



Government of **Western Australia**
Department of **Health**

Data Quality Statement

Mental Health Information Data Collection

Document version control

| Version | Date | Purpose |
|---------|-------------|---|
| 0.6 | April 2020 | Metadata compilation for Data Management |
| 1.0 | August 2020 | This version. Format content into current document template for Department of Health |

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Summary details for Mental Health Information Data Collection

Background / history

The Mental Health Information Data Collection (MIND) was established from 1 January 2018 to replace the Mental Health Information System. It was implemented to become the central source for the following information:

- Public community (ambulatory/non-admitted) mental health episodes and service contacts and public specialised ambulatory mental health services;
- Patients admitted to public specialised mental health inpatient services
- Patients admitted to the Hampton Road residential mental health services
- Clinician and patient-rated outcome measures (National Outcome Casemix Collection - NOCC); and
- Legal Orders *Mental Health Act* (MHA 2014)

Purpose

The primary purpose of the MIND is to collect demographic and clinical information on patients who have:

- Community mental health episodes or service contacts (including Triage/Assessment only) with public community mental health services
- Admitted episodes with specialised mental health inpatient services (public psychiatric hospitals or designated psychiatric wards within public hospitals); and
- NOCC data for patients who have community, admitted or residential episodes in public specialised mental health services

The collection also serves the purpose of:

- Obligatory reporting of National Minimum Data Sets (NMDS) and Performance Indicators to the Commonwealth (including Australian Institute of Health and Welfare and the Independent Hospital Pricing Authority) as part of the National Healthcare Agreement and National Health Reform Agreement.
- Mandatory reporting of Key Performance Indicators for the Health Service Providers and the Mental Health Commission Annual Reports, as well Performance Indicators for the Chief Psychiatrist and Mental Health Advocacy Annual Reports.
- WA health system performance reports, such as the Health Services Purchasing Report.
- Regular internal reporting within the Department of Health, Health Service Providers and Mental Health Commission for the purposes of planning, evaluation and service monitoring of mental health services.
- In response to Ministerial and Parliamentary queries, media, public and research data requests.
- Compliance reporting of Legal Orders under the MHA 2014.

Governance

The mandate for this collection is the Health Services Act 2014, *Mental Health Act 2014* and System Manager functions

Data Steward: Assistant Director General, Purchasing and System Performance

Data Custodian: Principal Data Management Officer, Mental Health Data Collection, Information & Performance Governance Unit

Data collection

Data collected in MIND is sourced from administrative and clinical management of mental health patients, as recorded in PSOLIS. Data extracts are generated from PSOLIS and collected in MIND.

Type of data collected

MIND captures patient demographic and clinical information of public mental health patients as recorded in PSOLIS by public mental health services in WA, including some of the Contracted Health Entities (SJOG Midland Public Hospital and Joondalup Health Campus).

Scope of data

MIND collects data on the following items:

- Public community (non-admitted/ambulatory/outpatient mental health episodes (activations/deactivations))
- Public community (non-admitted/ambulatory/outpatient) mental health service contacts
- Psychiatric hospital/designated mental health ward inpatient admissions
- Mental Health 2014 Legal Orders (as implemented in PSOLIS 1 July 2016)

Frequency/timing

The MIND Collection includes data collected in PSOLIS from 2004. Extracts from PSOLIS are received and updated in MIND on a daily basis.

Quality

The MIND Collection was established from 1 January 2018. The implementation of MIND included a data quality assurance process to validate records as they were loaded into the system, with concurrent reporting of records in error to the Health Service Providers to correct within source systems (PSOLIS/PAS).

Phase 1 implemented on 1 January 2018, included:

- Community mental health service events and contacts from 1 July 2005
- NOCC from 1 July 2005

Phase 2 implemented 15 May 2019, included:

- Psychiatric hospital/designated ward admission with earliest admission from 3/9/1968
- Public community mental health episodes (including Hampton Road) with earliest activation date from 1 March 1996.

- Mental Health Act 2014 Legal Orders and Pseudo Orders as implemented in PSOLIS from 1 July 2016 (with a small number of records migrated from 7 December 2015)

Phase 3 release in 2020 included:

- Community mental health referrals, incidences, alerts and current mental health patient demographics

Mental Health Act 2014 Legal Orders data are not validated due to the legal nature of the forms.

Psychiatric hospital/designated ward admissions in MIND are only to be used for reporting admissions. It includes patients who have not been discharged from hospital and caution is advised in using this data. The Hospital Morbidity Data System (HMDS) is the state-wide data source for clinically coded and quality assured hospital mental health separations.

Further information

Mental Health Data Collection:

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This document can be made available in alternative formats on request for a person with disability.

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