Government of Western Australia
Mental Health Commission

Mental Health Commission

Western Australia Mental Health Non-Government Organisation Establishment

In-Brief

2013/14

Information Development
Performance Monitoring & Evaluation Directorate
Mental Health Commission

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Mental Health Commission

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Our vision, is to build a Western Australian mental health, alcohol and other drug service system that: prevents and reduces mental health problems, suicide and suicide attempts; prevents and reduces the adverse impacts of alcohol and other drugs; promotes positive mental health; and enables everyone to work together to encourage and support people who experience mental health, alcohol and other drug problems to stay in the community, out of hospital and live a satisfying, hopeful and contributing life.

CONTENTS

1 ACKNOWLEDGEMENTS

We would like to acknowledge the members of the WA Mental Health NGO Information Development Technical Working Group whose valued contribution to the development of the web based collection instrument enabled the system to go a long way to meeting the goals of both the Mental Health Commission and the mental health NGO sector.

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Finally and most importantly, we would like to thank all the non-government agencies themselves who provide the data that underlies this report. We hope that this feedback is useful.

Performance, Monitoring and Evaluation
Mental Health Commission
May 2015

2 EXECUTIVE SUMMARY

The contribution made by Western Australia's non-government organisations in providing mental health-related services has increased significantly over the past 10-years. Traditionally the reporting of this contribution has been limited to very high level summary expenditure information. This is believed to be the first report of its type to begin examining this contribution at a more distinct level with data sourced from the Western Australian Non-Government Organisation Establishment State Data Collection for the 2013/14 financial year.

The objective of this report is to describe the activity and characteristics of the services delivered by the NGO sector in Western Australia. This can then be utilised by the Mental Health Commission to better inform policy, practice and planning of mental health services for the state. Non-Government Organisations can also utilise this information to better understand how their service performs in comparison with the average across each service type.

The mental health services being delivered by the non-government sector can be categorised into either direct care or population based largely depending upon the target population. Direct care services can be further categorised in accordance with the Commission's 10-year plan (MHC 2014) as community treatment, community support or community bed-based services.

Overall, in 2013/14, there was a total of 960 full-time-equivalent staff engaged by the 75 Commission funded non-government organisations in Western Australia. Of these staff, 893.6 FTE were paid and 66.4 unpaid/volunteer, with 736.7 FTE directly involved in service delivery.

There were over 17,750(1) clients reported as receiving direct care services with over 315,000 hours of service provided through community treatment and community support(2). From the 851 community beds supported through Commission funding, almost 240,000 days of care were provided.

A total of $80.1 million was reported as being expended on the Commission funded services in 2013/14. Of this $74.2 million was on direct services with the remaining $5.9 million(3) for population based services.

Summary Table: Summary of average full-time-equivalent staff per service type and activity per service contract, by service focus, 2013/14

Service Focus	FTE(a) per service type	Clients(b) per contract	Service Hours per contract	Expenditure ($,000) per contract
Direct Care	***6.55***	***121.6***	***3,122.2***	***504.5***
Community Treatment	1.69	166.3	1,090.3	201.8
Community Support	4.07	164.2	3,396.2	355.1
Community Bed Based	19.41	25.4	. .	884.0
Population Based	***4.54***	***. .***	***. .***	***328.2***
Total Average	**6.24**	**121.6**	**3,122.2**	**485.2**

. . Not applicable
(a) Total includes both paid and unpaid (or volunteer) staff
(b) Clients are counted multiple times where they receive more than one service or services from more than one organisation

Future reports will begin investigating cohorts that may help to explain variances between and within service types and also look at changes across time.

(1) this is likely to be an over estimate as a client will be counted multiple times where they have received more than one service or services from more than one organisation
(2) Hours of service is not collected for Community bed based or Population based services.
(3) This does not include expenditure relating to Commission funded grants which were not part of the collection for 2013/14

3 BACKGROUND

The contribution made by non-government organisations (NGOs) in providing mental health-related services to people living with a mental illness, their families, and carers has increased significantly over the past 10 years. As the information capacity of this sector is developed in line with the growing reporting requirements, at both a state and national level, it is important that the information is utilised to gauge progress against key goals.

In December 2013, the Mental Health Commission of Western Australia (the Commission) implemented a web-based data collection system to assist with the collection and analysis of mental health services provided by Western Australian NGOs. As part of the planning for the collection it was recognised that there should be a mechanism for feedback to NGOs to enable opportunities for benchmarking against each service type and/or a performance indicator set (yet to be developed). This is believed to be the first report of its type to begin examining this contribution at a more distinct level, with data sourced from the Western Australian Non-Government Organisation Establishment State Data Collection (MH NGOE SDC) for the 2013/14 financial year.

The objective of this report is to describe the activity and characteristics of the services delivered by the NGO sector in WA. The report is not intended to make any judgments about specific organisations or services.

3.1 Mental Health Non-Government Organisation Establishment State Data Collection

The MH NGOE SDC was developed to ensure alignment with the national specifications known as the Mental Health Non-Government Establishment Data Set Specifications (MH NGOE DSS) (AIHW 2014) developed by the Australian Institute of Health and Welfare and endorsed by the National Health Information Standards and Statistics Committee.

The MH NGOE SDC goal was to improve the collection of consistent information on the activity of mental health NGOs funded by the Commission and reduce the reporting burden by removing reporting duplications for State and National requirements.

Commission funded NGOs are currently required to report against the MH NGOE SDC data elements for the purpose of contract acquittal using the Mental Health Non-Government Organisation Establishment Web-Based Reporting System (NGOE System). This data provides an evidence base to better inform policy, practice and planning of NGO activities at a state level

3.2 Service types

The scope of the MH NGOE SDC is Western Australian mental health-related non-government organisations which are funded by the Commission to provide services under one or more of the following service types included in the MH NGOE DSS service taxonomy:

- Counselling—face-to-face
- Counselling, support, information and referral—telephone
- Group support activities
- Mutual support and self-help
- Staffed residential services
- Personalised support—linked to housing
- Personalised support—other
- Family and carer support

- Individual advocacy
- Education, employment and training
- Sector development and representation
- Mental health promotion
- Mental illness prevention.

3.3 Service focus

The service types can be classified as either direct care or population based[4].

Direct Care Services

'Direct care' is where care is provided directly to the client, their family, or their carer. Direct care services can be further broken into three sub categories in accordance with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (MHC 2014).

1. Community Treatment

Community treatment provides clinical care in the community and generally operates within multidisciplinary teams and includes specialised community clinical services (the majority of which are currently delivered through the Western Australian Department of Health). Services provided to individuals are non-residential, and can be intensive, acute or ongoing and fit within the service type:

- Counselling—face-to-face

2. Community Support

Community support services provide individuals with mental health access to the help and support they need to participate in their community. Community support service types include:

- Group support activities
- Mutual support and self-help
- Personalised support—linked to housing
- Personalised support—other
- Family and carer support
- Individual advocacy
- Education, employment and training

3. Community Bed Based

Community bed based services are focused on providing recovery oriented services in a residential style setting and include the service type:

- Staffed residential services

(4) Caution should be used when comparing data reported by service focus to other reports due to the fluidity of the service categorisation and contracting (i.e. a service type or service contract may be reclassified into a different service focus through greater awareness of the service being delivered)

Population Based Services

Population based mental health services are "*actions that are applied either to collectives (e.g. mass health education, promotion) or to the non-human components of the environment*"[(5)] (Murray & Frenk 2000)

There are a broad range of prevention and early intervention strategies. Some prevention strategies target the whole population - for example, mass-media campaigns. By their nature, these interventions are a one size fits all type, with no allowance for targeting specific populations. While these programs are usually expensive, they are quite economic when calculated on a cost-per-person basis. Service types that fit this service focus are:

- Counselling, support, information and referral—telephone[(6)]
- Sector development and representation
- Mental health promotion
- Mental illness prevention.

(5) An example of a non-human component of the environment would be a structure/barrier erected to prevent suicide from a public building or bridge

(6) While this service does have a direct care element, it is classified as population based due to the target being the whole population

4 WORKFORCE

Overall in 2013/14, there were a total of 960 full-time-equivalent (FTE) staff utilised by NGOs for mental health services in WA. Of the total 223.3 FTE were utilised in an overhead capacity while the remaining 736.7 were engaged for service delivery (either in Direct care or Population based). With respect to service delivery, 678 FTE were paid, which included 35.3 FTE peer workers. An additional 122,111 hours (58.7 FTE) were provided by unpaid or volunteer workers.

For the Direct care service types a total of 655 FTE were engaged, which consisted of 624.7 FTE paid staff and 30.3 FTE unpaid/volunteer staff (63,085 hours). This compares with 81.7 FTE (53.4 paid and 28.4 FTE or 59,026 hours unpaid/volunteer) for Population based services.

Table 1: Average workforce[(a)] per service type, 2013/14

Type of service	Average FTE[(b)(c)] per service type	Average Paid FTE per service type	Average Volunteer hours per service type	Average Peer FTE per service type
Overhead	2.98	2.87	213	. .
Service Delivery	**6.24**	**5.75**	**1035**	**0.30**
Direct Care	***6.55***	***6.25***	***631***	***0.32***
Community Treatment	*1.69*	*1.67*	*52*	*0*
Counselling-face-to-face	1.69	1.67	52	0
Community Support	*4.07*	*3.73*	*727*	*0.36*
Group support activities[(d)]	4.09	4.03	132	0.10
Mutual support & self-help[(d)]	3.98	2.36	3,358	0.46
Personalised support—linked to housing	4.29	3.95	717	0.10
Personalised support—other	4.96	4.47	1,013	0.65
Family & carer support	2.90	2.87	77	0.41
Individual advocacy[(d)]	2.00	2.00	0	0.40
Education, employment & training[(d)]	2.35	2.30	100	0
Community Bed Based	*19.41*	*19.10*	*644*	*0.34*
Staffed residential	19.41	19.10	644.	0.34
Population Based	***4.54***	***2.97***	***3279***	***0.20***
Counselling, support, information & referral—telephone[(d)]	9.10	4.30	9,988	0
Sector development & representation	6.11	3.76	4,890	0.50
Mental health promotion	2.38	1.88	1,048	0.01
Mental illness prevention[(d)]	3.39	3.01	790	0.18
Total Average FTE	**9.22**	**8.62**	**1,248**	**0.30**

. . not applicable
(a) Workforce includes both paid and unpaid (or volunteer) staff
(b) Total FTE calculated by adding Paid FTE and Volunteer FTE (based on 40 hr week)
(c) Totals may not add due to rounding
(d) Caution should be used due to the relatively low number of organisations providing these services

By service type (see Table 1) most staff are engaged in *staffed residential* services (19.41 FTE per service) while *counselling, support, information & referral—telephone* services are most likely to involve volunteers (9,988 hours per service). As a proportion of the paid FTE, *individual advocacy* services are most likely to engage peer workers (20%)[(7)].

(7) Caution should be used due to the relatively low number of organisations providing these services

5 ACTIVITY IN DIRECT CARE SERVICES

5.1 Community Treatment Services

Counselling—face-to-face

On average during 2013/14 each *counselling—face-to-face* funded service had 166 clients and provided almost 1,000 hours of service of individual—and 91 hours of group—counselling sessions. Assuming all clients participated in both individual and group sessions, this equates to around 7 individual sessions per client and approximately 5 clients per group. On average an individual session is approximately 54 minutes in length, while each group session takes approximately 2 ½ hours.

Table 2: Average activity reported for Counselling—face-to-face funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Individual Sessions	Average No. of Individual Session Hours	Average No. of Group Sessions	Average No. of Group Session Hours
197,046	166	1,111	999	36	91

As a proportion of total FTE (see section 2 Workforce), on average, 31% of staff time is directly associated with counselling sessions. On average, each FTE counselled almost 100 clients and carried out over 650 individual sessions in 2013/14.

5.2 Community Support Services

Group support activities

Each *group support* funded service had 261 clients, on average, during 2013/14 and conducted over 2,400 hours of group sessions. On average there were over five people in attendance per group session and each session lasted over 2 ½ hours. Assuming clients participated equally in group sessions, this equates to each client attending over 18 sessions in 2013/14. Based on this each service would be providing each client with approximately 47 hours of support in group sessions[8].

Table 3: Average activity reported for Group support activities funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Group Sessions	Average No. of Group Session Hours	Average No. of Attendances
462,067	261	924	2,424	4,828

As a proportion of total FTE (see section 2 Workforce), on average 28% of staff time is directly related to facilitating group sessions. On average each FTE interacted with approximately 63 clients and undertook almost 600 hours in group sessions in 2013/14.

Mutual support & self-help

There were, on average, 469 clients seen by each *mutual support and self-help* funded service during 2013/14 and over 4,600 hours of service. There were over seven people in attendance per group session and each session lasted, on average, over 8 hours[9]. Assuming clients participated equally in group sessions, this equates to each client attending almost 9 sessions

(8) Activity for *groups support activities* and *mutual support & self-help* is predominately based on group sessions, however, it has been identified that a component is provided though individual sessions for some service providers. The NGOE system will see the addition of data elements to capture this activity more appropriately.
(9) This length can be attributed to a 'retreat' type group session where the attendees are invited to stay for a number of days

in 2013/14. Based on this, each service would be providing each client approximately 72 hours of support in group sessions.

Table 4: Average activity reported for Mutual support & self-help funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Group Sessions	Average No. of Group Session Hours	Average No. of Attendances	Average No. of Calls
335,000	469	561	4,602	4,104	591

As a proportion of total FTE (see section 2 Workforce), on average 56% of staff time is directly related to facilitating group sessions. On average each FTE interacted with approximately 118 clients and undertook over 1,150 hours in group sessions in 2013/14.

Personalised support—linked to housing

In 2013/14, on average, each *personalised support—linked to housing* service managed 35 dwellings, provided support to 39 clients and 4,271 hours of service. This suggests that each client received almost 110 hours of personalised service. On average each service provided each client over 68 contacts with each contact about 1 ½ hours in duration

Table 5: Average activity reported for Personalised support—linked to housing funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Contacts	Average No. of Contact Hours	Average No. of Dwellings
406,001	39	2,682	4,271	35

As a proportion of total FTE (see section 2 Workforce), on average 59% of staff time is directly related to client contact. On average each FTE interacted with approximately 11 clients and undertook over 1,200 hours of support in 2013/14.

Personalised support—other

In 2013/14 each *personalised support—other* service provided, on average, support to 146 clients and 4,107 hours of service. This suggests that each client received almost 28 hours of personalised service. On average each service provided each client almost 23 contacts with each contact about 1 ¼ hours in duration.

Table 6: Average activity reported for Personalised support—other funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Contacts	Average No. of Contact Hours
428,834	146	3,338	4,107

As a proportion of total FTE (see section 2 Workforce), on average 50% of staff time is directly related to client contact. On average each FTE interacted with approximately 37 clients and undertook almost 1,050 hours of support in 2013/14.

Family & carer support

In 2013/14 each *family and carer support* service had an average of 274 clients and provided 1,539 hours of support. This suggests that each client received over 5 hours of support. On average each service provided each client over 4 contacts with each contact about $1^{1}/_{3}$ hours in duration.

Table 7: Average activity reported for Family & carer support funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Contacts	Average No. of Contact Hours
301,383	274	1,111	1,539

As a proportion of total FTE (see section 2 Workforce), on average 41% of staff time is directly related to client contact. On average each FTE interacted with approximately 152 clients and undertook over 850 hours of support in 2013/14.

Individual advocacy

In 2013/14 each *individual advocacy* service provided, on average, 214 clients and 2,483 hours of support. This suggests that each client received over 11 hours of support. On average each service provided each client 8 contacts with each contact almost 1 ½ hours in duration.

Table 8: Average activity reported for Individual advocacy funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Contacts	Average No. of Contact Hours
258,158	214	1,709	2,483

As a proportion of total FTE (see section 2 Workforce), on average 60% of staff time is directly related to client contact. On average each FTE interacted with approximately 107 clients and undertook almost 1,250 hours of support in 2013/14.

Education, employment & training

In 2013/14 each *education, employment, and training* service provided, on average, 229 clients and 2,282 hours of support. This suggests that each client received almost 10 hours of support. On average each service provided each client almost 170 contacts with each contact about 3 ½ hours in duration(10).

Table 9: Average activity reported for Education, employment & training funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Contacts	Average No. of Contact Hours
189,203	229	38,443	2,282

As a proportion of total FTE (see section 2 Workforce), on average 47% of staff time is directly related to client contact. On average each FTE interacted with almost 100 clients and undertook almost 975 hours of support in 2013/14.

5.3 Community Bed Based Services

Staffed residential

In 2013/14 the average occupancy for *staffed residential* services was 82%. On average throughout the year each client occupied a bed for 281 days and had almost 17 days of leave[11].

Table 10: Average activity reported for Staffed residential funded services, 2013/14

Average Funding ($)	Average No. of Clients	Average No. of Beds	Average No. of Episodes[(a)]	Average No. of MH Care Days	Average No. of Leave Days
674,712	25	19	25	5,318	314

(a) episode data for some services is not reliable

Assuming each service is staffed 24 hours a day seven days a week, as a proportion of total FTE (see section 2 Workforce), on average there are over 4 staff working at any time within each service in 2013/14.

(10) It should be noted that the nature of this service suggests that a portion of the contacts and hours reported included group services. The NGOE system will see the addition of data elements to capture this activity more appropriately.
(11) There is likely to be a number of cohorts that exist in the staffed residential services as the care periods are highly dependent upon the model of care. Future reports will examine this in more detail.

6 ACTIVITY IN POPULATION BASED SERVICES

An average of $267 thousand was provided in recurrent funding for population based services in 2013/14. It should be noted however that the funding for prevention and promotion services excludes funding provided as grants (i.e. non-recurrent) and therefore the average funding should be interpreted with caution.

Table 11: Average funding reported for population based services, 2013/14

	Average Funding ($)
Counselling, Support, Information & Referral—Telephone	308,350
Sector development & representation	455,661
Mental health promotion	189,479
Mental illness prevention	124,567

Each *counselling, support, information and referral—telephone* service, on average, handled over 20,500 calls in 2013/14. This is over 56 calls a day or 396 calls a week.

As a proportion of total FTE (see section 2 Workforce), on average each FTE was responsible for handling over 2,250 calls, or over 43 calls per week, in 2013/14.

For *promotional* services, the setting most frequently attended was *tertiary* institutes (average of 144.8 services) followed by the *workplace* (127.5 services). However, when looking at the variety of locations being provide a promotional service, *community* (average of 28.4 locations) and *secondary schools* (26.2 locations) had a broader range of unique locations where activities occurred.

Table 12: Average activity reported for Mental Health Promotion[(a)] funded services, 2013/14

Setting	Unique Locations	Services	Promotion Hours
Community	28.43	95.67	101.83
Primary School	8.00	10.50	40.50
Secondary School	26.17	92.60	284.80
Tertiary	5.67	144.83	129.00
Healthcare	7.00	99.20	64.83
Workplace	5.80	127.50	51.50

(a) excludes non-recurrent grants

7 SERVICE COSTS

Service costs are an indication of typical direct costs associated with delivering a particular service. These figures are not meant to represent what should be achieved as there are a variety of different service delivery models within a service type which could impact upon cost. Future analysis will examine possible cohorts within each service type that may reflect costs more appropriately.

It should also be noted that this includes all expenditure reported by an organisation for providing the contracted activity, not just expenditure from Commission funds (i.e. any expenditure from other revenue sources in order to provide the Commission funded activity is included).

Expenditure can be broken into two main categories direct and indirect. While indirect costs are an important aspect of ensuring the continued delivery of services, these costs are not captured within the NGOE SDC at this stage.

Direct Cost:
"Direct costs are costs that can be attributed directly and unequivocally to a service. They are the costs that can most easily be identified when examining the service that is to be costed. Direct costs are also the most likely to be considered as variable costs, i.e. they will change in direct proportion to changes in the quantity of service provided. In the public sector, where labour is often the dominant input, direct costs are usually divided into direct staffing costs and other direct costs (e.g. direct materials costs)" (Government of Western Australia, 2007, p. 8).

Indirect Cost:
"Indirect costs are costs that are not directly attributable to a particular service. They are sometimes referred to as overheads and can include, for example, 'corporate' costs such as the chief executive officer's salary or costs associated with executive administration, financial services, human resources, records management, information technology and rental or leasing of property" (Government of Western Australia, 2007, p. 13).

A total of $80.1 million was reported as being expended on the Commission funded services in 2013/14. Of this $74.2 million was on direct services (average $504,500 per service contract) with the remaining $5.9 million for population based services (average $328,200).

7.1 Direct Care Service Costs

On average, of the direct care services *staffed residential* services are the most expensive to run ($884 thousand) while *counselling–face-to-face* services are the least expensive ($202 thousand). As a proportion of the clients seen *staffed residential* services remains the highest cost at almost $35k per client.

Table 13: Average expenditure per service contract, by direct care service type, 2013/14

Service type			
Community Treatment	**Expenditure per service ($)**	**Expenditure per client ($)**	**Expenditure per service hour ($)**
Counselling-face-to-face	201,848	1,214	185
Community Support	**Expenditure per service ($)**	**Expenditure per client ($)**	**Expenditure per service hour ($)**
Group support activities	475,603	1,826	196
Mutual support & self-help	343,599	732	75
Personalised support-linked to housing	364,224	9,243	85
Personalised support-other	432,635	2,963	105
Family & carer support	242,888	885	158
Individual advocacy	248,449	1,161	100
Education, employment & training	276,250	1,206	121
Community Bed Based	**Expenditure per service ($)**	**Expenditure per client ($)**	**Expenditure per occupied care day ($)**
Staffed residential	883,990	34,772	166

On average $355,056 was expended per Community Support services during 2013/14, with *group support activities* the most expensive ($476 thousand) and *family & carer support* the least expensive ($243 thousand). As a proportion of clients *personalised support—linked to housing* services are the most expensive[(12)] ($9,243) while *mutual support & self-help* ($732) are the least expensive.

7.2 Population Based Service Costs

Population based services expended over $328 thousand per service during 2013/14, with *sector development & representation* services being the most expensive ($486 thousand) and *mental health promotion* services the least expensive ($207 thousand).

A total of $2.32 was expended per capita in Western Australia by Commission funded NGOs for Population based services in 2013/14, with *promotional* services ($1.14 per capita) making up the majority of this. It should be noted however that *prevention* and *promotion* services exclude services funded through grants and therefore per capita are under stated.

Table 14: Average expenditure per paid FTE and expenditure per capita[(a)] reported for population based services, 2013/14

	Expenditure per service ($)	Expenditure per capita ($)
Counselling, support, information & referral—telephone	410,475	0.32
Sector development & representation	485,567	1.14
Mental health promotion	207,244	0.57
Mental illness prevention	241,019	0.28

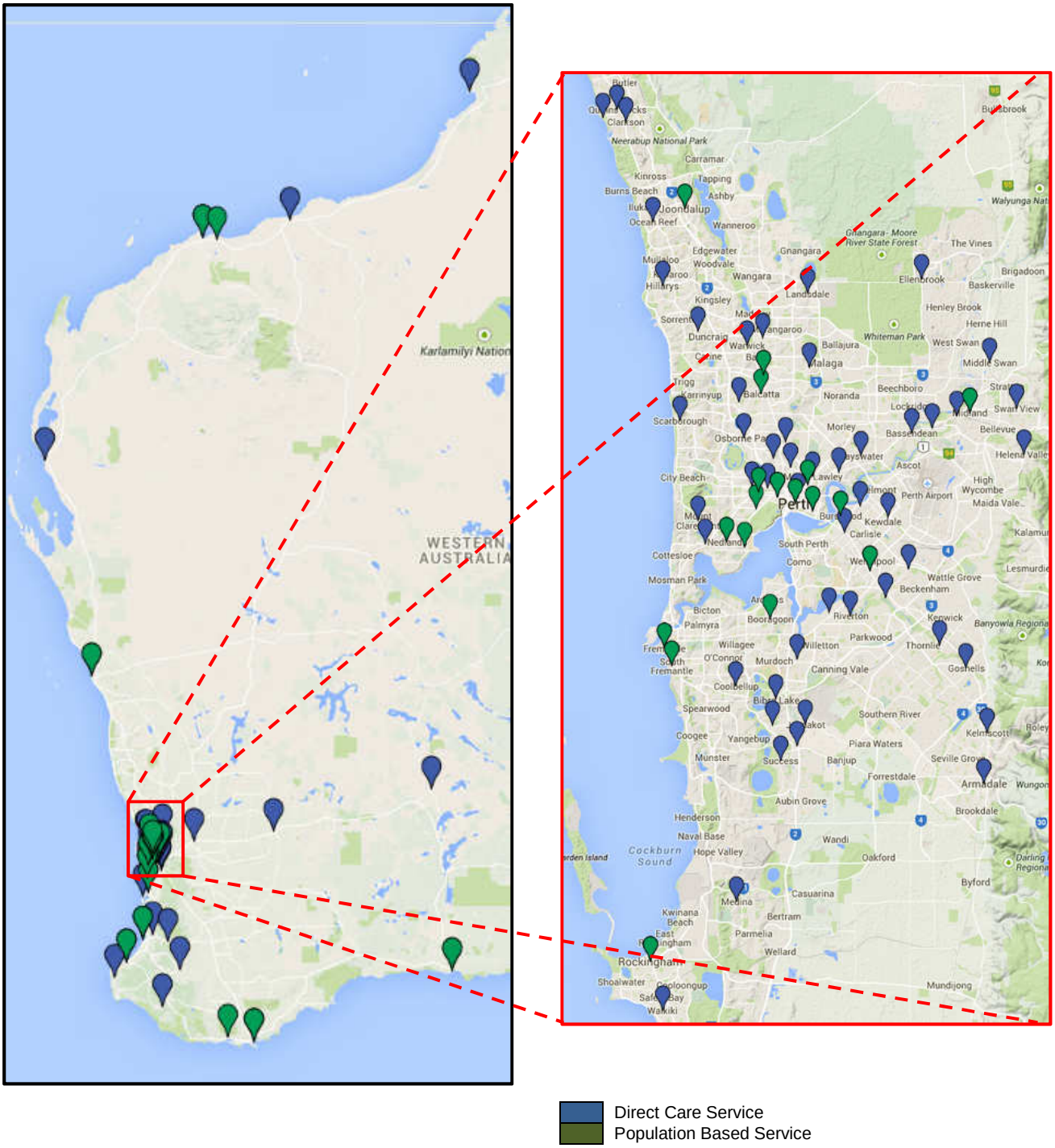
(a) Crude rate is based on the Australian Bureau of Statistics preliminary state estimated resident population as at 31 December 2013

(12) The independent community living strategy is included in this service type. Future analysis will investigate possible cohorts.

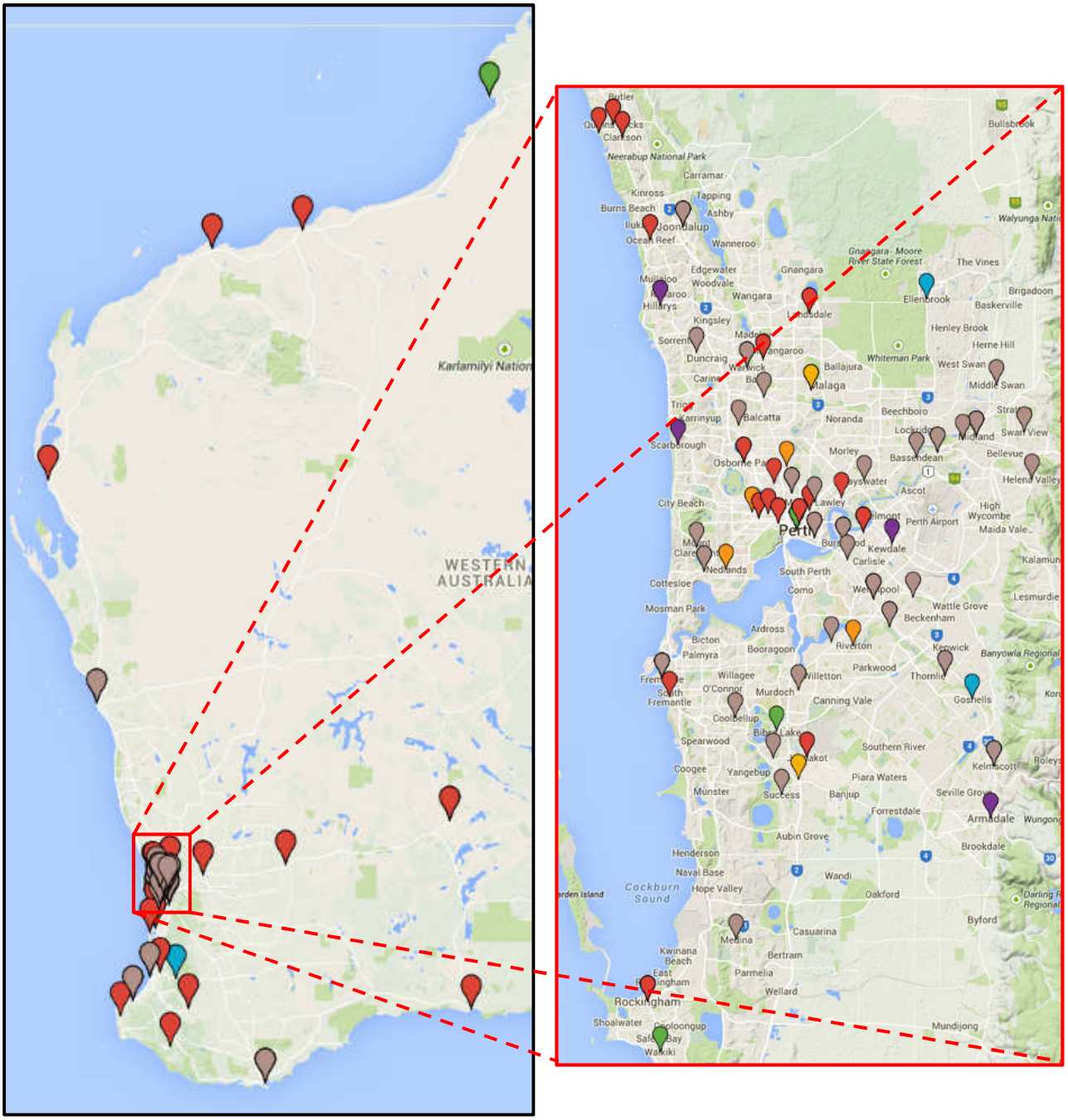
8 LOCATION OF STAFF BASE BY SERVICE

The location is based on the suburb of where staff providing the particular service are based as reported by organisations. It does not necessarily reflect catchment area or where the service is provided from. It should also be noted that duplicates within a service type have been removed (i.e. the mark does not indicate number of times where the same service type is being provided in the same location) and some markers are hidden due to multiple service types occurring in the same location.

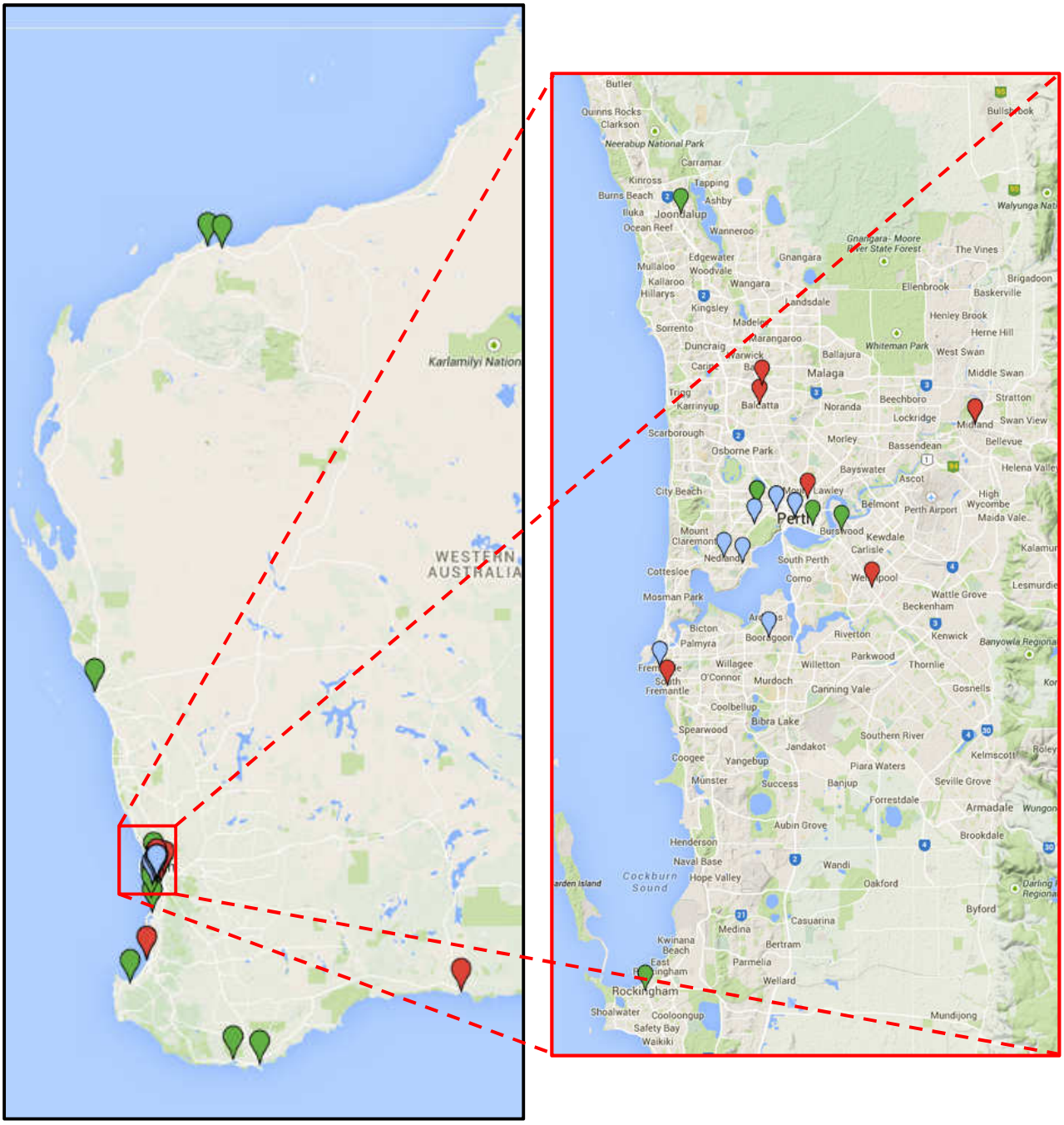
8.1 Staff Base Location by Service Focus



8.2 Staff Base Location by Direct Care Service Types



8.3 Staff Base Location by Population Based Service Types



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