital—Mental Health Services for Older People	✓
	Rural & Remote Mental Health (metro-based)	✓
	South Australia Forensic Mental Health Services	✗
	South East Regional Community Health Service	✗
	Southern Child and Adolescent Mental Health Service	✓

(continued)

Table A2.1 (continued): Public community mental health establishments reporting to NCMHED and whether they also reported service contacts to NCMHCD, states and territories, 2000–01

State or territory	Establishment name	Reported to NCMHCD
South Australia (continued)	Southern Fleurieu Health Service	✗
	Southern Mental Health	✓
	Southern Mental Health Services for Older People	✓
	Southern York Peninsula Community Health Service	✗
	The QEH Hospital—Division of Mental Health	✓
	Whyalla Community Health Centre	✗
Tasmania	Burnie Child & Adolescent Mental Health Service	✓
	Campbell Street	✗ (residential only)
	Clare House Child & Adolescent Mental Health Service	✓
	Community Assessment and Triage Team	✓
	Community Dementia Team	✗
	Dementia Support Unit	✗
	Department of Psychiatry	✓
	Derwent Valley Community Centre	✓
	Eastern District Community Mental Health Team (Bellerive)	✓
	Forensic Services (Outpatient)	✓
	Gavitt House	✓
	Howard Hill Centre	✗ (residential only)
	Millbrooke Rise: Clyde	✗ (residential only)
	Millbrooke Rise: Derwent	✗ (residential only)
	Mistral Place	✗ (residential only)
	Mobile Intensive Support Team	✗
	Northern Community Mental Health Team	✓
	Oakrise Child & Adolescent Mental Health Service	✓
	Oldaker Street Clinic	✓
	Parkside Community Mental Health Team	✓
	Peacock Centre (not including Tanderria)	✓
	Rehabilitation Services	✓
	Shore Street Day Centre	✓
	Southern District Community Mental Health Team	✓
	Tanderria (at Peacock Centre)	✗ (residential only)
	Tolosa Street	✗ (residential only)
	Viewpoint Day Centre	✓
Woodhouse (including Roy Fagan Community Team)	✓	
Australian Capital Territory	Calvary Public Hospital	✗
	The Canberra Hospital	✓
Northern Territory	Alice Springs Remote Mental Health Service	✓
	Alice Springs Urban Mental Health Service	✓
	Darwin Rural Mental Health Service	✓
	Darwin Urban Mental Health Service	✓
	East Arnhem Mental Health Service	✓
	Katherine Mental Health Service	✓

Notes: ✓ Yes; ✗ No.

Appendix 3: Relationship between the NOCC and the Mental Health Care NMDSs

The First and Second Plans of the National Mental Health Strategy placed emphasis on the development of an outcome measurement strategy to inform clinical practice, health service management and policy development. Initiatives in this area have led the Australian government and the state and territory health authorities to enter into an agreement to collect data from a range of outcome and casemix measures. These data are referred to as the National Outcomes and Casemix Collection (NOCC).

The NOCC was designed to supplement the existing NMDS data as the NMDS for Admitted Patient Mental Health Care and the NMDS for Community Mental Health Care do not include any data on the outcome of the mental health care provided. The NOCC is currently in a research and development phase aimed to test its suitability for reporting national mental health care outcomes and as the basis for a casemix model.

The NOCC will be collated and analysed by organisations comprising the Australian Mental Health Outcomes and Classification Network (AMHOCN). Under the AMHOCN arrangements the data from the NOCC and the two NMDSs will be linked for detailed analysis of service outcomes and casemix modelling. The future direction of this data collection will be guided by the results of these analyses, but may involve the introduction of outcome measures to the NMDS for Admitted Patient Mental Health Care and the NMDS for Community Mental Health Care.

The majority of the NOCC data are based on clinician-completed ratings of the patient's mental state and outcomes and consumer self-report measures. The clinician-completed instruments include:

- Health of the Nation Outcome Scales (HoNOS)
- Abbreviated Life Skills Profile (LSP-16)
- Resource Utilisation Groups—Activities of Daily Living (RUGADL).

The consumer self-report measures vary between states and territories, but include:

- the Mental Health Inventory (MHI)
- the Behaviour and Symptom Identification Scale (BASIS-32)
- the Kessler-10 (K-10).

The collection also includes basic demographic data (e.g. sex, date of birth) and administrative data (e.g. person and provider identifiers, collection occasion date) to help link the NOCC data with the NMDS data.

The statistical unit of the NOCC is the collection occasion. A collection occasion is designated to occur at the start and the end of an episode of mental health care and at the formal 3-month reviews. For each of these events a selection of measures is prescribed by the NOCC protocol depending on the event and the target population of the service.

The NOCC and the combination of the two NMDSs cover the same public mental health services, with the exception of residential mental health services for which collection of data for a new NMDS will commence in July 2004. The NOCC collection occasions classified as ambulatory mental health care correspond to a subset of the service contacts reported under the NMDS for Community Mental Health Care. In the case of ambulatory collection occasions, a single collection occasion should correspond to a single service contact. However not all service contacts will be a collection occasion. There may be some collection occasions in hospital-based ambulatory services that are reported as same-day hospital admissions for the NMDS for Admitted Patient Mental Health Care.

The NOCC collection occasions classified as residential mental health care currently have no corresponding NMDS data. The NOCC collection occasions classified as inpatient correspond to non same-day separations reported under the NMDS for Admitted Patient Mental Health Care. In the case of inpatient and residential collection occasions, more than one collection occasion should link with a single separation (e.g. admission, review and discharge).

Appendix 4: Review of individual data elements

Data Item Name: State identifier

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care Community Mental Health Establishments	Collection year: 2000–01
		Knowledgebase ID: 000050
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at a national level. Establishment identifier is a composite data element. State identifier: —an identifier for state or territory.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	n.a.		n.a.			No
NT	Yes		Yes		Yes	

Details of use of non-standard NHDD definition and domain values:

Details of use of non-standard NMDS scope:

The Australian Capital Territory did not supply any of the elements of Establishment identifier, but since only one establishment provided service contact data, this information was imputed.

Data Item Name: Establishment sector

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care Community Mental Health Establishments	Collection year: 2000–01
		Knowledgebase ID: 000050
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at a national level. Establishment identifier is a composite data element. Establishment sector: —a section of the health care industry.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Yes		Yes	All public	Yes	
Vic	Yes		Yes	All public	Yes	
Qld	Yes		Yes	All public	Yes	
WA	Yes		Yes	All public	Yes	
SA	Yes		Yes	All public	Yes	
Tas	Yes		Yes	All public	Yes	
ACT	n.a.		n.a.			No
NT	Yes		Yes	All public	Yes	

Details of use of non-standard NHDD definition and domain values:

Details of use of non-standard NMDS scope:

The Australian Capital Territory did not supply any of the elements of Establishment identifier, but since only one establishment provided service contact data, this information was imputed.

Data Item Name: Region code

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care Community Mental Health Establishments	Collection year: 2000–01
		Knowledgebase ID: 000050
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at a national level. Establishment identifier is a composite data element. Region code: —an identifier for location of health services in an area.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Yes		n.a.		Yes	
Vic	Yes		n.a.		Yes	
Qld	Yes		n.a.		Yes	
WA	Yes		n.a.		Yes	
SA	Yes		n.a.		Yes	
Tas	Yes		n.a.		Yes	
ACT	n.a.		n.a.			No
NT	Yes		n.a.		Yes	

Details of use of non-standard NHDD definition and domain values:

Details of use of non-standard NMDS scope:

The Australian Capital Territory did not supply any of the elements of Establishment identifier, but since only one establishment provided service contact data, this information was imputed.

Data Item Name: Establishment number

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care Community Mental Health Establishments	Collection year: 2000–01
		Knowledgebase ID: 000050
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at a national level. Establishment identifier is a composite data element. Establishment number: —an identifier for establishments, unique within the state or territory.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?	NHDD domain values used?	Provided for all reported service contacts?
NSW	No	n.a.	Yes
Vic	Yes	n.a.	Yes
Qld	Yes	n.a.	Yes
WA	Yes	n.a.	Yes
SA	Yes	n.a.	Yes
Tas	Yes	n.a.	Yes
ACT	n.a.	n.a.	No
NT	Yes	n.a.	Yes

Details of use of non-standard NHDD definition and domain values:

New South Wales: Alphanumeric 4 character was used.

Details of use of non-standard NMDS scope:

The Australian Capital Territory did not supply any of the elements of Establishment identifier, but since only one establishment provided service contact data, this information was imputed.

Data Item Name: Person identifier

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000127
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: Person identifier unique within establishment or agency.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	No	Not unique	n.a.		Yes	
Vic	Yes		n.a.		Yes	
Qld	Yes		n.a.		Yes	
WA	Yes		n.a.		Yes	
SA	Yes		n.a.		Yes	
Tas	Yes		n.a.		Yes	
ACT	Yes		n.a.		Yes	
NT	Yes		n.a.		Yes	

Details of use of non-standard NHDD definition and domain values:

New South Wales' Person identifier was not unique to establishment; there were 33 person identifier–establishment identifier combinations with more than one sex value and 156 person identifier–establishment identifier combinations with more than one date of birth. New South Wales' Person identifier was 15 characters instead of the 10 specified.

In Victoria and Western Australia Person identifiers were unique to the state.

Details of use of non-standard NMDS scope:

Data Item Name: Sex

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000149
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: The sex of the person.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Yes		Yes			No
Vic	Yes		Yes			No
Qld	Yes		Yes			No
WA	Yes		Yes			No
SA	Yes		Yes			No
Tas	Yes		Yes			No
ACT	Yes		Yes			No
NT	Yes		Yes			No

Details of use of non-standard NHDD definition and domain values:

Details of use of non-standard NMDS scope:

New South Wales: 72,881 service contacts with sex not reported.

Victoria: 36 service contacts with sex not reported.

Queensland: 14 service contacts with sex not reported.

Western Australia: 4 service contacts with sex not reported.

South Australia: 1,107 service contacts with sex not reported.

Tasmania: 30 service contacts with sex not reported.

Australian Capital Territory: 10,040 service contacts with sex not reported.

Northern Territory: 74 service contacts with sex not reported.

Data Item Name: Date of birth

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000036
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: The date of birth of the person.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Yes		Yes			No
Vic	Yes		No	(D)D/(M)M/YYYY		No
Qld	Yes		Yes			No
WA		No	No	No day		No
SA	Yes		No	DD/MM/YY		No
Tas	Yes		Yes			No
ACT	Yes		Yes			No
NT	Yes		No	DD/MM/YY		No

Details of use of non-standard NHDD definition and domain values:

Western Australia did not supply day of birth.

Details of use of non-standard NMDS scope:

New South Wales: Missing for 18,470 records.

Victoria: Missing for 1,844 records.

Queensland: Missing for 433 records.

Western Australia: Missing for 21 records.

South Australia: Missing for 355 records.

Tasmania: Missing for 34 records.

Australian Capital Territory: Missing for 6,117 records.

Northern Territory: Missing for 45 records.

Data Item Name: Mental health legal status

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000092
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: An indication that the person was treated on an involuntary basis under the relevant state or territory mental health legislation, at some point during the hospital stay. Involuntary patients are persons who are detained under mental health legislation for the purposes of assessment or provision of appropriate treatment or care.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Yes		Yes			No
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes			No		No
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes			No

Details of use of non-standard NHDD definition and domain values:

South Australia: Category 3 was used to mean 'Not reported' when the data definition specifies that it refers to 'Not permitted to be reported under legislative arrangements in the jurisdiction'.

Details of use of non-standard NMDS scope:

New South Wales: 368,640 service contacts 'Not reported'.

South Australia: All 241,080 service contacts assigned to 'Not reported'.

Northern Territory: 19 service contacts 'Not reported'.

Data Item Name: Principal diagnosis

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000136
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility).		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW		No		No		No
Vic	Yes			No		No
Qld	Yes			No	Yes	
WA	Yes			No	Yes	
SA	Yes			No		No
Tas	Yes			No		No
ACT	Yes			No		No
NT	Yes			No		No

Details of use of non-standard NHDD definition and domain values:

Queensland and Tasmania: Only diagnosis codes beginning with F and Z were used.

South Australia: Three classifications were used: ICD-9-CM, ICD-10-AM and Child and Adolescent Mental Health Services specific codes.

Northern Territory: Only diagnosis codes beginning with F and Z were used.

Australian Capital Territory: Only F codes were used.

External causes of morbidity and mortality were reported as principal diagnoses by Victoria, Queensland, South Australia and Tasmania.

Details of use of non-standard NMDS scope:

Missing or non-informative codes (F99, R69 and R99)

New South Wales: 311,191 records

South Australia: 38,619 records

Victoria: 92,327 records

Tasmania: 7,297 records

Queensland: 424,360 records

Australian Capital Territory: 57,574 records

Western Australia: 23,079 records

Northern Territory: 21,351 records

Data Item Name: Service contact date

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs:	Collection year: 2000–01
		Knowledgebase ID: 000
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: The date of each service contact between a health service provider and patient/client.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Yes		Yes		Yes	
Vic	Yes		No	(D)D/(M)M/YYYY	Yes	
Qld	Yes		Yes		Yes	
WA	Yes		No	No day		No
SA	Yes		No	DD/MM/YY	Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		No	DD/MM/YY	Yes	

Details of use of non-standard NHDD definition and domain values:

Details of use of non-standard NMDS scope:

Western Australia advised that 42,835 records collected using paper-based methods did not include the day of the service contact. The month and year of these service contacts were provided and the date was set to 01.

Data Item Name: Indigenous status

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000001
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?	NHDD domain values used?	Provided for all reported service contacts?
NSW	Yes	Yes	No
Vic	Yes	Yes	Yes
Qld	Yes	Yes	No
WA	Yes	Yes	No
SA	Yes	No	No
Tas	Yes	Yes	No
ACT	Yes	Yes	No
NT	Yes	Yes	No

Details of use of non-standard NHDD definition and domain values:

South Australia (Adult Mental Health Services) collected Aboriginal and Torres Strait Islander status as part of the collection of 'Race', with only 'Indigenous' and no 'Torres Strait Islander' category. Records reported as 'Aboriginal' were therefore mapped to the 'Aboriginal and Torres Strait Islander' category by South Australia, in the absence of a more appropriate code for 'Indigenous, not further specified'. AIHW mapped these records to 'Not reported'.

Details of use of non-standard NMDS scope:

New South Wales: Not reported for 249,172 service contacts.

Queensland: Not reported for 7,738 service contacts.

Western Australia: Not reported for 157 service contacts.

South Australia: No data reported for 27,628 service contacts.

Tasmania: Not reported for 5,741 service contacts.

Australian Capital Territory: Not reported for 31,152 service contacts.

Northern Territory: Not reported for 592 service contacts.

Optional Data Item: Country of birth

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000035
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: The country in which the person was born using Standard Australian Classification of Countries.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Not supplied		Not supplied		Not supplied	
Vic	Not supplied		Not supplied		Not supplied	
Qld	Not supplied		Not supplied		Not supplied	
WA	Yes			No		No
SA	Yes			No		No
Tas	Not supplied		Not supplied		Not supplied	
ACT	Not supplied		Not supplied		Not supplied	
NT	Yes		Yes			No

Details of use of non-standard NHDD definition and domain values:

South Australia and Western Australia used Australian Standard Classification of Countries for Social Statistics codes.

Details of use of non-standard NMDS scope:

Western Australia: Not stated and unknown for 5,423 service contacts.

South Australia: Not stated and unknown for 42,735 service contacts.

Northern Territory: Not stated and unknown for 1,694 service contacts.

Optional Data Item: Area of usual residence

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000016
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: Geographical location of usual residence of the person, comprising single-digit state or territory code and four-digit Statistical Local Area (SLA) code. SLAs should be based on the ASGC edition effective for the data collection reference year.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Not supplied		Not supplied		Not supplied	
Vic	Not supplied		Not supplied		Not supplied	
Qld	Not supplied		Not supplied		Not supplied	
WA	Not supplied		Not supplied		Not supplied	
SA		No		Yes		No
Tas	Not supplied		Not supplied			
ACT	Not supplied		Not supplied		Not supplied	
NT	Yes			No	Yes	

Details of use of non-standard NHDD definition and domain values:

Northern Territory reported the Statistical Local Area component of *Area of usual residence* using Australian Standard Geographical Classification (ASGC) 1996 version. The state or territory code was not supplied.

South Australia supplied both components, with Statistical Local Area in ASGC 2001 version. However, all records had a state or territory of usual residence of 'South Australia'.

Invalid combinations of SLA and state of usual residence were reported for 137 service contacts in South Australia and 3,709 service contacts in the Northern Territory.

Details of use of non-standard NMDS scope:

South Australia: No data reported for 9,130 service contacts.

Optional Data Item: Marital status

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs: Admitted Patient Mental Health Care	Collection year: 2000–01
		Knowledgebase ID: 000089
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: 9.0
Definition: The current marital status of the person.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?	NHDD domain values used?	Provided for all reported service contacts?
NSW	Not supplied	Not supplied	Not supplied
Vic	Not supplied	Not supplied	Not supplied
Qld	Not supplied	Not supplied	Not supplied
WA	Yes	Yes	No
SA	Yes	No	No
Tas	Not supplied	Not supplied	Not supplied
ACT	Not supplied	Not supplied	Not supplied
NT	Yes	No	No

Details of use of non-standard NHDD definition and domain values:

South Australia: Data were supplied with non-standard category 7 indicating de facto status. These records were mapped to category 5 'Married (including de facto)'. All 104 service contacts from South Australia (Child and Adolescent Mental Health Services) were defaulted to 'Not stated'.

Northern Territory: An extra category '9' was used in addition to category '6'. Both these categories represent 'Not stated/inadequately described'.

Details of use of non-standard NMDS scope:

Western Australia: 3,314 service contacts with marital status of 'Not stated/inadequately described'.

South Australia: 'Not stated/inadequately described' was assigned to all contacts from South Australia (Child and Adolescent Mental Health Services) (104 service contacts). In addition there were 61,959 service contacts from South Australia (Adult Mental Health Services) assigned to this category.

Northern Territory: 5,970 service contacts with marital status of 'Not stated/inadequately described'.

Optional Data Item: Service contact—group session status

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs:	Collection year: 2000–01
		Knowledgebase ID: Nil
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: Nil
Definition: Whether a service contact is a group session.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Not supplied		Not supplied		Not supplied	
Vic	Yes		Yes		Yes	
Qld	Not supplied		Not supplied		Not supplied	
WA	Yes		Yes		Yes	
SA	Yes			No	Yes	
Tas	Yes		Yes		No	
ACT	Not supplied		Not supplied		Not supplied	
NT	Not supplied		Not supplied		Not supplied	

Details of use of non-standard NHDD definition and domain values:

South Australia: Data domain flags 'D' for direct contact or 'G' for group contact, rather than '1' for 'Only one patient/client present with or without carer(s)/relative(s) or carer(s)/relative(s) present on behalf of one patient/client only' and '2' for 'Two or more patients/clients present with or without carer(s)/relative(s) or carer(s)/relative(s) present on behalf of more than one patient/client'.

Details of use of non-standard NMDS scope:

Group session status was 'Not stated' for 233 service contacts from Tasmania.

Optional Data Item: Service contact—patient/client present status

Evaluation NMDS: Community Mental Health Care	Other Mental Health NMDSs:	Collection year: 2000–01
		Knowledgebase ID: Nil
		Data element no.:
Scope: All service contacts provided by all public community mental health establishments.		NHDD version: Nil
Definition: The presence of a patient/client and/or their carer(s)/relative(s) at a service contact.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported service contacts?	
NSW	Not supplied		Not supplied		Not supplied	
Vic	Yes		Yes		Yes	
Qld	Not supplied		Not supplied		Not supplied	
WA	Yes		Yes		Yes	
SA	Not supplied		Not supplied		Not supplied	
Tas	Yes		Yes			No
ACT	Not supplied		Not supplied		Not supplied	
NT	Not supplied		Not supplied		Not supplied	

Details of use of non-standard NHDD definition and domain values:

Details of use of non-standard NMDS scope:

Patient/client present status was 'Not stated' for 339 service contacts from Tasmania.

Appendix 5: Categorisation of principal diagnosis codes

Principal diagnosis codes collected in NCMHCD for 2000–01 were categorised into nine groups:

1. Mental and behavioural disorders underlying conditions (F00–F98, excluding presenting problems as described in category 2 below)
2. Mental and behavioural disorders presenting problems (codes in the *Mental and behavioural disorders* chapter specifically referring to the current episode, such as F10.0, *Mental and behavioural disorder due to use of alcohol, acute intoxication*)
3. Other underlying conditions likely to result in need for mental health care (for example *Diseases of the nervous system*)
4. Other conditions not apparently likely to result in need for mental health care (for example, I50.0, *Congestive heart failure*, and some injury and poisoning codes)
5. Symptoms or signs likely to be of mental disorders
6. External causes of injury and poisoning and injuries likely to be indicative of self-harm
7. External circumstances likely to have contributed to need for mental health care
8. Reasons for attendance not apparently likely to have contributed to need for mental health care
9. Non-informative codes:
 - 9a Missing principal diagnosis
 - 9b Invalid code, uninterpretable
 - 9c Non-informative codes (F99, *Mental disorder, not otherwise specified*; R69, *Unknown and unspecified causes of morbidity*; R99, *Other ill-defined and unspecified causes of mortality*).

This organisation of the principal diagnosis codes reported in NCMHCD for 2000–01 is not intended as a new mental health categorisation; it is proposed only as a way of illustrating the types of codes employed by jurisdictions for the reporting of principal diagnosis. The categories used are also not exhaustive or definitive; comments from readers as to the appropriateness of the categorisation would be appreciated.

Table A5.1: Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F00	Dementia in Alzheimer's disease (G30.-+)	1
F000	Dementia in Alzheimer's disease with early onset (G30.0+)	1
F001	Dementia in Alzheimer's disease with late onset (G30.1+)	1
F002	Dementia in Alzheimer's disease, atypical or mixed type (G30.8+)	1
F009	Dementia in Alzheimer's disease, unspecified (G30.9+)	1
F01	Vascular dementia	1
F010	Vascular dementia of acute onset	1
F011	Multi-infarct dementia	1
F012	Subcortical vascular dementia	1
F013	Mixed cortical and subcortical vascular dementia	1
F018	Other vascular dementia	1
F019	Vascular dementia, unspecified	1
F02	Dementia in other diseases classified elsewhere	1
F020	Dementia in Pick's disease (G31.0+)	1
F021	Dementia in Creutzfeldt-Jakob disease (A81.0+)	1
F022	Dementia in Huntington's disease (G10+)	1
F023	Dementia in Parkinson's disease (G20+)	1
F024	Dementia in human immunodeficiency virus (HIV) disease (B22.0+)	1
F028	Dementia in other specified diseases classified elsewhere	1
F03	Unspecified dementia	1
F030	treat as F03	1
F04	Organic amnesic syndrome, not induced by alcohol and other psychoactive substances	1
F040	Post-traumatic amnesia	1
F049	Amnesic syndrome, unspecified	1
F05	Delirium, not induced by alcohol and other psychoactive substances	1
F050	Delirium not superimposed on dementia, so described	1
F051	Delirium superimposed on dementia	1
F058	Other delirium	1
F059	Delirium, unspecified	1
F06	Other mental disorders due to brain damage and dysfunction and to physical disease	1
F060	Organic hallucinosis	1
F061	Organic catatonic disorder	1
F062	Organic delusional (schizophrenia-like) disorder	1
F063	Organic mood (affective) disorders	1
F064	Organic anxiety disorder	1
F066	Organic emotionally labile (asthenic) disorder	1
F067	Mild cognitive disorder	1
F068	Other specified mental disorders due to brain damage and dysfunction and to physical disease	1
F069	Unspecified mental disorder due to brain damage and dysfunction and to physical disease	1
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction	1
F070	Organic personality disorder	1
F071	Postencephalitic syndrome	1
F072	Postconcussional syndrome	1
F078	Other organic personality and behavioural disorders due to brain disease, damage and dysfunction	1
F079	Unspecified organic personality and behavioural disorder due to brain disease, damage and dysfunction	1
F09	Unspecified organic or symptomatic mental disorder	1
F10	Mental and behavioural disorders due to use of alcohol	1
F101	Mental and behavioural disorders due to use of alcohol, harmful use	1
F102	Mental and behavioural disorders due to use of alcohol, dependence syndrome	1
F105	Mental and behavioural disorders due to use of alcohol, psychotic disorder	1
F106	Mental and behavioural disorders due to use of alcohol, amnesic syndrome	1
F107	Mental and behavioural disorders due to use of alcohol, residual and late-onset psychotic disorder	1
F108	Mental and behavioural disorders due to use of alcohol, other mental and behavioural disorders	1

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F109	Mental and behavioural disorders due to use of alcohol, unspecified mental and behavioural disorder	1
F11	Mental and behavioural disorders due to use of opioids	1
F111	Mental and behavioural disorders due to use of opioids, harmful use	1
F112	Mental and behavioural disorders due to use of opioids, dependence syndrome	1
F115	Mental and behavioural disorders due to use of opioids, psychotic disorder	1
F118	Mental and behavioural disorders due to use of opioids, other mental and behavioural disorders	1
F119	Mental and behavioural disorders due to use of opioids, unspecified mental and behavioural disorder	1
F12	Mental and behavioural disorders due to use of cannabinoids	1
F121	Mental and behavioural disorders due to use of cannabinoids, harmful use	1
F122	Mental and behavioural disorders due to use of cannabinoids, dependence syndrome	1
F125	Mental and behavioural disorders due to use of cannabinoids, psychotic disorder	1
F127	Mental and behavioural disorders due to use of cannabinoids, residual and late-onset psychotic disorder	1
F128	Mental and behavioural disorders due to use of cannabinoids, other mental and behavioural disorders	1
F129	Mental and behavioural disorders due to use of cannabinoids, unspecified mental and behavioural disorder	1
F13	Mental and behavioural disorders due to use of sedatives or hypnotics	1
F131	Mental and behavioural disorders due to use of sedatives or hypnotics, harmful use	1
F132	Mental and behavioural disorders due to use of sedatives or hypnotics, dependence syndrome	1
F135	Mental and behavioural disorders due to use of sedatives or hypnotics, psychotic disorder	1
F138	Mental and behavioural disorders due to use of sedatives or hypnotics, other mental and behavioural disorders	1
F139	Mental and behavioural disorders due to use of sedatives or hypnotics, unspecified mental and behavioural disorder	1
F14	Mental and behavioural disorders due to use of cocaine	1
F141	Mental and behavioural disorders due to use of cocaine, harmful use	1
F145	Mental and behavioural disorders due to use of cocaine, psychotic disorder	1
F149	Mental and behavioural disorders due to use of cocaine, unspecified mental and behavioural disorder	1
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine	1
F151	Mental and behavioural disorders due to use of other stimulants including caffeine, harmful use	1
F152	Mental and behavioural disorders due to use of other stimulants including caffeine, dependence syndrome	1
F155	Mental and behavioural disorders due to use of other stimulants including caffeine, psychotic disorder	1
F156	Mental and behavioural disorders due to use of other stimulants including caffeine, amnesic syndrome	1
F157	Mental and behavioural disorders due to use of other stimulants including caffeine, residual and late-onset psychotic disorder	1
F158	Mental and behavioural disorders due to use of other stimulants including caffeine, other mental and behavioural disorders	1
F159	Mental and behavioural disorders due to use of other stimulants including caffeine, unspecified mental and behavioural disorder	1
F16	Mental and behavioural disorders due to use of hallucinogens	1
F161	Mental and behavioural disorders due to use of hallucinogens, harmful use	1
F162	Mental and behavioural disorders due to use of hallucinogens, dependence syndrome	1
F165	Mental and behavioural disorders due to use of hallucinogens, psychotic disorder	1
F167	Mental and behavioural disorders due to use of hallucinogens, residual and late-onset psychotic disorder	1
F169	Mental and behavioural disorders due to use of hallucinogens, unspecified mental and behavioural disorder	1
F17	Mental and behavioural disorders due to use of tobacco	1
F171	Mental and behavioural disorders due to use of tobacco, harmful use	1
F175	Mental and behavioural disorders due to use of tobacco, psychotic disorder	1
F179	Mental and behavioural disorders due to use of tobacco, unspecified mental and behavioural disorder	1
F18	Mental and behavioural disorders due to use of volatile solvents	1
F181	Mental and behavioural disorders due to use of volatile solvents, harmful use	1
F182	Mental and behavioural disorders due to use of volatile solvents, dependence syndrome	1
F185	Mental and behavioural disorders due to use of volatile solvents, psychotic disorder	1
F188	Mental and behavioural disorders due to use of volatile solvents, other mental and behavioural disorders	1
F189	Mental and behavioural disorders due to use of volatile solvents, unspecified mental and behavioural disorder	1

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	1
F191	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, harmful use	1
F192	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, dependence syndrome	1
F195	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, psychotic disorder	1
F196	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, amnesic syndrome	1
F197	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, residual and late-onset psychotic disorder	1
F198	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, other mental and behavioural disorders	1
F199	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, unspecified mental and behavioural disorder	1
F20	Schizophrenia	1
F200	Paranoid schizophrenia	1
F201	Hebephrenic schizophrenia	1
F202	Catatonic schizophrenia	1
F203	Undifferentiated schizophrenia	1
F204	Post-schizophrenic depression	1
F205	Residual schizophrenia	1
F206	Simple schizophrenia	1
F208	Other schizophrenia	1
F209	Schizophrenia, unspecified	1
F21	Schizotypal disorder	1
F210	treat as F21	1
F22	Persistent delusional disorders	1
F220	Delusional disorder	1
F228	Other persistent delusional disorders	1
F229	Persistent delusional disorder, unspecified	1
F23	Acute and transient psychotic disorders	1
F230	Acute polymorphic psychotic disorder without symptoms of schizophrenia	1
F231	Acute polymorphic psychotic disorder with symptoms of schizophrenia	1
F232	Acute schizophrenia-like psychotic disorder	1
F233	Other acute predominantly delusional psychotic disorders	1
F238	Other acute and transient psychotic disorders	1
F239	Acute and transient psychotic disorder, unspecified	1
F24	Induced delusional disorder	1
F25	Schizoaffective disorders	1
F250	Schizoaffective disorder, manic type	1
F251	Schizoaffective disorder, depressive type	1
F252	Schizoaffective disorder, mixed type	1
F258	Other schizoaffective disorders	1
F259	Schizoaffective disorder, unspecified	1
F28	Other non-organic psychotic disorders	1
F280	treat as F28	1
F29	Unspecified non-organic psychosis	1
F290	treat as F29	1
F3	Invalid code, not interpretable	1
F30	Manic episode	1
F300	Hypomania	1
F301	Mania without psychotic symptoms	1
F302	Mania with psychotic symptoms	1
F308	Other manic episodes	1
F309	Manic episode, unspecified	1

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F31	Bipolar affective disorder	1
F310	Bipolar affective disorder, current episode hypomanic	1
F311	Bipolar affective disorder, current episode manic without psychotic symptoms	1
F312	Bipolar affective disorder, current episode manic with psychotic symptoms	1
F313	Bipolar affective disorder, current episode mild or moderate depression	1
F3130	treat as F313	1
F3131	treat as F313	1
F314	Bipolar affective disorder, current episode severe depression without psychotic symptoms	1
F315	Bipolar affective disorder, current episode severe depression with psychotic symptoms	1
F316	Bipolar affective disorder, current episode mixed	1
F317	Bipolar affective disorder, currently in remission	1
F318	Other bipolar affective disorders	1
F319	Bipolar affective disorder, unspecified	1
F32	Depressive episode	1
F320	Mild depressive episode	1
F3200	treat as F320	1
F3201	treat as F320	1
F321	Moderate depressive episode	1
F3210	treat as F321	1
F3211	treat as F321	1
F322	Severe depressive episode without psychotic symptoms	1
F323	Severe depressive episode with psychotic symptoms	1
F328	Other depressive episodes	1
F329	Depressive episode, unspecified	1
F33	Recurrent depressive disorder	1
F330	Recurrent depressive disorder, current episode mild	1
F3300	treat as F330	1
F331	Recurrent depressive disorder, current episode moderate	1
F3310	treat as F331	1
F3311	treat as F331	1
F332	Recurrent depressive disorder, current episode severe without psychotic symptoms	1
F333	Recurrent depressive disorder, current episode severe with psychotic symptoms	1
F334	Recurrent depressive disorder, currently in remission	1
F338	Other recurrent depressive disorders	1
F339	Recurrent depressive disorder, unspecified	1
F34	Persistent mood (affective) disorders	1
F340	Cyclothymia	1
F341	Dysthymia	1
F348	Other persistent mood (affective) disorders	1
F349	Persistent mood (affective) disorder, unspecified	1
F38	Other mood (affective) disorders	1
F380	Other single mood (affective) disorders	1
F381	Other recurrent mood (affective) disorders	1
F388	Other specified mood (affective) disorders	1
F39	Unspecified mood (affective) disorder	1
F40	Phobic anxiety disorders	1
F400	Agoraphobia	1
F4000	Agoraphobia without mention of panic disorder	1
F4001	Agoraphobia with panic disorder	1
F401	Social phobias	1
F402	Specific (isolated) phobias	1
F408	Other phobic anxiety disorders	1
F409	Phobic anxiety disorder, unspecified	1
F41	Other anxiety disorders	1

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F410	Panic disorder (episodic paroxysmal anxiety)	1
F411	Generalised anxiety disorder	1
F412	Mixed anxiety and depressive disorder	1
F413	Other mixed anxiety disorders	1
F418	Other specified anxiety disorders	1
F419	Anxiety disorder, unspecified	1
F42	Obsessive-compulsive disorder	1
F420	Predominantly obsessional thoughts or ruminations	1
F421	Predominantly compulsive acts (obsessional rituals)	1
F422	Mixed obsessional thoughts and acts	1
F428	Other obsessive-compulsive disorders	1
F429	Obsessive-compulsive disorder, unspecified	1
F43	Reaction to severe stress, and adjustment disorders	1
F430	Acute stress reaction	1
F4302	treat as F430	1
F431	Post-traumatic stress disorder	1
F432	Adjustment disorders	1
F4320	treat as F432	1
F4321	treat as F432	1
F4322	treat as F432	1
F4323	treat as F432	1
F4324	treat as F432	1
F4325	treat as F432	1
F438	Other reactions to severe stress	1
F439	Reaction to severe stress, unspecified	1
F44	Dissociative (conversion) disorders	1
F440	Dissociative amnesia	1
F441	Dissociative fugue	1
F442	Dissociative stupor	1
F443	Trance and possession disorders	1
F444	Dissociative motor disorders	1
F445	Dissociative convulsions	1
F446	Dissociative anaesthesia and sensory loss	1
F447	Mixed dissociative (conversion) disorders	1
F448	Other dissociative (conversion) disorders	1
F4481	Multiple personality disorder	1
F4482	Transient dissociate (conversion) disorders occurring in childhood and adolescence	1
F4488	Other specified dissociative (conversion) disorders	1
F449	Dissociative (conversion) disorder, unspecified	1
F45	Somatoform disorders	1
F450	Somatisation disorder	1
F451	Undifferentiated somatoform disorder	1
F452	Hypochondriacal disorder	1
F453	Somatoform autonomic dysfunction	1
F4531	Somatoform autonomic dysfunction, heart and cardiovascular system	1
F4532	Somatoform autonomic dysfunction, upper gastrointestinal tract	1
F4533	Somatoform autonomic dysfunction, lower gastrointestinal tract	1
F4534	Somatoform autonomic dysfunction, respiratory system	1
F454	Persistent somatoform pain disorder	1
F458	Other somatoform disorders	1
F459	Somatoform disorder, unspecified	1
F48	Other neurotic disorders	1
F480	Neurasthenia	1
F481	Depersonalisation-derealisation syndrome	1

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F488	Other specified neurotic disorders	1
F489	Neurotic disorder, unspecified	1
F491	Invalid code, not interpretable	1
F50	Eating disorders	1
F500	Anorexia nervosa	1
F501	Atypical anorexia nervosa	1
F502	Bulimia nervosa	1
F503	Atypical bulimia nervosa	1
F504	Overeating associated with other psychological disturbances	1
F505	Vomiting associated with other psychological disturbances	1
F508	Other eating disorders	1
F509	Eating disorder, unspecified	1
F51	Non-organic sleep disorders	1
F510	Non-organic insomnia	1
F511	Non-organic hypersomnia	1
F512	Non-organic disorder of the sleep–wake schedule	1
F513	Sleepwalking (somnambulism)	1
F514	Sleep terrors (night terrors)	1
F515	Nightmares	1
F518	Other non-organic sleep disorders	1
F519	Non-organic sleep disorder, unspecified	1
F52	Sexual dysfunction, not caused by organic disorder or disease	1
F520	Lack or loss of sexual desire	1
F5210	treat as F521	1
F522	Failure of genital response	1
F527	Excessive sexual drive	1
F528	Other sexual dysfunction, not caused by organic disorder or disease	1
F529	Unspecified sexual dysfunction, not caused by organic disorder or disease	1
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified	1
F530	Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified	1
F531	Severe mental and behavioural disorders associated with the puerperium, not elsewhere classified	1
F538	Other mental and behavioural disorders associated with the puerperium, not elsewhere classified	1
F539	Puerperal mental disorder, unspecified	1
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere	1
F540	treat as F54	1
F55	Harmful use of non-dependence-producing substances	1
F550	Harmful use of non-dependence-producing substance, antidepressants	1
F552	Harmful use of non-dependence-producing substance, analgesics	1
F558	Other substances that do not produce dependence	1
F559	Unspecified harmful use of non-dependence-producing substance	1
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors	1
F60	Specific personality disorders	1
F600	Paranoid personality disorder	1
F601	Schizoid personality disorder	1
F602	Dissocial personality disorder	1
F603	Emotionally unstable personality disorder	1
F6030	Emotionally unstable personality disorder, impulsive type	1
F6031	Emotionally unstable personality disorder, borderline type	1
F604	Histrionic personality disorder	1
F605	Anankastic personality disorder	1
F606	Anxious (avoidant) personality disorder	1
F607	Dependent personality disorder	1
F608	Other specific personality disorders	1
F609	Personality disorder, unspecified	1

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F61	Mixed and other personality disorders	1
F610	treat as F61	1
F6101	treat as F61	1
F6111	treat as F61	1
F62	Enduring personality changes, not attributable to brain damage and disease	1
F620	Enduring personality change after catastrophic experience	1
F621	Enduring personality change after psychiatric illness	1
F629	Enduring personality change, unspecified	1
F63	Habit and impulse disorders	1
F630	Pathological gambling	1
F631	Pathological fire-setting (pyromania)	1
F632	Pathological stealing (kleptomania)	1
F633	Trichotillomania	1
F638	Other habit and impulse disorders	1
F639	Habit and impulse disorder, unspecified	1
F64	Gender identity disorders	1
F640	Transsexualism	1
F641	Dual-role transvestism	1
F642	Gender identity disorder of childhood	1
F648	Other gender identity disorders	1
F649	Gender identity disorder, unspecified	1
F650	Fetishism	1
F652	Exhibitionism	1
F653	Voyeurism	1
F654	Paedophilia	1
F655	Sadomasochism	1
F656	Multiple disorders of sexual preference	1
F658	Other disorders of sexual preference	1
F659	Disorder of sexual preference, unspecified	1
F660	Sexual maturation disorder	1
F661	Egodystonic sexual orientation	1
F662	Sexual relationship disorder	1
F668	Other psychosexual development disorders	1
F669	Psychosexual development disorder, unspecified	1
F68	Other disorders of adult personality and behaviour	1
F680	Elaboration of physical symptoms for psychological reasons	1
F681	Intentional production or feigning of symptoms or disabilities, either physical or psychological (factitious disorder)	1
F688	Other specified disorders of adult personality and behaviour	1
F69	Unspecified disorder of adult personality and behaviour	1
F70	Mild mental retardation	1
F700	Mild mental retardation with the statement of no, or minimal, impairment of behaviour	1
F701	Mild mental retardation, significant impairment of behaviour requiring attention or treatment	1
F708	Mild mental retardation, other impairments of behaviour	1
F709	Mild mental retardation without mention of impairment of behaviour	1
F71	Moderate mental retardation	1
F710	Moderate mental retardation with the statement of no, or minimal, impairment of behaviour	1
F711	Moderate mental retardation, significant impairment of behaviour requiring attention or treatment	1
F718	Moderate mental retardation, other impairments of behaviour	1
F719	Moderate mental retardation without mention of impairment of behaviour	1
F720	Severe mental retardation with the statement of no, or minimal, impairment of behaviour	1
F721	Severe mental retardation, significant impairment of behaviour requiring attention or treatment	1
F728	Severe mental retardation, other impairments of behaviour	1
F729	Severe mental retardation without mention of impairment of behaviour	1
F730	Profound mental retardation with the statement of no, or minimal, impairment of behaviour	1

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F738	Profound mental retardation, other impairments of behaviour	1
F78	Other mental retardation	1
F780	Other mental retardation with the statement of no, or minimal, impairment of behaviour	1
F789	Other mental retardation without mention of impairment of behaviour	1
F79	Unspecified mental retardation	1
F790	Unspecified mental retardation with the statement of no, or minimal, impairment of behaviour	1
F791	Unspecified mental retardation, significant impairment of behaviour requiring attention or treatment	1
F798	Unspecified mental retardation, other impairments of behaviour	1
F799	Unspecified mental retardation without mention of impairment of behaviour	1
F80	Specific developmental disorders of speech and language	1
F800	Specific speech articulation disorder	1
F801	Expressive language disorder	1
F802	Receptive language disorder	1
F803	Acquired aphasia with epilepsy (Landau-Kleffner)	1
F808	Other developmental disorders of speech and language	1
F809	Developmental disorder of speech and language, unspecified	1
F81	Specific developmental disorders of scholastic skills	1
F810	Specific reading disorder	1
F811	Specific spelling disorder	1
F812	Specific disorder of arithmetical skills	1
F813	Mixed disorder of scholastic skills	1
F818	Other developmental disorders of scholastic skills	1
F819	Developmental disorder of scholastic skills, unspecified	1
F82	Specific developmental disorder of motor function	1
F820	treat as F82	1
F83	Mixed specific developmental disorders	1
F830	treat as F83	1
F838	treat as F83	1
F84	Pervasive developmental disorders	1
F840	Childhood autism	1
F841	Atypical autism	1
F8411	treat as F841	1
F843	Other childhood disintegrative disorder	1
F844	Overactive disorder associated with mental retardation and stereotyped movements	1
F845	Asperger's syndrome	1
F848	Other pervasive developmental disorders	1
F849	Pervasive developmental disorder, unspecified	1
F88	Other disorders of psychological development	1
F89	Unspecified disorder of psychological development	1
F890	treat as F89	1
F90	Hyperkinetic disorders	1
F900	Disturbance of activity and attention	1
F901	Hyperkinetic conduct disorder	1
F908	Other hyperkinetic disorders	1
F909	Hyperkinetic disorder, unspecified	1
F91	Conduct disorders	1
F910	Conduct disorder confined to the family context	1
F911	Unsocialised conduct disorder	1
F912	Socialised conduct disorder	1
F913	Oppositional defiant disorder	1
F918	Other conduct disorders	1
F919	Conduct disorder, unspecified	1
F92	Mixed disorders of conduct and emotions	1
F920	Depressive conduct disorder	1

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F928	Other mixed disorders of conduct and emotions	1
F929	Mixed disorder of conduct and emotions, unspecified	1
F93	Emotional disorders with onset specific to childhood	1
F930	Separation anxiety disorder of childhood	1
F931	Phobic anxiety disorder of childhood	1
F932	Social anxiety disorder of childhood	1
F933	Sibling rivalry disorder	1
F938	Other childhood emotional disorders	1
F939	Childhood emotional disorder, unspecified	1
F94	Disorders of social functioning with onset specific to childhood and adolescence	1
F940	Elective mutism	1
F941	Reactive attachment disorder of childhood	1
F942	Disinhibited attachment disorder of childhood	1
F948	Other childhood disorders of social functioning	1
F949	Childhood disorder of social functioning, unspecified	1
F95	Tic disorders	1
F950	Transient tic disorder	1
F951	Chronic motor or vocal tic disorder	1
F952	Combined vocal and multiple motor tic disorder (de la Tourette)	1
F958	Other tic disorders	1
F959	Tic disorder, unspecified	1
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence	1
F980	Non-organic enuresis	1
F9800	treat as F980	1
F981	Non-organic encopresis	1
F982	Feeding disorder of infancy and childhood	1
F984	Stereotyped movement disorders	1
F985	Stuttering (stammering)	1
F988	Other specified behavioural and emotional disorders with onset usually occurring in childhood and adolescence	1
F989	Unspecified behavioural and emotional disorders with onset usually occurring in childhood and adolescence	1
G300	Alzheimer's disease with early onset	1
G301	Alzheimer's disease with late onset	1
G308	Other Alzheimer's disease	1
G309	Alzheimer's disease, unspecified	1
Z864	Personal history of psychoactive substance use disorder	1
Z8641	Personal history of alcohol use disorder	1
Z865	Personal history of other mental and behavioural disorders	1
Z913	Personal history of unhealthy sleep–wake schedule	1
F100	Mental and behavioural disorders due to use of alcohol, acute intoxication	2
F103	Mental and behavioural disorders due to use of alcohol, withdrawal state	2
F104	Mental and behavioural disorders due to use of alcohol, withdrawal state with delirium	2
F110	Mental and behavioural disorders due to use of opioids, acute intoxication	2
F113	Mental and behavioural disorders due to use of opioids, withdrawal state	2
F114	Mental and behavioural disorders due to use of opioids, withdrawal state with delirium	2
F120	Mental and behavioural disorders due to use of cannabinoids, acute intoxication	2
F123	Mental and behavioural disorders due to use of cannabinoids, withdrawal state	2
F124	Mental and behavioural disorders due to use of cannabinoids, withdrawal state with delirium	2
F130	Mental and behavioural disorders due to use of sedatives or hypnotics, acute intoxication	2
F133	Mental and behavioural disorders due to use of sedatives or hypnotics, withdrawal state	2
F134	Mental and behavioural disorders due to use of sedatives or hypnotics, withdrawal state with delirium	2
F140	Mental and behavioural disorders due to use of cocaine, acute intoxication	2
F150	Mental and behavioural disorders due to use of other stimulants including caffeine, acute intoxication	2
F153	Mental and behavioural disorders due to use of other stimulants including caffeine, withdrawal state	2

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
F154	Mental and behavioural disorders due to use of other stimulants including caffeine, withdrawal state with delirium	2
F160	Mental and behavioural disorders due to use of hallucinogens, acute intoxication	2
F180	Mental and behavioural disorders due to use of volatile solvents, acute intoxication	2
F190	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, acute intoxication	2
F193	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, withdrawal state	2
F194	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, withdrawal state with delirium	2
Z004	General psychiatric examination, not elsewhere classified	2
Z032	Observation for suspected mental and behavioural disorders	2
Z046	General psychiatric examination, requested by authority	2
Z133	Special screening examination for mental and behavioural disorders	2
Z504	Psychotherapy, not elsewhere classified	2
G039	Meningitis, unspecified	3
G10	Huntington's disease	3
G20	Parkinson's disease	3
G210	Malignant neuroleptic syndrome	3
G211	Other drug-induced secondary parkinsonism	3
G219	Secondary parkinsonism, unspecified	3
G249	Dystonia, unspecified	3
G25	Other extrapyramidal and movement disorders	3
G256	Drug-induced tics and other tics of organic origin	3
G319	Degenerative disease of nervous system, unspecified	3
G35	Multiple sclerosis	3
G400	Localisation-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localised onset	3
G401	Localisation-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures	3
G402	Localisation-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures	3
G403	Generalised idiopathic epilepsy and epileptic syndromes	3
G406	Grand mal seizures, unspecified (with or without petit mal)	3
G408	Other epilepsy	3
G409	Epilepsy, unspecified	3
G410	Grand mal status epilepticus	3
G412	Complex partial status epilepticus	3
G431	Migraine with aura (classical migraine)	3
G440	Cluster headache syndrome	3
G454	Transient global amnesia	3
G470	Disorders of initiating and maintaining sleep (insomnias)	3
G474	Narcolepsy and cataplexy	3
G479	Sleep disorder, unspecified	3
G809	Cerebral palsy, unspecified	3
G819	Hemiplegia, unspecified	3
G900	Idiopathic peripheral autonomic neuropathy	3
G910	Communicating hydrocephalus	3
G930	Cerebral cysts	3
G931	Anoxic brain damage, not elsewhere classified	3
G939	Disorder of brain, unspecified	3
N943	Premenstrual tension syndrome	3
O993	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium	3
A540	Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess	4
B24	Unspecified human immunodeficiency virus (HIV) disease	4
C150	Malignant neoplasm of cervical part of oesophagus	4

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
C833	Large cell (diffuse) non-Hodgkin's lymphoma	4
D220	Melanocytic naevi of lip	4
D649	Anaemia, unspecified	4
E201	Pseudohypoparathyroidism	4
E441	Mild protein-energy malnutrition	4
E46	Unspecified protein-energy malnutrition	4
E660	Obesity due to excess calories	4
E669	Obesity, unspecified	4
E839	Disorder of mineral metabolism, unspecified	4
E876	Hypokalaemia	4
I10	Essential (primary) hypertension	4
I219	Acute myocardial infarction, unspecified	4
I259	Chronic ischaemic heart disease, unspecified	4
I269	Pulmonary embolism without mention of acute cor pulmonale	4
I48	Atrial fibrillation and flutter	4
I500	Congestive heart failure	4
I509	Heart failure, unspecified	4
I516	Cardiovascular disease, unspecified	4
I629	Intracranial haemorrhage (nontraumatic), unspecified	4
I630	Cerebral infarction due to thrombosis of precerebral arteries	4
I64	Stroke, not specified as haemorrhage or infarction	4
I679	Cerebrovascular disease, unspecified	4
J440	Chronic obstructive pulmonary disease with acute lower respiratory infection	4
J449	Chronic obstructive pulmonary disease, unspecified	4
J450	Predominantly allergic asthma	4
J459	Asthma, unspecified	4
J690	Pneumonitis due to food and vomit	4
K589	Irritable bowel syndrome without diarrhoea	4
K590	Constipation	4
K592	Neurogenic bowel, not elsewhere classified	4
K70	Alcoholic liver disease	4
K709	Alcoholic liver disease, unspecified	4
M549	Unspecified dorsalgia	4
M609	Unspecified myositis	4
M758	Other shoulder lesions	4
M790	Rheumatism, unspecified	4
N488	Other specified disorders of penis	4
N509	Disorder of male genital organs, unspecified	4
P910	Neonatal cerebral ischaemia	4
P912	Neonatal cerebral leukomalacia	4
Q851	Tuberous sclerosis	4
Q909	Down's syndrome, unspecified	4
Q969	Turner's syndrome, unspecified	4
Q999	Chromosomal abnormality, unspecified	4
R00	Abnormalities of heart beat	4
R090	Asphyxia	4
R104	Other and unspecified abdominal pain	4
R11	Nausea and vomiting	4
R15	Faecal incontinence	4
R298	Other and unspecified symptoms and signs involving the nervous and musculoskeletal systems	4
R470	Dysphasia and aphasia	4
R521	Chronic intractable pain	4
R522	Other chronic pain	4
R529	Pain, unspecified	4

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
R53	Malaise and fatigue	4
R55	Syncope and collapse	4
R568	Other and unspecified convulsions	4
R590	Localised enlarged lymph nodes	4
R600	Localised oedema	4
R64	Cachexia	4
R930	Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified	4
R948	Abnormal results of function studies of other organs and systems	4
R960	Instantaneous death	4
S068	Other intracranial injuries	4
S069	Intracranial injury, unspecified	4
S099	Unspecified injury of head	4
S220	Fracture of thoracic vertebra	4
T319	Burns involving 90% or more of body surface	4
T391	4-Aminophenol derivatives	4
T393	Other non-steroidal anti-inflammatory drugs (NSAID)	4
T402	Other opioids	4
T409	Other and unspecified psychodysleptics (hallucinogens)	4
T424	Benzodiazepines	4
T430	Tricyclic and tetracyclic antidepressants	4
T431	Monoamine-oxidase-inhibitor antidepressants	4
T432	Other and unspecified antidepressants	4
T433	Phenothiazine antipsychotics and neuroleptics	4
T435	Other and unspecified antipsychotics and neuroleptics	4
T436	Psychostimulants with potential for use disorder	4
T443	Other parasympatholytics (anticholinergics and antimuscarinics) and spasmolytics, not elsewhere classified	4
T459	Primarily systemic and haematological agent, unspecified	4
T465	Other antihypertensive drugs, not elsewhere classified	4
T471	Other antacids and anti-gastric-secretion drugs	4
T490	Local antifungal, anti-infective and anti-inflammatory drugs, not elsewhere classified	4
T509	Other and unspecified drugs, medicaments and biological substances	4
T543	Corrosive alkalis and alkali-like substances	4
T639	Toxic effect of contact with unspecified venomous animal	4
T658	Toxic effect of other specified substances	4
T905	Sequelae of intracranial injury	4
T909	Sequelae of unspecified injury of head	4
Y19	Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent	4
Y579	Drug or medicament, unspecified causing adverse effects in therapeutic use	4
R410	Disorientation, unspecified	5
R411	Anterograde amnesia	5
R418	Other and unspecified symptoms and signs involving cognitive functions and awareness	5
R432	Parageusia	5
R440	Auditory hallucinations	5
R441	Visual hallucinations	5
R442	Other hallucinations	5
R443	Hallucinations, unspecified	5
R448	Other and unspecified symptoms and signs involving general sensations and perceptions	5
R450	Nervousness	5
R451	Restlessness and agitation	5
R452	Unhappiness	5
R453	Demoralisation and apathy	5
R454	Irritability and anger	5
R455	Hostility	5
R456	Physical violence	5

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
R457	State of emotional shock and stress, unspecified	5
R458	Other symptoms and signs involving emotional state	5
R462	Strange and inexplicable behaviour	5
R463	Overactivity	5
R464	Slowness and poor responsiveness	5
R465	Suspiciousness and marked evasiveness	5
R466	Undue concern and preoccupation with stressful events	5
R468	Other symptoms and signs involving appearance and behaviour	5
R630	Anorexia	5
R634	Abnormal weight loss	5
Z00	General examination and investigation of persons without complaint or reported diagnosis	5
Z700	Counselling related to sexual attitude	5
Z709	Sex counselling, unspecified	5
Z714	Counselling and surveillance for alcohol use disorder	5
Z718	Other specified counselling	5
Z719	Counselling, unspecified	5
Z720	Tobacco use, current	5
Z721	Alcohol use	5
Z722	Drug use	5
Z726	Gambling and betting	5
Z728	Other problems related to lifestyle	5
Z729	Problem related to lifestyle, unspecified	5
Z730	Burn-out	5
Z731	Accentuation of personality traits	5
Z733	Stress, not elsewhere classified	5
Z734	Inadequate social skills, not elsewhere classified	5
Z738	Other problems related to life-management difficulty	5
Z739	Problem related to life-management difficulty, unspecified	5
S518	Open wound of other parts of forearm	6
S519	Open wound of forearm, part unspecified	6
S610	Open wound of finger(s) without damage to nail	6
S619	Open wound of wrist and hand part, part unspecified	6
T58	Toxic effect of carbon monoxide	6
T598	Other specified gases, fumes and vapours	6
T599	Gases, fumes and vapours, unspecified	6
X60	Intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and antirheumatics	6
X600	treat as X60	6
X61	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	6
X610	treat as X61	6
X62	Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified, unspecified place, during unspecified activity	6
X63	Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system	6
X640	treat as X64	6
X67	Intentional self-poisoning by and exposure to other gases and vapours	6
X69	Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	6
X78	Intentional self-harm by sharp object	6
X780	treat as X78	6
X84	Intentional self-harm by unspecified means	6
Z915	Personal history of self-harm	6
T74	Maltreatment syndromes	7
T740	Neglect or abandonment	7
T741	Physical abuse	7
T742	Sexual abuse	7
T743	Psychological abuse	7

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
T748	Other maltreatment syndromes	7
T749	Maltreatment syndrome, unspecified	7
V611	Occupant of heavy transport vehicle injured in collision with pedal cycle, passenger, non-traffic accident	7
V612	Occupant of heavy transport vehicle injured in collision with pedal cycle, person on outside of vehicle, non-traffic accident	7
V621	Occupant of heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle, passenger, non-traffic accident	7
V625	Occupant of heavy transport vehicle injured in collision with two- or three-wheeled motor vehicle, driver, traffic accident	7
V701	Bus occupant injured in collision with pedestrian or animal, passenger, non-traffic accident	7
V702	Bus occupant injured in collision with pedestrian or animal, person on outside of vehicle, non-traffic accident	7
V710	Bus occupant injured in collision with pedal cycle, driver, non-traffic accident	7
X41	Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	7
Y05	Sexual assault by bodily force	7
Y060	Neglect and abandonment, by spouse or partner	7
Y061	Neglect and abandonment, by parent	7
Y070	Other maltreatment syndromes, by spouse or partner	7
Y071	Other maltreatment syndromes, by parent	7
Y079	Other maltreatment syndromes, by unspecified person	7
Y175	treat as Y17	7
Z550	Illiteracy and low-level literacy	7
Z551	Schooling unavailable and unattainable	7
Z553	Underachievement in school	7
Z554	Educational maladjustment and discord with teachers and classmates	7
Z558	Other problems related to education and literacy	7
Z559	Problem related to education and literacy, unspecified	7
Z560	Unemployment, unspecified	7
Z562	Threat of job loss	7
Z563	Stressful work schedule	7
Z565	Uncongenial work	7
Z567	Other and unspecified problems related to employment	7
Z590	Homelessness	7
Z591	Inadequate housing	7
Z592	Discord with neighbours, lodgers and landlord	7
Z593	Problems related to living in residential institution	7
Z598	Other problems related to housing and economic circumstances	7
Z599	Problem related to housing and economic circumstances, unspecified	7
Z60	Problems related to social environment	7
Z600	Problems of adjustment to life-cycle transitions	7
Z601	Atypical parenting situation	7
Z603	Acculturation difficulty	7
Z604	Social exclusion and rejection	7
Z605	Target of perceived adverse discrimination and persecution	7
Z608	Other problems related to social environment	7
Z609	Problem related to social environment, unspecified	7
Z61	Problems related to negative life events in childhood	7
Z610	Loss of love relationship in childhood	7
Z611	Removal from home in childhood	7
Z612	Altered pattern of family relationships in childhood	7
Z613	Events resulting in loss of self-esteem in childhood	7
Z614	Problems related to alleged sexual abuse of child by person within primary support group	7
Z615	Problems related to alleged sexual abuse of child by person outside primary support group	7
Z616	Problems related to alleged physical abuse of child	7
Z617	Personal frightening experience in childhood	7

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description		Category
Z618	Other negative life events in childhood	7
Z619	Negative life event in childhood, unspecified	7
Z62	Other problems related to upbringing	7
Z620	Inadequate parental supervision and control	7
Z621	Parental overprotection	7
Z622	Institutional upbringing	7
Z623	Hostility towards and scapegoating of child	7
Z624	Emotional neglect of child	7
Z625	Other problems related to neglect in upbringing	7
Z626	Inappropriate parental pressure and other abnormal qualities of upbringing	7
Z628	Other specified problems related to upbringing	7
Z629	Problem related to upbringing, unspecified	7
Z63	Other problems related to primary support group, including family circumstances	7
Z630	Problems in relationship with spouse or partner	7
Z631	Problems in relationship with parents and in-laws	7
Z632	Inadequate family support	7
Z633	Absence of family member	7
Z634	Disappearance and death of family member	7
Z635	Disruption of family by separation and divorce	7
Z636	Dependent relative needing care at home	7
Z637	Other stressful life events affecting family and household	7
Z638	Other specified problems related to primary support group	7
Z639	Problem related to primary support group, unspecified	7
Z640	Problems related to unwanted pregnancy	7
Z642	Seeking and accepting physical, nutritional and chemical interventions known to be hazardous and harmful	7
Z643	Seeking and accepting behavioural and psychological interventions known to be hazardous and harmful	7
Z65	Problems related to other psychosocial circumstances	7
Z651	Imprisonment and other incarceration	7
Z652	Problems related to release from prison	7
Z653	Problems related to other legal circumstances	7
Z654	Victim of crime and terrorism	7
Z655	Exposure to disaster, war and other hostilities	7
Z658	Other specified problems related to psychosocial circumstances	7
Z659	Problem related to unspecified psychosocial circumstances	7
Z732	Lack of relaxation and leisure	7
Z735	Social role conflict, not elsewhere classified	7
Z736	Limitation of activities due to disability	7
Z813	Family history of other psychoactive substance use disorder	7
Z818	Family history of other mental and behavioural disorders	7
Z914	Personal history of psychological trauma, not elsewhere classified	7
Z916	Personal history of other physical trauma	7
Z000	General medical examination	8
Z003	Examination for adolescent development state	8
Z008	Other general examinations	8
Z02	Examination and encounter for administrative purposes	8
Z030	Observation for suspected tuberculosis	8
Z031	Observation for suspected malignant neoplasm	8
Z033	Observation for suspected nervous system disorder	8
Z038	Observation for other suspected diseases and conditions	8
Z039	Observation for suspected disease or condition, unspecified	8
Z049	Examination and observation for unspecified reason	8
Z091	Follow-up examination after radiotherapy for other conditions	8

(continued)

Table A5.1 (continued): Principal diagnosis codes reported to NCMHCD and principal diagnosis category, Australia, 2000–01

Diagnosis and description	Category	
Z139	Special screening examination, unspecified	8
Z288	Immunisation not carried out for other reasons	8
Z33	Pregnant state, incidental	8
Z3900	Postpartum care and examination after delivery, unspecified	8
Z419	Procedure for purposes other than remedying health state, unspecified	8
Z432	Attention to ileostomy	8
Z459	Adjustment and management of unspecified implanted device	8
Z507	Occupational therapy and vocational rehabilitation, not elsewhere classified	8
Z509	Care involving use of rehabilitation procedure, unspecified	8
Z538	Procedure not carried out for other reasons	8
Z602	Living alone	8
Z710	Person consulting on behalf of another person	8
Z711	Person with feared complaint in whom no diagnosis is made	8
Z712	Person consulting for explanation of investigation findings	8
Z723	Lack of physical exercise	8
Z724	Inappropriate diet and eating habits	8
Z741	Need for assistance with personal care	8
Z742	Need for assistance at home and no other household member able to render care	8
Z749	Problem related to care-provider dependency, unspecified	8
Z751	Person awaiting admission to adequate facility elsewhere	8
Z755	Holiday relief care	8
Z759	Unspecified problem related to medical facilities and other health care	8
Z762	Health supervision and care of other healthy infant and child	8
Z765	Malingerer (conscious simulation)	8
Z768	Persons encountering health services in other specified circumstances	8
Z769	Person encountering health services in unspecified circumstances	8
Z808	Family history of malignant neoplasm of other organs or systems	8
Z820	Family history of epilepsy and other diseases of the nervous system	8
Z828	Family history of other disabilities and chronic diseases leading to disablement, not elsewhere classified	8
Z878	Personal history of other specified conditions	8
Z90	Acquired absence of organs, not elsewhere classified	8
Z910	Personal history of allergy, other than to drugs and biological substances	8
Z911	Personal history of non-compliance with medical treatment and regimen	8
Z918	Personal history of other specified risk-factors, not elsewhere classified	8
Z929	Personal history of medical treatment, unspecified	8
Z938	Other artificial opening status	8
Z939	Artificial opening status, unspecified	8
Z953	Presence of xenogenic heart valve	8
Z958	Presence of other cardiac and vascular implants and grafts	8
Z962	Presence of otological and audiological implants	8
	Missing	9a
F007	Invalid code, not interpretable	9b
F99	Mental disorder, not otherwise specified	9c
F990	treat as F99	9c
F999	treat as F99	9c
P430	Invalid code, not interpretable	9b
P450	Invalid code, not interpretable	9b
P99	Invalid code, not interpretable	9b
R69	Unknown and unspecified causes of morbidity	9c
R99	Other ill-defined and unspecified causes of mortality	9c
Z263	Invalid code, not interpretable	9b
Z569	Invalid code, not interpretable	9b

Glossary

For further information on the terms used in this report, refer to the definitions in use in 2000–01 in the *National Health Data Dictionary*, version 9.0.

<i>Aboriginal and Torres Strait Islander status</i>	Aboriginal or Torres Strait Islander status of the person according to the following definition: An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.
<i>Additional diagnoses</i>	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources.
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission to receive treatment and/or care.
<i>Area of usual residence</i>	The geographic location of the patient's usual residence. The location is included in the National Hospital Morbidity Database in Statistical Local Area format but aggregated to Rural, Remote and Metropolitan Areas and Statistical Divisions for this report.
<i>Country of birth</i>	The country in which the patient was born. The category 'Other English-speaking country' includes United Kingdom, Channel Islands, Ireland, New Zealand, United States of America, Canada and South Africa. All other countries, apart from Australia, are included in the 'Non-English-speaking' category.
<i>External cause</i>	Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect.
<i>Involuntary mental health legal status</i>	Involuntary patients are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.
<i>Mental health legal status</i>	Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of care for an admitted patient or treatment of a patient/client by a community-based service during a reporting period.

<i>National Community Mental Health Care Database (NCMHCD)</i>	The National Community Mental Health Care Database is a compilation of electronic summary records collected in patient care data collection systems in Australian public mental health care establishments. Information is included on the date of contact, diagnosis, legal status, and patient demographic data such as sex, Indigenous status and date of birth. The collection is based on the patient-level demographic, clinical and administrative data elements of the National Minimum Data Set for Community Mental Health Care.
<i>National Community Mental Health Establishments Database (NCMHED)</i>	The National Community Mental Health Establishments Database holds a record for each public community mental health establishment in Australia. It is collated from the routine administrative collections of public community mental health establishments in all states and territories. Information is included on beds, staffing, recurrent expenditure, and services for residential care clients. The collection is based on the establishment-level activity and resource data elements of the National Minimum Data Set for Community Mental Health Establishments.
<i>National Hospital Morbidity Database (NHMD)</i>	The National Hospital Morbidity Database is a compilation of electronic summary records collected in admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. The data supplied for the database are based on the patient-level data items of the NMDS for Admitted Patient Health Care and the NMDS for Admitted Patient Mental Health Care. They include demographic, administrative and length-of-stay data, and data on the diagnoses of the patient, the procedures the patient underwent in hospital, and external causes of injury and poisoning.
<i>Non-admitted patients</i>	Patients who do not undergo a hospital's formal admission process and who receive care from a recognised non-admitted patient service/clinic of a hospital.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at ambulatory care service).

Rural, remote and metropolitan region

- **Capital cities** statistical division
- **Other metropolitan centres:** urban centres with a population of 100,000 or more
- **Large rural centres** (index of remoteness < 10.5): urban centres with a population between 25,000 and 99,999
- **Small rural centres** (index of remoteness < 10.5): urban centres with a population between 10,000 and 24,999
- **Other rural areas** (index of remoteness < 10.5): urban centres with a population less than 10,000
- **Remote centres** (index of remoteness > 10.5): urban centres with a population greater than 4,999
- **Other remote areas** (index of remoteness > 10.5): urban centres with a population less than 5,000.

For more information see *Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition* (DPIE & DSHS 1994).

Separation

The term represents the completed episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing the type of care (statistical separation).

Service contact

A contact between a patient/client and an ambulatory care health unit (including outpatient and community health units, consultation/liaison, mobile and outreach services) which results in a dated entry being made in the patient/client record. A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts would either be with a client, carer or family member or another professional or mental health worker involved in providing care and do not include contacts of an administrative nature (for example telephone contact to schedule an appointment) except where a matter would need to be noted on a patient's record. Service contacts may be differentiated from administrative and other types of contacts by the need to record data in the client record. However, there may be instances where notes are made in the client record that have not been prompted by a service contact with a patient/client (for example noting receipt of test results that require no further action). These instances would not be regarded as a service contact.

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