

Indicators at a glance

2018 Technical report



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Introduction

This document has been prepared by the Mental Health Commission of NSW, as a technical supplement to the “*Indicators at a glance*’ online data visualisation (visualisation) for the NSW Minister for Mental Health, and is referred herein as the ‘Technical Report’.

The Technical Report describes in detail the data used to track each of the ten Living Well indicators, and is intended for individuals with technical expertise or interest.

The ten indicators are:

1. increase the proportion of the community that reports positive mental health and wellbeing
2. decrease the rate of psychological distress in the community
3. reduce the proportion of people with a mental illness experiencing discrimination and stigma
4. increase the rate of community participation among people with a mental illness
5. increase the proportion of the workforce in mental health services who are peer workers
6. increase the proportion of consumers with a positive experience of service delivery
7. decrease the rate of suicide and suicidal behaviour
8. increase the proportion of NSW mental health spending allocated to community-based alternatives to hospital services
9. decrease the rate of involuntary treatment orders (inpatient and community) issued
10. reduce the proportion of people in the prison population who have a previous experience of mental illness.

The visualisation shows a snapshot of mental health reform against ten indicators identified in *Living Well* and is developed using the most recent available data. The visualisation builds on the, *One Year On – Progress report on the implementation of Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* (the 2015 report) which provided a framework for reporting on an initial ten indicators. Data collection and analysis is continually reforming which has led to new measures (indicated in the table below) and new data such as the Your Experience of Service (YES) survey.

The Commission in partnership with government and non-government stakeholders including NSW Health, Australian Institute of Health and Welfare and Australian Bureau of Statistics has worked towards updating data to track the Indicators, and the Commission will continually collaborate with government and non-government stakeholders to consider ways of addressing gaps in the data and monitoring whole-of-life indicators.

1. Mental health and wellbeing in the community

This section presents data specifications on four measures used to determine the progress for the indicator:

Increase the proportion of the community that reports positive mental health and wellbeing.

Table 1: Measures for Mental Health and Wellbeing.

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Average life satisfaction ratings for adults with poor mental health	Household, Income and Labour Dynamics in Australia (HILDA) Survey, Melbourne Institute of Applied Economic and Social Research	Mean scores of respondent's life satisfaction rating on a scale from 0 to 10, where 0- (totally dissatisfied with life) and 10 (totally satisfied with life). Follow the link below for further information on the HILDA methodology: https://melbourneinstitute.unimelb.edu.au/hilda	N/A	Numbers are population weighted using the HILDA Replicate Weights.	A longitudinal survey whereby adult life satisfaction is collected from the same cohort over time. Changes over time may reflect changing life satisfaction as people age, and may not be associated with mental health services or reform.	<p>The health and life satisfaction of respondents is also assessed.</p> <p>Respondent's mental health status was assessed using the Short Form Health Survey (SF-36)ⁱ.</p> <p>Life satisfaction was assessed through the question, "All things considered, how satisfied are you with your life?"</p> <p>Disaggregation of Mental health status: Poor mental health (SF-36 Mental Health Measure normalised score<50), and Moderate or good mental health (SF-36 Mental Health Measure normalised score>=50)</p>

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Percentage of adults (aged over 15 years) in NSW who reported that they were happy with life as a whole .	NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health.	Number of respondents (aged over 15 years) rating their happiness with their life as a whole as "Delightful", "Pleased", and "Mostly satisfied" on a scale from 1, "Delightful", to 7, "Terrible".	Total number of respondents aged over 15 years	Sample weights accounting for unequal probability of selection, unit non-response, sub-samples, new health areas and attrition.	<p>The NSW Population Health Survey (PHS), is based on people self-reporting their levels of mental health and wellbeing, and relies on the accuracy of individual reports and perceptions.</p> <p>The PHS restricts translation into five languages: Arabic, Chinese, Greek, Italian and Vietnamese, limiting the participation of other culturally and linguistically diverse (CALD) communities living in NSW.</p> <p>Additionally, the survey is not designed to pick up on the concept of social and emotional wellbeing that is unique to Aboriginal and Torres Strait Islander peoples. Given the vulnerability of Aboriginal people to poor mental health and suicide we need to invest in improved data collection that will capture outcomes such as life satisfaction and general mental health and wellbeing</p>	<p>A new set of mental health question were included in the 2016 PHS, which enables an in-depth understanding of mental health and wellbeing of the NSW population. This is one of the newly added questions. Question: HMM2.</p> <p>The PHS self-reported data is collected through Computer Assisted Telephone Interviewing (CATI), and follows a stratified sampling methodology, with frames for landline and mobile phone numbers.</p> <p>Results are available at the NSW and Local Health District Level (LHD).</p>

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Percentage of adults (aged over 15 years) in NSW who reported they had good mental health during the past four weeks.	NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health.	Number of respondents (aged over 15 years), rating their mental health “Excellent”, “Very Good”, “Good”, on a scale from 1, “Excellent”, to 6, “Very Poor”.	Total number of respondents aged 16 and over.	PHS weighting methodology as identified above.	PHS limitation as stated above.	A newly added mental health question in the 2016 PHS, Question: HMM1. Results are available at the NSW and LHD level.
Percentage of children in NSW with good mental health during the past four weeks.	NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health	Number of respondents under 16 years, where an adult has rated their mental health “Excellent”, “Very Good”, “Good”, on a scale from 1, “Excellent”, to 6, “Very Poor”.	Total number of respondents under 16 years	PHS weighting methodology as identified above.	PHS limitation as stated above.	A newly added mental health question in the 2016 PHS. Question: HMM1. Separate questionnaires are administered to adults (aged over 15 years) and by proxy for children (aged 0-15 years). Results are available at the NSW Level. There is insufficient sample size to guarantee reliable estimates by LHD, hence LHD estimates are not provided.

2. Psychological distress in the community

This section presents data specifications on two measures used to determine the progress for the indicator:

Decrease the rate of psychological distress in the community.

Table 2: Measures for Psychological Distress in the community.

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Percentage of NSW adults (aged over 15years) with high to very high psychological distress	NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health	Number of respondents (aged over 15 years), scoring 22 or more on the Kessler Psychological Distress Scale (K10) – “High” or “Very High” psychological distress.	Total number of respondents aged over 15years.	PHS weighting methodology as stated above.	PHS limitation as stated above. In addition, measures of psychological distress are administered at one point in time and take into account levels of distress over the last four weeks for adults responding to the PHS. It does not capture prolonged and chronic distress, the prevalence of which can indicate potential unmet mental health (or other) service need.	Kessler Psychological Distress Scale (K10) is a 10-item questionnaire that measures anxiety, depression, agitation, psychological fatigue in the most recent 4-week period. Prior to 2011, the K10 questions were included in the PHS every year. From 2011, it is included every 2 years. Results from the 2015 survey are reported in the visualisation. The K10 questions are: AMH1 to AMH10. Refer to the 2015 questionnaire on: http://www.health.nsw.gov.au/surveys/adult Results are available at the NSW and LHD level.
Percentage of Aboriginal and Torres Strait Islander peoples in NSW (aged over 15 years) with high to very high psychological distress	NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health	Number of Aboriginal and Torres Strait Islander peoples (aged over 15 years), scoring 22 or more on the Kessler Psychological Distress Scale (K10) – “High” or “Very High” psychological distress.	Total number of Aboriginal and Torres Strait Islander peoples (aged over 15years)	PHS weighting methodology as stated above.	PHS limitation as stated above.	Same Kessler Psychological Distress notes identified above. K10 Questions: AMH1 to AMH10. Respondents who identified as Aboriginal or Torres Strait Islander peoples in the PHS, Question: INGP.

3. People with mental illness experiencing discrimination and stigma

There is no recent data available on stigma related to mental illness within NSW and therefore no measures of stigma are presented in the visualisation. This section presents data specifications related to measures of 'discrimination' and/or 'unfair treatment'.

Reduce the proportion of people with a mental illness experiencing discrimination and stigma.

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Percentage of people (aged 15 years and over) with a mental health condition who report experiences of any discrimination or unfair treatment.	Australian Bureau of Statistics 2014, General Social Survey (2014), Expanded Confidentialised Unit Record File (CURF), Findings based on use of ABS Microdata	Number of respondents (aged 15 years and over) who stated they experienced discrimination or being treated unfairly in the past 12 months.	Number of respondents (aged 15 years and over) who stated they have a mental health condition.	Sample weights accounting for unequal probability of selection, unit non-response and attrition.	<p>The General Social Survey (GSS), is based on people self-reporting their levels of discrimination and stigma, and relies on the accuracy of individual reports and perceptions.</p> <p>Data from the GSS reports on all experiences of discrimination, not discrimination perceived to be directly related to a person's mental health status.</p> <p>The GSS does not provide data on stigma and discrimination experienced by different groups of people in the community such as the lesbian, gay, bisexual, transgender or intersex (LGBTI) community. While data on culturally and linguistically diverse communities is not reliable due to the small size.</p> <p>Due to the small sample size, some estimates have relatively high standard errors of 25% to 35% and therefore generalisations should be treated with caution.</p>	<p>The GSS collects information about personal and household characteristics for people aged 15 years and over that are residents in private dwellings across Australia.</p> <p>A range of social dimensions collected are: demographic characteristics, subjective wellbeing and general life satisfaction measures, health and disability, discrimination, etc.</p> <p>The GSS is the fourth in the series, with the first GSS conducted in 2002. While historical data is available, estimates of people reporting having a mental health condition are not available in GSS prior to the 2014 publication. Due to differences in scope, mental health condition information and psychological disability</p>

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
						<p>information collected in GSS are not comparable.</p> <p>Numerator are responses who answered 'yes' to Question: HUM_Q01. 'In the past 12 months, that is, do you feel that you have experienced unfairly by others?'</p> <p>Denominator are respondents who choose: 23, 25, 26, 27 & 28 to Question: LTC_Q02. These are the responses to determine whether a person has a mental health condition (for GSS).</p> <p>23) – Depression or feeling depressed. 25) – Behavioural or emotional disorders. 26) – Dependence on drugs or alcohol. 27) – Feeling anxious or nervous. 28) – Problems learning or understanding things</p>

4. Participation by people with a mental illness

This section presents data specifications on measures under two domains 1) economic participation, and 2) community participation, used to determine the progress for the indicator:

Increase the rate of community participation among people with a mental illness.

Table 4: Measures for Economic Participation and Community Participation.

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Percentage of adults (aged over 15years) with high/very high psychological distress who are currently employed or in the labour force.	NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health.	Number of respondents (aged over 15 years), who are currently employed or in the labour force.	Number of respondents (aged over 15 years), scoring 22 or more on the Kessler Psychological Distress Scale (K10) – “High” or “Very High” psychological distress	Sample weights accounting for unequal probability of selection, unit non-response, sub-samples, new health areas and attrition.	PHS limitation as stated above.	<p>See Kessler Psychological Distress Scale (K10) notes in Table 2 above.</p> <p>People reporting high psychological distress is used as a proxy for mental illness and low psychological distress is used as a proxy for people without a mental illness.</p> <p>Numerator are responses 1 to 4 below for Questions: LFSPm (Mother’s employment status) and LFSPf (Father’s employment status)</p> <ol style="list-style-type: none"> 1. A salary or wage earner or conducting a business 2. A salary or wage earner or conducting a business but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down 3. Unpaid work in a family business 4. Other unpaid work <p>Numerator also includes responses 1 & 2 below to Questions: LFSp (Mother actively looking for work) and</p>

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
						<p>LFSf (Father actively looking for work)</p> <p>1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work</p> <p>Denominator: Responses to Question: AMH1 to AMH10</p> <p>NSW level data is presented for this measure. There is insufficient sample size to guarantee reliable estimates for LHDs.</p>
Percentage of adults (aged over 15 years) with high/very high psychological distress who have achieved a high school qualification or greater.	NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health	Number of respondents (aged over 15 years) who have achieved a high school qualification or greater	Number of respondents (aged over 15 years), scoring 22 or more on the Kessler Psychological Distress Scale (K10) – “High” or “Very High” psychological distress	Sample weights accounting for unequal probability of selection, unit non-response, sub-samples, new health areas and attrition.	PHS limitation as stated above	<p>Numerator are responses to Question: QALLP (Highest qualification completed).</p> <p>High school qualification or greater is equivalent to completing the Higher School Certificate.</p> <p>Denominator: Responses to Question: AMH1 to AMH10.</p> <p>NSW level data is presented for this measure. There is insufficient sample size to guarantee reliable estimates for LHDs.</p>
Percentage of people (aged 15 years and over) with a mental health condition who have undertaken unpaid	Australian Bureau of Statistics 2014, General Social Survey, Expanded Confidentialised Unit Record File (CURF),	Number of respondents (aged 15 years and over) who stated they undertook unpaid	Number of respondents (aged 15 years and over) who stated they have a mental health condition.	Sample weights accounting for unequal probability of selection, unit non-response and attrition.	<p>The General Social Survey (GSS), does not provide detail about the extent and nature of participation activities.</p> <p>The GSS reports on</p>	<p>Numerator are responses who answered ‘yes’ to Question: VOL_Q02 - ‘In the last 12 months, did you do any unpaid voluntary work for any of these types of organisations?’</p> <p>Denominator are respondents who choose: 23, 25, 26, 27 & 28 (below) to Question: LTC_Q02. These are the</p>

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
volunteer work.	Findings based on use of ABS Microdata	voluntary work in the last 12 months.			people with mental health conditions that engage in different types of community participation. However, a population survey such as GSS will not pick up relatively low prevalence conditions such as schizophrenia due to the small sample size used in surveys.	responses to determine whether a person has a mental health condition (for GSS). 23) – Depression or feeling depressed. 25) – Behavioural or emotional disorders. 26) – Dependence on drugs or alcohol. 27) – Feeling anxious or nervous. 28) – Problems learning or understanding things Note: The ABS uses the International Classification of Disease Version 10 (ICD-10) as the basis for its health classifications and definitions.
Percentage of people (aged 15 years and over) with a mental health condition who participated in social groups	Australian Bureau of Statistics 2014, General Social Survey, Expanded Confidentialised Unit Record File (CURF), Findings based on use of ABS Microdata	Number of respondents (aged 15 years and over) who stated they participated in social groups in the last 12 months.	Number of respondents (aged 15 years and over) who stated they have a mental health condition.	Sample weights accounting for unequal probability of selection, unit non-response and attrition.	GSS limitation as stated above.	Numerator are responses who answered 'yes' to Question: CMG_Q02 – <i>'In the last 12 months have you been actively involved in any of these social groups or taken part in an activity they organised?'</i> Denominator are respondents who chose: 23, 25, 26, 27 & 28 to Question: LTC_Q02 (as stated above).
Percentage of people (aged 15 years and over) with a mental health condition who participated in community	Australian Bureau of Statistics 2014, General Social Survey, Expanded Confidentialised	Number of respondents (aged 15 years and over) who stated they participated in	Number of respondents (aged 15 years and over) who stated they have a mental health condition.	Sample weights accounting for unequal probability of selection, unit non-response and attrition.	GSS limitation as stated above.	Numerator are responses who answered 'yes' to Question: CMG_Q01- <i>'In the last 12 months, have you been actively involved in any of these community support groups or taken part in an activity they organised?'</i> .

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
support groups	Unit Record File (CURF), Findings based on use of ABS Microdata	community support groups in the last 12 months.				Denominator are respondents who chose: 23, 25, 26, 27 & 28 to Question: LTC_Q02 (as stated above).
Percentage of people (aged 15 years and over) with a mental health condition who participated in civic or political groups	Australian Bureau of Statistics 2014, General Social Survey, Expanded Confidentialised Unit Record File (CURF), Findings based on use of ABS Microdata	Number of respondents (aged 15 years and over) who stated they participated in civic or political groups in the last 12 months.	Number of respondents (aged 15 years and over) who stated they have a mental health condition.	Sample weights accounting for unequal probability of selection, unit non-response and attrition.	GSS limitation as stated above.	Numerator are responses who answered 'yes' to Question: CMG_Q03 – 'In the last 12 months have you been actively involved in any civic or political groups or taken part in an activity they organised?'. Denominator are respondents who chose: 23, 25, 26, 27 & 28 to Question: LTC_Q02 (as stated above).
Percentage of people (aged 15 years and over) with a mental health condition who attended cultural and leisure events.	Australian Bureau of Statistics 2014, General Social Survey, Expanded Confidentialised Unit Record File (CURF), Findings based on use of ABS Microdata	Number of respondents (aged 15 years and over) who stated they attended various cultural and leisure events.	Number of respondents (aged 15 years and over) who stated they have a mental health condition.	Sample weights accounting for unequal probability of selection, unit non-response and attrition.	GSS limitation as stated above.	Numerator are respondents who attended any selected cultural venues and events in the last 12 months. This is a multiple response question with person weights applied to responses. Question: CAV_Q01 – <i>'In the last 12 months, that is, since this time in [CAV_WS1] last year, have you visited or attended any of the following:</i> 1. Public Library? 2. Museum or Art Gallery? 3. Botanic Garden, Zoo or Aquarium? 4. Movie theatre? 5. Concert, theatre or other

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
						<p><i>performing arts event?</i> <i>6. Did not visit any of these</i></p> <p>Denominator are respondents who chose: 23, 25, 26, 27 & 28 to Question: LTC_Q02 (as stated above).</p>

5. The peer workforce

This section presents data specifications on three measures used to determine the progress for the indicator:

Increase the proportion of the workforce in mental health services who are peer workers.

Table 5: Measures for Mental Health Peer Workforce

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Rate of the NSW public mental health workforce who are peer workers (per 1000 mental health care staff)	System Information and Analytics Branch, NSW Ministry of Health	Full-time Equivalent (FTE) employees categorised as paid carer or consumer peer workers	Total FTE paid mental health care workers; The result is multiplied by 1,000 (to calculate the rate per 1,000 mental health care workers)	Sample weights are not applied as the Mental Health Establishments NMDS is a census of all specialised mental health services	The Mental Health Establishments NMDS under-reports peer workforce due to there being no consistent national award arrangements for peer workers with many being employed as educators or managers which are difficult to distinguish in national reporting. Also, peer worker data is derived from information on employees categorised as carer or consumer workers. The definition of these categories has changed over the reporting period which may have resulted in an underestimate of peer workers. The Mental Health Establishments NMDS does not capture peer workers employed in community managed organisations, and therefore peer worker numbers reported in the visualisation is an undercount of peer workers	The Mental Health Establishments NMDS is a national collection of establishment level data for specialised mental health services. The scope is all specialised public mental health services provided by private hospitals and non-government residential mental health services that receive state or territory government funding. State and territory authorities provide the data to the Australian Institute of Health and Welfare for national collation on an annual basis. Data for total peer workers is available at the LHD level.

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
					across NSW.	
Rate of the NSW public mental health workforce who are consumer peer workers (per 1000 mental health care staff).	System Information and Analytics Branch, NSW Ministry of Health	FTE employees categorised as paid consumer peer workers	Total FTE paid mental health care workers. The result is multiplied by 1,000 (to calculate the rate per 1,000 mental health care workers).	N/A	Limitation as stated above.	
Rate of the NSW public mental health workforce who are carer peer workers (per 1000 mental health care staff).	System Information and Analytics Branch, NSW Ministry of Health	FTE employees categorised as paid carer peer workers).	Total FTE paid mental health care workers. The result is multiplied by 1,000 (to calculate the rate per 1,000 mental health care workers).	N/A	Limitation as stated above.	

6. Experience of service delivery

This section presents data specifications on measures reflective of care received in 1) a community service and/or in 2) a hospital, and are used to determine the progress for the indicator:

Increase the proportion of consumers with a positive experience of service delivery.

Table 6: Measures for Consumer Satisfaction

Measurement	Source	Numerator	Denominator	Weighting	Limitations	Notes
Overall experience of care in the last 3 months (Community)	Your Experience of Service Survey (2016-17) InforMH, NSW Ministry of Health	Number of valid response for at least 1 question and a valid mental health service identifier. Satisfaction: Number of responses who rated their overall experience of service as 'very good' or 'excellent' in a community setting.	Number of questionnaire with a valid response able to be identified with a mental health service in a community setting.	No standardisation or weighting of items was undertaken when comparing services.	For community care, younger people (under 25 years of age) and people having very brief (single day only) contact were much less likely to complete YES. Fewer YES questionnaires were received from community settings (5% of NSW community mental health consumers).	The YES Questionnaire asks consumers about their experience of mental health care. YES, was rolled out in NSW Mental Health Services in early 2015. The visualisation presents results from the 2016-17 survey and makes comparisons to 2015-16 where information is available. It should be noted that the care domain categories have changed between these two years and therefore domain results are not comparable. Technical information is described in detail in Appendix 2 of the YES 2016-17 report http://www.health.nsw.gov.au/mentalhealth/Documents/yes-survey-report-2016-2017.pdf

Measurement	Source	Numerator	Denominator	Weighting	Limitations	Notes
Overall experience of care in the last 3 months (Hospital)	Your Experience of Service Survey (2016-17) InforMH, NSW Ministry of Health	Number of valid response for at least 1 question and a valid mental health service identifier. Satisfaction: Number of responses who rated their overall experience of service as 'very good' or 'excellent' in a hospital setting.	Number of questionnaire with a valid response able to be identified with a mental health service in a hospital setting.	No standardisation or weighting of items was undertaken when comparing services.		See notes above.

7. Suicide and suicidal behaviour

This section presents data specifications on measures under two domains 1) Suicide, and 2) Intentional self-harm, used to determine the progress for the indicator:

Decrease the rate of suicide and suicidal behaviour (intentional self-harm and suicide attempts).

Table 7: Measures for Suicide and Suicidal Behaviour

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Age standardised death rate for suicide in NSW	Australian Bureau of Statistics, Causes of Death, Australia, 2016.	Total number of suicides as determined by Coroner	Estimated mid-year population for the reference period/ 100,000	N/A	In 2006 ABS implemented a revisions process for coroner-certified deaths, which has enabled additional suicide deaths to be recorded after the initial publication of death statistics. Under this practice, numbers of deaths by suicide for 2016, 2015 and 2014 are subject to further revision, in recognition that it can in some circumstances take years for a coroner to determine a cause of death. As a result, the more recent suicide rates are preliminary and are final when published two years after initial publication.	All deaths in the Causes of Deaths publication, relates to the number of deaths registered, not those which actually occurred (date of occurrence) within the calendar year. This is primarily due to coroner assessments which can delay registration of deaths with State and Territory registries. Further notes and information on the methodology used can be obtained from the ABS website
Age standardised death rate for suicide for Aboriginal and Torres Strait Islander	Australian Bureau of Statistics, Causes of Death, Australia, 2016.	Total number of suicides by Aboriginal and Torres Strait Islander peoples determined by Coroner	Estimated mid-year Aboriginal and Torres Strait Islander population for the reference		See notes above. Although most deaths of Aboriginal and Torres Strait Islander peoples by suicide are registered, it is likely that some are not accurately identified as	See notes above. The 2016 data is not comparable to earlier years as the Aboriginal and Torres Strait Islander population, used as the denominator for calculating rates

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
peoples			period/ 100,000		Aboriginal and Torres Strait Islander peoples. Therefore, these data are likely to underestimate the true Aboriginal and Torres Strait Islander peoples suicide rate.	for 2016, are derived from 2016 Census whereas previous years are based on 2011 Census. The ABS generally avoid placing emphasis on year-on-year changes for deaths of Aboriginal and Torres Strait Islander peoples due to the considerable volatility in the numbers, therefore the overall time series should be considered when looking at trends.
Age standardised self-harm hospitalisation rate in NSW	NSW Combined Admitted Patient Epidemiology Data and ABS population estimates. Centre for Epidemiology and Evidence, NSW Ministry of Health	Number of people reported hospitalised causes related to self-harm	NSW Department of Planning & Infrastructure (DPI) population estimates / 100,000		Self-harm hospitalisation data includes people who are admitted to hospital for self-harming with no suicide intent. Hospital data does not distinguish between these people and people who self-harm with suicide intent. In addition, the data only captures people who are admitted to hospital, and does not include people who go home after treatment in the Emergency Department. Emergency Department data in relation to self-harm is not publicly reported and may not identify self-harm presentations consistently.	Further notes and information on the methodology used can be obtained from the HealthStats website: http://www.healthstats.nsw.gov.au/
Age standardised self-harm hospitalisation rate for ATSI peoples	(same as above)	Number of ATSI peoples reported hospitalised causes related to Self-harm	NSW DPI population estimates for ATSI peoples /100,000		See notes above.	See notes above.

8. Mental health spending allocated to community-based alternatives to hospital care

This section presents data specifications on two measures used to determine progress for the indicator:

Increase the proportion of NSW mental health spending allocated to community-based alternatives to hospital services.

Table 8: Measures for Recurrent Mental Health Funding

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
i) Percentage of NSW Government recurrent mental health expenditure allocated to community-based mental health care services	Australian Government Productivity Commission, Report on Government Services 2018.	Expenditure on community-based mental health-related services in NSW (community residential & ambulatory)	Total mental health expenditure in NSW (excl. Indirect expenditure)			Community-based public mental health services in the Report on Government Services (ROGS), comprise: 1) Ambulatory care services provided by outpatient clinics (hospital and clinic based), mobile assessment and treatment teams, day programs and other services dedicated to assessment, treatment, rehabilitation and care. 2) Residential services that provide beds in the community, staffed onsite by mental health professionals.
ii) Percentage of NSW Government recurrent mental health expenditure compared to other jurisdictions allocated to community-based mental		ii) Expenditure on community-based mental health services for the 'Rest of Australia' (This is the total amount spent on community based mental health care for states & territories excluding NSW).	iii) Total mental health expenditure for the 'Rest of Australia' (excl. Indirect expenditure)			Mental health expenditure data in ROGS is sourced from the Mental Health Establishments (MHE) National Minimum Data Set (NMDS). The AIHW undertakes ongoing validation of this dataset, therefore historical data reported in the most recent ROGS report may differ to what was reported in previous ROGS reports.

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
health care services.						<p>In the visualisation, total mental health expenditure excludes indirect expenditure.</p> <p>Total mental health expenditure is the sum of expenditure on: public hospital services; all community based care (Community residential and Ambulatory); and on non-government organisations.</p> <p>Indirect expenditure is additional expenditure associated with the provision of mental health services not incurred or reported at the individual service unit level for example: program administration, support services, insurance, property leasing, etc.</p> <p>For further information about Indirect expenditure please refer to https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/classifications-and-technical-notes Under Classifications and Technical notes.</p>

9. Involuntary Treatment Orders

This section presents data specifications on three measures used to determine the progress for the indicator:

Decrease in the rate of involuntary treatment orders (inpatient and community) issued.

Table 9: Measures for Involuntary Treatment Orders

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Rate of community treatment orders in NSW (per 100,000 people).	Mental Health Review Tribunal Annual reports – 2008-09 to 2016-17	Number of community treatment orders	NSW estimated resident population as at June of reference period (ABS) / 100,000	N/A	There are no known limitations to this data.	In June 2010, the role of conducting mental health inquiries transferred from Magistrates to the Mental Health Review Tribunal (MHRT). Also, the timing of mental health inquiries changed in July 2012. Previously persons would remain for at least two weeks in hospital prior to being reviewed by the Tribunal, the changes meant that the maximum time a person could be scheduled for assessment was five days, meaning that hearings are held within shorter timespans.
Rate of involuntary patient orders in NSW per 100,000 people	Mental Health Review Tribunal Annual reports – 2008-09 to 2015	Number of involuntary patient orders	NSW estimated resident population as at June of reference period (ABS) / 100,000		There are no known limitations to this data.	(see notes above)

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Rate of total involuntary patient admissions to hospital (per 100,000 people).	Mental Health Review Tribunal Annual reports – 2008-09 to 2015	Number of involuntary admissions notifications received by MHRT	NSW estimated resident population as at June of reference period (ABS)/ 100,000		Data is likely to be an underestimate due to incomplete data collection. The accurateness of this dataset depends on its completeness and on reports from NSW mental health services.	<p>The MHRT also reports on the number of people taken to a mental health facility under the provisions of the Mental Health Act.</p> <p>The data is derived from direct reports from services to the MHRT, based on compulsory 'Form 9' documentation recording the provisions of the Act under which persons were involuntarily admitted.</p> <p>Involuntary patient admissions include persons taken to a mental health facility involuntarily and persons reclassified from voluntary to involuntary.</p>

10. People in custody with a previous experience of mental illness

This section presents data specifications for measures under two domains 1) Diagnosis of emotional or mental problems, and 2) Diversions from custody, used to determine the progress for the indicator:

Reduce the proportion of people in the prison population who have a previous experience of mental illness.

Table 10: Measures for the Prison Population with a previous experience of mental illness.

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
Proportion of adult prisoners having received a diagnosis of mental illness at some stage in their life.	Justice Health & Forensic Mental Health Network Year in Review, 2016-17; 2009 NSW Inmate Health Survey: Key Findings Report.	Number of adult prisoners ever having received a diagnosis of mental illness at some stage in their life.	Number of adult prisoners participating in the Survey.		<p>The Network Patient Health Survey (formerly known as the Inmate Health Survey), is based on prisoner's self-reports so relies on the accuracy of individual reports and perceptions.</p> <p>Also, while the NPHS is intended to capture the entire prison population, some individuals were not assessed for various reasons. Therefore, the reported estimates are not necessarily representative of the total prison population.</p>	<p>The question on psychiatric history changed in 2015 and hence results from the 1996, 2001 and 2009 surveys are not comparable.</p> <p>In 1996, 2001 and 2009, the question read:</p> <p>"Have you ever received treatment or assessment by a <i>psychiatrist or doctor</i> for an emotional or mental problem" Yes or No. If Yes, have you ever been told by a psychiatrist or doctor that you have any of the following..."</p> <p>In 2015 the question read:</p> <p>"Have you ever been told by any <i>clinician or doctor</i> that you have any of the following..."</p> <p>Also, the 2015 survey included more type of emotional or mental problems, and</p>

Measurement	Data Source	Numerator	Denominator	Weighting	Limitations	Notes
						problematic substance use i.e. alcohol abuse or drug problems.
Number of adults identified with a mental illness diverted from custody into community based treatment	Justice Health & Forensic Mental Health Network Year in Review, 2016-17	Number of adults with a mental illness diverted from court.				Justice Health & Forensic Mental Health Network supports the reporting of raw number of diversions rather than a rate, due to difficulties in quantifying the appropriate denominator.
Number of adolescents identified with a mental illness diverted from custody into community based treatment	Justice Health & Forensic Mental Health Network Year in Review, 2015-16	Number of adolescents with a mental illness diverted from court.				See notes above

Appendix A: Supplementary Data Tables

Indicator 1: Mental health and wellbeing in the community

Table 1.1: Average life satisfaction ratings for adults with poor mental health and moderate to good mental health, NSW, 2001 to 2016

Year	SF-36 Mental Health Measure <50 (Mean score)	95% Confidence Interval		SF-36 Mental Health Measure ≥50 (Mean score)	95% Confidence Interval	
		Lower	Upper		Lower	Upper
2001	6.67	6.45	6.88	8.14	8.07	8.20
2002	6.34	6.10	6.59	8.12	8.06	8.19
2003	6.55	6.23	6.86	8.16	8.08	8.24
2004	6.70	6.44	6.96	8.13	8.06	8.21
2005	6.40	6.09	6.71	8.03	7.96	8.10
2006	6.60	6.37	6.84	8.02	7.95	8.09
2007	6.42	6.19	6.66	8.05	7.96	8.14
2008	6.51	6.25	6.78	8.04	7.98	8.10
2009	6.36	6.04	6.68	8.00	7.90	8.09
2010	6.39	6.14	6.64	8.03	7.94	8.11
2011	6.53	6.26	6.80	8.00	7.93	8.08
2012	6.60	6.36	6.84	8.03	7.97	8.09
2013	6.49	6.18	6.80	8.01	7.94	8.07
2014	6.38	5.92	6.84	8.00	7.93	8.07
2015	6.55	6.31	6.80	8.01	7.91	8.12
2016	6.48	6.28	6.68	8.04	7.97	8.12

Data source: Household, Income and Labour Dynamics in Australia (HILDA) Survey, Melbourne Institute of Applied Economic and Social Research.

Note: Life satisfaction scores are derived from the individual choosing a number between 0 (totally dissatisfied with life) and 10 (totally satisfied with life).

Table 1.2: Adults who reported they were happy with life as a whole, NSW, 2016 (new data)

Region	Prevalence (%)	95% Confidence Interval	
		Lower	Upper
NSW	84.7	83.7	85.7

Data source: NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 1.3: Adults reporting good mental health during the past 4 weeks, NSW, 2016 (new data)

Region	Prevalence (%)	95% Confidence Interval	
		Lower	Upper
NSW	85.2	84.2	86.3

Data source: NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 1.4: Children with good mental health during the past 4 weeks, NSW, 2016 (new data)

Region	Prevalence (%)	95% Confidence Interval	
		Lower	Upper
NSW	95.3	94.0	96.5

Data source: NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health

Indicator 2: Psychological distress in the community

Table 2.1: All Adults in high or very high psychological distress, NSW, 2003-2015

Year	Prevalence (%)	95% Confidence Interval	
		Lower	Upper
2003	12.2	11.4	12.9
2004	14.3	13.3	15.3
2005	12.4	11.6	13.2
2006	11.5	10.6	12.4
2007	12.9	11.8	14
2008	11.1	10.2	12.1
2009	12.1	11.2	12.9
2010	11.8	10.8	12.7
2011	10.3	9.3	11.2
2013	9.8	9.1	10.6
2015	11.8	10.6	13

Data source: NSW Population Health Survey, HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 2.2: Males in high or very high psychological distress, NSW, 2003-2015

Year	Prevalence (%)	95% Confidence Interval	
		Lower	Upper
2003	10.7	9.6	11.8
2004	13.1	11.5	14.7
2005	10.1	8.9	11.2
2006	10.2	8.9	11.6
2007	12.2	10.4	14
2008	9.3	7.9	10.6
2009	11.2	9.9	12.5
2010	10.2	8.7	11.6
2011	8.9	7.5	10.3
2013	8.5	7.4	9.6
2015	10	8.5	11.5

Data source: NSW Population Health Survey, HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 2.3: Females in high or very high psychological distress, NSW, 2003-2015

Year	Prevalence (%)	95% Confidence Interval	
		Lower	Upper
2003	13.6	12.6	14.6
2004	15.5	14.2	16.8
2005	14.7	13.6	15.8
2006	12.7	11.4	13.9
2007	13.6	12.3	14.9
2008	13	11.8	14.2
2009	12.9	11.8	14
2010	13.3	12.1	14.6
2011	11.6	10.4	12.8
2013	11.1	10.1	12.2
2015	13.6	11.7	15.4

Data source: NSW Population Health Survey, HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 2.4: High to very high psychological distress in adults, by Aboriginality, NSW, 2003-2015

Year	ATSI (%)	95% Confidence Interval		Non ATSI (%)	95% Confidence Interval	
		Lower	Upper		Lower	Upper
2003	19.2	13.3	25.2	12.1	11.3	12.8
2004	27.3	19.6	35.1	14	12.9	15.1
2005	31.8	22.6	41.1	12	11.2	12.8
2006	19.3	10.9	27.6	11.3	10.4	12.2
2007	23.2	14.7	31.6	12.8	11.7	13.9
2008	15.5	9.1	21.8	11.1	10.2	12
2009	24	16.2	31.8	11.8	10.9	12.7
2010	19.5	12.8	26.3	11.6	10.6	12.5
2011	23.6	15.8	31.4	10	9.1	10.9
2013	16.3	10.2	22.3	9.6	8.8	10.3
2015	21.7	11.1	32.3	11.6	10.4	12.8

Data source: NSW Population Health Survey, HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Indicator 3: People with mental illness experiencing discrimination and stigma

Table 3.1: Experiences of discrimination or unfair treatment by Gender, NSW, 2014

Region	With mental condition (%)	95% Confidence Interval		Without mental condition (%)	95% Confidence Interval	
		Lower	Upper		Lower	Upper
NSW	28.9	22.2	35.7	19.2	16.6	21.8
Males	31.6	18.2	45.0	18.7	14.6	22.7
Females	29.7	21.3	38.1	20.1	17.1	23.0

Data source: Australian Bureau of Statistics, General Social Survey, 2014

Table 3.2: Experiences of discrimination or unfair treatment by Regionality, NSW, 2014

Region	With mental condition (%)	95% Confidence Interval		Without mental condition (%)	95% Confidence Interval	
		Lower	Upper		Lower	Upper
Regional and Remote NSW	25.6	11.7	39.6	22.8	15.6	30.0
Major Cities NSW	30.0	22.2	37.9	18.2	15.5	20.9

Data source: Australian Bureau of Statistics, General Social Survey, 2014

Table 3.3: Discrimination or unfair treatment by setting for people living with a mental health condition, NSW, 2014

Settings	Actual estimate (%)	95% Confidence Interval	
		Lower	Upper
Other places	44.3	30.6	58.0
On the street or in a public place	26.6	13.6	39.6
At work	25.3	13.3	37.3
At the shop	25.1	8.9	41.3
At home	24.5	7.6	41.4
On public transport	17.4	7.6	27.2
Applying for work/jobs	12.0	3.7	20.3
Dealing with people involved in health care	11.9	5.4	18.4

Data source: Australian Bureau of Statistics, General Social Survey, 2014

Indicator 4: Participation by people with mental illness

Table 4.1: Paid employment status of adults reporting different levels of psychological distress, NSW, 2013-2015

Year	High/very. High distress (%)	95% Confidence Interval		Low/moderate psychological distress (%)	95% Confidence Interval	
		Lower	Upper		Lower	Upper
2013	47.4	43.3	51.4	63.6	62.3	64.8
2015	47.0	41.5	52.5	63.5	61.5	65.4

Data source: NSW Population Health Survey, HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 4.2: High school/higher qualification status of adults reporting different levels of psychological distress, 2013-2015, NSW

Year	High/very. High distress (%)	95% Confidence Interval		Low/moderate psychological distress (%)	95% Confidence Interval	
		Lower	Upper		Lower	Upper
2013	66.8	63.1	70.6	78.5	77.4	79.6
2015	75.7	71.8	79.5	79.6	77.8	81.4

Data source: NSW Population Health Survey, HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 4.3(a): Community participation by activity type, for people with a mental condition, NSW, 2014

Settings	Actual estimate (%)	95% Confidence Interval	
		Lower	Upper
Undertaken unpaid volunteer work	30.4	23.8	37.1
Participated in social groups	48.6	40.8	56.5
Participated in community support groups	31.8	25.4	38.1
Participated in civic or political groups	12.3	7.5	17.0
Attended cultural and leisure events	82.8	77.6	87.9

Data source: Australian Bureau of Statistics, General Social Survey, 2014

Table 4.3(b): Community participation by activity type, for people without a mental condition, NSW, 2014

Settings	Actual estimate (%)	95% Confidence Interval	
		Lower	Upper
Undertaken unpaid volunteer work	31.0	28.5	33.5
Participated in social groups	52.3	49.7	55.0
Participated in community support groups	31.6	28.7	34.4
Participated in civic or political groups	13.7	11.6	15.7
Attended cultural and leisure events	85.5	83.2	87.9

Data source: Australian Bureau of Statistics, General Social Survey, 2014

Indicator 5: The peer workforce

Table 5.1: FTE consumer and carer peer workers per 1,000 mental health care staff in NSW public mental health services, 2006-07 to 2015-16

Year	Consumer Peer workers	Carer Peer Workers	Total Peer Workers
2006-07	3.7	1.3	5.0
2007-08	4.1	1.0	5.1
2008-09	3.3	1.5	4.8
2009-10	2.9	1.9	4.8
2010-11	2.7	1.8	4.5
2011-12	3.1	2.1	5.2
2012-13	2.2	1.3	3.4
2013-14	3.2	0.9	4.2
2014-15	4.0	0.8	4.8
2015-16	3.1	0.8	3.9

Data source: System Information and Analytics Branch, NSW Ministry of Health

Indicator 6: Experience of service delivery

Table 6.1: Overall care rated as “very good” or “excellent” by service type, NSW, (per cent of people reporting) 2015-16 and 2016-17

Year	Community (%)	Hospital (%)
2015-16	74	63
2016-17	74	64

Data source: YES, 2015-16 and 2016-17, Health System Information & Performance Reporting Branch, NSW Ministry of Health

Table 6.2: Average score (ranging from 0=poor to 100=excellent) for consumer experience in each domain, by public hospital and community settings

	Community (%)	Hospital (%)
Experience score	88	84
Respect	92	89
Safety & fairness	91	88
Individuality	89	86
Participation	89	86
Info & support	80	76
Making a difference	78	74

Data source: YES, 2015-16 and 2016-17, Health System Information & Performance Reporting Branch, NSW Ministry of Health

Indicator 7: Suicide and suicidal behaviour

Table 7.1: Deaths due to suicide by Gender, age-standardised death rate (deaths per 100,000 people), NSW, 2012-2016

Year	Males	Females	All persons
2007	13.6	4.3	8.9
2008	13.9	4.0	8.8
2009	13.4	4.3	8.7
2010	14.7	4.2	9.3
2011	12.9	4.0	8.4
2012	14.5	5.3	9.8
2013	14.1	5.1	9.5
2014	15.9	5.3	10.5
2015	16.4	5.1	10.6
2016	15.9	4.9	10.3

Data source: Australian Bureau of Statistics, Cat:3303.0. Causes of Death collection.

Table 7.2: Deaths due to suicide, Aboriginal and Torres Strait Islander peoples, age-standardised death rate (deaths per 100,000 people), NSW, 2012-2016

Year	ATSI
2012	11.2
2013	13.5
2014	10.1
2015	23.4
2016	21.3

Data source: Australian Bureau of Statistics Causes of Death collection, re-calculated data submitted as requested by the Mental Health Commission of NSW

Table 7.3: Deaths due to suicide by Regionality, age-standardised death rate (deaths per 100,000 people), NSW, 2012-2016

Year	Greater Sydney	Outside Greater Sydney
2012	8.1	13.3
2013	8.2	12.2
2014	9.4	12.4
2015	8.4	15.1
2016	7.9	14.9

Data source: Australian Bureau of Statistics, Cat:3303.0. Causes of Death collection

Table 7.4: Hospitalisations due to self-harm in NSW, age-standardised rate per 100,000 people, NSW, 2005-06 to 2016-17

Year	NSW	95% Confidence Interval	
		Lower	Upper
2005-06	143	140.2	145.9
2006-07	141.7	138.8	144.6
2007-08	130.8	128.1	133.6
2008-09	126.1	123.5	128.8
2009-10	126.4	123.8	129.1
2010-11	118.8	116.2	121.4
2011-12	120.9	118.3	123.5
2012-13	133.7	131	136.4
2013-14	131.4	128.8	134.1
2014-15	134.9	132.2	137.6
2015-16	140.6	137.9	143.3
2016-17	149	146.2	151.8

Data source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 7.5: Hospitalisations due to self-harm, by Gender, age-standardised rate per 100,000 people, NSW, 2005-06 to 2016-17

Year	Males	95% Confidence Interval		Females	95% Confidence Interval	
		Lower	Upper		Lower	Upper
2005-06	114.7	111.1	118.4	172.4	168	177
2006-07	112.2	108.6	115.8	171.9	167.5	176.4
2007-08	107.3	103.8	110.8	155.1	150.9	159.4
2008-09	99.7	96.4	103.2	153.5	149.3	157.7
2009-10	98.1	94.8	101.5	155.7	151.6	160
2010-11	93.8	90.6	97.1	144.7	140.7	148.7
2011-12	88.7	85.7	91.9	154	149.9	158.2
2012-13	97.9	94.7	101.2	170.6	166.3	175
2013-14	96	92.8	99.3	168.1	163.8	172.4
2014-15	101.1	97.9	104.5	169.8	165.6	174.2
2015-16	107.2	103.8	110.6	175.3	171	179.7
2016-17	111.7	108.3	115.1	187.9	183.4	192.4

Data source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Table 7.6: Hospitalisations due to self-harm, by Aboriginality, age-standardised rate per 100,000, NSW, 2005-06 to 2016-2017

Year	ATSI	95% Confidence Interval		Non-ATSI	95% Confidence Interval	
		Lower	Upper		Lower	Upper
2005-06	309.7	280.1	341.3	135.7	132.9	138.6
2006-07	314.4	286.5	344.1	134.2	131.4	137.1
2007-08	297.9	272.4	325	123.6	120.9	126.3
2008-09	302.9	277.1	330.3	119.3	116.7	121.9
2009-10	295.7	271.1	321.9	119.7	117.1	122.3
2010-11	298.8	273.6	325.6	111.8	109.3	114.4
2011-12	311.1	285.6	338.2	113.7	111.2	116.3
2012-13	351.2	324.6	379.3	126	123.3	128.7
2013-14	373.9	346.7	402.6	123	120.4	125.7
2014-15	365.4	339	393.2	126.7	124	129.3
2015-16	435.6	406.6	466	130.9	128.2	133.6
2016-17	481.4	451.4	512.8	138.3	135.5	141

Data source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Indicator 8: Mental health spending allocated to community based alternatives to hospital care

Table 8.1: Percentage of total government mental health expenditure allocated to community based health, 2005-06 to 2015-2016.

Year	NSW (%)	Rest of Australia (%)
2005-06	40.4	48.7
2006-07	40.0	49.0
2007-08	40.0	49.2
2008-09	39.2	50.3
2009-10	38.7	51.0
2010-11	38.5	51.2
2011-12	38.5	52.1
2012-13	36.4	52.1
2013-14	35.7	51.6
2014-15	35.1	51.1
2015-16	35.2	50.2

Data source: Report on Government Services 2018, Table 13.A, Commonwealth

Indicator 9: Involuntary Treatment Orders

Table 9.1: Rates of CTO and IPO issued in NSW, per 100,000 people, 2008-09 to 2016-17

Year	Community Treatment Orders	Involuntary Patient Orders	Involuntary Patient Admissions
2008-09	71.7	42.9	226.3
2009-10	66.8	50.3	216.5
2010-11	65.0	48.3	203.0
2011-12	68.5	53.3	216.4
2012-13	70.5	73.1	227.0
2013-14	69.0	70.1	230.2
2014-15	67.4	72.9	256.3
2015-16	69.6	73.1	250.1
2016-17	68.2	71.7	230.5

Data source: Mental Health Review Tribunal, Annual Reports 2008-09 to 2016-17

Indicator 10: People in custody with a previous experience of mental illness

Table 10.1: Percentage of adult prisoners having received a diagnosis of a mental illness at some stage in their lives, NSW 1996-2015

Year	Adult prisoners (%)
1996	38.5
2001	43.0
2009	48.6
2015	63.0

Data source: NSW Justice Health & Forensic Mental Health Network's Patient Health Survey 2015 and NSW Inmate Surveys, 1996, 2001, 2009

Table 10.2: Number of diversions from custody into community based treatment for people identified as having a mental illness, adults and adolescents, 2007-08 to 2016-17

Year	Adolescents (%)	Adults (%)
2007-08	238	1152
2008-09	297	1425
2009-10	484	1416
2010-11	410	1229
2011-12	537	1652
2012-13	459	1862
2013-14	557	1857
2014-15	554	2051
2015-16	513	2589
2016-17	566	2443

Data source: Justice Health and Forensic Mental Health Network, Year in Review, 2007-08 to 2016-17

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