Mental Health Establishments (NGO-E) Data Collection and Broader Community Managed Organisations Reporting Requirements in 2018-19 Scoping Study

Project Report 2 – 2019

mhcc
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The project is an initiative of the Mental Health Coordinating Council, funded by the NSW Ministry of Health.

MHCC acknowledge the Australian Aboriginal and Torres Strait Islander peoples as the first inhabitants of the nation and acknowledge the traditional custodians of the lands where we live, learn and work.

MHCC values the lived experience of people recovering from mental health conditions both past and present.

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Table of Contents

Acknowledgements

MHCC acknowledge and thank the NSW Ministry of Health for its support of this scoping study. MHCC also thank the many supporters and contributors from community managed organisations who engaged in consultations and provided valuable information to the project.

This report is to be read in conjunction with the MHCC's Report: *Implementing the National Minimum Dataset for Mental Health Establishments (NGOE) in NSW Community Managed Organisations: Scoping Study Project*, June 2018.

The recommendations for NGO-E implementation in NSW from this previous report are included at Appendix A

Acronyms

AIHW	Australian Institute of Health and Welfare
CES	Carer Experience of Service questionnaire
CLS	Community Living Supports
CMO	Community managed / non-government organisation [1]
CMO-ERA	Community Managed Organisations Expenditure, Resources and Activity
HASI	Housing and Accommodation Support Initiative
InforMH	Information for Mental Health
LHD	Local Health District
METeOR	Metadata Online Registry
MHCC	Mental Health Coordinating Council
MH NGOE NBEDS	Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set
MH NGOE NMD	Mental Health NGO Establishments National Minimum Data Set
NDIS	National Disability Insurance Scheme
NMDS	National minimum data set
NGOE	Non-Government Organisation Establishment
PHN	Primary Health Network
YES	Your Experience of Service questionnaire
YCLS	Youth Community Living Supports

[1] ACSQHC Scoping Study on the Implementation of National Standards in Mental Health Services 2014 pg. 7. 'The terms 'community-managed organisation' (CMO) and 'community-managed sector' refer to non-government organisations providing services to people with mental health issues. These terms have been adopted as the preferred terms by representative bodies in the sector.'

Executive Summary

The Mental Health Coordinating Council (MHCC) has been supported by NSW Health to conduct a project to scope the feasibility of enhanced data collection for Community Managed Organisations (CMOs) in NSW.

The Stage 1 report of this project provided a history of CMO data collection and information on a dynamic sector landscape, including mental health funded programs and contractually required outcome measures in NSW. The report discussed the benefits and challenges of CMO data collection including service types and taxonomy use comparison, an overview of data collection in other states and jurisdictions relevant to the CMO sector and compared it to the National Minimum Data Set (NMDS) taxonomy.

Stage 2 of the CMO Expenditure, Resources and Activity project set out to enhance the reporting of data on activity and expenditure in the sector and determine the best practice approach to implementation of collection of the NGO-E within NSW CMOs

MHCC has a key role in ensuring there is quality CMOs data collection in NSW and to support a best practice approach to implementing the Mental Health NGO-E National Best Endeavours Dataset 2015 (NGO- E). The NGO-E has been developed as a national standard for an annual collection of data on activity, expenditure and staffing from CMO services.

Findings from CMO consultations confirmed that CMOs are supportive of consistent quality data collection that meaningfully adds to and demonstrates the value of the mental health CMO sector. CMOs are keen that all levels of Government include the NMDS in their contracts with CMOs, so as to reduce their data burden. Consultations also identified that the challenges in data collection does not prevent CMOs from developing services, as CMOs are flexible and respond to emerging needs within contractual parameters. However, there remain issues with the inconsistency, lack of relevancy and quality of the data.

MHCC is keen to ensure that information from the consultations and issues for the CMO sector inform further stages of this project.

Purpose of the NSW NGO-E Scoping Study Project

Mental Health Coordinating Council (MHCC) has partnered with the Mental Health Branch and the Health System Information and Performance Reporting Branch of NSW Health since 2010 to support enhanced data collection for Community Managed Organisations (CMOs) services in NSW. MHCC will continue to play a key role in ensuring there is quality data collection by NSW CMOs and in the support of a best practice approach to implementing the Mental Health Non-Government Organisation Establishments National Best Endeavours Dataset 2015 (NGO- E) in the future.

The NGO-E has been developed as a national standard for an annual collection of data on activity, expenditure and staffing from CMO services.

The report of Stage 1 of this project[2] provided information about:

- the changing community managed sector landscape
- a history of CMO data collection
- the benefits and challenges of NSW CMO data collection
- service types and taxonomy use and comparison of NMDS service taxonomy
- the NGO-E in other states and territories and other data collections relevant to community managed mental health services
- the CMO contractually required outcome measures used in NSW.

Stage 2 of the joint CMO Expenditure, Resources and Activity project has set out to enhance the reporting of data on activity and expenditure in the sector and determine the best practice approach to implementation of collection of the NGO-E in scope with NSW CMOs.

The project has broadened the scope of the NGO-E to assess the feasibility of consolidating the performance monitoring collections, while supporting the Mental Health Branch to progress the NGO-E work by reviewing the current contractual data collection for mental health funded services in NSW, to better understand opportunities for alignment with the NGO-E.

Right from the start of the project there is clear interest and broad support from NSW CMOs in the implementation of the NGO-E. However, scoping was needed before implementation could be planned in detail. The CMO NGO-E Scoping Study Project was managed by MHCC.

The objectives and deliverables of the NGO-E Project were to:

- Facilitate a consultation workshop with CMOs in NSW that included discussion of the proposed roll-out of the YES and CES questionnaires
- Conduct a confidential review of current contractual data collection for mental health funded services in NSW, to better understand opportunities for alignment with the NGO-E
- Identify issues for contractual variation

[2] MHCC, Implementing the National Minimum Dataset for Mental Health Establishments (NGOE) in NSW Community Managed Organisations: Scoping Study Project Report, June 2018

- Consult with Victorian Health Services to determine their implementation
- Provide a mid-project report (September 2018)
- Provide a final report (December 2018) that discussed findings

Process

The project required a process that included:

- Consultation with the NSW Ministry of Health NGO-E and YES/CES Projects Steering Group to confirm the project outline and approach
- A CMO NGO-E Scoping Study Project Plan to be developed and approved by MHCC Board
- A review of relevant documentation necessary to inform the project, including the context for comparison of approaches and analysis of information and issues
- Consultation with CMOs and other identified key stakeholders
- Presenting and updating members at the NSW NGO-E and YES/CES Projects Steering Group with feedback sought on process of project
- The Consultation Workshop undertaken
- Completing the Project Report and recommendations.

Timeframe

The initial scoping study was completed by December 2018. The second stage of the scoping study was completed in February 2019.

Project Parameters

MHCC undertook the project with the understanding that consistent data collection can assist with the identification of gaps in service provision and demonstrate the value of the CMO sector, while acknowledging there is a need to ensure quality of data and reduction of the data burden for CMOs.

The six-month project included the following activities:

1. NSW NGO-E and YES/CES Projects Steering Group meetings
2. Consultations with CMOs
3. CMO Consultation Workshop
4. Consideration of CMO Service Types and Metadata Items
5. Confidential mapping of NSW CMO mental health funded programs data collection requirements against the National Minimum Data Set (NMDS)

1..

YES and CES Project

MHCC supports the collection of information and data from people with lived experience, their families and carers about their experiences of mental health services through the YES and CES questionnaires. A number of CMOs have indicated they are already using the YES questionnaire in NSW. All CMOs who were consulted are supportive in principle to pilot the CMO YES and CES questionnaires. A working group

has been established with MoH, MHCC and interested CMOs to provide advice on designing the pilot.

The Your Experience of Service (YES) and the Carer Experience of Service (CES) project for NSW Mental Health CMOs will build on the knowledge, infrastructure and systems of the implementation for YES and CES in the NSW public mental health sector. The YES questionnaire was developed nationally to measure individual's experience of care whilst accessing an inpatient or community mental health service. It was released for use in public mental health services in 2015. In 2017 the CMO-YES was released and is broadly consistent with the public service version. There have been minor changes to the wording and some questions to better suit the CMO sector.[3]

The Mental Health CES was developed nationally to gather information about a carer's experiences of services. It was released for use in both public sector services and CMOs in early 2017. The survey uses the same domain structure and similar questions as YES and CMO-YES making it possible to make comparisons between consumer and carer experiences of the same services. The CES was rolled out in NSW public mental health services in 2018. It was implemented using the same methodology as YES. Initially the questionnaire will be available as a paper-based form. A project to develop an electronic version will commence in late 2018–19.

Resourcing for the CMO YES and CES project is through the InforMH, a team of the System Information and Analytics branch of NSW Health. The CMO YES and CES Project Working Group has been established to consider and support implementation. The CMO YES questionnaire will be piloted with interested CMOs, in 2019 with an evaluation to occur after 12 months to inform how the questionnaire could be more broadly implemented in the CMO sector. The roll out stage for the CES questionnaire will commence in late 2019.

National Mental Health Service Planning Framework

The National Mental Health Service Planning Framework (NMHSPF) estimates the activity and resources needed to meet population-based mental health service demand. The Fifth Mental Health Plan recognises the tool as a mechanism for guiding planning and resource allocation in a nationally consistent manner.

NGO-E data could complement the NMHSPF and assist in planning for service growth in the future, specifically:

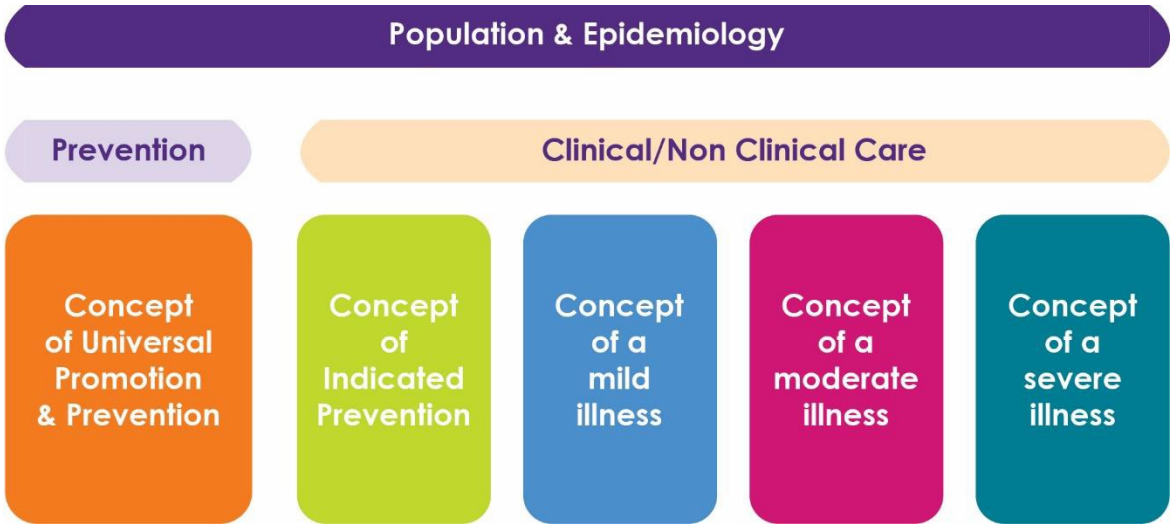
- The NMHSPF shows the need to grow community services and efficient reconfiguration of bed-based services rather than solely increasing acute inpatient services.

[3] Further information about the development of the questionnaires is at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/national-mental-health-committees/mental-health-information-strategy-standing-committee/your-experience-of-service-survey-instrument

- LHD planning must consider the broader spectrum of inpatient services.
- This planning *also* involves considering how some bed-based services could be delivered through CMO partnerships or services (such as step up/step down, aged care partnerships, and community residential).

The NMHSPF can model the resources needed to meet demand.

- For CMOs, modelled resources include:
    - Workforce FTE
    - Client-related staff hours
    - Occasions of service by staff
    - Estimates can be identified by Local Health District or Local Government Area
    - Estimates become more reliable at larger geographies
    - Estimates can be separated between funding source, including identifying those that should be provided by CMOs
- Estimates can be separated by age group
- The types of services provided by CMOs in the NMHSPF model were decided through extensive consultation with clinicians
- Models care packages of best-practice care for individuals with different mental illness and severity levels form the basis of the modelling



- Robust modelling relies on parameters of supply and demand figures being aligned (e.g. the same definitions of client contacts)
    - It is imperative that the NGO-E outputs can be compared with NMHSPF estimates.

The Mental Health Coordinating Council recommends that consideration be given to the following:

- Potential for all data to be submitted to MoH via a portal not just NGO-E
- Concerns about the burden on CMOs for implementation
- Consider a staged implementation by program (e.g. CLS)

- Resource implications for implementation

> **CMOs want to enter data once and use it often. In this 21st century of technology that shouldn't be hard.**
>
> CEO during CMO consultations

2. Project Consultation

a. Consultation with CMOs

MHCC ensured a diverse range of opinions were sought from CMOs in NSW through additional consultation. Consultation was by face to face interview or via telephone and organisations were selected based on:

- Organisations that receive NSW mental health funds from the various funding streams
- Extensive experience in the health and community sectors
- CMOs that cover metropolitan and regional/rural areas
- Cover the range of service types as identified in the taxonomy
- Provision of multiple data collection
- Priority areas for mental health services in NSW
- Organisations that did not complete the CMO Data Collection Survey during Stage 1 of the project
- Invited organisations that would not be attending the CMO Consultation workshop.

A range of CMOs were consulted, i.e. six face to face and four by telephone, with the consultations taking approximately 2-3 days.

Consultations with rural or regional CMOs occurred via telephone from the MHCC office.

The objectives for consultations with CMOs was to provide an opportunity for discussion and consideration of the following points:

1. Identification of issues when developing processes for data collection, submission, validation and reporting
2. Options for staging NGO-E and YES/CES implementation with NSW CMOs and feedback on collection, storage and reporting issues
3. Understanding the likely capacity of NSW CMO services to provide annual NGO-E data, including the consideration of sectors or regions with greater or lesser capacity
4. Likely practical issues in implementing data collection, including clarity of the NGO-E data items
5. Potential alignment of current NSW mental health funded CMOs to the service taxonomy proposed within NGO-E
6. Understanding the capacity and willingness of the CMO sector for experience measurements i.e. the YES and CES surveys, and to inform the set-up phase.

The Project Lead for MHCC was responsible for liaison, communication and scheduling appointments with provider organisations, and the development of questions in

relation to NGO-E implementation.

The consultations with CMOs commenced on 11 September 2018, and concluded by 24 September 2018 so as to avoid a clash with World Mental Health Day on 10 October and Mental Health Month activities by CMOs.

An overview of the findings from the consultations with CMOs confirmed that CMOs are supportive of consistent quality data collection that is meaningful that adds value to the mental health sector. A number of CMOs identified they are collecting more data than is required by funders as this enhances service provision, provides an opportunity to identify gaps, for own reporting mechanisms and to identify quality improvement activities. As one CEO advised: "*We have had an emerging and evolving set of data collection. This has led to an emphasis on equitable distribution of services across rural, regional and metropolitan areas.*"

In NSW three CMOs (Flourish Australia, Neami and Mission Australia) were involved in the implementation of the NMDS in Western Australia and Queensland.

CMOs are keen that the Mental Health Branch encourages and supports Local Health Districts and Health Networks to include the national minimum data set in their contracts with CMOs, so as to reduce their data burden.

CMOs who were consulted agreed that collecting data on peer workers was an important step forward for recovery oriented service provision.

CMOs identified that the challenges in data collection does not prevent CMOs from developing services, CMOs are flexible and respond to emerging needs within contractual parameters. CMOs reported that as they are often capturing multiple data collections for varying funding bodies they do not envisage any problems with accommodating the NMDS into their current databases. All CMOs agreed that a web portal is the most efficient system of data entry.

The HASI/CLS data collection was reported as more comprehensive and sophisticated and could easily accommodate the NMDS.

There remain issues with the inconsistency, relevancy and quality of the data being requested. Opinions differed about the NMDS with some stating it will streamline data collection whilst others reported that the NMDS would not add any value to the organisation, or the CMO sector to inform the work being undertaken.

The following comments from the consultations highlight additional issues for the CMO sector:

- The current funding models were described as flawed as the collection of data, particularly on episodes of care does not consider holistic health care and whole of life support and service provision by CMOs
- Data collection does not show the effectiveness of CMO interventions
- Data Collection is often driven by funding rather than service requirements

- There needs to be greater clarity and consistency on standards and the key performance indicators required, with each funded program differing greatly in their requests for information
- Key performance indicators are often just global stats, nothing specific
- Episodes of care data collection is not consistent with the social and emotional wellbeing model with a lot of support services going unrecognised
- Data collection is focused only on the individual and not the family of the community and the wrap around support that is often required
- The NMDS does not consider sexuality or gender indicators e.g. LGBTIQA[4]
- Primary Health Networks are funding CMOs for small sums of money, often with it not equitable in terms of data reporting for the amount of investment required
- There is inconsistency in data collection requirements for a number of CMOs who are providing services in other states and territories, or for Primary Health Networks
- Data collection can also be problematic for a CMO when engaged in a partnership with a Local Health District
- The different data requirements and methodology of data systems has an impact on the ability for CMOs to produce quality comprehensive reports
- It is essential that there is one single portal that is able to link with existing CMO databases, rather than have CMOs create another system to comply
- There were identified differences in the amount of information and reports CMOs receive back from the Ministry of Health with some CMOs advising of irregular reporting, reports only on funds and staffing and information that does not enhance service provision
- The use of outcome measures continues to be problematic, with some funding grants requiring use of one or two of them, while other grants do not require any. Some outcome measures are asked for quarterly, while others are bi-annually. CMOs advised they are using a number of outcome measures as identified in the previous MHCC report.[5]

A list of CMOs involved in the consultations, their funding stream and service type are at Appendix B:

b. CMO Consultation Workshop

A *CMO Consultation Workshop* was held on 16 November 2018 at the Harbour View Hotel in North Sydney, providing an opportunity to garner CMO sector and NSW Health expertise, representation and discussion of issues.

The workshop had a duality of purpose and provided participants the opportunity to discuss and consider: the NGO-E, service types, contractual arrangements, any issues

[4] LGBTIQA - Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Asexual. ACON Health Outcome Strategy 2013-2018 Mental Health and Wellbeing has a strong focus on data and its role. Strategy available at: https://www.acon.org.au/wp-content/uploads/2017/02/HOS-Mental-Health.pdf

[5] MHCC, Implementing the National Minimum Dataset for Mental Health Establishments (NGOE) in NSW Community Managed Organisations: Scoping Study Project Report, June 2018, Appendix C – Outcome Measures p.54 (not available online)

with implementation, the YES/CES questionnaires and their proposed roll-out and view a demonstration of the WebSurvey portal used in Western Australia.

Member attendance of the workshop covered the range of service types as identified in the taxonomy[6]. The Workshop was co-facilitated by InforMH and MHCC. Sixteen primary CMOs identified that they provide or may provide HASI/RRSP, CLS, LikeMind, FCMHP or other specific mental health funded services in the future.

Thirty-eight people participated in the workshop.

Presentations were provided on the two projects, and the policy context for the NGO-E in relation to the 5th National Mental Health Plan, the National Mental Health Service Planning Framework and the National Mental Health Information Priorities, and the need for a national roll-out.

YES and CES Questionnaires

Information was provided on the history of public mental health services use of the YES questionnaire. Since 2015 70,000 YES surveys (available in multiple languages) have been completed primarily on a quarterly basis. The differences between public and CMO versions, the reporting structure, the experience of a Local Health District implementing the YES survey, the development of the Carer Experience of Service questionnaire and the proposed pilot of both surveys with CMOs in NSW were also discussed. Samples of the questionnaires were tabled for consideration.

The set-up for the YES questionnaire ensures CMOs are prepared to offer the survey while insuring there is infrastructure at the state level to support collection and reporting. Key milestones will include:

- Identifying which CMOs will participate in the pilot
- Developing a framework for using experience measurement
- Developing a protocol for offering the questionnaire
- Taxonomy of services including process for de identifying
- Artwork for the questionnaire
- Supporting materials for service users
- Supporting materials for services
- Scanning and data extraction
- Data storage
- Designing reports.

Slido[7] was used to provide an opportunity for real time consideration of issues and for participants to ask questions about the CMO YES and CES questionnaires. As a result of the consultations a YES & CES Working Group will be convened and the YES questionnaire will be piloted with volunteer CMOs in 2019.

[6] See Appendix C for CMO Service Types Summary
[7] Slido is an audience interaction tool for meetings, events and conferences. It offers interactive Q&A, live polls and insights from the audience www.sli.do

NGO-E

The history of CMO data collection and MHCC's advocacy for consistent and value-added data collection for the CMO sector was discussed. To support the NMDS collection, 17 service types for CMOs who receive mental health funds were developed. The CMO Service Types Summary of definitions and distinguishing features was tabled and is available at Appendix E p. 42. The *Mental Health Non-Government Organisation Establishments National Best Endeavours Dataset* (NGOE) is an annual collection of aggregate data on service funding, staffing and activity i.e. clients and contacts. It was developed throughout 2009- 2010 in consultation with the CMO sector.[8]

Presentation about the 17 CMO service types and the Australian Institute of Health and Welfare's METeOR the Metadata Online Registry[9] provided the link between service type and metadata required to be collected.

WebSurvey

Across Australia, Western Australia and Queensland have implemented a data collection system. NSW would be the third state/territory to do so. Both states procured the services of WebSurvey[10] as the organisation that developed and hosts the online data collection instrument. Access is by a secure webpage with a secure link emailed to the authority for each mental health service provider. There have been no major issues with implementation, due to ongoing CMO training and access to a helpdesk and support. Contracts include information on allocation of service type(s) and contract reporting requirements, data is due in June and December for Western Australia (WA) but quarterly in Queensland. A demonstration of WebSurvey, the reporting process, actual data collection, potential workflow and the evaluation and activity reports provided to the sector was presented by Trevor Dare, Manager Information Development, Performance and Programs Directorate WA Mental Health Commission.

The WebSurvey demonstration provided participants an opportunity to discuss the impact for a CMO that provides different service types; the software; the inability to add outcome measures as it is an aggregated system; resources, helpdesk and training provided; data use in planning of services, and the comparison on service performance for each service type.

Panel Discussion

A panel provided an opportunity for questions and discussion on the NGO-E, its impact

[8] MHCC NSW Community Managed Mental Health Sector Data Management Strategy Phase 1 Report, Oct 2010 https://www.mhcc.org.au/wp-content/uploads/2018/05/mhcc-data-mgt-strategy-ph1-report-2010.pdf

[9] METeOR – Australian Institute of Health and Welfare (AIHW) Metadata Online Registry http://meteor.aihw.gov.au/content/index.phtml/itemId/494729

[10] WebSurvey is an online survey, hosted in Melbourne and priced using a per-user model. Online survey set up costs begin at $2200 +GST and a usage fee of $1.50 +GST applies per respondent. Information from website on 6/3/18 www.websurvey.com.au/

and future implementation. It was recognised that NSW differs from other states in its diversity of funders and programs. There was agreement that there is a current focus on outputs and not outcomes, that performance monitoring processes are in place but that changes to contracts may take time with some standardisation of data collection currently occurring, and that benchmarking is useful but that it needs to reflect the work of all CMOs. There was discussion on who is the custodian of the data and how it will be used.

Changes and alignment in contracts and requisite data collection were deemed as essential to reduce data burden for CMOs. However, it was acknowledged that it would be beneficial for CMOs if other funding bodies for example, Family and Community Services also implemented the NGO-E. It was noted that CMOs are concerned that double collection of data may occur for their organisation, or that not all services being provided are being captured by the data collection.

It was understood from the consultations that the Mental Health Branch has four funding streams i.e. covering young people, adult and older persons all with various data collection requirements. For CMOs who provide a diversity of services this can result in the need for multiple databases.

c. Findings from Consultations

1. The Stage 1 Project Report and this report be made publicly available
2. That all mental health funded contracts in NSW be consistent with the NMDS and align with service types
3. CMOs are keen to streamline data collection and improve service provision. They recognise the need for consultation and liaison with the Mental Health Branch to identify and determine service types, especially given the diversity of services and then provide the NMDS for that service type and contractual funding arrangements.
4. The Aboriginal Health and Medical Research Council of NSW be involved in community-controlled sector awareness and information prior to any implementation of changes to required data collections for community-controlled organisations.
5. The use of the group work formula is problematic for CMOs and may benefit from a review.[11]
6. The NGO-E would benefit from linkage to the Mental Health Establishments data collection for public mental health services thereby providing consistency of data collection while supporting mapping of funds to activity
7. That the Mental Health Branch and InforMH provide clarity on the use of the NMDS for one-off project grants to CMOs who do not normally receive mental

[11] The current group work formula is: hours of group divided by 3.5 times number of attendees. Example: One group for 2 hours for 10 people = 3.5 hours. It is unclear what the rationale is for dividing by 3.5.

health funds, or those CMOs who receive mental health funds and Local Health District funds

8. InforMH to clarify that the taxonomy of services in the National Mental Health Service Planning Framework aligns with the NGO-E.[12]

Information from the consultations and issues for the CMO sector are being considered by MHCC in partnership with Mental Health Branch to inform an implementation phase.

[12] Minutes of NGO-E and YES & CES Project Steering Group Meeting 6/12/18

3. CMO Service Types and Metadata Items

A comparison of service types against the METeOR[13] metadata required was undertaken by the NGO-E Project Lead with it determined that there are few data items that are required to be collected by most service types.

The metadata items are:

- Source of funding
- ABN, identifier
- Program name
- Number of clients (receiving services), total
- Unique client count accuracy descriptor
- Total Australian currency
- Full time equivalent staff (paid)
- Hours worked by volunteer/unpaid staff
- Full-time equivalent staff paid peer workers
- Address

The majority of metadata items required for collection are specific to the service type. For example, additional items for Personalised Support – Other are: number of service contacts to individual clients, number of contact hours and outcome measurement tool indicator Yes/No/NA.

See Appendix D for the spreadsheet on Service Types and Metadata Items.

The national minimum data set does not include the opportunity to capture LGBTIQ+ or culturally relevant data. This is a serious gap in NSW and Australia's data collection.

Employee of a CMO during consultations

[13] METeOR AIHW's Metadata Online Registry
http://meteor.aihw.gov.au/content/index.phtml/itemId/494729

4. Mapping of CMO Data Collection Requirements

To undertake the mapping review MHCC was provided with confidential specific information by Mental Health Branch that identified what data CMOs are currently required to collect based on the contracts of each of the mental health funded programs. This included but is not limited to the following:

- Key performance indicators
- Specific program data collection items
- Outcome measures
- Any other reporting requirements

Mapping of the current CMO data requirements against the NGO-E identified that there is not a significant burden for CMOs for the inclusion of data items into all new MoH funded contracts, variation to contracts or contract renewal. Duplication of data collection by CMOs would be avoided once contractual data was in line with the NGO-E. Consultation and negotiation with CMOs will support the allocation of CMO mental health programs to service types and with any contractual variation.

Appendix A: Recommendations for Future NGOE Implementation in NSW

MHCC Stage 1 Report *Implementing the National Minimum Dataset for Mental Health Establishments (NGOE) in NSW Community Managed Organisations: Scoping Study Project* identified that a successful CMO NGOE implementation in NSW requires commitment from government and CMOs and an integrated service delivery model.

The NSW CMO response to the implementation of the NGOE is considered to be favourable due to longevity and involvement in the pursuit of a minimum data set. As reported in the MHCC Annual Report in 2017: *For many CMOs the greater attention to agreed contracted KPIs is welcomed and will hopefully, as anticipated, provide stronger engagement with LHDs around activity and outcomes*.

CMOs understand the need for data and its benefits. However, the ultimate data goal for CMOs is to '*collect once and use often*'.

In 2011 when the MHCC Data Management Systems Business Plan was developed it was determined that a 'one solution for all' approach was not possible due to the technical and practical limits. However, portal-based technologies now permit centralised data collection with only a need for Internet access.

What will be required for implementation?

- A clear vision for NSW whereby data collection contributes to the improvement of health outcomes for all individuals who live with mental health conditions, their families and carers
- The determination of costs for set-up and implementation of CMO NGOE in NSW
- Stage 2 of the project to determine and support implementation of the NGOE for CMOs funded to provide mental health services
- Communication strategy that regularly consults with and informs the CMO sector about a proposed implementation of NGOE data collection
- Clear and concise information to CMOs about the roll-out, timeframe for implementation and expectations of data collection completion
- Access to a reliable and secure web portal for data collection and reporting
- Development (or modification) of a Data Dictionary and User Guide for NSW in relation to mental health funded services is required before implementation
- Realistic data collection periods[36] as determined in contract acquittals with data being accumulative.
- Reduction of data burden for CMOs. As reported in the WA Evaluation Report[37]: '...it is also evident that the needs for additional information need to be balanced against the level of reporting burden placed on organisations.'
- Data collection by programs as documented in contracts is in line with the NMDS to avoid duplication
- Recognition of the diversity of service delivery models within a service type.

- Clear and articulated definition of service types. For example, the WA Data Collection 3.1 states: 'It is the Mental Health Commission's responsibility to allocate the services they fund to a service type. Services will be allocated to a service type based on the principal function they are funded to provide. If an NGO is funded to provide one type of service, it can only be allocated to one service type. However, if an NGO is specifically funded to provide more than one type of service, the activity for each type of service should be collected under each relevant service type'[38]
- Consultation and negotiation with CMOs for all new contracts, variation to contracts or contract renewal in the allocation of CMO programs to service types
- Ongoing education, training and the nurturing of a culture of support via a Helpdesk for CMOs through MHCC, or InforMH at the Ministry of Health
- Provision of regular reports to CMOs and to the NSW CMO sector through the peak body

Recommendations

1. The national minimum data set be included in all contracts with departments, state and national programs that fund CMOs to provide support and other services – data that is collected once and used often. Appropriate support and training be provided to CMO's to ensure smooth implementation
2. Implementation of the NGOE nationally for all CMOs funded to provide mental health services thereby increasing analysis, and supporting opportunities for service providers and other stakeholders to share information
3. Support a consistent use of a range of validated and reliable outcome measures that are collected and considered, with greater value achieved with a broader focus on outcomes rather than only outputs and activities
4. The integration of, and access to different types of data to be used by a range of stakeholders, including CMO peak bodies in NSW
5. Offer enhanced data reporting that can be used at a CMO, regional and national level to assist with monitoring service delivery to individuals, inform service planning and benchmarking activity and enhance quality improvement initiatives
6. Enable a broader view of comparative data across LHDs and CMOs both at a regional and state level
7. Consideration of the inclusion of other reporting requirements where relevant to CMOs for example outcomes assessments and opportunities for service improvement.

Appendix B: Consultations with NSW CMOs

CMO	Funding stream	Service Type if known	Service Area	Date
Aboriginal Health and Medical Research Council of NSW (AHMRC), Surry Hills	Ministerial Approved Grants - Mental Health Statewide Coordination to support and develop the capacity of Aboriginal health services to deliver mental health services	Sector Development & Representation	NSW	11/9/18 Visit
ACON, Surry Hills	Suicide Prevention Fund	Sector Development & Representation	NSW	11/9/18 Visit
Mental Health Carers NSW, Woolloomooloo	Peak Body	Sector Development & Representation	NSW	11/9/18 Visit
Neami National, Hurstville	HASI / CLS	Personalised Support - Other	NSW	11/9/18 Visit
National Association for Loss & Grief NSW Inc., Dubbo	Other 2016-17 Grants – core funding	Counselling – face to face	NSW	19/9/18 T/c
Mental Health Coordinating Council, Lilyfield	Ministerial Approved & Other 2016-2017 Grants – for NDIS, LDU & peak	Sector Development & Representation	NSW	19/9/18 Visit
New Horizons, Ryde	HASI/CLS	Multiple	NSW	19/9/18 Visit
Centre for Rural and Remote Mental Health, Orange	Other 2016-17 Grants & Rural Adversity Mental Health Program (RAMHP)	Mental health promotion	NSW	20/9/18 T/c
Lifeline Australia	Ministerial Approved Grants - Crisis support telephone service	Counselling, support, information and referral - telephone	NSW	20/9/18 T/c

CMO	Funding stream	Service Type if known	Service Area	Date
Peer Support Foundation (Australia), Macquarie Park	Ministerial Approved Grants - Peer-led mentoring program supporting the mental, social and emotional wellbeing of young people	Mental health promotion	NSW	20/9/18 Visit
Flourish Australia, Sydney Olympic Park	HASI/CLS	Multiple	NSW	20/9/18 Visit

Organisations at CMO Consultation Workshop

Participants

ACI

Central Coast Local Health District

Flourish Australia

Grand Pacific Health

Independent Community Living Aust.

InforMH

Mental Health Carers NSW

Metropolitan Aboriginal Land Council

Mental Health Coordinating Council

Ministry of Health

Mission Australia

Mums and Kids Matter, Wesley Mission

Neami National

New Horizons

One Door Mental Health

Open Minds

Parramatta Mission

Sydney Local Health District

Sydney Women's Counselling Service

WA Mental Health Commission

Wesley Mission

Appendix C: CMO Service Types Summary

The scope of the Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set (MH NGOE NBEDS) is mental health-related non-government organisations which provide one or more of the service types included in the service taxonomy below. Mental health non-government organisations are private organisations (both not-for-profit and for-profit) that receive Australian and/or state or territory government funding specifically for the provision of services where the principal intent is targeted at improving mental health and well-being and delivered to people affected by mental illness, their families and carers, or the broader community. Services focus on providing well-being, support and assistance to people who live with a mental illness [and their families and carers] rather than the assessment, diagnostic and treatment tasks undertaken by clinically focused services. Following information from: http://meteor.aihw.gov.au/content/index.phtml/itemId/494729 See the *Service Types and Metadata Items* spreadsheet for information on actual metadata items required for each service type.

	Service Types	Definition	Distinguishing Features
1.	Counselling—face-to-face	Counselling services operate through a range of mediums including face-to-face, telephone and online. This service type is intended only for services providing face-to-face counselling. Counselling services provide a structured process that is concerned with addressing and resolving specific problems, making decisions, working through feelings and inner conflicts, or improving relationships with others (BAC 1986). Counselling facilitates personal growth, development, self-understanding and the adoption of constructive life practices. The counselling process will depend on the individual counsellor, the individual client and the specific issue.	• Delivered face-to-face • Primarily centre-based • Includes individual, family and group counselling *Inclusions:* • Talking therapies • Grief counselling • Relationship counselling *Exclusions:* • Counselling delivered in the context of other service types, e.g. Personalised support, carer support programs
2.	Counselling, support,	Counselling, support, information and referral services can be provided both via telephone and	• Delivered via telephone • Primarily delivered on a one-on-one basis

	Service Types	Definition	Distinguishing Features
	information and referral—telephone	online. This service type is intended only for those services provided via telephone. Counselling services provide a structured process that is concerned with addressing and resolving specific problems, making decisions, working through feelings and inner conflicts, or improving relationships with others (BAC 1986). Counselling facilitates personal growth, development, self-understanding and the adoption of constructive life practices. The counselling process will depend on the individual counsellor, the individual client and the specific issue. Mental health support, information and referral services are those that provide support for people experiencing mental illness and which offer reliable referrals, information and self-help resources to empower people to take steps towards maintaining mental health and emotional wellbeing (Lifeline 2012).	*Inclusions:* • Telephone crisis support • Helplines • Telephone counselling *Exclusions:* • Occasional services delivered under other service types that are incidentally provided via the telephone • Telephone support services that are delivered as an adjunct for other service types, e.g. after hours' carers support lines, warm lines • Counselling, support, information and referral services not provided by telephone
3.	Counselling, support, information and referral—online	Counselling, support, information and referral services can be provided both via telephone and online. This service type is intended only for services provided online. Counselling services provide a structured process that is concerned with addressing and resolving specific problems, making decisions, working through feelings and inner conflicts, or improving relationships with others (BAC 1986). Counselling facilitates personal growth, development, self-	• Primarily delivered on a one-on-one basis • Primarily delivered via an interactive 'chat' style modality *Inclusions:* • Synchronous online chat • Automated referral systems • Email Note: Email-based activity is not intended to be measured under the Mental health non-government organisation establishments DSS at this stage.

	Service Types	Definition	Distinguishing Features
		understanding and the adoption of constructive life practices. The counselling process will depend on the individual counsellor, the individual client and the specific issue. Mental health support, information and referral services are those that provide support for people experiencing mental illness and which offer reliable referrals, information and self-help resources to empower people to take steps towards maintaining mental health and emotional wellbeing (Lifeline 20	*Exclusions:* • Occasional services delivered under other service types that are incidentally provided via the Internet • Online services that are delivered
4.	Self-help—online	Self-help—online includes structured interactive online programs which take people, who have a lived experience of mental illness, through exercises to help them develop skills to handle life's challenges more effectively. Unlike Counselling, support, information and referral–online, services which fall under Self-help—online never involve interaction with another person, only interaction with the online program's content.	• Population-based (rather than individually-tailored) • Conducted online • Not individually facilitated by another person • Available 24 hours a day *Inclusions:* • Cognitive behaviour therapy- (CBT) based programs • Interpersonal psychotherapy- (IPT) based programs *Exclusions:* • Mutual support and self-help activities which incidentally occur online, e.g. online support groups (these services are not currently reported in the Mental health non-government organisation establishments DSS)
5.	Group support activities	Group support activities includes services that aim to improve the quality of life and psychosocial functioning of mental health consumers, through	• Delivered to groups of consumers simultaneously

	Service Types	Definition	Distinguishing Features
		the provision of group-based social, recreational or prevocational activities. In contrast to services in the Mutual support and self-help service type, Group support activities are led by a member of the NGO.	• Primarily engage consumers in one or more social, recreational, prevocational or physical activities • Centre-based or conducted in community environments • Led by an NGO employee or representative *Inclusions:* • Neighbourhood, community and drop-in centres • Structured and unstructured community day programs • Leisure and recreation activities • Psychoeducational programs • Clubhouses *Exclusions:* • Self-help and mutual support activities delivered on a group basis (these are reported under Mutual support and self-help) • Group-based programs focused on assisting clients gain employment, education or vocational training (these are reported under Education, employment and training)
6.	Mutual support and self-help	Mutual support and self-help includes services that provide information and peer support to people with a lived experience of mental illness. People meet to discuss shared experiences, coping strategies and to provide information and referrals (Metropolitan Health and Aged Care Services Division 2003). Self-help groups are usually formed by peers who have come together for mutual	• Group-based services • Comprising individuals with common experience and interest • Led by one or more volunteer/unpaid consumer peers • Provided on a face-to-face basis or through interactive online forums. Please note, while this service type can be conducted though interactive online forums, the online activity is

	Service Types	Definition	Distinguishing Features
		support and to accomplish a specific purpose (Solomon 2004).	not intended to be measured under the Mental health non-government organisation establishments NMDS. *Inclusions:* • Self-help • Warm lines *Exclusions:* • Services that, while delivered by peers, are better categorised in other service types, e.g. peer-led employment-oriented services; personalised support services provided by peer workers • Services where the peer-leader is employed by the NGO (these services will be reported under other service types, e.g. Personalised support or Group support activities) • Mutual support and self-help activities provided for and/or by carers and/or families of people with mental illness (these are reported under Family and carer support) • Online, population-based self-help programs (these are reported under Self-help—online)
7.	Staffed residential services	Staffed residential services are those that provide overnight accommodation in a domestic-style environment, which is staffed for a minimum of 6 hours a day and at least 50 hours per week. Accommodation may be provided on a short, medium or long term basis.	• Deliver services in a setting that provides overnight accommodation to consumers • Domestic-style environment • Consumers are encouraged to take responsibility for their daily living activities • Staff are on-site for a minimum of 6 hours a day and at least 50 hours per week *Inclusions:* • Residential rehabilitation

	Service Types	Definition	Distinguishing Features
			• Residential respite • Crisis residential services • Transitional residential services • Step-up step-down services *Exclusions:* • Facilities that are visited via in-reach services provided by NGO staff but where the residence is not regarded as NGO worker's place of employment • Clinically-staffed residential services
8.	Personalised support—linked to housing	Personalised support services are flexible services tailored to a mental health consumer's individual and changing needs. They include a range of one-on-one activities provided by a support worker directly to mental health consumers in their homes or local communities (Department of Communities 2011). Personalised support—linked to housing includes services that provide personalised psychosocial support that is coordinated with provision of social housing or privately negotiated housing at the point of entry into the program (but not necessarily tied to such indefinitely).	• Primarily delivered on a one-on-one, face-to-face basis • Primarily delivered in the consumer's home or own environment • Provision of personalised support is coordinated with provision of social housing or a privately negotiated housing place at the point of entry into the program (but not necessarily tied to such indefinitely) • Services are tailored to the needs of the individual consumer • May be of varying intensity (e.g. high, medium, low) *Inclusions:* • Coordinated housing and support • Cluster housing programs • Long term supported housing *Exclusions:* • Provision of personalised support initiated independently of any housing arrangements

	Service Types	Definition	Distinguishing Features
			(these are reported under Personalised support—other) • Personalised support services provided to individuals that are targeted only at improving the person's participation in employment, education or vocational training (these are reported under Education, employment and training) • Staffed residential services (these are reported under Staffed residential services)
9.	Personalised support—other	Personalised support services are flexible services tailored to a mental health consumer's individual and changing needs. They include a range of one-on-one activities provided by a support worker directly to mental health consumers in their homes or local communities (Department of Communities 2011). Personalised support—other includes services that provide personalised psychosocial support that is independent of housing arrangements (e.g. provision of social housing or privately negotiated housing) at the point of entry into the program.	• Primarily delivered on a one-on-one, face-to-face basis • Primarily delivered in the consumer's home or own environment • Provision of personalised support is initiated independently of any housing arrangements • Services are tailored to the needs of the individual consumer • May be of varying intensity (e.g. high, medium, low) *Inclusions:* • Outreach support • In-situ individually tailored support *Exclusions:* • Provision of personalised support that is coordinated with provision of social housing or privately negotiated housing at the point of entry into the program (these are reported under Personalised support—linked to housing)

	Service Types	Definition	Distinguishing Features
			• Personalised support services provided to individuals that are targeted only at improving the person's participation in employment, education or vocational training (these are reported under Education, employment and training)
10.	Family and carer support	Family and carer support includes services that provide families and carers of people living with a mental illness support, information, education and skill development opportunities to fulfil their caring role, while maintaining their own health and wellbeing (Mission Australia 2012). These services may be provided in the context of early intervention or ongoing support.	• Explicitly targeted at carers and families • Includes all services focused on family and carer support except staffed residential respite services. Therefore, this includes services that, if they were not targeted at families and carers, would be reported in other service types. *Inclusions:* • Family and carer programs • In-home and/or day respite for carers • Family-focused early intervention services • After hours carers support lines *Exclusions:* • Residential respite services (these are reported under Staffed residential services)
11.	Individual advocacy	Individual advocacy includes services that seek to represent the rights and interests of people with a mental illness, on a one-to-one basis, by addressing instances of discrimination, abuse and neglect. Individual advocates work with people with mental illness on either a short-term or issue-specific basis. Individual advocates:	• One-on-one services • Primary service provided is advocacy • Development of a plan of action • Educate people with a mental illness about their rights *Inclusions:* • Individual advocacy • Legal advocacy *Exclusions:*

	Service Types	Definition	Distinguishing Features
		• work with people with mental illness requiring one-to-one advocacy support • develop a plan of action (sometimes called an individual advocacy plan), in partnership with the person with a mental illness, that maps out clearly defined goals • educate people with mental illness about their rights • work through the individual advocacy plan in partnership with the person with a mental illness (FaHCSIA 2012).	• Systemic advocacy (these are reported under Sector development and representation) • Individual advocacy in the context of delivery of other mental health support services to the consumer
12.	Care coordination	Care coordination services provide a single point of contact (via a Care Facilitator) for people (and their families/carers) with lived experience of mental illness and complex care needs. Care Facilitators will be responsible for ensuring all of the patients' care needs, clinical and non-clinical and as determined by a nationally consistent assessment tool, are being met (Commonwealth of Australia 2012).	• The principal service provided is the coordination of access to a range of services required by the individual • Where other support services are delivered, they are incidental to the principal care coordination role *Inclusions:* • Care coordination *Exclusions:* • Care coordination provided as part of delivering another service type
13.	Service integration infrastructure	Service integration infrastructure includes services that provide infrastructure integration to establish a 'one stop shop' service platform that brings together an appropriate range of mental health-related services, both existing and new, which aim to improve the mental well-being and social participation of people with mental illness.	• Provides the administrative and capital infrastructure to facilitate the co-location of mental health-related services, rather than coordination of care for individual consumers • The focus is the coordination of services, rather than on direct service provision *Inclusions:* • Service coordination

	Service Types	Definition	Distinguishing Features
			Exclusions: • Care coordination for individual consumers (these are reported under Care coordination) • Any type of service delivery to individual consumers
14.	Education, employment and training	Education, employment and training includes services where the principal function is to provide or support people with lived experience of mental illness, in gaining education, employment and/or training.	• The principal purpose is to increase a person's ability to access education, employment and training • Delivered one-on-one or as part of a group • Education and training takes place through a structured program of tuition • The education and training program can result in the attainment of a formal qualification or award (e.g. a Certificate, Diploma or Degree), however, this need not happen in every program *Inclusions:* • Supported education • Employment and vocationally-focused group programs • Individual employment placement and support • Social enterprises *Exclusions:* • Where education is provided as part of delivering another service type
15.	Sector development and representation	Mental health sector development and representation services engage with a wide variety of issues regarding the sustainability and development of the mental health sector. This	• Short, medium and long-term initiatives • Initiatives are intended to benefit the mental health sector, rather than an individual organisation

	Service Types	Definition	Distinguishing Features
		includes information dissemination, advocacy, policy analysis, program development and sector capacity building (Family and Community Services 2012)	• Services are not provided to individual clients but are targeted at developing and/or representing client service delivery organisations operating in the NGO sector *Inclusions:* • Sector-wide advocacy activities • Workforce development • Research and evaluation • Policy activities *Exclusions:* • Individual advocacy (these are reported under Individual advocacy)
16.	Mental health promotion	Mental health promotion includes services that operate on a population level which aim to raise awareness of mental health issues, improve mental health literacy, reduce stigma and discrimination and maximise the population's mental health and well-being. Mental health promotion may include programs targeted to population segments, based on age (e.g. early childhood) or setting (e.g. school or workplace), as well as initiatives to educate the general population. This category also includes community-wide activities that provide information and education designed to enhance community understanding, increase the likelihood of identifying and addressing mental health problems and promote good mental health. These programs may be targeted towards specific at-risk communities or communities affected by disaster or trauma.	• Provision of information and education • Population-based • Typically long-term initiatives *Inclusions:* • Mental health promotion activities • Mental health awareness raising initiatives • Anti-discrimination and stigma reduction activities *Exclusions:* • Mental illness prevention activities (these are reported under Mental illness prevention)

	Service Types	Definition	Distinguishing Features
17.	Mental illness prevention	Mental illness prevention includes services that work to prevent the onset of mental disorders, in order to reduce the incidence and prevalence of mental illness in the community. Mental illness prevention activities are directed at reducing known risk factors and/or preventing people that display early signs of mental illness from developing a diagnosable mental illness. These activities can be either population-wide or targeted at vulnerable segments of the community. In contrast to Mental health promotion, which seeks to enhance the population's mental health, Mental illness prevention aims to prevent the development of mental illness.	• Population-based • Vulnerable segments of the community • Typically, long-term activities *Inclusions:* • Mental illness prevention activities *Exclusions:* • Mental health promotion activities (these are reported under Mental health promotion)

Appendix D: Service Types and Metadata Items

Metadata Items & METeOR #	Care coordination	Counselling face-to-face	Counselling, support, information & referral - online	Counselling, support, information & referral - telephone	Education, employment & training	Family & carer support	Group support activities	Individual advocacy	Mental health promotion	Mental illness prevention	Mutual support & self-help	Personalised support - linked to housing	Personalised support - other	Sector development & representation	Self-help online	Service integration infrastructure	Staffed residential services
Source of funding, govt authority mental health identifier, code # 479124	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ABN, identifier # 429148	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Program name, text # 496474	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consumer-managed organisation indicator, Yes/No # 480963																	
Not for profit indicator, Yes/No # 373022																	
Number of clients (receiving services), total # 481234	✓	✓		✓	✓	✓	✓	✓			✓	✓	✓			✓	✓
Unique client count accuracy descriptor, code # 479136	✓	✓		✓	✓	✓	✓	✓			✓	✓	✓			✓	✓
Number of service provision telephone calls (direct service activities), total # 443793				✓							✓						
Amount of individual assistance provided, total number (of sessions) # 480817		✓															
Amount of group assistance provided, total number (of group sessions) # 480815		✓															
Amount of individual assistance provided, total hours # 481019		✓															
Amount of group assistance provided, total hours # 481023		✓															
Number of visits to a website (administered by NGO), total # 481033			✓														
Number of online chat sessions conducted with clients, total # 497353			✓														
Number of registered users (online), total # 497046															✓		

Metadata Items & METeOR #	Care coordination	Counselling face-to-face	Counselling, support, information & referral - online	Counselling, support, information & referral - telephone	Education, employment & training	Family & carer support	Group support activities	Individual advocacy	Mental health promotion	Mental illness prevention	Mutual support & self-help	Personalised support - linked to housing	Personalised support - other	Sector development & representation	Self-help online	Service integration infrastructure	Staffed residential services
Number of (client) attendees at events facilitated, total # 481030							✓				✓						
Number of episodes of residential care (completed), total # 534013																	✓
Accrued mental health care days (admitted patient care services) total # 286770																	✓
Number of service contacts to individual clients, total (ie 2 persons involved) # 483060	✓				✓			✓				✓	✓				
Number of contact hours, total (2 or more individuals or groups placed in contact with one another) # 483103	✓				✓			✓				✓	✓				
Number of schools participating in a program, total # 496787									✓								
Mental Health funding provided to NGO from Govt authorities, total Australian currency # 480798	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Full-time equivalent staff (paid), total # 270213	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hours worked by volunteer/unpaid staff, total hours # 481296	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
Full-time equivalent staff paid peer workers, average number # 481002	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Quality accreditation / certification standard indicator (compliance), code # 435944																	
Quality accreditation / certification standard type mental health, code # 435964																	
Outcome measurement tool indicator, Yes/No/NA # 453490		✓										✓	✓				✓
Address—statistical area, code # 659774	✓	✓			✓	✓		✓	✓	✓		✓	✓	✓		✓	✓

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