

CYMHS/CAMHS mental health quarterly

KPI report January – March 2023

|  |  |
| --- | --- |
|  |  |
|  |  |

# Contents

[Inpatient 2022-23 Q3 2](#_Toc132639770)

[Community 2022-23 Q3 3](#_Toc132639771)

[Inpatient 2022-23 Q1-Q3 4](#_Toc132639772)

[Community 2022-23 Q1-Q3 5](#_Toc132639773)

[Indicator descriptions and notes 6](#_Toc132639774)



| Inpatient2022-23 Q3 |  | Beds per 10,000 population (metro) | Trimmed average length of stay (≤35 days) | Seclusions per 1,000 bed days | Self rated measures offered | Self rated measures completed | HoNOS compliance | Average HoNOS at episode start |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adolescent Units | Austin Health | North East (Austin) | 2.0 | 8.8 | 6.2 | 90% | 90% | 100% | 20.6 |
| Eastern Health | Eastern CYMHS | 2.1 | 5.2 | 0.0 | 52% | 37% | 91% | 17.2 |
| Monash Health | South Eastern (Monash CAMHS) | 1.4 | 6.2 | 6.5 | 23% | 21% | 100% | 19.5 |
| Royal Children's | North Western (RCH) | 2.1 | 6.9 | 20.6 | 76% | 66% | 60% | 18.0 |
|  | TOTAL METRO |   | 1.9 | 6.2 | 8.8 | 53% | 45% | 86% | 18.6 |
| Child Unit | Monash Health | Oasis |  | 6.3 | 10.6 | 76% | 72% | 100% | 25.2 |

| Community2022-23 Q3 | Pre admission contact (by resp AMHS) | 7 day post discharge follow up (by resp AMHS) | Closed cases re-referred within 6 months | Average length of case (days) | Average treatment days | HoNOS compliance | Average HoNOS at case start | Cases with significant improvement at closure | Self rated measures completed | Average change in clinically significant items | CAMHS consumers aged under 12 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alfred Health | Inner South East (The Alfred) | 80% | 91% | 13% | 237.4 | 7.5 | 74% | 16.4 | 57% | 1% | 1.5 | 30% |
| Austin Health | North East (Austin) | 54% | 93% | 36% | 203.7 | 5.2 | 58% | 16.6 | 48% | 55% | 1.5 | 16% |
| Eastern Health | Eastern CYMHS | 62% | 97% | 17% | 194.0 | 6.3 | 90% | 18.5 | 50% | 45% | 1.2 | 17% |
| Monash Health | South Eastern (Monash CAMHS) | 72% | 95% | 28% | 120.8 | 6.9 | 78% | 17.6 | 35% | 3% | 0.8 | 21% |
| Royal Children's | North Western (RCH) | 80% | 75% | 38% | 105.1 | 4.1 | 74% | 14.7 | 45% | 48% | 1.4 | 37% |
| TOTAL METRO |   | 70% | 90% | 29% | 148.1 | 6.0 | 78% | 17.2 | 44% | 28% | 1.2 | 26% |
| Barwon Health | Barwon | 92% | 100% | 14% | 187.4 | 2.9 | 23% | 18.6 | 53% | 7% | 2.0 | 30% |
| Bendigo Health | Loddon/Southern Mallee | 80% | 100% | 17% | 129.6 | 5.7 | 73% | 15.9 | 67% | 35% | 2.3 | 22% |
| Goulburn Valley Health | Goulburn & Southern | 54% | 91% | 18% | 290.8 | 3.9 | 60% | 16.0 | 47% | 21% | 1.3 | 18% |
| Grampians Health | Grampians | 71% | 100% | 15% | 168.2 | 5.0 | 66% | 12.4 | 48% | 17% | 1.7 | 19% |
| Latrobe Regional | Gippsland | 41% | 95% | 19% | 200.6 | 3.5 | 96% | 14.1 | 47% | 29% | 1.4 | 20% |
| Mildura Base Hospital | Northern Mallee | 0% |  | 21% | 151.5 | 7.9 | 82% | 16.8 | 48% | 8% | 1.7 | 17% |
| Albury Wodonga Health | Albury - NSW |  |  | 21% | 181.7 | 5.0 | 74% | 18.6 | 55% | 18% | 0.6 | 18% |
| North East & Border | 85% | 100% | 34% | 133.5 | 2.7 | 84% | 18.4 | 42% | 27% | 1.2 | 29% |
| South West Health | South West Health Care | 63% | 100% | 21% | 216.9 | 2.0 | 63% | 14.9 | 47% | 30% | 1.4 | 30% |
| TOTAL RURAL |   | 66% | 97% | 20% | 175.0 | 3.9 | 69% | 15.4 | 49% | 22% | 1.5 | 23% |
| TOTAL STATEWIDE |   | 69% | 91% | 26% | 157.3 | 5.2 | 75% | 16.6 | 46% | 26% | 1.3 | 25% |

| Inpatient2022-23 Q1-Q3 |  | Beds per 10,000 population (metro) | Trimmed average length of stay (≤35 days) | Seclusions per 1,000 bed days | Self rated measures offered | Self rated measures completed | HoNOS compliance | Average HoNOS at episode start |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adolescent Units | Austin Health | North East (Austin) | 2.0 | 9.9 | 64.6 | 88% | 86% | 97% | 21.3 |
| Eastern Health | Eastern CYMHS | 2.1 | 4.2 | 15.6 | 57% | 39% | 87% | 16.6 |
| Monash Health | South Eastern (Monash CAMHS) | 1.4 | 5.9 | 9.4 | 25% | 22% | 100% | 18.8 |
| Royal Children's | North Western (RCH) | 2.1 | 6.5 | 14.9 | 83% | 73% | 65% | 19.5 |
|  | TOTAL METRO |   | 1.9 | 5.8 | 22.8 | 57% | 47% | 86% | 18.5 |
| Child Unit | Monash Health | Oasis |  | 5.8 | 2.8 | 81% | 78% | 100% | 25.3 |

| Community2022-23 Q1-Q3 | Pre admission contact (by resp AMHS) | 7 day post discharge follow up (by resp AMHS) | Closed cases re-referred within 6 months | Average length of case (days) | Average treatment days | HoNOS compliance | Average HoNOS at case start | Cases with significant improvement at closure | Self rated measures completed | Average change in clinically significant items | CAMHS consumers aged under 12 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alfred Health | Inner South East (The Alfred) | 70% | 87% | 16% | 211.0 | 9.5 | 82% | 17.1 | 58% | 1% | 1.6 | 29% |
| Austin Health | North East (Austin) | 64% | 90% | 33% | 176.6 | 6.9 | 61% | 17.8 | 62% | 65% | 2.1 | 17% |
| Eastern Health | Eastern CYMHS | 62% | 96% | 19% | 207.0 | 7.0 | 93% | 18.7 | 50% | 43% | 1.3 | 19% |
| Monash Health | South Eastern (Monash CAMHS) | 71% | 95% | 31% | 139.7 | 6.4 | 82% | 17.2 | 35% | 5% | 1.0 | 21% |
| Royal Children's | North Western (RCH) | 78% | 73% | 38% | 101.1 | 3.6 | 81% | 16.2 | 41% | 38% | 1.4 | 34% |
| TOTAL METRO |   | 70% | 89% | 30% | 148.3 | 6.2 | 83% | 17.5 | 44% | 26% | 1.3 | 25% |
| Barwon Health | Barwon | 90% | 94% | 13% | 211.7 | 3.6 | 25% | 16.7 | 63% | 6% | 2.2 | 27% |
| Bendigo Health | Loddon/Southern Mallee | 82% | 93% | 18% | 124.3 | 4.0 | 71% | 16.3 | 63% | 37% | 2.4 | 27% |
| Goulburn Valley Health | Goulburn & Southern | 71% | 74% | 14% | 317.8 | 5.9 | 67% | 16.4 | 51% | 24% | 1.5 | 20% |
| Grampians Health | Grampians | 85% | 97% | 19% | 157.4 | 5.1 | 66% | 12.5 | 53% | 23% | 1.8 | 22% |
| Latrobe Regional | Gippsland | 63% | 96% | 17% | 185.1 | 3.7 | 94% | 13.9 | 39% | 23% | 1.1 | 20% |
| Mildura Base Hospital | Northern Mallee | 75% | 100% | 17% | 165.6 | 7.5 | 81% | 16.5 | 37% | 9% | 1.1 | 24% |
| Albury Wodonga Health | Albury - NSW |  |  | 27% | 192.0 | 4.1 | 78% | 20.2 | 46% | 15% | 1.1 | 14% |
| North East & Border | 88% | 91% | 31% | 136.6 | 2.3 | 84% | 18.6 | 44% | 30% | 1.2 | 30% |
| South West Health | South West Health Care | 83% | 87% | 18% | 205.3 | 2.5 | 64% | 15.9 | 38% | 27% | 1.2 | 32% |
| TOTAL RURAL |   | 79% | 91% | 19% | 177.9 | 4.0 | 69% | 15.4 | 47% | 22% | 1.4 | 25% |
| TOTAL STATEWIDE |   | 72% | 89% | 26% | 158.5 | 5.4 | 78% | 16.7 | 45% | 25% | 1.3 | 25% |

# Indicator descriptions and notes

| Setting | KPI | Description | Target | Notes |
| --- | --- | --- | --- | --- |
| Inpatient | Beds per 10,000 population (metro) | Number of funded adolescent mental health inpatient beds per 10,000 population aged 13 to 17 years in the area mental health service (metropolitan). |  | Population estimates are based on Victoria in Future 2019. |
|  | Trimmed average length of stay (≤35 days) | Average length of stay (days) of separations from an inpatient unit, excluding same day stays and separations with an average length of stay greater than 35 days. | 16.0 | A shorter length of stay may be associated with higher re-admission rates. Measure calculation is based on episode start and end dates and not individual admission events within an episode. |
|  | Seclusions per 1,000 bed days | Rate of ended seclusion episodes per 1,000 occupied bed days within inpatient units, excluding leave, same day stays, private beds, virtual wards and units that do not have a seclusion room. | 5.0 | Calculation of bed days involves converting minutes into days. |
|  | Self rated measures offered | Percentage of collection occasions in an inpatient setting where clinicians offered a relevant consumer self-assessment measurement scale (BASIS-32/SDQ). |  | Measure can be an indicator of services that actively seek consumer feedback and have systems in place to ensure that at a minimum the consumer measures are considered for collection. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Self rated measures completed | Percentage of collection occasions in an inpatient setting where consumers completed a relevant consumer self-assessment measurement scale (BASIS-32/SDQ). |  | Measure can be an indicator of services that actively seek consumer feedback and have systems in place to ensure that at a minimum the consumer measures are considered for collection. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | HoNOS compliance | Percentage of required collection events in an inpatient unit where a HoNOS outcome measurement scale (HoNOSCA/HNSADL/HoNOS65) was completed, excluding invalid HoNOS scores (more than two items rated as '9'). | 85.0% | Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Average HoNOS at episode start | Average HoNOS total score (HoNOSCA/HNSADL/HoNOS65) collected at inpatient episode start, excluding invalid HoNOS scores (more than two items rated as '9'). |  | Measure reports symptom severity at episode commencement. Dates used in measure calculation are based on HoNOS completion date. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
| Community | Pre admission contact (by resp AMHS) | Percentage of admissions to an inpatient unit/s for which an ambulatory service contact was recorded in the seven days immediately preceding the day of admission, excluding same day stays, transfers from another hospital and non-Victorian consumers. | 61.0% | Measure can provide an indicator of a service's responsiveness and a planned approach to admission. Admissions are counted against the area mental health service of the consumer. Where unknown, this defaults to the admitting campus. Data during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | 7 day post discharge follow up (by resp AMHS) | Percentage of non-same day separations from inpatient units where the consumer was discharged to a private residence or accommodation, for which an ambulatory service contact was recorded in the 7 days post separation, excluding contact made on the day of separation. | 88.0% | When a consumer is sent on leave and subsequently discharged whilst on leave, contact must occur within the 7 days since the consumer was on leave. Results lagged by 7 days. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Closed cases re-referred within 6 months | Percentage closed community cases where the consumer had a new community case opened within 6 months of case closure. | 25.0% | Results lagged by 6 months. Measure calculation excludes cases that were opened on the same day or the day after the previous case closure, based on the assumption they are data errors. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Average length of case (days) | Average length of case (days) for community cases closed during the reference period. |  | Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Average treatment days | Average number of distinct days with a reportable contact for consumers with an open community case during the reference period, excluding cases open less than 91 days. |  | Excludes consumers who received a mental health assessment and a plan for follow up care, but who did not progress to ongoing treatment in the public clinical mental health system. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | HoNOS compliance | Percentage of required collection events in a community setting where a HoNOS outcome measurement scale (HoNOSCA/HNSADL/HoNOS65) was completed, excluding invalid HoNOS scores (more than two items rated as '9') and collection events where the consumer is in the 'assessment only' phase of care.  | 85.0% | Excludes consumers in the 'assessment only' phase of care at point of a required collection event. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Average HoNOS at case start | Average HoNOS total score (HoNOSCA/HNSADL/HoNOS65) collected on community case commencement, excluding invalid scores (more than two items rated as '9'). |  | Measure reports symptom severity at episode commencement. Dates used in measure calculation are based on HoNOS completion date. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Cases with significant improvement at closure | Percentage of completed community cases with a 'significant' positive change in HoNOS calculation between intake and case end.  |  | A 'significant' improvement when there is a positive variance of >0.5, as calculated by measuring the difference between valid HoNOS scores at intake and case closure, and dividing by the standard deviation of intake HoNOS scores. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Self rated measures completed | Percentage of collection events in a community setting where a relevant consumer self-assessment measurement scale (BASIS-32/SDQ) was completed. Excludes collection events where the consumer is in the 'assessment only' phase of care. |  | Excludes consumers in the 'assessment only' phase of care at point of a required collection event. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Average change in clinically significant HoNOS items | Difference in average number of 'clinically significant' HoNOS scales (HoNOSCA/HNSADL/HoNOS65) at community case start and end, excluding invalid scores (more than two items rated as '9'), HoNOSCA questions 14 and 15, and HNSADL/HoNOS65 questions 11 and 1. |  | Measure is an alternative indicator of symptom severity reduction based on split of each HoNOS item into clinically significant (2,3,4) or not (0,1) rather than the sum of each scaled measure. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | CAMHS consumers aged under 12 | Percentage of child and adolescent mental health service (CAMHS) consumers who were aged under 12 years. |  |  |

|  |
| --- |
| To receive this publication in an accessible format phone (03) 9096 1878, using the National Relay Service 13 36 77 if required, or email Victorian Agency for Health Information <vahi@vahi.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Department of Health April 2023.Available from [Child and adolescent mental health (CAMHS) performance indicator reports page](https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports/child-and-adolescent-performance-indicator-reports) < https://www.health.vic.gov.au/research-and-reporting/mental-health-performance-reports > on the Health.vic website. |