

Manual of Instructions & Procedures
for the completion of the

Mental Health Establishments Collection (MHEC)



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Items to note since 2009/10 Collection

- Data for the new YOUNG PERSONS target population type is to be collected for the 2010/11 Collection year. These services principally target children and young people generally aged 16-24 years. The classification of a service into this category requires recognition by the regional or central funding authority of the special focus of the service. These services may include a forensic component.
- Establishment Form Section 4 now provides a field at the bottom of the screen to list the cost centres used in providing each Establishment's direct expenditure.
- MHSO Form Section 1 – Inpatient and Ambulatory descriptions have been updated.
- MHSO Form Sections 3 & 4 – the term 'Consumer Consultant' and 'Carer Consultant' have been changed by the Commonwealth to 'Consumer Worker' and 'Carer Worker' respectively however the application still uses the word 'consultant'. This will be amended in the following year's Collection. The definitions for both of these data elements have also been broadened. Please refer to the Australian Institute of Health and Welfare's Metadata Online Registry (METeOR) at <http://meteor.aihw.gov.au/content/index.phtml/itemId/181162> for the most up-to-date definition.
- The definition of 'Available Beds' has been updated to reflect the current Queensland Health definition.
- Extra instruction on the use of certain account codes has been added.

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CHAPTER 1

INTRODUCTION

1.1 PURPOSE OF THE MANUAL

This manual provides instructions and procedures for undertaking the Mental Health Establishments Collection (MHEC) (formerly the Annual Survey of Mental Health Services). It is intended as a reference for all Health Service District personnel and Corporate Office personnel directly involved in the collection, processing and use of this data.

1.2 BACKGROUND

The Fourth National Mental Health Plan (the Fourth Plan) was agreed by Australia's Health Ministers in September 2009. The Fourth Plan follows on from the work of the previous three national mental health plans in collaboratively shaping mental health sector reform by identifying priority reform areas and committing governments to a set of agreed actions.

Central to the Fourth Plan is a commitment by governments to improve accountability and transparency within the mental health sector through a multi-level approach – at the policy level of governments and central mental health administrations; and at the service delivery level.

Over the past two decades mental health information, including national mental health data collections, has provided the foundation for system accountability and reporting. A key action under the Fourth Plan is to further develop information through continuous and collaborative effort between governments, including keeping data sources up to date, as well as filling gaps in the current national collections.

Over the course of the Fourth Plan, further development will be undertaken with the aim of addressing gaps in relation to: measures of consumers' experiences of services; recovery based outcome measures; and collections that cover the growing specialised mental health non government sector.

1.3 INFORMATION DEVELOPMENT

"Who receives what services from whom at what cost and with what effect"¹

The development of information to guide mental health reform and service delivery has been driven by the quest to report against the parameters captured in the above sentence.

National Minimum Data Sets (NMDS) for mental health have been developed for both admitted patient mental health care and community mental health care at the client and establishment reporting level.

¹ Taken from: Leginski, W et al. (1989). [Data Standards for Mental Health Decision Support Systems: A Report of the Task Force to Revise the Data Content and System Guidelines of the Mental Health Statistics Improvement Program.](#)

For the 2005-2006 years the NMDS – Mental Health Establishments (NMDS-MHE) replaced the previous NMDS - Community Mental Health Establishments (NMDS-CMHE) data set and National Survey of Mental Health Services (NSMHS).

Data collection for the NMDS-MHE was undertaken in Queensland via the ‘Annual Survey of Mental Health Services’ and from 2009-2010 via the Mental Health Establishments Collection (MHEC).

Data reported for the NMDS-MHE is published in the following national publications - the National Mental Health Report series, the Mental Health Services in Australia report series and the Report on Government Services series.

1.4 LEGISLATION

Queensland Health provides data from the Mental Health Establishments Collection to the Australian Institute of Health and Welfare (AIHW) and the Australian Department of Health and Ageing under the National Healthcare Agreement.

The NMDS – MHE is comprised of:

- Establishment Identifier
- Full-Time Equivalent (FTE) Staff
- Geographic Location of Establishment
- Non-salary Operating Costs
- Average number of Available Beds
- Salaries and Wages
- Separations
- Comparability of Accounting and Funding Practices
- Consumer Participation in Service Development
- Indicators of Service Activity
- Mental Health Workforce
- Quality of Arrangements for Monitoring Service Delivery and Financial Performance
- Resources Associated with State/Territory Funded Mental Health Services
- Type and Volume of Services Available

This legislative requirement is fulfilled by completion of the NMDS-MHE.

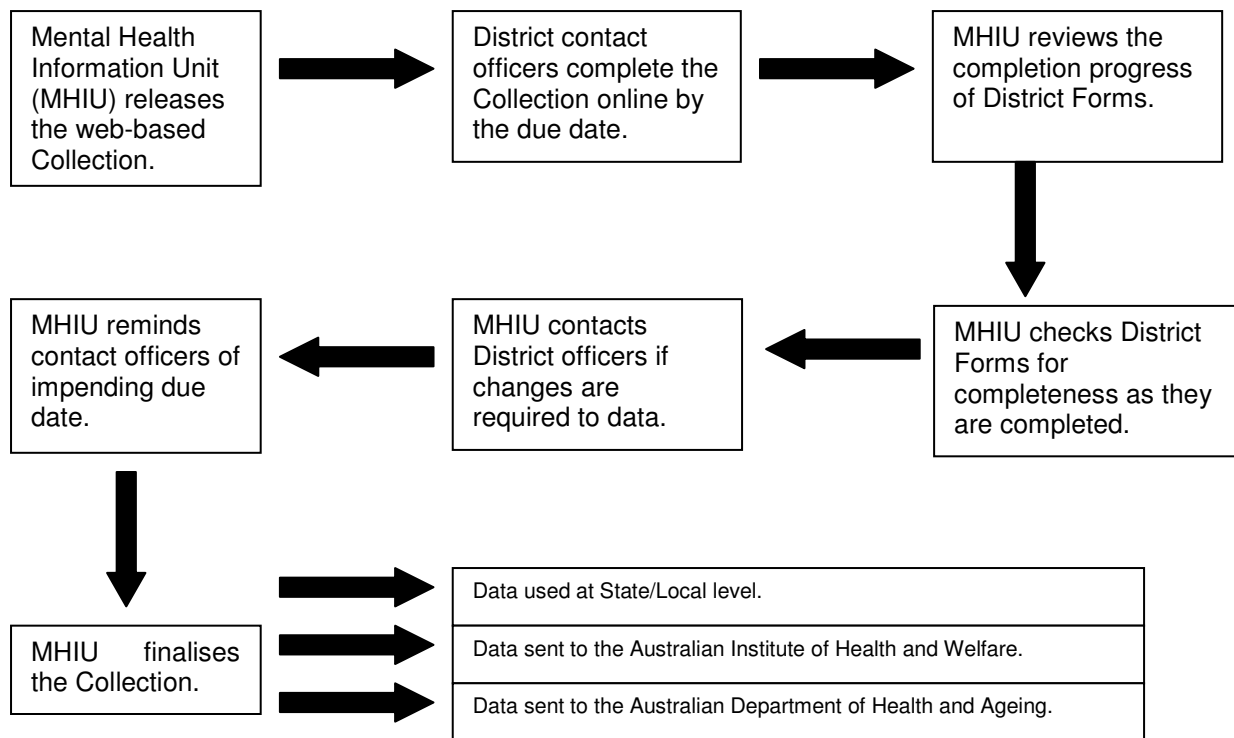
1.5 USE OF MHEC DATA

Data collected for the MHEC provides detailed information on the range, level and cost of services available in Queensland. As an annual collection it can be used to monitor service growth and development at the District, Mental Health Service Organisation (MHSO) and Statewide levels. The data provides yearly updates of information on resource capacity including funding, staffing numbers and discipline mix, and broad activity indicators. This data can be used to inform local and state decision-making, support the development of performance indicators and address ad hoc research requirements.

The clinical outcomes collection complements the MHEC information and supports more informed analysis of service delivery in Queensland.

CHAPTER 2 PROCEDURES

This chapter describes the process for completing the MHEC. The process is summarised in the flow chart below:



2.1 COMPLETING THE COLLECTION

The implementation of the organisational reporting entity known nationally as Specialised Mental Health Service Organisation (MHSO) and its use as the unit of reporting across the various QH mental health collections was detailed in a memorandum from the Senior Director, Mental Health Alcohol and Other Drugs Directorate dated 1 April 2009. Therefore, a Health Service District may consist of one or multiple MHSOs. Accordingly, reporting was required at the MHSO level from the 2008/09 MHEC.

The Mental Health Establishments Collection Application (MHECA) has been developed as a web-based tool to collect data for the Mental Health Establishments Collection.

As the NMDS – MHE requires data to be reported at the State, Organisation and Establishment levels, the MHECA is based on this structure and data entry is required in 3 separate Forms – the State, MHSO and Establishment Forms.

The State Form is completed by Mental Health Information Unit and does not involve the Districts.

The MHSO Forms (Sections 1 to 8) are to be completed at the Mental Health Service Organisation level.

The Establishment Forms (Sections 1 to 5) are to be completed for each Reporting Establishment within the MHSO

Appendix A shows a list of Districts, MHSOs, Reporting Establishments and their corresponding IDs.

Therefore, for Districts with only one MHSO and multiple reporting establishments, a MHSO Form will be completed plus an Establishment Form for each reporting establishment. For Districts with multiple MHSOs, a MHSO Form will be completed for each MHSO plus an Establishment Form for each reporting establishment.

For example, given the below information, South West MHSO would complete and submit:

SOUTH WEST HSD	SOUTH WEST MHSO	SW	
		80306	CHARLEVILLE CMHS
		80307	ROMA ADULT CMHS
		80308	ROMA CHILD & YOUTH CMHS

- The MHSO Form for 'South West' MHSO
- The Establishment Form for Establishment 'Charleville CMHS'
- The Establishment Form for Establishment 'Roma Adult CMHS'
- The Establishment Form for Establishment 'Roma Child & Youth CMHS'

Please refer to the following sections for instructions on how to complete each Form.

2.2 SYSTEM MANUAL

Detailed instructions on how to use the web-based Mental Health Establishments Collection Application (MHECA) to complete the Collection can be found at the end of this Instructions and Procedures Manual.

CHAPTER 3

MHSO FORM SECTION 1

Relates to the types of mental health services provided by your MHSO during the reference period and the funding sources for expenditure on mental health services at the MHSO and establishment level.

3.1 COMPLETING THIS SECTION

Section 1 should be completed at the Mental Health Service Organisation level.

The District and/or Mental Health Finance Officer in consultation with the Mental Health Executive Director, Manager or Team Leader (depending on the service) should complete this section.

3.2 SERVICES PROVIDED

In the table provided, indicate with a Yes or No, the types of mental health services managed by your MHS Organisation.

PROGRAM TYPES below describe the mental health service settings at the MHSO level are described below.

Inpatient:

An admitted patient mental health care service is a specialised mental health service that provides overnight care in a psychiatric hospital or a specialised mental health unit in an acute hospital. It includes both acute and non-acute inpatient services and in Queensland Health this currently includes Community Care Units, Special Care Suites, etc. These establishments are devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. These services are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of patients affected by mental disorder/illness.

Residential Care:

No Mental Health Residential Units exist in Queensland (these cells have been defaulted to No on Section 1).

Ambulatory Care:

An ambulatory mental health care service is a specialised mental health service that provides services to people who are not currently admitted to a mental health admitted or residential service. Services are delivered by health professionals with specialist mental health qualifications or training. Ambulatory mental health services include:

- community-based crisis assessment and treatment teams,
- day programs,
- mental health outpatient clinics provided by either hospital or community-based services,
- child and adolescent outpatient and community teams,
- social and living skills programs,

- psychogeriatric assessment services,
- hospital-based consultation-liaison and in-reach services to admitted patients in non-psychiatric and hospital emergency settings,
- ambulatory-equivalent same day separations,
- home based treatment services,
- hospital based outreach services.

TARGET POPULATION TYPES are described below. For a Type other than General to be separately listed on this section there must be funding specifically provided for specialist FTE positions and/or operations.

General Psychiatry: These services principally target the general adult population (aged 18-64 years) but may provide general services to children, adolescents, older people or medium secure clients. General psychiatry services, therefore, are those services that are not specialist child and adolescent, young persons, older persons, or forensic services. Note that the appointment of a forensic liaison position into a general psychiatry service does not qualify this service as forensic psychiatry.

General psychiatry inpatient services include hospital units in which the principal function is the provision of some form of specialised service to the general adult population. This includes medium secure inpatient facilities.

Child & Adolescent Psychiatry: These services principally target children and adolescents (aged 0-17 years). Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the service on children and adolescents. For smaller regional services this may be the appointment of staff to specifically work with children and adolescents within a broader mental health team. These services may include a forensic component.

Young Persons Psychiatry: These services principally target young people (aged 16-24 years). Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the service on young persons. These services may include a forensic component.

Older Persons Psychiatry: These services principally target people in the age group 65 years and over. Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the service on aged persons. This service category does not include the treatment of older people by general psychiatry services. These services may include a forensic component.

Forensic Psychiatry: These services principally assess, treat and care for mentally disordered individuals whose health condition has led them to commit, or be suspected of, a criminal offence or make it likely that they will re-offend in the future without adequate treatment or containment. This includes all prison-based services but excludes services that are primarily for children and adolescents, young persons and older people even where they include a forensic component.

MHSO Form Section 1

In Queensland, high secure inpatient facilities are to be reported as Forensic Psychiatry while medium secure inpatient facilities should be reported under General Psychiatry.

Note that the employment of a forensic liaison officer in a community mental health team should not be reported separately as a specialised forensic service.

CHAPTER 4

MHSO FORM SECTIONS 2,3,4

These Sections relate to mental health service consumer participation.

A mental health service **consumer refers to both primary consumers and to carers**. A primary consumer is the person with the mental illness or psychiatric disability. A carer is the person (other than the service provider) whose life is affected by virtue of their close relationship with the primary consumer or who has a chosen or contracted caring role with a primary consumer.

4.1 COMPLETING THESE SECTIONS

These Sections should be completed at the Mental Health Service Organisation (MHSO) level in consultation with the mental health service Executive Director, Manager or Team Leader (depending on the service).

4.2 SECTION 2 - CONSUMER REPRESENTATION ON FORMAL COMMITTEES

Identify the statement that **best** describes the formal committee mechanism within your MHSO for participation by mental health consumers in the planning and evaluation of services.

A “formal position” means that the consumer representative is a voting member of the committee.

4.3 SECTION 3 - ARRANGEMENTS TO PROMOTE PARTICIPATION BY “PRIMARY CONSUMERS”

For each statement, select Yes or No to describe arrangements used in your MHSO to promote participation by the primary consumer. Each statement must be addressed.

A “Primary Consumer” is the person with the mental illness or psychiatric disability.

If required, a description of other arrangement(s) should be included in the box provided.

For the first statement, if Yes is selected, please provide details, in FTE terms and total salary/payment (excluding superannuation), for the consumer workers employed/engaged. Do not include these details in Section 5 as Indirect Expenditure or in Establishment Form Sections 4 or 5.

Employed/engaged implies the consumer worker was employed (or engaged via contract) on a part-time or full-time paid basis and for the expertise developed from their lived experience of mental illness. It does NOT refer to arrangements where the consultant only received reimbursement of expenses or occasional sitting fees for attendance at meetings. In this case expenditure should only be included in Section 5 as Program Administration.

Mental health consumer workers include the job titles of, but not limited to, consumer consultants, peer support workers, peer specialists, consumer companions, consumer representatives, consumer project officers and recovery support workers.

Roles that mental health consumer workers may perform include, but are not limited to, participation in mental health service planning, mental health policy development, mental health service evaluation, training and education of professionals and consumers, mentoring duties, advocacy roles, liaison activities, peer support roles.

4.4 SECTION 4 - ARRANGEMENTS TO PROMOTE PARTICIPATION BY “CARERS”

For each statement, select Yes or No to describe arrangements used in your MHSO to promote participation by the carer. Each statement must be addressed.

A “Carer” is the person (other than the service provider) whose life is affected by virtue of their close relationship with the primary consumer, or who has a chosen or contracted caring role with a primary consumer.

If required, a description of the other arrangement(s) should be included in the box provided.

For the first statement, if Yes is selected, please provide details, in FTE terms and total salary/payment (excluding superannuation), for the carer consultants employed/engaged. Do not include these details in Section 5 as Indirect Expenditure or in Establishment Sections 4 or 5.

Employed/engaged implies the carer worker was employed (or engaged via contract) on a part-time or full-time paid basis and for the expertise developed as a mental health carer. It does **NOT** refer to arrangements where the consultant only received reimbursement of expenses or occasional sitting fees for attendance at meetings. In this case expenditure should only be included in Section 5 as Program Administration.

Mental health carer workers include the job titles of, but not limited to, carer consultants, peer support workers, carer support workers, carer representatives and carer advocate.

Roles that mental health carer workers may perform include, but are not limited to, participation in mental health service planning, mental health policy development, mental health service evaluation, training and education of professionals and carers, mentoring duties, advocacy roles, liaison activities, carer support roles.

CHAPTER 5

MHSO FORM SECTION 5

This Section relates to gross, non-capital expenditure by the Mental Health Service Organisation that is **indirectly** related to the mental health services. Expenditure directly related to the provision of mental health services by establishments should not be reported in this Section, but rather in each Establishment Form Section 4. For this reason, it is suggested that MHSO Form Section 5 and Establishment Forms Section 4 be completed at the same time.

Non-capital expenditure is any expenditure that does not involve the purchase of assets (property, plant and equipment) greater than \$5,000.

5.1 COMPLETING THIS SECTION

Section 5 should be completed at the Mental Health Service Organisation level.

The District and/or Mental Health Finance Officer in consultation with the Mental Health Executive Director, Manager or Team Leader (depending on the service) should complete this Section.

The information for Section 5 can be obtained from a number of sources. Your District Finance Officer can run a DSS expenditure report for your District/MHSO. District knowledge can then be used to determine what percentage of this expenditure, not already allocated to Mental Health Services, should be reported as indirect expenditure. Operating budgets, DSS budget reports and FAMMIS reports may also help provide this information.

5.2 INDIRECT NON-CAPITAL EXPENDITURE

There are two general categories of indirect expenditure:

1. Expenditure indirectly related to the delivery of mental health services that cannot or should not be apportioned across the reporting establishments in your District/MHSO (and so has not been reported on Establishment form). This includes:
 - Expenditure on District-wide corporate and support services that is not directly related to the provision of mental health services and cannot be apportioned to establishments via some allocation method. These District services are usually provided from a central resource pool and managed at the health district level eg. District administration.
 - Expenditure on superannuation, workers compensation and insurance payments that are not directly related to the provision of mental health services by establishments.
2. Mental health expenditure that does not relate to service delivery, such as research, education and training and mental health promotional activities. Also, funds provided by the District/MHSO direct to external groups (ie. not via the

MHSO's mental health establishments). An example would be payments to academic departments of psychiatry. However, where such expenditure is considered to be part of service delivery (eg. education and training of staff operating out of an establishment), this should be reported against the establishment on Establishment Form Section 4. Excluded from this category are grants made to non-government organisations (NGOs) for the provision of services to people affected by a mental health illness. These are reported in MHSO Form Section 7.

It is preferable that MHSOs report as much indirect expenditure as possible in Establishment Form Section 4 (as opposed to reporting it here). If not already charged to mental health cost centres, a proportion of District-wide administration costs relating to services provided to the mental health service should be calculated and added to the expenditure reported by FAMMIS for Establishment Form Sections 4. This also applies to District/MHSO Mental Health Program administration costs. For analysis purposes (eg. calculating bed day costs), any indirect expenditure reported on Section 5 will be distributed across establishments based on the proportion of direct expenditure each establishment reports.

5.3 INDIRECT EXPENDITURE CATEGORY DEFINITIONS

Program Administration: Refers to costs associated with administration and support of the District/MHSO Mental Health Program (eg. program management salaries) provided at the mental health program level. Generally, these are resources that are specifically dedicated to the mental health program, are under the direct management control of the program and are funded by the program. **Most, if not all, of these costs should be apportioned across the mental health reporting establishments in your District/MHSO and hence reported in Establishment Form Section 4.**

Organisation-wide Support Services: Refers to the District-wide costs of administration and other support services provided at the District/MHSO level. Such services include corporate governance and administration, public relations, hospital administration, shared service providers, human resources, finance, records, information systems/technology, building/grounds maintenance, security, utilities. These services are generally provided from a central pool of resources managed at the corporate level for all programs/business units of the health district. **Again, it is preferable that these costs be apportioned across the mental health reporting establishments in your District/MHSO and hence reported in Establishment Form Section 4.**

Education and Training: Refers to the cost of education, training and development of staff within the mental health services that is organised and managed by the District/MHSO and has not been included in expenditure reported elsewhere. Job specific training and development should be charged to the mental health Establishment where the officer works.

Expenditure by the health district on schools of nursing should be reported on MHSO Form Section 5.

MHSO Form Sections 5

Academic Positions: Refers to grants to academic institutions for the establishment and maintenance of academic chairs in psychiatry or related disciplines. This item also includes the costs of other academic positions associated with the professional chair, where these are financed from within the organisation's recurrent budget.

Report academic expenditure in this section only where the academic unit operates independently. Where an academic unit or position operates as an integral part of a service (eg. an acute inpatient unit), the expenditure should be reported against the relevant service.

Mental Health Research: Refers to expenditure on basic or applied research in the mental health field funded by the health district.

Report research expenditure in this section only where the research operated independently. Where the research activity occurs as an integral component of service delivery for an establishment, the expenditure should be reported against the relevant establishment on MHSO Form Section 5.

Mental Health Promotion: Refers to expenditure dedicated specifically to mental health promotion objectives. Mental health promotion is defined as activities designed to lead to improvement of the mental health functioning of persons through prevention, education, and intervention activities and services. Reporting expenditure against this item is not intended to be based on costing of activities that, retrospectively, entailed a significant mental health promotion component. Instead, it should be confined to financial allocations that were clearly targeted towards mental health promotion objectives.

Service Development: Refers to expenditure on the development of new mental health services funded by the organisation that are not yet operational and providing activity data.

Superannuation: Refers to **indirect** superannuation employer contributions paid, or that should be paid, on behalf of employees, either by the District/MHSO or Corporate Office, to a superannuation fund providing retirement and related benefits to established employees.

Only report superannuation in Section 5 if it does not relate in any way to the provision of services by mental health establishments. If the superannuation payments relate to the provision of services by establishments, they must be reported against those establishments in Establishment Form Sections 4. For this reason, this category should be rarely reported against.

Workers Compensation: Refers to worker's compensation premiums and payments made by the organisation on behalf of its employees.

Only report worker's compensation premiums in Section 5 if they do not relate in any way to the provision of services by establishments. If the worker's compensation premiums relate to the provision of services by establishments, they must be reported against those establishments in Establishment Form Section 4.

MHSO Form Sections 5

Insurance: Refers to public risk and other insurance amounts paid by the health district with respect to the provision of mental health services within the health district.

Only report insurance in Section 5 if it does not relate in any way to the provision of services by establishments. If the insurance relates to the provision of services by establishments, it must be reported against those establishments in Establishment Form Section 4.

Mental Health Act Regulation or related legislation (Including Review Tribunals): Refers to expenditure incurred by the District/MHSO due to the establishment and maintenance of Mental Health Act review bodies.

Patient Transport Services: Refers to the direct cost of transporting patients, excluding the salaries and wages of transport staff employed by the health district. Include payments to ambulance units where these are not reported elsewhere.

Only report patient transport expenditure in Section 5 if it does not relate in any way to the provision of mental health services by an establishment. If the patient transport relates to the provision of services by an establishment, it must be reported against that establishment in Establishment Form Section 4.

Property Leasing Costs: Refers to the costs of leasing premises used for the provision of mental health services (eg. community clinics).

Only report leasing expenditure in Section 5 if it does not relate in any way to the provision of services by an establishment. If the leasing expenditure relates to the provision of services by an establishment, it must be reported against that establishment in Establishment Form Section 4.

Other Indirect Expenditure: Refers to any indirect expenditure that is related to the mental health services in your District/MHSO but is not related directly to the delivery of these services by establishments. If there is "Other Indirect Expenditure" then please include a description of this expenditure in the box provided. Depreciation expenditure on written off/vacant buildings are not to be included here. This should either be apportioned across the existing buildings or not reported at all.

5.4 ACTUAL OR ESTIMATED GROSS NON-CAPITAL EXPENDITURE

For each indirect expenditure category, provide the expenditure (in whole dollars) for that category. It is essential that there is no double counting of expenditure in MHSO Form Section 5 or in Establishment Form Section 4.

5.5 DISTRIBUTION OF EXPENDITURE

Where no expenditure is reported against a particular indirect expenditure category, select the appropriate response for that category. Eg. If there is No expenditure to report here because it has already been distributed across the establishments (i.e. included in Establishment Form Section 4), then select the ALL response. Or, if

MHSO Form Sections 5

there is No expenditure to report here because there has been no expenditure on this category, then select the NIL response.

CHAPTER 6

MHSO FORM SECTION 6

This Section relates to the funding sources for expenditure reported in MHSO Form Section 5 and all Establishment Form Section 4.

6.1 COMPLETING THIS SECTION

Section 6 should be completed at the Mental Health Service Organisation level.

The District and/or Mental Health Finance Officer in consultation with the Mental Health Executive Director, Manager or Team Leader (depending on the service) should complete this Section.

6.2 SOURCES OF FUNDING FOR EXPENDITURE

Please identify the funding sources for expenditure reported in MHSO Form Section 5 and all Establishment Form Section 4. This includes expenditure recoveries and patient revenue. If your Health Service District provides an upfront estimated budget for high cost drugs and then keeps the actual recoveries, the funding source needs to be split between State and Recoveries. For example, if \$100,000 was expended on drug supplies and \$50,000 was received as a government rebate, then \$100,000 should be reported on Establishment Form Section 4 as expenditure and the \$50,000 rebate should be reported here as Recoveries.

The total amount reported should reconcile to the total expenditure reported on MHSO Form Section 5 and all Establishment Form Section 4. Do not report total budget allocations in this section. Only report the portion that was expended.

Queensland Health Funding: Refers to State funding provided by Queensland Health for the delivery and/or administration of mental health services in your health district. This includes specific mental health allocations as well as funds appropriated for general or other specific purposes.

Other State Government Funding: Refers to funding provided by government departments external to Queensland Health for the delivery and/or administration of mental health services.

National Healthcare Agreement Funding: Refers to funding allocated by the Commonwealth to Queensland to assist in the implementation of the mental health services.

Dept. of Veterans' Affairs Funding: Refers to block grants or activity based payments provided by the Department of Veterans' Affairs (DVA) for the provision of mental health services and payments made for mental health treatment and care of DVA clients.

Other Australian Government Funding: Refers to revenue paid directly by the Commonwealth. This includes nursing home and hostel subsidies for the care of patients in specialised mental health services, and any other special purpose grants

MHSO Form Section 6

including rural health support, education and training funds, and incentives package funds made available under the Australian Health Care Agreements.

Patient Revenue: Refers to revenue paid directly by patients, or by third parties on behalf of patients, under care of the district's mental health services. Note that this excludes DVA payments in respect of specific patients or the Commonwealth nursing home or hostel subsidies, which should be reported as other Commonwealth funds.

Recoveries: Refers to revenue relevant to mental health services that is in the nature of recovery of expenditure incurred. This includes income from the provision of meals and accommodation, use of facilities, etc.

Other Revenue: Refers to all other revenue from mental health services received by the health district that has not been reported in this section.

CHAPTER 7

MHSO FORM SECTION 7

This Section reports details of any grants made from Districts/Mental Health Service Organisations to non-government organisations (NGOs) during the year.

7.1 COMPLETING THIS SECTION

Section 7 should be completed at the Mental Health Service Organisation level.

The District and/or Mental Health Finance Officer in consultation with the Mental Health Executive Director, Manager or Team Leader (depending on the service) should complete this Section.

7.2 FUNDING TO NON-GOVERNMENT ORGANISATIONS

A number of Districts/MHSOs provide funding to non-government organisations (NGOs) for the provision of specified services for people affected by a mental health issue. Please provide details of any grants made to NGOs during the year. These NGO grants should be reported here, however they can only be reported to the Commonwealth at the Statewide level.

Do not report this Grant expenditure on either MHSO Form Section 5 or Establishment Form Section 4.

7.3 DEFINITIONS OF NGO GRANT SERVICE TYPES

Accommodation services: Grants for the provision of housing services that are linked to support services for people affected by a mental health issue. These include the following subtypes:

Crisis/interim accommodation - Short-term accommodation which may be staffed up to 24 hours a day, seven days a week for people affected by a mental health issue. Accommodation is facility based/residential with an average of 4-8 beds. Length of stay is generally limited to a maximum of three months.

Headleasing - Provides a supportive landlord service that assists tenants to access and maintain suitable accommodation and maintains their tenancies and which is linked to support.

Long term supported accommodation – Secure/tenured long-term accommodation with staff support as necessary or desired.

Residential rehabilitation - Short to long-term residential facility based accommodation provided to people with high needs. Staff support is provided.

Transitional supported accommodation - Short to medium accommodation (3-12 months) that is provided in a residential/facility based setting.

Advocacy services: Grants for the provision of services that provide assistance to people affected by a mental health issue to access their human and legal rights and promote reform.

Community awareness/health promotion services: Grants for the provision of services aimed at raising awareness about mental health/illness and those affected

by mental health issues through the provision of information and/or education to the community, in order to enhance the community's capacity to support people affected by a mental health issue.

Counselling services: Grants for the provision of services by professionals and non-professionals that provide emotional support, psychological support, assistance with achieving goals and the strengthening of community and social networks for people affected by a mental health issue.

Independent living skills support services: Grants for the provision of services that provide encouragement and support of people living with a mental health issue to participate actively in their day to day living in a community.

Other and unspecified mental health services: Grants for the provision of mental health services not elsewhere classified and grants not allocatable to specific service types.

Prevocational training services: Grants for the provision of training and skill development services to individuals affected by a mental health issue to facilitate their progress into employment of their choice.

Psychosocial support services: Grants for the provision of services that work in partnership with the individual affected by a mental health issue and their carers to provide a range of support and skill development options addressing key issues in attainment of mental health and social competence goals.

Recreation services: Grants for services that provide and/or facilitate a range of leisure and social opportunities to people affected by a mental health issue to enhance their social competence.

Respite services: Grants for the provision of services that allow a planned break from the usual caring environment.

Self-help support groups services: Grants for the provision of opportunities for people affected by a mental health issue to learn from and support each other.

CHAPTER 8

MHSO FORM SECTION 8

This Section reports the number of public housing places supported by mental health services during the year.

8.1 COMPLETING THIS SECTION

Section 8 should be completed at the Mental Health Service Organisation level.

The District and/or Mental Health Finance Officer in consultation with the Mental Health Executive Director, Manager or Team Leader (depending on the service) should complete this Section.

8.2 SUPPORTED PUBLIC HOUSING PLACES

A number of Health Service Districts make formal local partnership agreements (LPAs) with the Department of Community (DoC) Housing and Homelessness Services regional offices to provide public housing 'places' for people affected by mental illness or psychiatric disability. Such agreements commit Queensland Health to provide ongoing clinical and disability support within their homes, including outreach services.

If your District/MHSO was party to any of these formal agreements during the year, please provide the number of public housing 'places' supported.

'Place' refers to the number of beds in the house that are provided for mental health clients. It also refers to the capacity as at 30 June, not throughput over the entire year.

Note – the Department of Communities Housing and Homelessness Services provides statewide data on housing places provided to mentally ill clients who are supported with QH outreach services. MHIU will cross check that housing places reported are not duplicated by both the DoC and QH data.

CHAPTER 9 ESTABLISHMENT FORM SECTIONS 1,2,3

Section 1 relates to mental health services provided.

Section 2 refers to the progress made on implementing the national standards for mental health services.

Section 3 refers to available beds and patient activity at the reporting establishment level.

9.1 COMPLETING THESE SECTIONS?

These Sections should be completed for each Establishment within the MHS Organisation. Please refer to Appendix A for a list of MHSOs, Establishments and the corresponding Establishment Id.

This Statement should be completed in conjunction with the Mental Health Executive Director, Manager or Team Leader (depending on the service).

9.2 SECTION 1 - SERVICES PROVIDED

In the table provided, indicate with a Yes or No, the types of mental health services managed by this Establishment.

PROGRAM TYPES - mental health service settings at the Establishment level are described below.

Inpatient - Acute: These admitted patient care services provide specialist psychiatric care for people with acute episodes of mental disorder. These episodes are characterised by recent onset of severe clinical symptoms of mental disorder that have potential for prolonged dysfunction or risk to self and/or others. The key characteristic of acute services is that this treatment effort is focused on symptom reduction with a reasonable expectation of substantial improvement. In general, acute psychiatric services provide short-term treatment. Acute services may be focussed on assisting people who have had no prior contact or previous psychiatric history, or individuals with a continuing psychiatric disorder for whom there has been an acute exacerbation of symptoms.

Inpatient Non-Acute: Refers to all other admitted patient care services including rehabilitation and extended care services.

Rehabilitation services have a primary focus on intervention to reduce functional impairments that limit the independence of patients. Rehabilitation services are focussed on disability and the promotion of personal recovery. They are characterised by an expectation of substantial improvement over the short to mid term. Patients treated by rehabilitation services usually have a relatively stable pattern of clinical symptoms.

Extended care services provide care over an indefinite period for patients who have a stable but severe level of functional impairment and an inability to function independently, thus requiring extensive care and support. Patients of extended care

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services present a stable pattern of clinical symptoms, which may include high levels of severe unremitting symptoms of mental disorder. Treatment is focussed on preventing deterioration and reducing impairment. Improvement is expected to occur slowly.

Residential Care: No Mental Health Residential Units exist in Queensland (these cells have been defaulted to No on Section 1.

Ambulatory Care: An ambulatory mental health care service is a specialised mental health service that provides services to people who are not currently admitted to a mental health admitted or residential service. Services are delivered by health professionals with specialist mental health qualifications or training. Ambulatory mental health services include:

- community-based crisis assessment and treatment teams,
- day programs,
- mental health outpatient clinics provided by either hospital or community-based services,
- child and adolescent outpatient and community teams,
- social and living skills programs,
- psychogeriatric assessment services,
- hospital-based consultation-liaison and in-reach services to admitted patients in non-psychiatric and hospital emergency settings,
- ambulatory-equivalent same day separations,
- home based treatment services,
- hospital based outreach services.

TARGET POPULATION TYPES are described below. For a Type other than General to be separately listed in this Section there must be funding specifically provided for specialist FTE positions and/or operations.

General Psychiatry: These services principally target the general adult population (aged 18-64 years) but may provide general services to children, adolescents, the aged or medium secure clients. General psychiatry services, therefore, are those services that are *not specialist* child and adolescent, older persons, or forensic services. Note that the appointment of a forensic liaison position into a general psychiatry service does not qualify this service as forensic psychiatry.

General psychiatry inpatient services include hospital units in which the principal function is the provision of some form of specialised service to the general adult population.

General Psychiatry - Medium Secure: These rehabilitation units provide a safe and structured environment for the medium to long term inpatient treatment and rehabilitation of consumers with persistent and disabling symptoms of mental illness, who cannot be adequately supported in other inpatient or community settings.

Child & Adolescent Psychiatry: These services principally target children and adolescents (aged 0-17 years). Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the

Establishment Form Sections 1,2,3

service on children and adolescents. For smaller regional services this may be the appointment of staff to specifically work with children and adolescents within a broader mental health team.

Young Persons Psychiatry: These services principally target young people (aged 16-24 years). Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the service on young persons.

Older Persons Psychiatry: These services principally target people in the age group 65 years and over. Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the service on aged persons. This service category does not include the treatment of older people by general psychiatry services.

Forensic Psychiatry: These services principally assess, treat and care for mentally disordered individuals whose condition has led them to commit criminal offences or makes it likely that they will offend in the future if not adequately treated or contained. For the purposes of this collection, forensic psychiatry services also include all prison-based services. In Queensland, high secure inpatient facilities should be reported as Forensic. Note that the employment of a forensic liaison officer in a community mental health team should not be reported separately as a specialised forensic service.

9.3 SECTION 2 - IMPLEMENTATION OF THE NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES

The National Standards for Mental Health Services are endorsed and supported by the National Mental Health Plan and the National Mental Health Policy. The Standards can be used as a guide to service enhancement, continuous quality improvement and to inform consumers and carers. The Standards require all mental health services to work towards accreditation and report on their progress. The Standards form part of the National Accreditation Program for the accreditation of health services.

Each establishment within a MHS Organisation should have the same accreditation level.

When undergoing a re-accreditation process, if a service has previously been accredited and this accreditation is still current, you should use the prior accreditation level achieved (Codes 1 or 2) until the process is complete.

If a prior accreditation period has expired or the service has not previously been accredited, then Codes 3 to 7 should be used until an accreditation process is complete.

For each service setting, select the appropriate code that indicates the progress at 30 June of the Collection year in implementing the National Standards for each mental health service.

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National Accreditation Mental Health Services Codes

Code	Progress
1	By 30 June, the service had been reviewed by an external accreditation agency and was judged to have met all of the National Standards. (see notes above)
2	By 30 June, the service had been reviewed by an external accreditation agency and was judged to have met some but not all National Standards. (see notes above)
3	By 30 June, the service was in the process of being reviewed by an external accreditation agency but the outcomes were not known. (see notes above)
4	By 30 June, the service was booked for review by an external accreditation agency and was engaged in self-assessment preparation prior to the formal external review. (see notes above)
5	By 30 June, the service was engaged in self-assessment in relation to the National Standards but did not have a contractual arrangement with an external accreditation agency for review. (see notes above)
6	By 30 June, the service had not commenced preparations for a review by an external accreditation agency but it was intended to be undertaken in the future. (see notes above)
7	At 30 June, it had not been resolved whether the service would undertake a review by an external accreditation agency under the National Standards. (see notes above)
8	The National Standards are not applicable to this service. This code should only be used for those Aged Care residential services (e.g. Psychogeriatric nursing homes) in receipt of funding under the Aged Care Act and subject to Australian Government residential aged care reporting and service standards requirements.

9.4 SECTION 3 - INPATIENT SERVICES ACTIVITY DETAILS

The information for this Section can be obtained from a number of sources. Ideally, the information should be obtained from HBCIS (your local Health Information Services may be able to help you with this request). The ACIMS Monthly Activity Report, Clinical Benchmarking Separations, local data collections and Transition 2 teams may also be of assistance.

For each inpatient psychiatric service at the hospital, provide the number of available beds, the number of separations and number of accrued patient days separately for acute and non-acute units.

Available Beds: A bed is 'Available' if (on the last Wednesday of the reference month) it is *immediately available* for use. That is, if it is located in a suitable place for patient care, and there are nursing and or other auxiliary staff available, or who could be made available within reasonable period (within 24 hours), to service patients who might occupy them. Please report only the beds for which you have been funded.

The annual average bed numbers should be calculated by adding each months figures, divide by 12 and rounded to the nearest whole number. Previously this data item was calculated using the number of beds available at 30 June of the reporting period. Beds which were temporarily unavailable because of renovations, strikes etc, but which would normally be available, should be included.

In many cases the number of available beds will be less than the number of approved beds, with the former controlled by utilisation factors and resource levels, and the latter referring to the maximum number of beds allowed for the establishment.

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When reporting the number of available beds located in a stand-alone hospital, include all available beds on the facility's campus, whether they are in wards or other types of accommodation.

Do not include beds that are designated for intellectual disability or drug and alcohol services.

Separations: A separation is the process by which an admitted patient completes an episode of care. A separation can be either:

A ***formal separation*** is the normal administrative process by which a hospital records the completion of treatment and/or care and accommodation of a patient. This will be because the patient is discharged, or is transferred to another health care accommodation, or has died.

A ***statistical separation following leave*** is the administrative process by which a hospital records the completion of treatment and/or care and accommodation following leave of absence that exceeded seven consecutive days.

A ***statistical separation on type change*** is the administrative process by which a hospital records the completion of treatment and/or care and accommodation following a care type change.

All three types of separations are to be counted.

Accrued Patient Days (ie. 'Occupied Bed Days'): The number of accrued patient days refers to those days or part days accrued by admitted patients during the reporting period – regardless of a patients' admission and separation dates. Accrued Patient Days should NEVER exceed bed numbers X 366 days.

This statement collects bed activity related to accrued patient days, not patient activity. For example, if a patient who is eligible for extended rehabilitation is admitted to an acute bed due to all rehabilitation beds being occupied, then this activity is reported as an acute bed day.

Please use the following rules when calculating the number of accrued patient days:

- For any given date, either an accrued patient day or a leave day may be counted, but not both.
- Accrued patient days are not accrued when the patient is out of hospital on leave, even though a bed may be 'held' for the patient during their absence.
- For patients admitted and separated on different dates, count one accrued patient day for the day of admission – do not count an accrued patient day for the day of separation.
- For patients admitted and separated on the same day, count one accrued patient day – do not count any leave days. The number of days accrued is one.
- A same day patient cannot go on overnight leave.

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- A period of leave cannot exceed seven days.
- Normally, the day of going on leave is counted as a leave day, and the day of returning from leave is counted as an accrued patient day.
- When, on the same date, a patient is admitted and goes on leave, count this day as an accrued patient day. When, on the same date, a patient returns from leave and again goes on leave, count this day as a leave day. When, on the same date, a patient returns from leave and is separated, do not count this day as either an accrued patient day or a leave day.

Some examples of accrued patient day calculations for the 2010/11 year are:

- A patient was admitted on 1 July 2010 and separated on 6 July 2010. If no leave or transfers occurred, counting starts on 1 July 2010, so the number of accrued patient days would be 5. Note that 6 July 2010 (the day of separation) is not counted.
- A patient was admitted on 20 June 2011 and separated on 5 August 2011. If no leave or transfers occurred, counting ends on 30 June 2011 (i.e. end of financial year), so the number of accrued patient days would be 11. Note that the patient's status on 30 June 2011 is that they remain in hospital, so this is an accrued patient day.
- A patient was admitted on 1 March 2011 and separated on 31 March 2011. If no leave or transfers occurred, counting starts on 1 March 2011, so the number of accrued patient days would be 30.
- A patient was admitted on 10 January 2010 and remained in hospital until after 30 June 2011. If no leave or transfers occurred, counting starts on 1 July 2010 and ends on 30 June 2011 so the number of accrued patient days would be 365. Note that the patient's status on 30 June 2011 is that they remain in hospital, so this is an accrued patient day.

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CHAPTER 10 ESTABLISHMENT FORM SECTION 4

Section 4 relates to the reporting, by target population/program type setting, of expenditure directly related to the provision of mental health services by establishments. This includes direct expenditure that is reported by FAMMIS in mental health cost centres and indirect expenditure that may be distributed for Survey purposes to mental health cost centres by some manual allocation system.

Directions for running the FAMMIS report to ensure consistent reporting across financial years is detailed below.

10.1 COMPLETING THIS SECTION?

Section 4 should be completed for each establishment within the MHSO. Please refer to Appendix A for a list of MHSOs, Establishments and the corresponding Establishment Id.

The District and/or Mental Health Finance Officer in consultation with the Executive Director, Manager or Team Leader (depending on the service) should complete this Section.

10.2 DIRECT EXPENDITURE

In Section 4 indicate the expenditure on mental health services delivered by each establishment in your MHSO. Where the reporting establishment delivered more than one service, separate expenditure should be reported for each target population type (e.g. General Psychiatry) and service type (e.g. Inpatient Acute). Districts/MHSOs that are funded by the Departments of Corrective Services or Communities or Child Safety to provide mental health services to prisons or youth detention centres should include this expenditure here.

See Establishment Form Section 1 for definitions of target population types and program types.

All expenditure that relates to the delivery of services by each establishment should be included in Section 4. That is, relevant expenditure that may be included in non-mental health cost centres should be reported. For example, food or drug supplies costed at the health district (or hospital) level that relates to mental health service delivery must be apportioned across the various establishments (and not included on MHSO Form Section 5).

Expenditure relating to services provided in another District, MHSO or Establishment should be reported by that District, MHSO or Establishment even if the expenditure costs have been transferred to your establishment. Your establishment's expenditure should then be reduced accordingly.

Report gross expenditure, not net expenditure. For example, if \$100,000 was expended on drug supplies and \$50,000 was received as a government rebate, then

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\$100,000 should be reported on Section 4 and the \$50,000 rebate should be reported on MHSO Section 6 under Sources of Funding - Recoveries.

The FAMMIS cost element (account) group hierarchy called “**QH_MHS**” has been created to assist in extracting expenditure data for Section 4.

To run an expenditure report using ‘QH_MHS’ apply the following instructions after logging into the FAMMIS production module (see Figure 2):

1. Double click on ‘Financials – Business Reporting’,
2. Double click on ‘QHealth Reports’,
3. Double click on ‘Cost Centre’
4. Double click on ‘Cst Ctr Mth by Cost Element’.

In the screen ‘Report by Cost Element: Selection’ (see Figure 3)

1. Enter the correct fiscal year ‘200X’,
2. Enter Period ‘16’
3. In the Cost centre ‘value(s)’ field, enter the cost centre/s or hierarchy/s that relate to your respective establishment/s (for separate reports use one cost centre at a time)
4. In the ‘Cost element group’ field enter ‘QH_MHS’
5. Click on the Execute button or press F8 to generate the report.
Click on the Expand buttons to the left of the report to show individual account codes. To expand all account code rows go to the Menu item View then Row Hierarchy then Expand all.
6. To print the report, click on the printer icon. In the Print Area window, click on the green tick. In the Print Parameters window, select the printer, click on Print Immediately and then on the Continue button at the bottom.

The generated report will have a number of columns. The balances listed in the column headed ‘Act 1-16’ are to be used to populate Section 4 along with any additional mental health expenditure from other non-mental health cost centres..

Within the account hierarchy of ‘QH_MHS’ there is an account grouping called ‘Not Assigned’. The account ‘intra district expenses’ (577460), suspense and clearing accounts have been mapped to this grouping.

Any balances that appear against the ‘Not Assigned’ grouping must be disbursed to the appropriate sections of Section 4. You may need to drill down in the ‘Not Assigned’ grouping to locate the exact account code and/or refer to invoices.

The figure reported in the ‘Subtotal’ cell for Labour Related Expenditure for each target population/program type setting, should agree with the ‘Total’ expenditure cell for the corresponding service setting in Section 5.

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Figure 2:

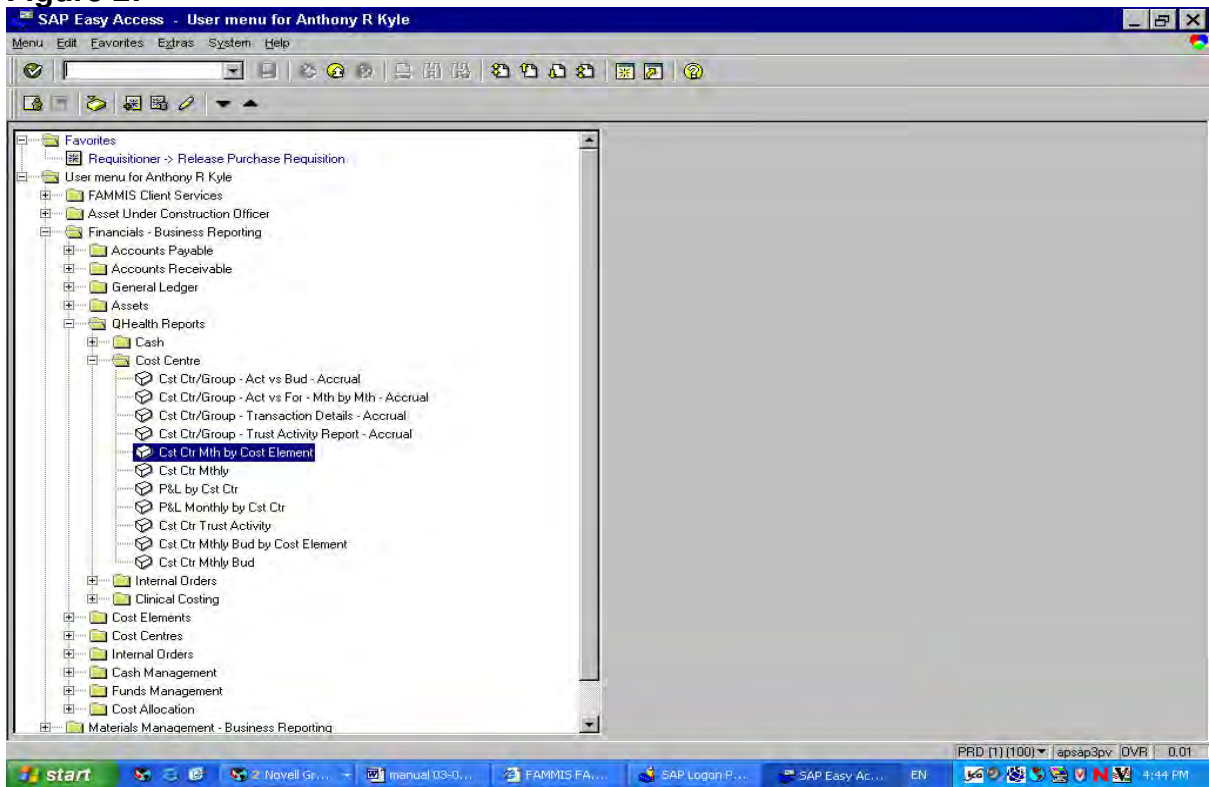
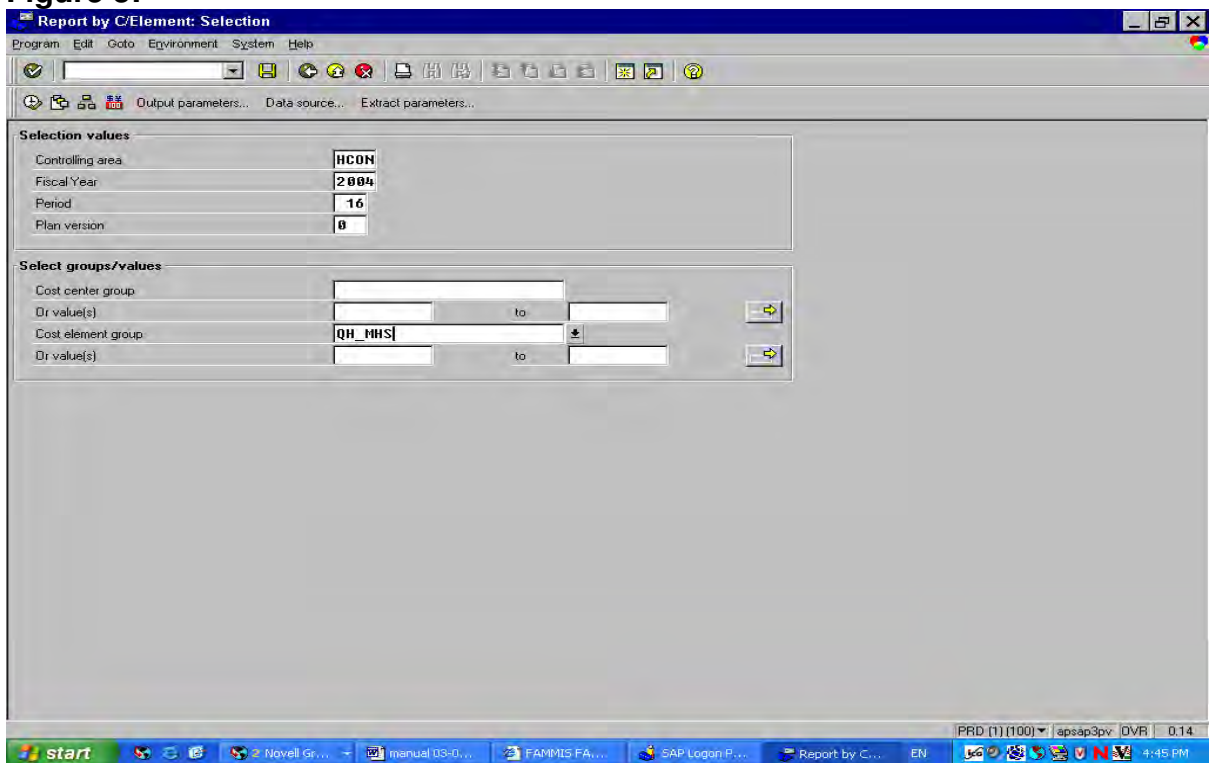


Figure 3:



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10.3 EXPENDITURE CATEGORIES

Payroll and Related Expenditure: Includes salary/wages for QH employees and contracted employees including leave payments, workers compensation salary payments, redundancy payments, salary recoveries, overtime, higher duties and all allowances.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

500000-500090, 501000-503690, 506000-506090, 507000-507070, 509000-509380, 503800 – 503880, 514035, 514000, 503800-503880, 509000-509380, 503700 – 503780, 517200 - 517475, 503900 – 503980

Contract and Related Expenditure (Agency/Contract Staff): Includes agency/contract staff payments (including overtime and allowances) where the contact is for the supply of labour rather than of products (eg. photocopy maintenance and domestic cleaning staff).

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

517200-517475

Exgratia Payments to Staff: Includes payments to staff that are above normal award conditions eg. a bonus or golden handshake. These are not income taxed at the time of payment but need to be declared by the employee for tax purposes.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

506100-506190

Superannuation: Includes superannuation employer contributions paid, or that should be paid, on behalf of establishment employees, either by the District or Corporate Office, to a superannuation fund providing retirement and related benefits to established employees.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

504000-504890

Other Labour Related Expenditure: Includes payroll tax, fringe benefits tax and salary sacrifice.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

500095, 505000-505190, 577496, 577480

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As per instruction from the Financial Accounting Team, Queensland Health: “577xxx’ accounts are used for **intra-departmental charging** only, this means:

- **NO** transactions (invoice, vendor payment etc) with **non-QH entities** should be coded to them.
- The combined balance of such accounts should be zero for the department. Therefore, 577xxx should be used on **BOTH DR and CR side** of an accounting entry.
- On the same note, if charged districts have a second opinion about a charge, please liaise with charging districts. Do **NOT** transfer the amount to a non-577 account.
- **NO ACCRUAL** is allowed for these accounts because, as aforementioned, Accrued Expense is not a 577 account and such accruals will overstate the department’s expenditure.”

Food Supplies: Includes expenditure on all food and beverages. Do not include kitchen expenses such as utensils, cleaning materials, cutlery, and crockery.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

540000-540090, 563000, 566170-566180, 577475

As per instruction from the Financial Accounting Team, Queensland Health: “577xxx’ accounts are used for **intra-departmental charging** only, this means:

- **NO** transactions (invoice, vendor payment etc) with **non-QH entities** should be coded to them.
- The combined balance of such accounts should be zero for the department. Therefore, 577xxx should be used on **BOTH DR and CR side** of an accounting entry.
- On the same note, if charged districts have a second opinion about a charge, please liaise with charging districts. Do **NOT** transfer the amount to a non-577 account.
- **NO ACCRUAL** is allowed for these accounts because, as aforementioned, Accrued Expense is not a 577 account and such accruals will overstate the department’s expenditure.”

Drug Supplies: Includes expenditure on all drugs, including the cost of containers.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

550000-559900, 563010, 566130-566140

Clinical Supplies and Services: Includes expenditure on all consumables of a medical or surgical nature (excluding drug supplies and equipment repairs).

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

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560000-562015, 563020, 577410, 577492

As per instruction from the Financial Accounting Team, Queensland Health: “577xxx’ accounts are used for **intra-departmental charging** only, this means:

- **NO** transactions (invoice, vendor payment etc) with **non-QH entities** should be coded to them.
- The combined balance of such accounts should be zero for the department. Therefore, 577xxx should be used on **BOTH DR and CR side** of an accounting entry.
- On the same note, if charged districts have a second opinion about a charge, please liaise with charging districts. Do **NOT** transfer the amount to a non-577 account.
- **NO ACCRUAL** is allowed for these accounts because, as aforementioned, Accrued Expense is not a 577 account and such accruals will overstate the department’s expenditure.”

Non-Clinical Supplies and Services: Includes expenditure on all non-clinical supplies and services, including electricity, other fuel and power, domestic services and kitchen expenses (excludes salary, wages and contract staff, food costs and equipment replacement and repair costs).

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

510800-510850, 530000-530010, 565000-566120, 566150-566160, 574040-574051, 577493

As per instruction from the Financial Accounting Team, Queensland Health: “577xxx’ accounts are used for **intra-departmental charging** only, this means:

- **NO** transactions (invoice, vendor payment etc) with **non-QH entities** should be coded to them.
- The combined balance of such accounts should be zero for the department. Therefore, 577xxx should be used on **BOTH DR and CR side** of an accounting entry.
- On the same note, if charged districts have a second opinion about a charge, please liaise with charging districts. Do **NOT** transfer the amount to a non-577 account.
- **NO ACCRUAL** is allowed for these accounts because, as aforementioned, Accrued Expense is not a 577 account and such accruals will overstate the department’s expenditure.”

Repairs and Maintenance: Includes expenditure on maintaining, repairing, replacing equipment, providing additional equipment, maintaining and renovating buildings, and minor additional works. It does not include capital works.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

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536000-536515, 577485, 577495, 577498-577499

As per instruction from the Financial Accounting Team, Queensland Health: "577xxx' accounts are used for **intra-departmental charging** only, this means:

- **NO** transactions (invoice, vendor payment etc) with **non-QH entities** should be coded to them.
- The combined balance of such accounts should be zero for the department. Therefore, 577xxx should be used on **BOTH DR and CR side** of an accounting entry.
- On the same note, if charged districts have a second opinion about a charge, please liaise with charging districts. Do **NOT** transfer the amount to a non-577 account.
- **NO ACCRUAL** is allowed for these accounts because, as aforementioned, Accrued Expense is not a 577 account and such accruals will overstate the department's expenditure."

Patient Transport Services: Includes expenditure on the direct cost of transporting patients, excluding the salaries and wages of transport staff employed by the health district.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

528000-528625

Worker's Compensation Premium: Includes expenditure on worker's compensation insurance payments made by the organisation on behalf of its employees.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

511210.

Insurance: Includes expenditure on public risk and other insurance amounts paid by the health district with respect to the provision of mental health services within the health district.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

511200-511205, 511215-511220.

Other Administration Expenses: Includes expenditure relating to management expenses or administrative support - other than insurance and workers' compensation. This includes rates, taxes, printing, telephone, stationery and shared service provider fees.

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Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

510000-510655, 511000-511030, 511400-514030, 514040-517050, 518000-524035, 530000, 563040, 570100-570150, 574000-574039, 574052-574055, 574060-574140, 577030-577390, 577400, 577415-577455, 577460, 577490, 577494, 577497, 577465

As per instruction from the Financial Accounting Team, Queensland Health: “577xxx’ accounts are used for **intra-departmental charging** only, this means:

- **NO** transactions (invoice, vendor payment etc) with **non-QH entities** should be coded to them.
- The combined balance of such accounts should be zero for the department. Therefore, 577xxx should be used on **BOTH DR and CR side** of an accounting entry.
- On the same note, if charged districts have a second opinion about a charge, please liaise with charging districts. Do **NOT** transfer the amount to a non-577 account.
- **NO ACCRUAL** is allowed for these accounts because, as aforementioned, Accrued Expense is not a 577 account and such accruals will overstate the department’s expenditure.”

Depreciation: Depreciation represents the costing of a long-term asset over its useful life and is related to the basic accounting principle of matching revenue and expenses for the financial period. Depreciation charges for the current financial year only should be shown as expenditure. Where intangible assets (eg, computer software code) are amortised this should also be included in expenditure.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

590010-590145, 590170

Interest Payments: Includes payments made by or on behalf of the establishment in respect of borrowings (eg, interest on bank overdraft) provided the establishment is permitted to borrow. This does not include the cost of equity capital (ie, dividends on shares).

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

577000-577025

As per instruction from the Financial Accounting Team, Queensland Health: “577xxx’ accounts are used for **intra-departmental charging** only, this means:

- **NO** transactions (invoice, vendor payment etc) with **non-QH entities** should be coded to them.

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- The combined balance of such accounts should be zero for the department. Therefore, 577xxx should be used on **BOTH DR and CR side** of an accounting entry.
- On the same note, if charged districts have a second opinion about a charge, please liaise with charging districts. Do **NOT** transfer the amount to a non-577 account.
- **NO ACCRUAL** is allowed for these accounts because, as aforementioned, Accrued Expense is not a 577 account and such accruals will overstate the department's expenditure."

Other Expenditure: Includes expenditure not allocated under any of the other categories on this statement.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

536801-538001, 563030, 563050-563070, 567000-567040, 577470, 590150-590160, 590210, 591298

As per instruction from the Financial Accounting Team, Queensland Health: "577xxx' accounts are used for **intra-departmental charging** only, this means:

- **NO** transactions (invoice, vendor payment etc) with **non-QH entities** should be coded to them.
- The combined balance of such accounts should be zero for the department. Therefore, 577xxx should be used on **BOTH DR and CR side** of an accounting entry.
- On the same note, if charged districts have a second opinion about a charge, please liaise with charging districts. Do **NOT** transfer the amount to a non-577 account.
- **NO ACCRUAL** is allowed for these accounts because, as aforementioned, Accrued Expense is not a 577 account and such accruals will overstate the department's expenditure."

10.4 COST CENTRE CODE

It is important that the cost centre code(s) used to provide the expenditure data are included. The MHECA allows these codes to be entered in the field at the bottom of this Section.

10.5 CHECKLIST

- ✓ Superannuation cells do not have zero expenditure.
- ✓ Where data is significantly different to the previous financial year, explanation notes should be included in the validation reason box.
- ✓ Cost centre codes are entered.

Establishment Form Section 4

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CHAPTER 11 ESTABLISHMENT FORM SECTION 5

Section 5 reports, by target population/program type setting, the full time equivalent (FTE) staff numbers and labour related expenditure to support the mental health services delivered by each Establishment in your Health District.

11.1 COMPLETING THIS SECTION

Section 5 should be completed for each establishment within the MHSO. Please refer to Appendix A for a list of MHSOs, Establishments and the corresponding Establishment Id.

The District and/or Mental Health Finance Officer in consultation with the Human Resource Manager and either the Executive Director, Manager or Team Leader (depending on the service) should complete this Section.

11.2 STAFFING & LABOUR EXPENDITURE

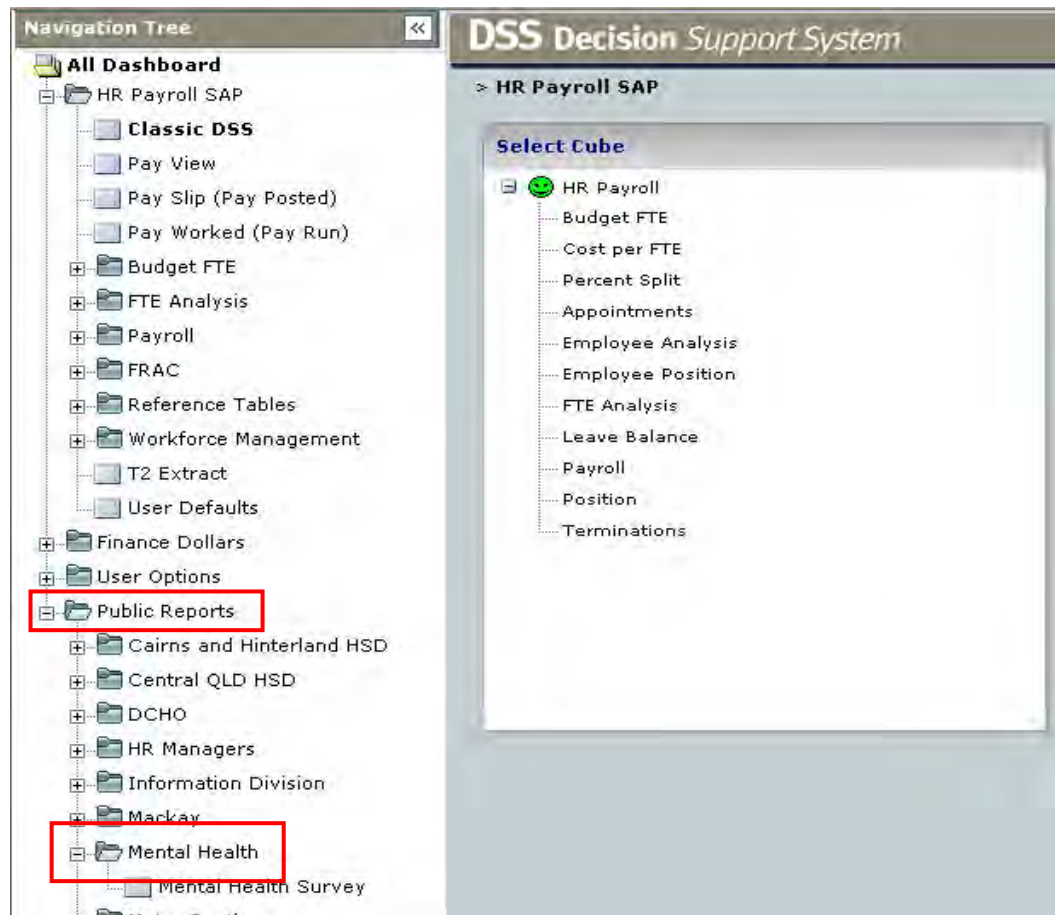
For definitions of target population types and program types refer to the section in this manual for Establishment Form Section 1.

Proforma HR Payroll reports have been developed in DSS Panorama to ensure consistency of reporting by Districts.

Establishment Form Section 5

Login to DSS and follow these instructions:

1. In the Navigation Tree panel, click on the 'Public Reports' directory, then the 'Mental Health' sub-directory and then 'Mental Health Survey'. A new window will open and the first report will attempt to run with default Division parameters.



2. Click on the Division slicer button and in the window that appears click on the relevant structures till you find your cost centre or cost centre group, click on it then click OK. This will now appear in the slicer button and the report will automatically re-run (note: Multiple selections can be made by pressing and holding the Ctrl button while clicking multiple cost structures).

Establishment Form Section 5

Click on the Year slicer, select the year for the Collection and click OK.

The other parameters should be correct and generally should not be adjusted.

The image shows a software interface with a 'Slicers' bar at the top. Two slicers are highlighted with red boxes: 'Qld Health District' and '2010'. Below this is a dialog box titled 'Division QH_ALT_7' which displays a hierarchical tree structure. The tree starts with 'Qld Health District' and branches into 'Cairns And Hinterland', 'Cairns And Hinterland Hsd', 'Cairns & Hinterland Dhs', 'Allied Health Services', 'Archived Costcentres', 'Chief Finance Officer', 'Chief Operating Officer', 'Allied Health - Cairns Base Hospital', and 'Cairns Community & Primary Prev Ser'. Under 'Cairns Community & Primary Prev Ser', there is a sub-section 'Hacc - Tablelands' with several items: 'Comm-Hlt-Hacc Allied Heal', 'Comm-Hlt-Hacc Continence', 'Comm-Hlt-Hacc Herb-Resp', 'Comm-Hlt-Hacc-Home Care', 'Comm-Hlt-Tlands Hacc Ass', 'Moss-Dsmphs Hacc', and 'Moss-Hacc Indigenous Serv'. At the bottom of the dialog are 'Search...', 'OK', and 'Cancel' buttons. To the right, a partial table is visible with columns for 'Amount' and 'Bas'.

Amount	Bas
3,685,744,894.41	
821,537.7	
447,770,981.11	rical
707,239,980.21	
1,540,428,661.01	Nursing

Establishment Form Section 5

3. The current report displayed allows you to populate a number of questions in the MHEC.
- a) The DSS **Base and Overhead QH FTE** column is to be used for populating the **Total Avg FTE** column.
 - b) The DSS **Base Amount** Column is to be used for populating the MHECA **Payroll** expenditure column.
 - c) The DSS **Overhead Amount** Column is to be used for populating the MHECA **Other** expenditure column

Effective Date: Current Date: 26/07/2011 1:47:42 PM	Base		Overhead		Base and Overhead	
	Amount	QH FTE	Amount	QH FTE	Amount	QH FTE
All Paypoints	3,685,744,894.16	50,947.35	967,828,003.37	1,361.60	4,653,572,897.83	52,308.95
General	821,537.77	11.92	84,738.37	0.06	906,276.14	11.98
Managerial and Clerical	447,770,981.18	7,502.42	27,413,425.69	39.75	475,184,806.87	7,542.17
Medical incl VMOs	707,239,980.20	5,587.29	487,571,470.43	742.06	1,194,811,950.63	6,329.35
Nursing	1,540,428,661.05	22,479.64	310,559,473.18	344.37	1,850,988,034.23	22,824.01
Operational	393,121,043.82	8,685.46	72,077,595.70	110.78	465,198,639.52	8,796.25
Trade and Artisans	21,883,271.70	399.05	4,073,687.31	17.14	25,956,959.01	416.19
Professional and Technical	574,479,418.74	6,281.58	66,046,412.69	107.42	640,526,231.43	6,389.00

Child & adolescent psychiatry

Child & adolescent psychiatry

Establishment Form - Section 5 - Staffing and Labour Expenditure

Ambulatory

Staffing Category	Total Avg FTE	Payroll	Other	Total
Registered Nurses	4.4400	\$214,786	\$92,051	\$306,837
Enrolled Nurses	0	\$0	\$0	\$0
Total Nurses	4.4400	\$214,786	\$92,051	\$306,837
VMO - Consultant Psychiatrists	0	\$0	\$0	\$0
VMO - Other Medical Officers	0	\$0	\$0	\$0
Psychiatrists (salaried medical officers)	3.6700	\$719,149	\$308,207	\$1,027,356
Psychiatrists registrars and trainees	1.0000	\$53,479	\$35,652	\$89,131
Other salaried medical officers	0	\$0	\$0	\$0
Total Medical Officers	4.6700	\$772,628	\$343,859	\$1,116,487
Occupational therapists	0.7600	\$41,932	\$17,971	\$59,903

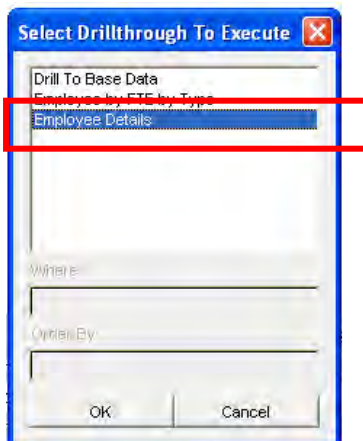
Establishment Form Section 5

Effective Date: Current Date: 26/07/2011 1:47:42 PM	Base		Overhead		Base and Overhead	
	Amount	QH FTE	Amount	QH FTE	Amount	QH FTE
All Paypoints	3,685,744,894.46	50,947.35	967,828,003.37	1,361.60	4,653,572,897.83	52,308.95
General	821,537.77	11.92	84,738.37	0.06	906,276.14	11.98
Managerial and Clerical	447,770,981.18	7,502.42	27,413,825.69	39.75	475,184,806.87	7,542.17
Medical incl VMOS	707,239,980.20	5,587.29	487,571,970.43	742.06	1,194,811,950.63	6,329.35
Nursing	1,540,428,661.05	22,479.64	310,559,373.18	344.37	1,850,988,034.23	22,824.01
Nursing	1,540,428,661.05	22,479.64	310,559,373.18	344.37	1,850,988,034.23	22,824.01
Assistant In Nursing - Grade 1	74,625,89.09	1,603.89	21,352,430.23	25.58	95,978,319.32	1,629.47
Student Nurses / Midwives - Grade 2	1,905,66.07	39.85	557,612.47	0.61	2,454,478.54	40.46
Enrolled Nurses - Grade 3	118,601,420.71	2,412.15	30,673,203.98	45.22	149,274,624.69	2,457.38
Enrolled Nurse Advanced Practice - Grade 4	18,555,461.51	348.42	4,626,940.36	8.10	23,182,401.87	356.52
Registered Nurses / Midwife - Grade 5	639,548,121.78	9,865.38	160,843,543.27	153.69	800,391,665.05	10,019.07
Clinical Nurse / Midwife - Grade 6	372,287,339.94	5,074.51	69,504,160.10	75.20	441,791,500.04	5,149.71
Clinical Nurse Consultant, Manager, Educator - Grade 7	205,853,878.69	2,267.20	18,793,124.48	30.22	224,647,003.17	2,297.43
Nurse Practitioner - Grade 8	5,167,800.05	52.80	576,071.27	0.90	5,743,871.32	53.70
Nurse Director, Assistant Director of Nursing - Grade 9	24,017,856.30	214.39	677,265.90	0.13	24,695,122.20	214.52
Director of Nursing - Grade 10	17,552,373.43	166.66	1,039,667.39	1.10	18,592,040.82	167.76
District Director of Nursing - Grade 11	2,028,335.95	15.70	150,534.45	0.00	2,178,870.40	15.70
Executive Director of Nursing - Grade 12	1,130,224.00	6.82	83,343.16		1,213,567.16	6.82
Trainee Assistant in Nursing	91,974.55	3.01	1,075.62		93,050.17	3.01
Nursing - Undefined	60,402.96	0.60	4,047.04		64,450.00	0.60
Nursing - External	59,010,716.02	408.27	1,676,353.46	3.62	60,687,069.48	411.89
Operational	393,121,043.82	8,685.46	72,077,595.70	110.79	465,198,639.52	8,796.25

- Those MHEC staffing categories which require more detail than is provided in the default view of the DSS report (i.e. 'Nursing') you are able to expand the paypoint category by clicking the + sign next to the paypoint.
- For those MHEC staffing categories which still require more detail than the paypoint level (i.e. Health Practitioners), you have the ability to drill down (drillthrough) to the base employee list to allow you to categorise staff.
- Right click on the cell you are looking to retrieve more detailed data for and click on the drillthrough option presented

Operational	484,164.61	3.92	41,294.63	0.03	525,459.24	9.35
Professional and Technical	6,955,934.66	82.69	571,501.37	0.15	7,477,436.05	82.83

- You will be prompted by DSS to select a Drillthrough to Execute; choose the Employee Details option and press OK.



Establishment Form Section 5

8. DSS will open the drilled through report detailing QH FTE and Amount columns (by employee) for the Base, Overhead or Base and Overhead categories.

The cell that was drilled through on (i.e. Professional and Technical, Base and Overhead) will 'hold' on the drilled through report

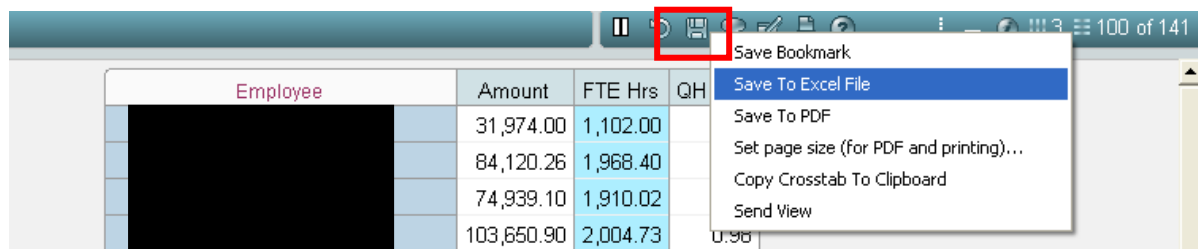
Employee	Amount	FTE Hrs	QH FTE
	31,974.00	1,102.00	0.54
	84,120.26	1,968.40	0.96
	74,939.10	1,910.02	0.93
	103,650.90	2,004.73	0.98
	9,816.63	228.00	0.11
	75,600.83	1,810.11	0.88
	1,160.85	38.00	0.02
	68,150.17	2,004.85	0.98
	94,455.51	1,854.39	0.90
	35,419.32	744.50	0.36
	38,742.94	774.48	0.38
	79,009.93	1,599.04	0.78
	76,642.83	1,878.55	0.92
	28,022.73	742.00	0.36
	115,582.53	2,050.40	1.00
	91,393.09	1,741.84	0.85
	43,924.03	1,300.50	0.63
	65,542.91	1,851.55	0.90
	74,775.35	1,960.80	0.96
	69,367.55	1,314.04	0.64
	56,399.61	1,005.10	0.49
	81,399.60	2,005.29	0.98
	28,236.14	767.60	0.37
	13,515.00	433.20	0.21
	1,528.59	0.00	0.00
	104,271.35	1,902.46	0.93
	90,709.97	1,945.59	0.95
	21,900.00	760.00	0.37
	21,866.33	627.65	0.31
	75,896.49	1,938.00	0.94
	13,545.38	376.42	0.18

Effective Date: Current Date:26/07/2011 3:01:37 PM	Base		Overhead		Base and Overhead	
	Amount	QH FTE	Amount	QH FTE	Amount	QH FTE
All Paypoints	33,903,865.61	420.74	8,295,103.85	8.43	42,198,969.46	429.17
General	7,492.77	0.07	-189.47		7,303.30	0.07
Managerial and Clerical	2,777,886.41	45.44	132,255.20	0.06	2,910,141.61	45.50
Medical incl VMOs	8,114,470.81	64.61	4,409,872.83	4.84	12,524,343.64	69.41
Nursing	15,563,916.33	218.62	3,190,369.29	3.38	18,754,285.62	222.00
Operational	484,164.61	9.32	41,294.63	0.03	525,459.24	9.35
Professional and Technical	6,955,934.68	82.69	521,501.37	0.15	7,477,436.05	82.83

9. To work out the Total Avg FTE for Social Workers and Occupational Therapists you would right click on the Base and Overhead Amount or QH FTE Cells for the Professional and Technical paypoint. To work out the Payroll amount for the same paystream you would click on the 'Base' Amount Cell for Professional and Technical staff.

Establishment Form Section 5

10. You can export any of the drilled through reports into excel for manipulation by clicking the floppy disk icon on the top right corner



The FTE numbers reported in Section 5 should include all workers employed in the provision of mental health services regardless of whether they are directly employed as staff or engaged on a contract basis. Except for the FTE details for consumer and carer consultants provided in MHSO Sections 3 and 4 which should NOT be included in this Section.

The FTE data for QH employees in the DSS report is shown as an average for the year. FTEs for contract staff should also be an average for the reporting period.

When staff provide services to more than one service setting (for example, medical staff who provide services within inpatient settings and attend a community mental health service), FTE staff numbers should be apportioned between the relevant settings on the basis of estimated average hours worked in each setting.

Do not include superannuation, payroll tax or fringe benefits tax in the expenditure total.

In those cases where the expenditure figures reported by FAMMIS and DSS do not agree, you should take the FAMMIS amounts as correct and adjust the DSS amounts accordingly.

11.3 EXPENDITURE CATEGORIES

Payroll and Contract Expenditure: Includes expenditure on departmental salaries/wages (including sick leave / family responsibilities), annual leave, long service leave, other leave and external agency/contract wages.

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

500000-500090, 503500-503590, 517200-517280, 503300-503390, 503600-503690, 517200-517280

Other Related Expenditure (excluding superannuation): Includes expenditure on, overtime, allowances, penalties, redundancy payments, other payments, also external agency commissions, overtime and allowances.

Establishment Form Section 5

Based on the following FAMMIS account codes drawn from the Corporate Chart of Accounts:

501000-502490, 502900 – 502990, 502500 – 502580, 502600- 502680, 506000-506090, 517310-517475

11.4 STAFFING CATEGORIES

The staff categories used in Section 5 do not coincide with Queensland Health classifications. However, these categories are required by the Australian Institute of Health and Welfare and the Australian Department of Health and Ageing in order to maintain consistency in the collection of mental health data throughout Australia. The DSS reports provide data at paypoint summary and employee levels. Hopefully this information will assist in allocating FTE to staffing categories. It is suggested that the percentage of time spent on the various activities be used as a basis for the values you enter against the relevant staffing categories.

Registered Nurses: Refers to persons with at least a three-year training certificate or tertiary qualification and certified as a registered nurse with the Queensland Registration Board.

This is a comprehensive category and includes community mental health, general nurse, intellectual disability nurse, midwife (including pupil midwife), psychiatric nurse, senior nurse, charge nurse (now unit manager), supervisory nurse and nurse educator. Include nurses engaged in administrative duties, no matter what the extent of that engagement (eg Director of Nursing, Assistant Director of Nursing).

Enrolled Nurses: Refers to nurses who are enrolled with the State registration board. Includes general enrolled nurses and specialist enrolled nurses (eg mothercraft nurses).

Visiting Medical Officers – Consultant Psychiatrists: Refers to visiting medical officers who are registered to practice psychiatry under Queensland's Medical Registration Board. Visiting medical officers provide medical services to public patients on an honorary, sessional, or fee-for-service basis. The working of 30 hours per week constitutes one (1) FTE.

Visiting Medical Officers – Other Medical Officers: Refers to medical officers, other than psychiatrists, who provide medical services to public patients on an honorary, sessional, or fee-for-service basis.

Psychiatrists – Salaried Medical Officers: Refers to salaried medical officers who are registered to practice psychiatry under Queensland's Medical Registration Board.

Psychiatry Registrars & Trainees: Refers to Medical officers who are formal trainees within the Royal Australian and New Zealand College of Psychiatrists Postgraduate Training Program.

Other - Salaried Medical Officers: Refers to salaried medical officers who are neither a psychiatrist nor a psychiatry registrar/trainee.

Establishment Form Section 5

Occupational Therapists: Refers to staff who have completed a course of recognised training and are eligible for membership of the Australian Association of Occupational Therapists.

Social Workers: Refers to staff who have completed a course of recognised training and are eligible for membership of the Australian Association of Social Workers.

Psychologists: Refers to staff who are registered as psychologists with the Queensland Registration Board.

Other Allied Health Officers: Refers to qualified staff (other than medical or nursing staff, occupational therapists, social workers, and psychologists) who were engaged in duties of a diagnostic, professional, or technical nature. Examples would be physiotherapists, pharmacists, speech pathologists, and dietitians.

Other Personal Care Staff: Refers to attendants, assistants, home companions, family aides, ward helpers, orderlies, ward assistants, and nursing assistants (AIN's) engaged primarily in the provision of personal care to patients or residents, and who are not formally qualified or undergoing training in nursing or allied health professions. This also includes indigenous health workers who are not qualified as allied health workers.

Administrative & Clerical Staff: Refers to staff engaged in administrative and clerical duties. Medical, nursing, diagnostic and health professional and domestic staff wholly or partly involved in administrative and clerical duties are excluded, and should be counted under their appropriate occupational categories. Civil engineers and computing staff **should** be included in the administrative and clerical staff category.

Domestic & Other Staff: Staff involved in the provision of food and cleaning services. This category also includes all staff not elsewhere included (maintenance staff, tradespeople, cleaners and gardening staff). Staff involved in direct client care should not be coded to this category.

11.5 CHECKLIST

- ✓ Superannuation is not included.
- ✓ For a service setting, the Total expenditure is equal to the Labour Related Expenditure Sub-Total for the same service setting in Section 4.
- ✓ Where data is significantly different to previous financial year, explanation notes should be included in the validation reason box.

CHAPTER 12 FREQUENTLY ASKED QUESTIONS

10.1 REPORTING ESTABLISHMENTS

Q. The reporting establishment in Appendix A is not appropriate for our District/MHSO. What can I do?

A. The reporting structure for the MHE Collection matches the reporting structure for the Community Mental Health Care Collection. This ensures that dollars and activity are mapped to similar structures for comparative analysis. However, MHIU may not have been informed of recent local changes. Therefore, if you have concerns about the reporting establishments, please refer the matter to MHIU for review (see inside front cover for contact details).

10.2 SPECIAL CARE SUITES & DESIGNATED PSYCHIATRIC BEDS

Q. How do I report special care suites or designated psychiatric beds in general hospital wards?

A. These beds need to be reported. To calculate expenditure for the costs of maintaining these beds you will need to:

- Look at the total costs associated with running the ward
- Establish the total number of bed days for the ward
- Calculate the percentage of the total bed days
- Use this percentage to proportion mental health expenditure/staffing etc.

For example, if the mental health bed days account for 5% of the total bed days for the ward then the mental health budget should be 5% of the total ward budget. It does not matter whether the District passes these costs onto Mental Health, they still need to be reported for the MHEC.

10.3 STAFF WHO WORK ACROSS DISCIPLINES/SERVICE SETTINGS

Q. If we have a nurse who works half as a clinical nurse and half as a manager, how should this be reported? What if the nurse worked in community and inpatient settings?

A. Medical, nursing, diagnostic and health professional and domestic staff wholly or partly involved in administrative and clerical duties should be counted entirely under their appropriate occupational categories. Where staff provide services to more than one service setting, the FTE should be apportioned across the relevant settings on the basis of estimated average hours worked in each setting.

Frequently Asked Questions

10.4 CROSS DISTRICT SERVICES

Q. My district/MHSO provides cross-district services. How should I report activity and dollars?

A. The dollars and activity should go together. If the activity is being coded to District 1, then the dollars should be reported for District 1. Contact your Mental Health Information Manager/System Support Officer for more information on where cross District/MHSO activity is being coded.

10.5 INDIGENOUS HEALTH WORKERS

Q. What staffing category do I use to code Indigenous Health Workers?

A. On advice from the Australian Government, Indigenous Health Workers who are not formally qualified as an allied health worker (eg. social work, psychology, occupational therapy etc.) should be coded to Other Personal Care Staff.

10.6 SOCIAL WORK ASSOCIATES

Q. What staffing category do I code Social Work Associates?

A. On advice from the Australian Government, Social Work Associates should be coded to Other Allied Health Officers.

10.7 STUDENTS

Q. What staffing category do I code students (e.g., Physio or Occupational Therapy students) who have not finished their degree?

A. Unpaid students should not be reported. If the student is on the payroll then they should be coded to Other Allied Health Officers.

10.8 MY QUESTION IS NOT HERE!

Q. Who can I contact if my question is not listed here?

A. Contact details relating to various subject matter areas are listed inside the front cover of this manual.

CHAPTER 13

APPENDIX A

Mental Health Establishments Structure 2010-11				
HEALTH SERVICE DISTRICT	MENTAL HEALTH SERVICE ORGANISATION (MHSO)	MENTAL HEALTH ESTABLISHMENT	ESTABLISHMENT ID	
METRO SOUTH (MST)(86)	BAYSIDE (BY) (0101)	REDLAND HOSPITAL	00028	
		BAYSIDE CHILD & YOUTH COMMUNITY MHS	80090	
		BAYSIDE ADULT COMMUNITY MHS	80998	
		REDLAND ADULT COMMUNITY MHS	80091	
		WYNNUM ADULT COMMUNITY MHS	80751	
		CASUARINA LODGE – WISTERIA ABI UNIT	00625	
		DAINTREE PSYCHOGERIATRIC INPATIENT UNIT	00610	
	LOGAN-BEAUDESERT (LB) (0102)	LOGAN HOSPITAL	00029	
		BEENLEIGH ADULT COMMUNITY MHS	80128	
		BROWNS PLAINS COMMUNITY MHS	81010	
		LOGAN CENTRAL CHILD & YOUTH COMMUNITY MHS	80737	
		LOGAN CENTRAL ADULT COMMUNITY MHS	80739	
	PRINCESS ALEXANDRA HOSPITAL (PA) (0103)	PRINCESS ALEXANDRA HOSPITAL	00011	
		INALA ADULT COMMUNITY MHS	80759	
		BURKE STREET COMMUNITY MHS	81001	
		MOUNT GRAVATT ADULT MHS	81003	
	GOLD COAST (GOL)(92)	GOLD COAST (GC) (0104)	GOLD COAST HOSPITAL – SOUTHPORT & ROBINA	00050
			PALM BEACH ADULT COMMUNITY MHS	80119
SOUTHPORT ADULT COMMUNITY MHS			80122	
BURLEIGH CHILD & YOUTH COMMUNITY MHS			80126	
SOUTHPORT CHILD & YOUTH COMMUNITY MHS			80127	
RIVERWALK COMMUNITY MHS			81008	
SOUTH WEST (STW)(93)	SOUTH WEST (SW) (0105)	CHARLEVILLE COMMUNITY MHS	80306	
		ROMA ADULT COMMUNITY MHS	80307	
		ROMA CHILD & YOUTH COMMUNITY MHS	80308	
DARLING DOWNS-WEST MORETON (94)	TOOWOOMBA (TW) (0106)	TOOWOOMBA HOSPITAL	00104	
		BAILLIE HENDERSON HOSPITAL CAMPUS	00701	
		TOOWOOMBA ADULT COMMUNITY MHS	80804	
		TOOWOOMBA PSYCHOGERIATRIC COMMUNITY MHS	80092	
		TOOWOOMBA CHILD & YOUTH COMMUNITY MHS	80829	
		CHINCHILLA COMMUNITY MHS	80831	
		DALBY COMMUNITY MHS	80832	

Appendix A

		WARWICK COMMUNITY MHS	80097
		INGLEWOOD COMMUNITY MHS	80216
		GOONDIWINDI COMMUNITY MHS	80217
		STANTHORPE COMMUNITY MHS	80221
		MILLMERRAN ADULT COMMUNITY MHS	80222
	WEST MORETON (WM) (0107)	IPSWICH HOSPITAL	00015
		THE PARK – CENTRE FOR MENTAL HEALTH	00751
		IPSWICH CHILD & YOUTH COMMUNITY MHS	80099
		GOODNA ADULT COMMUNITY MHS	80254
		IPSWICH ADULT COMMUNITY MHS	80255
		CHERBOURG COMMUNITY MHS	80096
		KINGAROY COMMUNITY MHS	80207
CHILDREN'S HEALTH SERVICES (CHS)(88)	ROYAL CHILDREN'S HOSPITAL (RC) (0108)	ROYAL CHILDREN'S HOSPITAL	00007
		PINE RIVERS CHILD & YOUTH COMMUNITY MHS	80101
		NUNDAH CHILD & YOUTH COMMUNITY MHS	80491
		ENOGGERA CHILD & YOUTH COMMUNITY MHS	80509
		SPRING HILL CHILD & YOUTH COMMUNITY MHS	80512
		NORTH WEST PUBLIC COMMUNITY HEALTH CENTRE	81005
	MATER HOSPITAL (MA) (0109)	MATER CHILDREN'S PUBLIC HOSPITAL	00002
		GREENSLOPES CHILD & YOUTH COMMUNITY MHS	80719
		MATER EVOLVE CHILD AND YOUTH COMMUNITY MHS	81094
		INALA CHILD & YOUTH COMMUNITY MHS	80720
		YERONGA CHILD & YOUTH COMMUNITY MHS	80744
METRO NORTH (MNT)(87)	THE PRINCE CHARLES HOSPITAL (PC) (0110)	THE PRINCE CHARLES HOSPITAL	00004
		ASPLEY ADULT COMMUNITY MHS	80517
		CHERMSIDE ADULT COMMUNITY MHS	80521
		FLINDERS HOUSE PSYCHOGERIATRIC UNIT	00691
		JACANA ABI UNIT – EVENTIDE	00601
		PINE RIVERS COMMUNITY MHS	80522
		NUNDAH COMMUNITY MHS	81002
		PINE RIVERS COMMUNITY CARE UNIT	10210
	REDCLIFFE-CABOOLTURE (RE) (0111)	REDCLIFFE HOSPITAL (COOINDA HOUSE)	00016
		CABOOLTURE HOSPITAL	00030
		REDCLIFFE CABOOLTURE ASSESSMENT & ACUTE CARE SERVICES	80259
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		REDCLIFFE-CABOOLTURE ADULT COMMUNITY MHS	80997
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	ROYAL BRISBANE AND WOMEN'S HOSPITAL (RB) (0112)	ROYAL BRISBANE & WOMEN'S HOSPITAL	00201
		COMMUNITY FORENSIC MHS	80493
		INNER NORTH BRISBANE COMMUNITY MHS	80498
		SOMERSET VILLAS COMMUNITY CARE UNIT	10212
CENTRAL QUEENSLAND (CTQ)(89)	CENTRAL QUEENSLAND (CQ) (0113)	ROCKHAMPTON BASE HOSPITAL	00141
		ROCKHAMPTON ADULT COMMUNITY MHS	80586
		ROCKHAMPTON CHILD & YOUTH COMMUNITY MHS	80596
		ROCKHAMPTON EVENTIDE PSYCHOGERIATRIC UNIT	00692
		BILOELA COMMUNITY MHS	80103
		EMERALD COMMUNITY MHS	80072
		GLADSTONE COMMUNITY MHS	80595
CENTRAL WEST (CTW)(90)	CENTRAL WEST (CW) (0114)	LONGREACH COMMUNITY MHS	80070
SUNSHINE COAST (96)	SUNSHINE COAST (SC) (0124)	NAMBOUR HOSPITAL	00049
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		GYMPIE COMMUNITY MHS	80412
WIDE BAY (97)	WIDE BAY (WB) (0116)	BUNDABERG HOSPITAL	00062
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CAIRNS AND HINTERLAND (CAH)(80)	CAIRNS (CA) (0118)	CAIRNS HOSPITAL	00214
		CAIRNS ADULT COMMUNITY MHS	80040
		CAIRNS CHILD & YOUTH COMMUNITY MHS	80073
		INNISFAIL COMMUNITY MHS	80076
		TABLELANDS COMMUNITY MHS	80104
CAPE YORK (CYK)(81)	CAPE YORK (CY) (0119)	CAPE YORK COMMUNITY MHS	80080

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TORRES STRAIT - NORTHERN PENINSULA (TST)(84)	TORRES STRAIT (TS) (0120)	BAMAGA COMMUNITY MHS	80074
		THURSDAY ISLAND COMMUNITY MHS	80078
MACKAY (MAC)(82)	MACKAY (MK) (0121)	MACKAY BASE HOSPITAL	00172
		BOWEN COMMUNITY MHS	80087
		MACKAY ADULT COMMUNITY MHS	80372
		MACKAY CHILD & YOUTH COMMUNITY MHS	80373
		WHITSUNDAY COMMUNITY MHS	80955
		MORANBAH COMMUNITY MHS	80987
TOWNSVILLE (TVL)(85)	TOWNSVILLE (TV) (0122)	TOWNSVILLE HOSPITAL	00200
		KIRWAN MH REHABILITATION UNIT	00715
		PALM ISLAND COMMUNITY MHS	80085
		TOWNSVILLE CHILD & YOUTH COMMUNITY MHS	80939
		TOWNSVILLE ADULT COMMUNITY MHS	80995
		TOWNSVILLE ADULT FORENSIC COMMUNITY MHS	80996
		AYR COMMUNITY MHS	80088
		CHARTERS TOWERS REHABILITATION UNIT	00703
		CHARTERS TOWERS COMMUNITY MHS	80086
		EVENTIDE NURSING HOME – PANDANUS PSYCHOGERIATRIC UNIT	10202
MT ISA (MTI)(83)	MT ISA (MI) (0123)	MT ISA COMMUNITY MHS	80918
		MORNINGTON ISLAND COMMUNITY MHS	80051
		DOOMADGEE COMMUNITY MHS	80084

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CHAPTER 14

GLOSSARY OF TERMS

Accrued Patient Days ('Occupied Bed Days'): The number of patient days refers only to those days or part days accrued by admitted patients during the reporting period – regardless of patients' admission and separation dates.

Acute Inpatient Service: These services provide specialist psychiatric care for people with acute episodes of mental disorder. These episodes are characterised by recent onset of severe clinical symptoms of mental disorder that have potential for prolonged dysfunction or risk to self and/or others. The key characteristic of acute services is that this treatment effort is focused on symptom reduction with a reasonable expectation of substantial improvement. In general, acute psychiatric services provide short-term treatment. Acute services may be focussed on assisting people who have had no prior contact or previous psychiatric history, or individuals with a continuing psychiatric disorder for whom there has been an acute exacerbation of symptoms.

Ambulatory Care: An ambulatory mental health care service is a specialised mental health service that provides services to people who are not currently admitted to a mental health admitted or residential service. Services are delivered by health professionals with specialist mental health qualifications or training. Ambulatory mental health services include:

- community-based crisis assessment and treatment teams,
- day programs,
- mental health outpatient clinics provided by either hospital or community-based services,
- child and adolescent outpatient and community teams,
- social and living skills programs,
- psychogeriatric assessment services,
- hospital-based consultation-liaison and in-reach services to admitted patients in non-psychiatric and hospital emergency settings,
- ambulatory-equivalent same day separations,
- home based treatment services,
- hospital based outreach services.

Available Beds: A bed is 'Available' if (on the last Wednesday of the reference month) it is *immediately available* for use. That is, if it is located in a suitable place for patient care, and there are nursing and or other auxiliary staff available, or who could be made available within reasonable period (within 24 hours), to service patients who might occupy them. Please report only the beds for which you have been funded.

The annual average bed numbers should be calculated by adding each months figures, divide by 12 and rounded to the nearest whole number. Previously this data item was calculated using the number of beds available at 30 June of the reporting

period. Beds which were temporarily unavailable because of renovations, strikes etc, but which would normally be available, should be included.

In many cases the number of available beds will be less than the number of approved beds, with the former controlled by utilisation factors and resource levels, and the latter referring to the maximum number of beds allowed for the establishment.

When reporting the number of available beds located in a stand-alone hospital, include all available beds on the facility's campus, whether they are in wards or other types of accommodation.

Do not include beds that are designated for intellectual disability or drug and alcohol services.

Capital Expenditure is expenditure on the initial purchase of assets (property, plant, and equipment greater than \$5,000). These assets need to have a useful life in excess of 12 months and be controlled by the Department. Computer software with development costs greater than \$50,000 should also be included as a capital asset. The Asset Officer in each District can assist in queries concerning asset recognition.

Carer is the person (other than the service provider) whose life is affected by virtue of their close relationship with the primary consumer, or who has a chosen or contracted caring role with a primary consumer.

Child & Adolescent Psychiatry services principally target children and adolescents (aged 0-17 years). Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the inpatient service on children and adolescents.

Consumer refers to both a primary consumer and to a carer.

Direct expenditure includes both direct and indirect expenditure that is directly associated with the delivery of services by each establishment. For example, administration expenditure at the health district (or hospital) level that relates to mental health service delivery must be apportioned across the various establishments (and not included in MHSO Form Section 5).

Expenditure categories are found in the section for Establishment Form Sections 4 and 5.

Forensic Psychiatry Services principally assess, treat and care for mentally disordered individuals whose condition has led them to commit criminal offences or makes it likely that they will offend in the future if not adequately treated or contained. For the purposes of this collection, forensic psychiatry services also include all prison-based services. In Queensland, high secure facilities should be reported as forensic.

General Psychiatry Services principally target the general adult population (aged 18-64 years) but may provide services to children, adolescents or the aged. General

psychiatry services, therefore, are those services that cannot be described as specialist child and adolescent, older persons, or forensic services.

General psychiatry inpatient services include hospital units in which the principal function is the provision of some form of specialised service to the general adult population (eg, post-natal depression, anxiety disorders, medium secure).

General Psychiatry - Medium Secure These rehabilitation units provide a safe and structured environment for the medium to long term inpatient treatment and rehabilitation of consumers with persistent and disabling symptoms of mental illness, who cannot be adequately supported in other inpatient or community settings.

Indirect expenditure has two general categories:

a) Expenditure indirectly related to District mental health services that cannot be apportioned across the reporting Establishments in your health district (and so has not been reported on Establishment Form Section 4). This includes:

- Expenditure on corporate services and other support services that is not directly related to the provision of mental health services by establishments. These services are usually provided from a central resource pool and managed at the health district level. Eg. District administration, human resources, finance, records, information technology, building/grounds maintenance, security, utilities.
- Expenditure on salary on-costs (such as superannuation and workers compensation payments) and on insurance payments that are not directly related to the provision of mental health services by Establishments.

b) Expenditure on mental health that may not relate to direct service delivery, such as research, education and training and mental health promotional activities. Also report funds provided by the health district directly to external groups (ie. not via the health district's mental health establishments) from allocations made by Corporate Office. An example would be grants by the health district to academic departments of psychiatry from funds allocated by Corporate Office. However, where such expenditure is considered to be part of service delivery (eg. education and training of staff operating out of an establishment), this should be reported against the establishment on Establishment Form Section 4.

Inpatient Services refers to specialised psychiatric hospitals or specialist psychiatric units located within general hospitals (includes Community Care Units, Special Care Suites, etc.). It includes both acute and non-acute inpatient services.

Mental health service consumer refers to both primary consumers and to carers. A primary consumer is the person with the mental illness or psychiatric disability. A carer is the person (other than the service provider) whose life is affected by virtue of their close relationship with the primary consumer or who has a chosen or contracted caring role with a primary consumer.

Mental Health Service Organisation (MHSO): The concept of specialised mental health service organisation (MHSO) describes the entity within a District that is responsible for the clinical governance, administration and financial management of mental health service units providing integrated and coordinated specialised mental health care to a defined catchment population.

Non-Acute Inpatient Services refers to all other admitted patient care services including rehabilitation and extended care services.

Rehabilitation services have a primary focus on intervention to reduce functional impairments that limit the independence of patients. Rehabilitation services are focussed on disability and the promotion of personal recovery. They are characterised by an expectation of substantial improvement over the short to mid term. Patients treated by rehabilitation services usually have a relatively stable pattern of clinical symptoms.

Extended care services provide care over an indefinite period for patients who have a stable but severe level of functional impairment and an inability to function independently, thus requiring extensive care and support. Patients of extended care services present a stable pattern of clinical symptoms, which may include high levels of severe unremitting symptoms of mental disorder. Treatment is focussed on preventing deterioration and reducing impairment. Improvement is expected to occur slowly.

Older Persons' Psychiatry Services principally target people in the age group 65 years and over. Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the inpatient service on aged persons. This service category does not include the treatment of older people by general psychiatry services.

Primary Consumer is the person with the mental illness or psychiatric disability.

Residential Care Services: Currently no Mental Health Residential Units are reported by Queensland Health.

Separations: A separation is the process by which an admitted patient completes an episode of care. A separation can be either:

A ***formal separation*** is the normal administrative process by which a hospital records the completion of treatment and/or care and accommodation of a patient. This will be because the patient is discharged, or is transferred to another health care accommodation, or has died.

A ***statistical separation following leave*** is the administrative process by which a hospital records the completion of treatment and/or care and accommodation following leave of absence that exceeded seven consecutive days.

A ***statistical separation on type change*** is the administrative process by which a hospital records the completion of treatment and/or care and accommodation following a care type change.

All three types of separations are to be counted.

Staffing categories descriptions used in Establishment Form Section 5 can be found in that section.

Young Persons Psychiatry Services: These services principally target young people (aged 16-24 years). Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the service on young persons. These services may include a forensic component.

InforMHQ

Mental Health Establishments Collection Application

(MHECA)

System User Manual

Issued 1 July 2011

Further information contact details:
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Queensland Government

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Mental Health Establishments Collection Application (MHECA) System User Manual

1.0 Introduction

Changes to the application since the 2009/10 version:

- Users can view the Establishment form via the 'Survey Information' menu button;
- Some aesthetic changes and inclusions have occurred in the 'View and Print Survey Summary' output;
- Defects relating to data entry, validations, emails and memory have been tidied up;
- Aesthetic changes to screens including only one logout button, a new header, status of form sections displayed on form tabs, and other minor changes; and
- Residential data item has been created but is inactive for this collection year.

1.1 Queensland Health Mental Health Reporting Structure

- Health Service Districts – as defined by Queensland Health for the relevant collection year.
- Mental Health Service Organisations (MHSO) – the Senior Director, Mental Health Alcohol and Other Drugs Directorate (MHAODD) issued a memorandum in April 2009 that implemented the reporting entity of Specialised Mental Health Service Organisation.
- Establishments – an Establishment is a reporting entity concept that incorporates a specialised mental health service eg. Child & Youth Mental Health Service (CYMHS).

1.2 Structure of MHECA

- The National Minimum Data Set – Mental Health Establishments requires data to be reported to the Commonwealth at the State, Organisation and Establishment levels. Therefore the MHECA is based on this structure.
- Data entry is required in 3 Forms – State, MHSO and Establishment Forms.
- Where there is more than one MHSO in a District, MHSO data is summarised at the District level by the Application.

1.3 Users and their Roles

Users and their roles are added to the Application by MHIU Officers following advice from Districts each year.

There are several types of user roles that can be established in MHECA.

- **District Contact Officer (DCO) –**
 - must be one assigned per District.
 - nominates any Establishment Contact Officers required.
 - has the ability to enter data into any MHSO or Establishment Form within their District.
 - In Districts with only one MHSO and the DCO enters data into the MHSO Form and all Establishment Forms, the Mental Health Information Unit (MHIU) officers would accept and review all Forms.
 - In Districts with multiple MHSOs, the DCO would coordinate the collection with the MHSO Contact Officers. In this case the DCO would review and accept the completed MHSO Forms (and Establishment Forms if the MHSOCO completed them).

- **Mental Health Service Organisation Contact Officer (MHSOCO) –**
 - may be one or more assigned per District.
 - only one assigned per MHSO.
 - nominates any Establishment Contact Officers required.
 - has the ability to enter data into the MHSO Form and all Establishment Forms within their Organisation.
 - If Establishment Contact Officers were nominated, the MHSOCO would coordinate the collection with them and review and accept the completed Establishment Forms.

- **Establishment Contact Officer (ECO) –**
 - may be one or more assigned per MHSO.
 - can only enter data into the Establishment Form/s they have access to.

- **Mental Health Service Executive (MHS Exec) –**
 - may be one or more assigned per District.
 - reviews and endorses the data provided at the MHSO and related Establishment levels.

- **District Chief Executive Officer (DCEO) –**
 - reviews and approves the MHSO and Establishment data for the District.

1.4 Order of Completion of Forms

- The MHSO Form Section 1 must be completed and submitted before the other MHSO Sections and all Establishment Forms become available for data entry.
- After submission of the MHSO Form Section 1, MHSO Form Sections 2 – 5 and 7 – 8 may be completed or any Establishment Form Section 1.
- Establishment Form Section 1 must be completed and submitted before the other Establishment Sections become available for data entry.
- Upon completion and submission of all Establishment Forms, the MHSO Form Section 6 can be completed.

1.5 Collection is published

The application is prepared by Mental Health Information Unit and released enabling Districts to enter required data.

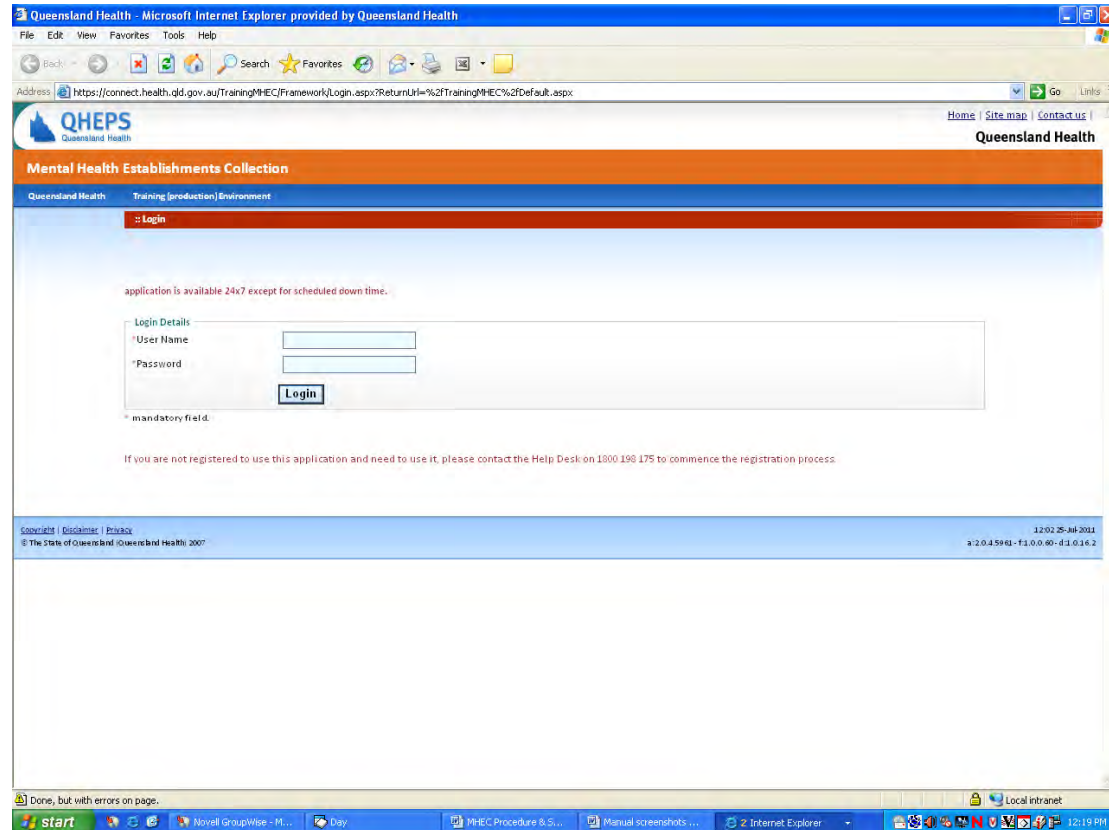
A system generated email notification is automatically sent to DCOs and MHSOCOs advising them that the Collection is ready for completion.

2.0 Login Screen

Following receipt of the system generated email advising that the Collection is ready for completion, the user can open the application by clicking on the link included in the email.

Enter Novell User Name and Password.

Click 'Login' button.



Click 'Yes' on the Security Alert window that appears and the Home Page will be displayed.

3.0 Application Screens layout

3.1 Home Page

Menu option buttons (shown at the left of screen) -

- Complete Form – Used for data entry into Forms.
- Review Form – Used by officers with roles above the user's assigned role to review Form data and accept or request amendment to the Form.
- View and Print Form – Used to view or print: the Collection's setup details; a concise format of the data entered into the Form Sections; and the Collection's Instruction Manual and printable Forms.
- Survey Information – Used to view and print the Collection's Instruction Manual or Forms.
- Logout – Logout of the Application.
- Change Password – Used to change the user's password into the application but will also change the user's Novell Password used to log into the Queensland Health (QH) Network.

Any instructions that need to be drawn to your attention relating to the current Collection will be included on this page.



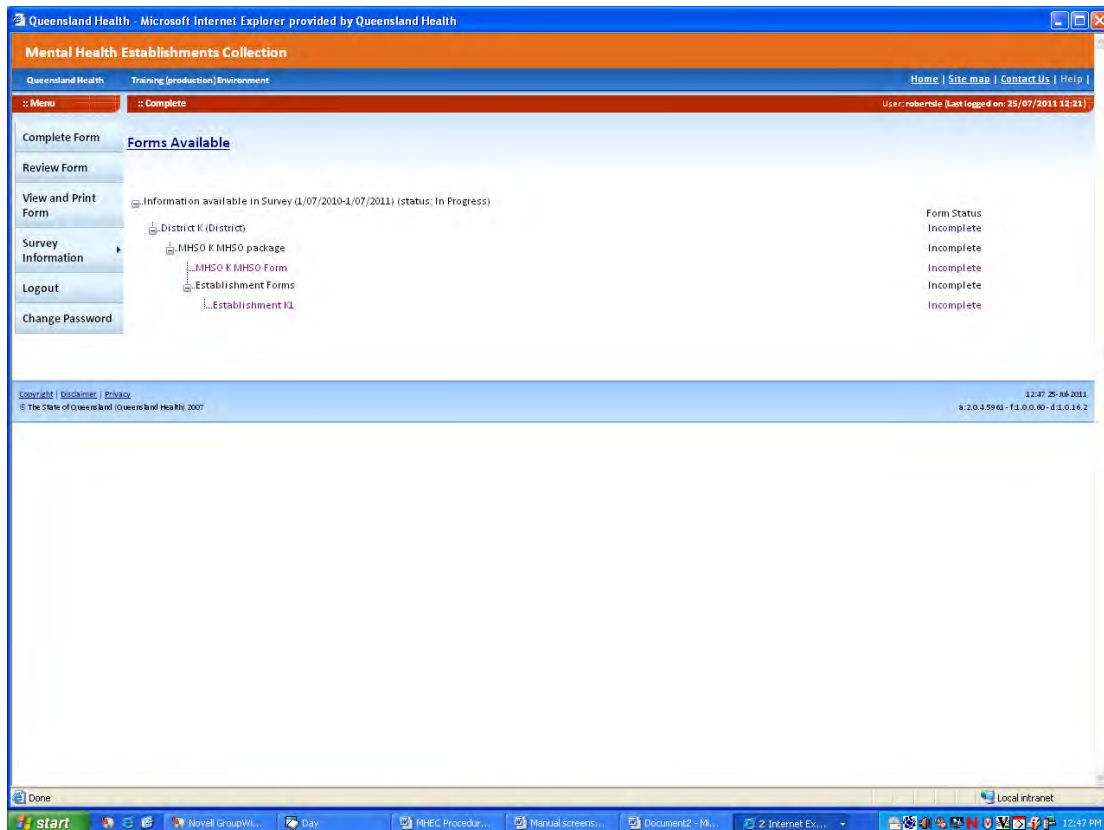
3.2 Form Treeview

By clicking on the Complete Form Menu button a treeview of accessible Forms is listed following.

- District Form
- MHSO Form/s
- Establishment Forms

The Form Status indicates the completion progress of each Form. These are 'Not Started', 'Incomplete', 'Complete' and 'Accepted'. Refer to Section 3.4 for meanings.

To commence or continue data entry into a MSHO Form or Establishment Form, click on the Form name in the treeview. The Form will then open at Section 1.



3.3 Format of Form Sections

Each Form Section has the same structure.

- Light blue header – shows Collection year, Form Type, MHSO/Establishment, User assigned to Form, time remaining before being logged out and Form Status.
- Grey header – Action buttons panel, Navigation & Progress bar with Form Section tabs, Validation Rules panel.
- Data Entry panel in the centre.

Action Button Panel – (Buttons can be used if not greyed out)

- Save – Saves data entered into any Section.
- Cancel – Data entered into a Section but not saved will be deleted and replaced by the default values.
- Home – Saves entered data and returns user to Home Page.
- Validate – Saves entered data before validation process starts. This process validates all Sections of the Form even if no data has been entered into Sections.
- Submit Section 1 – Is activated after Section 1 is complete and you have Saved. It will lock Section 1 to data entry and open MHSO Form Sections 2 to 8 and Establishment Forms Section 1 for data entry.
- Submit Form – Is activated when all Sections of a Form have been completed and validation error messages have been addressed. The Form's status will change to 'Complete'.
- Accept and Request Amendment – Activated when a Form's status is 'Complete'. These buttons are only accessible by users who have been assigned the appropriate role.
- Amendment Instructions – Activated when an amendment is requested.
- Amend Section 1 – Activated after Section 1 has been submitted.
- Print - Used to print a concise format of the data entered into all Sections of the Form.

Navigation & Progress Bar

- This bar shows tabs for each Section that makes up the Form.
- Clicking on the relevant tab takes you to that Section's data entry panel.

Validation Rules Panel

- The result of the validation process displays the error messages in this panel. Above each error message shows the error code and severity indicator i.e. Fatal or Warning.
- By default, all error messages that relate to a Section will show when that Section is open. Messages are displayed in groups of 10 with a next and previous button to navigate to the next group of 10.
- The drop down at the top left of the panel allows all messages for the whole Form to be listed or for a particular Section.
- The right drop down allows messages to be listed by severity i.e. 'Fatal' or 'Warning'.
- For Fatal validations:
 - i) Data must be amended.
 - ii) The Form must be revalidated before the message is removed.
- For Warning validations:
 - i) Where data is incorrect, then it needs to be amended.
 - ii) Where data is correct, a reason needs to be provided.
Click on 'Accept' at the top of message. A data entry box appears where the user enters a reason then clicks 'Save'.
The reason can be amended by clicking on 'Edit reason'.
 - ii) The form must be revalidated.

3.4 Status of Forms

- Not Started – the initial status of a Form before any data is entered and saved.
- Incomplete – the Form is only partly completed.
- Complete – the Form has been completed and 'submitted'.
- Accepted – the Form has been 'submitted' or 'accepted'.

4.0 MHSO Form

4.1 MHSO Form Section 1

Note: A 20 minute 'time out' is allocated to each Section.

Click on the MHSO Form name in the treeview.

The MHSO Form opens with Section 1 displayed and available for data entry.

The Section tabs under the Navigation & Progress Bar heading show the completion status of each Section as data entry progresses.

MHSO Form Sections 2 – 8 and Establishment Forms are not currently available for data entry.

- Click on drop down arrows for each mental health service type and select 'Yes' or 'No' response.
- Click 'Save' or 'Validate' buttons. The 'Form saved successfully' message shows at bottom left. The Section completion status changes to Complete.
- 'Submit Section 1' button becomes activated.

4.1.1 Submit MHSO Form Section 1

- Click on Submit Section 1 button.
- Click 'OK' on the pop up message and the message 'Section submitted successfully' appears in the green box to the bottom left of the screen.

MHSO Form Section 1 (Status: Locked)

MHS Organisation Form - Section 1 - Mental Health Services Provided by MHS Organisation

Indicate whether or not your MHS Organisation provided the following types of mental health services during the year. All fields must be completed and Section saved before you can Submit Section 1

	Inpatient	Residential	Ambulatory
General psychiatry	Yes	<input type="radio"/>	Yes
Child & adolescent psychiatry	Yes	<input type="radio"/>	Yes
Older persons' psychiatry	No	<input type="radio"/>	No
Forensic psychiatry	No	<input type="radio"/>	No
Young persons' psychiatry	No	<input type="radio"/>	No

Section 1 data is now unable to be changed and the Section completion status changes to Locked. MHSO Form Sections 2 – 8 and Establishment Forms Section 1 are now available for data entry.

The 'Amend Section 1' button becomes activated. The Section completion status changes to Locked.

If an Establishment Contact Officer has been set up, a system generated email will be sent advising them that the Establishment Form is available for completion.

The user can select another Section tab or click the 'Home' button from where they can open an Establishment Form or Log Out.

4.1.2 Amend MHSO Form Section 1

Click on 'Amend Section 1' button.

Click 'OK' on the pop up message warning that data already entered into other Sections or Establishment Forms may be deleted or changed. The Section completion status changes to Complete.

The 'Submit Section 1' button becomes activated and a message 'Section opened for amendment' at the bottom left of screen is displayed. Each Mental Health Service type is now available for amending and MHSO Form Sections 2 – 8 and Establishment Forms become locked for data entry.

	Inpatient	Residential	Ambulatory
General psychiatry	Yes	No	Yes
Child & adolescent psychiatry	Yes	No	Yes
Older persons' psychiatry	No	No	No
Forensic psychiatry	No	No	No
Young persons' psychiatry	No	No	No

Change Service types as required, click 'Validate' button, then click 'Submit Section 1' button.

'Section 1' data is now unable to be changed and Sections 2 – 8 and Establishment Forms Section 1 are made available for data entry. The 'Amend Section 1' button becomes activated. The Section completion status changes to Locked.

4.2 MHSO Form Section 2

Click on MHSO Section 2 tab and Section 2 opens ready for data entry.

(**Note:** when moving between Sections, data entered is automatically saved)

Click on the radio button to select the statement which best describes the type of formal committee mechanism within your MHSO. Only **one** can be selected.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Or click the 'Validate' button or another Section tab or 'Home' button.

The screenshot displays the 'Mental Health Establishments Collection' web application. The main header shows '2011-MHSO-MHSO K' and 'Assigned To: Tony Kyle (19 min 59 sec remaining)'. The status is 'INCOMPLETE'. A navigation bar at the top indicates the progress of sections: Section 1 (Locked), Section 2 (Complete), Section 3 (New), Section 4 (New), Section 5 (New), Section 6 (Locked), Section 7 (Complete), and Section 8 (Complete). The current section is 'MHSO Form Section 2 (Status: Complete)'. The main content area contains the following text: 'MHS Organisation - Form Section 2- Consumer Representation on Formal Committees. Select the statement below that best describes the type of formal committee mechanisms within your MHS Organisation for ensuring participation by mental health service consumers ("primary consumers" and "carers") in the planning and evaluation of services.' Below this text are five radio button options:

- Formal position(s) for mental health consumers exist on the organisation's management committee for the appointment of person(s) to represent the interests of consumers
- Specific consumer advisory committee(s) exist to advise on all mental health services managed by the MHSO.
- Specific consumer advisory committee(s) exists to advise on some but not all mental health services managed by the MHSO.
- Mental health consumers participate on a broadly based advisory committee which includes a mixture of organisations and groups representing a wide range of interests.
- Mental health consumers are not represented on any advisory committee but are encouraged to meet with senior representatives of the organisation as required.
- No specific arrangements exist for mental health consumer participation in planning and evaluation of services.

 The left sidebar contains various action buttons: Save, Cancel, Home, Validate, Submit Section 1, Submit Form, Accept, Request Amendments, Amendment Instructions, Amend Section 1, and Print. The bottom of the screen shows the Windows taskbar with the Start button and several open applications.

4.3 MHSO Form Section 3

Click on the MHSO Section 3 tab and Section 3 opens ready for data entry.

(**Note:** when moving between Sections, data entered is automatically saved)

Click on the drop down arrows for each statement and select the appropriate 'Yes/No' response for each statement. If required, enter data in the 'Other' text box.

If Yes is selected for the first statement, additional Full Time Equivalent (FTE) and salary fields display. Enter required data into these fields.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Or click the 'Validate' button or another Section tab or 'Home' button.

MHS Survey 2011 - Microsoft Internet Explorer provided by Queensland Health

Mental Health Establishments Collection

Queensland Health Training [production] Environment

Home | Site map | Contact Us | Help

2011-MHSO-MHSO K Assigned To: Tony Kyle (19 min 57 sec remaining) Status: INCOMPLETE

Navigation and Progress Bar

Section 1 Locked Section 2 Complete Section 3 Complete Section 4 New Section 5 New Section 6 Locked Section 7 Complete Section 8 Complete

MHSO Form Section 3 (Status: Complete)

MHS Organisation Form - Section 3 - Arrangements to promote participation by "Primary Consumers"

The statements listed below describe a range of mechanisms that have been used by some mental health services to promote participation by mental health service "PRIMARY CONSUMERS" in the planning and evaluation of services.

Against each statement indicate with a Yes or No if they describe the situation within your MHS Organisation during the last financial year.

Consumer consultants are engaged on a paid basis, as an employee or regular contractor, to represent the interests of primary consumers and advocate for their needs. (Consumers who only receive reimbursement of expenses or occasional sitting fees for attendance at meetings are not to be included in this option.)

Number of consumer consultant FTEs 1,000,000

Total consumer consultant salaries \$80,000

The MHS Organisation holds regular discussion groups to seek the views of primary consumers about the mental health services provided by the MHS Organisation.

The MHS Organisation has developed a formal (documented) policy on participation by primary consumers.

The MHS Organisation periodically conducts consumer satisfaction surveys

The MHS Organisation has a formal internal complaints mechanism in which complaints made by primary consumers are regularly reviewed by a committee that includes primary consumers.

Other, please describe briefly below

Validation Rules

3 By Category

0 to 0 of 0

0 to 0 of 0

Actions

Save

Cancel

Home

Validate

Submit Section 1

Submit Form

Accept

Request Amendments

Amendment Instructions

Amend Section 1

Print

Done

Local intranet

start

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QHEPS Home Page ... MHE Survey 2011 - ... Microsoft Office ...

1:20 PM

4.4 MHSO Form Section 4

Click on the MHSO Section 4 tab and Section 4 opens ready for data entry.

Click on the drop down arrows for each statement and select the appropriate 'Yes/No' response for each statement. If required, enter data in the 'Other' text box.

If 'Yes' is selected for the first statement, additional FTE and salary fields display. Enter required data into these fields.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Or click the 'Validate' button or another Section tab or 'Home' button.

The screenshot displays the 'MHSO Survey 2011' web application in Microsoft Internet Explorer. The page title is 'Mental Health Establishments Collection'. The user is logged in as 'Tony Kyle' and the form is assigned to them. The status is 'INCOMPLETE'. The navigation bar shows sections 1 through 8, with Section 4 marked as 'New' and the others as 'Complete' or 'Locked'. The main content area is titled 'MHSO Form Section 4 (Status: Complete)'. It contains several statements for data entry:

- Statement 1: 'Carer consultants are engaged on a paid basis, as an employee or regular contractor, to represent the interests of carers and advocate for their needs. (Carers who only receive reimbursement of expenses or occasional sitting fees for attendance at meetings are not to be included in this option.)' with a 'Yes' dropdown selected.
- Statement 2: 'The MHS Organisation holds regular discussion groups to seek the views of carers about the mental health services provided by the MHS Organisation.' with a 'No' dropdown selected.
- Statement 3: 'The MHS Organisation has developed a formal (documented) policy on participation by primary carers.' with a 'No' dropdown selected.
- Statement 4: 'The MHS Organisation periodically conducts carer satisfaction surveys' with a 'No' dropdown selected.
- Statement 5: 'The MHS Organisation has a formal internal complaints mechanism in which complaints made by carers are regularly reviewed by a committee that includes carers.' with a 'No' dropdown selected.

Additional fields include 'Number of carer consultant FTEs' (0.4000) and 'Total carer consultant salaries' (\$20,000). There is also a text box for 'Other, please describe briefly below'. The left sidebar contains various action buttons like 'Save', 'Cancel', 'Home', 'Validate', 'Submit Section 1', 'Submit Form', 'Accept', 'Request Amendments', 'Amendment Instructions', 'Amend Section 1', and 'Print'. The bottom of the screen shows the Windows taskbar with the time 1:23 PM.

4.5 MHSO Form Section 5

Click on the MHSO Section 5 tab and Section 5 opens ready for data entry.

Enter indirect expenditure data against the categories. If there is **Nil** expenditure for a category, enter zero. If required, enter the expenditure description and \$ amount into the 'Other' fields then click 'Add'. This saves that row and adds a new row. Rows can be Edited/Deleted.

If there is no expenditure reported for a category, click the related drop down arrow in the Distributed column then click the appropriate All/Nil response (see table).

If there is expenditure for a category, click the related drop down arrow in the Distributed column then click the appropriate No/Yes response (see table).

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Or click the 'Validate' button or another Section tab or 'Home' button.

MHSO Form Section 5 (Status: Complete)

Please identify gross, indirect, non-capital expenditure for the financial year in the categories below. Where actual expenditure is not known, estimate expenditure.

All available boxes must be completed and the section saved before it can be submitted.

Code	Description
No	No expenditure for this category has been reported at the Establishment level.
Yes	Some expenditure for this category has been reported at the Establishment level.

Code	Description
All	All expenditure for this category is reported at the Establishment level.
NIL	No expenditure for this category is reported at the Establishment level or included in MHSO Indirect Expenditure.

Indirect Expenditure Category	Actual or Estimated gross non-capital Expenditure	Distributed
Program administration	\$120,000	No
Organisation-wide support services	\$2,100,000	No
Education and training	\$0	NIL
Academic positions	\$0	NIL
Mental health research	\$0	NIL
Mental health promotion services	\$35,000	No
Service development	\$0	NIL

Service development	\$0	NIL
Salary on-costs and other overheads		
Superannuation	\$0	NIL
Workers compensation	\$0	NIL
Insurance	\$0	NIL
Other mental health expenditure		
Mental Health Act regulation and review tribunals	\$0	NIL
Patient transport services	\$0	NIL
Property leasing costs	\$0	All
Other Indirect Expenditure (please specify)	\$0	
Add		
Total	\$2,255,000	

Form saved successfully 1:26 PM

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4.6 MHSO Form Section 6

Click on the MHSO Section 6 tab and Section 6 opens ready for data entry.

This Section is not available for data entry until MHSO Form Section 5 and all Establishment Forms have been completed.

When it is available, enter the funding amounts against the appropriate funding categories. All fields must have an entry before Section is 'Complete'.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Or click the 'Validate' button or another Section tab or 'Home' button.

MHS Organisation Form - Section 6 - Funding Sources for Expenditure Reported

Provide the source of funding for the expenditure reported at the MHS Organisation and Establishment level (refer to MHS Organisation Form - Section 5, and Establishment Form(s) - Section 4).

	Expenditure (Whole dollars)	
STATE GOVERNMENT		
Queensland Health funding	\$10,625,000	
Other State Government funding		
TOTAL	\$10,625,000	A
AUSTRALIAN GOVERNMENT		
National Healthcare Agreement funding	\$4,000,000	
Dept of Veterans' Affairs funding		
Other Australian Government funding		
TOTAL	\$4,000,000	B
OTHER SOURCES		
Patient Revenue		
Recoveries		
Other Revenue		
TOTAL	\$0	C
TOTAL OF FUNDS EXPENDED FOR YEAR	\$14,625,000	A+B+C

4.7 MHSO Form Section 7

Click on the MHSO Section 7 tab and Section 7 opens ready for data entry.

Enter data and use drop downs for Service Types and Funding Source to complete a row then click on 'Add'. This saves the row and adds a new row. It is also required to save the last row entered. Rows can then be Edited/Deleted.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen.

Or click the 'Validate' button or another Section tab or 'Home' button.

The screenshot displays the 'Mental Health Establishments Collection' web application. The main heading is '2011-MHSO-MHSO K' with 'Assigned To: Tony Kyle' and 'Status: INCOMPLETE'. A navigation bar shows sections 1 through 8, with Section 7 highlighted as 'Complete'. The 'MHSO Form Section 7 (Status: Complete)' section contains the following text: 'MHS Organisation Form - Section 7 - NGO. Please provide details of any grants made to NGOs during the year. Do not report this Grant expenditure in MHSO Section 5 or in Establishment Sections 4.'

	NGO Name	Service Types	Grant Amount	Funding Source
Edit Delete	NGO A	Recreation Services	\$20,000	State Government
Edit Delete	NGO B	Counseling Services	\$35,000	Commonwealth Government
Add				

Summary Totals:

- Commonwealth Government Funded Total: \$35,000
- State Government Funded Total: \$20,000
- Grand Total: \$55,000

The interface includes a left-hand 'Actions' menu with buttons for Save, Cancel, Home, Validate, Submit Section 1, Submit Form, Amend Section 1, and Print. A 'Validation Rules' panel on the right shows '7' selected and 'By Category' as a filter.

4.8 MHSO Form Section 8

Click on the MHSO Section 8 tab and Section 8 opens ready for data entry.

Enter data to complete a row then click on 'Add'. This saves the row and adds a new row. It is also required to save the last row entered. Rows can then be Edited/Deleted.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen.

Or click the 'Validate' button or another Section tab or 'Home' button.

MHSO Form Section 8 (Status: Complete)

MHS Organisation Form - Section 8 - Housing
The number of public housing places supported by specialised mental health services available at 30 June, targeted to people affected by mental illness or psychiatric disability. These are places provided by the Department of Housing under a formal partnership agreement with Queensland Health. Such agreements commit Queensland Health to assist people within their homes by providing ongoing clinical and disability support, including outreach services.

	Location	Houses
Edit Delete	Sunshine	4
Edit Delete	Clayfield	8
Add	<input type="text"/>	<input type="text"/>

4.9 Amend MHSO Form Sections 2 - 8

Before the MHSO Form is submitted

Click on the relevant MHSO Section tab and the Section opens ready for data entry.

Change data as required. Refer to relevant Section instructions if required.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. Or click the 'Validate' button or another Section tab or 'Home' button.

After the MHSO Form is submitted

If the MHSOCO submitted the Form, they must advise the DCO that amendments are required.

If the DCO submitted the Form, they must advise the MHIU officer that amendments are required.

Refer to MHSO Form Review and Request Amendments section of manual for further instructions.

4.10 MHSO Form Validations

Refer to Manual section 3.3 - Validation Rules Panel.

Validation of the Form can be done at any stage of completion of the Form or a Section.

The 'Validate' button will validate all Sections of the Form even if data entry has not been started.

A list of validations performed is shown at Appendix A.

Validation error messages must be addressed before the MHSO Form can be submitted.

Revalidate after data is amended to ensure validation error is corrected or removed.

Yellow message 'Please address validation messages' appears in the box at the bottom of the screen and will remain until all have been addressed.

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Mental Health Establishments Collection

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2011-MHSO-MHSO K Assigned To: Tony Kyle (18 min 35 sec remaining) Status: INCOMPLETE

Actions: Save, Cancel, Home, Validate, Submit Section 1, Submit Form, Amend Section 1, Print

Navigation and Progress Bar: Section 1 Locked, Section 2 Complete, Section 3 Complete, Section 4 Complete, Section 5 Complete, Section 6 Locked, Section 7 Complete, Section 8 Complete

MHSO Form Section 3 (Status: Complete)

MHS Organisation Form - Section 3 - Arrangements to promote participation by "Primary Consumers"

The statements listed below describe a range of mechanisms that have been used by some mental health services to promote participation by mental health service "PRIMARY CONSUMERS" in the planning and evaluation of services.

Against each statement indicate with a Yes or No if they describe the situation within your MHS Organisation during the last financial year.

Consumer consultants are engaged on a paid basis, as an employee or regular contractor, to represent the interests of primary consumers and advocate for their needs. (Consumers who only receive reimbursement of expenses or occasional sitting fees for attendance at meetings are not to be included in this option.) Yes

Number of consumer consultant FTEs 1,000,000

Total consumer consultant salaries \$80,000

The MHS Organisation holds regular discussion groups to seek the views of primary consumers about the mental health services provided by the MHS Organisation. No

The MHS Organisation has developed a formal (documented) policy on participation by primary consumers. No

The MHS Organisation periodically conducts consumer satisfaction surveys. No

The MHS Organisation has a formal internal complaints mechanism in which complaints made by primary consumers are regularly reviewed by a committee that includes primary consumers. No

Other, please describe briefly below

Validation Rules: 3 By Category 1 to 1 of 1

Section 3 O3002 Message: Annual salary for consumer consultant is outside the expected range of \$11.00 to \$11.00. Please accept with a reason or amend data. Rate is in accordance with A06 salary scale. Save Cancel

1 to 1 of 1

Local intranet

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4.11 Submit MHSO Form

When all MHSO Form Sections and thus all Establishment Forms have been completed and all validation error messages have been addressed, the 'Submit Form' button is activated on the MHSO Form.

Click on the 'Submit Form' button.

A system generated email, advising that the MHSO Form is complete and ready for review, is sent to the District Contact Officer (DCO) or MHIU (if the DCO submitted Form).

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2011-MHSO-MHSO K Assigned To: Tony Kyle (14 min 6 sec remaining) Status: INCOMPLETE

Actions

- Save
- Cancel
- Home
- Validate
- Submit Section 1
- Submit Form
- Accept
- Request Amendments
- Amendment Instructions
- Amend Section 1
- Print

Navigation and Progress Bar

Section 1 Locked Section 2 Complete Section 3 Complete Section 4 Complete Section 5 Complete Section 6 Complete Section 7 Complete Section 8 Complete

MHSO Form Section 6 (Status: Complete)

MHS Organisation Form - Section 6 - Funding Sources for Expenditure Reported

Provide the source of funding for the expenditure reported at the MHS Organisation and Establishment level (refer to MHS Organisation Form - Section 5, and Establishment Form(s) - Section 4).

	Expenditure (Whole dollars)	
STATE GOVERNMENT		
Queensland Health funding	\$10,625,000	
Other State Government funding	\$0	
TOTAL	\$10,625,000	A
AUSTRALIAN GOVERNMENT		
National Healthcare Agreement funding	\$4,000,000	
Dept of Veterans' Affairs funding	\$0	
Other Australian Government funding	\$0	
TOTAL	\$4,000,000	B
OTHER SOURCES		
Patient Revenue	\$0	
Recoveries	\$0	
Other Revenue	\$0	
TOTAL	\$0	C
TOTAL OF FUNDS EXPENDED FOR YEAR	\$14,625,000	A+B+C

Validation Rules

6 By Category

0 to 0 of 0

0 to 0 of 0

Done Local Intranet

start Novell Group... Day Mail To: MHEC Proc... Manual scre... Gmail - Con... MHE Surve... 11:02 AM

Click 'Home' button.

4.12 MHSO Form Review

Following receipt of email advice that the MHSO Form has been submitted, the DCO or MHIU officer logs into the application.

Click the 'Review Form' menu button (refer to Section 3.2). A treeview of Forms they have access to is listed.

Click on the relevant MHSO Form name in the treeview. The Form will then open at Section 1.

The user then reviews the MHSO Form data and the related Establishment Forms data.

Mental Health Establishments Collection

2011-MHSO-MHSO K Assigned To: Erin Kelly (19 min 56 sec remaining) Status: COMPLETE

Navigation and Progress Bar

Section 1 Locked Section 2 Locked Section 3 Locked Section 4 Locked Section 5 Locked Section 6 Locked Section 7 Locked Section 8 Locked

MHSO Form Section 1 (Status: Locked)

MHS Organisation Form - Section 1 - Mental Health Services Provided by MHS Organisation

Indicate whether or not your MHS Organisation provided the following types of mental health services during the year. All fields must be completed and Section saved before you can Submit Section 1.

	Inpatient	Residential	Ambulatory
General psychiatry	Yes	No	Yes
Child & adolescent psychiatry	Yes	No	Yes
Older persons' psychiatry	No	No	No
Forensic psychiatry	No	No	No
Young persons' psychiatry	No	No	No

Form submitted successfully 2:14 PM

14:14 05-Aug-2011

4.12.1 MHSO Form Review & Request Amendment

Following review it is noted that data needs to be amended on the MHSO Form.

The user clicks on the 'Request Amendments' button.

The Amendment Instructions window overlay displays. Enter any instructions, including the current date, that need to be passed on to the amending contact officer and click Save.

If subsequent review requires data amendments, do not delete previous instructions but add additional lines with relevant date.

The screenshot displays the 'Mental Health Establishments Collection' web application. The main content area shows '2011-MHSO-MHSO K' assigned to 'Erin Kelly' with a status of 'INCOMPLETE'. A navigation bar indicates progress through 8 sections, with Section 1 'Locked' and Sections 2-8 'Complete'. An 'Amendment Instructions' dialog box is overlaid on the form, containing a text area with the date '25/7/11' and the instruction 'Please amend data as we discussed...'. The dialog also features a 'Close' button. The interface includes various action buttons such as 'Save', 'Cancel', 'Home', 'Validate', 'Submit Section 1', 'Submit Form', 'Accept', 'Request Amendments', 'Amendment Instructions', 'Amend Section 1', and 'Print'. The footer contains copyright information and a timestamp of '14:10:05-Aug-2011'.

The Section 1 screen redisplay and the 'Amend Section 1' button becomes activated.

2011-MHSO-MHSO K Assigned To: [Erin Kelly](#) (18 min 26 sec remaining) Status: **INCOMPLETE**

Navigation and Progress Bar

Section 1 *Locked* Section 2 *Complete* Section 3 *Complete* Section 4 *Complete* Section 5 *Complete* Section 6 *Complete* Section 7 *Complete* Section 8 *Complete*

MHSO Form Section 1 (Status: Locked)

MHS Organisation Form - Section 1 - Mental Health Services Provided by MHS Organisation

Indicate whether or not your MHS Organisation provided the following types of mental health services during the year. All fields must be completed and Section saved before you can Submit Section 1.

	Inpatient	Residential	Ambulatory
General psychiatry	Yes	No	Yes
Child & adolescent psychiatry	Yes	No	Yes
Older persons' psychiatry	No	No	No
Forensic psychiatry	No	No	No
Young persons' psychiatry	No	No	No

Actions: Save, Cancel, Home, Validate, Submit Section 1, Submit Form, Amend Section 1, Print

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 14:10 05-Aug-2011
 a:2.0.4.6352 - f:1.0.0.60 - d:1.0.16.2
 Local intranet

The relevant MHSO contact officer will need to be advised that amendments are required.

Click 'Home' button then 'Logout' button.

4.12.2 MHSO Form Review & Accept

Following review, the data is found to be correct in the MHSO Form and the related Establishment Forms.

The user clicks on the 'Accept' button.

Click 'OK' on the message pop up indicating that the Form will now be finalised and approved.

Mental Health Establishments Collection

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2011-MHSO-MHSO K Assigned To: Erin Kelly (19 min 56 sec remaining) Status: COMPLETE

Navigation and Progress Bar

Section 1 Locked Section 2 Locked Section 3 Locked Section 4 Locked Section 5 Locked Section 6 Locked Section 7 Locked Section 8 Locked

MHSO Form Section 1 (Status: Locked)

MHS Organisation Form - Section 1 - Mental Health Services Provided by MHS Organisation

Indicate whether or not your MHS Organisation provided the following types of mental health services during the year. All fields must be completed and Section saved before you can Submit Section 1

	Inpatient	Residential	Ambulatory
General psychiatry	Yes	No	Yes
Child & adolescent psychiatry	Yes	No	Yes
Older persons' psychiatry	No	No	No
Forensic psychiatry	No	No	No
Young persons' psychiatry	No	No	No

Form submitted successfully 2:14 PM

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Click 'Home' then 'Logout'.

After the MHSO and Establishment Forms have been accepted, only MHIU can release them for amendment.

5.0 Establishment Form

5.1 Establishment Form Section1

Note: A 20 minute 'time out' is allocated to each Section.

Click on the Establishment Form name in the treeview.

The Establishment Form opens with Section 1 displayed and available for data entry. Establishment Form Sections 2 – 5 are currently not available for data entry.

- Click on drop down arrows for each available mental health service type, select 'Yes' or 'No' response.
- Click on 'Save' and the message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.
- 'Submit Section 1' button becomes activated.

If a service type is not available for data entry and should be, then advise your responsible officer.

The screenshot displays the 'Mental Health Establishments Collection' web application. The main content area is titled '2011-Establishment-20001-Establishment K1' and is assigned to 'Erin Kelly' with 19 minutes and 53 seconds remaining. The status is 'INCOMPLETE'. The interface includes a navigation bar with sections 1 through 5, where Section 1 is 'Complete' and sections 2-5 are 'Locked'. A 'Validation Rules' panel on the right shows '0 to 0 of 0'. The main form area is titled 'Establishment Form - Section 1 - Mental Health Services Provided by Establishment' and contains a table for recording service types. The table has columns for 'Acute', 'Non-Acute', 'Residential', and 'Ambulatory' services, with rows for 'General psychiatry', 'Medium secure', 'Child & adolescent psychiatry', 'Older persons' psychiatry', 'Forensic psychiatry', and 'Young persons' psychiatry'. Each cell contains a dropdown menu with 'Yes' or 'No' options. A left-hand sidebar contains various action buttons such as 'Save', 'Cancel', 'Home', 'Validate', 'Submit Section 1', 'Submit Form', 'Accept', 'Request Amendments', 'Amendment Instructions', 'Amend Section 1', and 'Print'. The footer includes copyright information for Queensland Health 2007 and version details: '14-15 05-Aug-2011 a.2.0.4.6352 - f.1.0.0.60 - d.1.0.16.2'.

	Acute	Non-Acute	Residential	Ambulatory
General psychiatry	Yes	No	No	Yes
Medium secure	No	No	No	No
Child & adolescent psychiatry	Yes	No	No	No
Older persons' psychiatry	No	No	No	No
Forensic psychiatry	No	No	No	No
Young persons' psychiatry	No	No	No	No

5.1.1 Submit Establishment Form Section 1

- Click on Submit Section 1 button.
- Note the pop up warning message.
- Click 'OK' and the message 'Section submitted successfully' appears in the green box to the bottom left of the screen. The Section completion status changes to Locked.

Section 1 data is now unable to be changed and Sections 2 – 5 are available for data entry.

The 'Amend Section 1' button becomes activated.

The user can now select another Section tab or click the 'Home' button from where they can open another Form (if available) or Log Out.

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Mental Health Establishments Collection

Queensland Health Training (production) Environment: 2011 Home | Site map | Contact Us | Help |

2011-Establishment-20001-Establishment K1 Assigned To: Erin Kelly (19 min 57 sec remaining) Status: INCOMPLETE

Actions: Save, Cancel, Home, Validate, Submit Section 1, Submit Form, Amend Section 1, Print

Navigation and Progress Bar: Section 1 Locked, Section 2 Complete, Section 3 Complete, Section 4 Complete, Section 5 Complete

Validation Rules: 1, By Category, 0 to 0 of 0, 0 to 0 of 0

Establishment Form Section 1 (Status: Locked)

Establishment Form - Section 1 - Mental Health Services Provided by Establishment
Indicate whether or not this establishment provided the following types of mental health services during the year
All available boxes must be completed and the Section saved before it can be submitted.

	Acute	Non-Acute	Residential	Ambulatory
General psychiatry	Yes	No	No	Yes
Medium secure	No	No	No	---
Child & adolescent psychiatry	Yes	No	No	No
Older persons' psychiatry	No	No	No	No
Forensic psychiatry	No	No	No	No
Young persons' psychiatry	No	No	No	No

Section submitted successfully 2:17 PM

5.1.2 Amend Establishment Form Section 1

Click on 'Amend Section 1' button.

Note the pop up message warning that data already entered into other Sections or Establishment Forms may be deleted or changed.

Click 'OK' and the 'Submit Section 1' button becomes activated and a message 'Section opened for amendment' at the bottom left of screen is displayed. The Section completion status changes to Complete.

Each available Mental Health Service type can now be amended and Establishment Form Sections 2 – 5 become locked for data entry.

Change Service types as required. Click 'Save' button, then click 'Submit Section 1' button. The Section completion status changes to Locked.

'Section 1' data is now unable to be changed and Sections 2 – 5 are made available for data entry.

Section 1 can be amended at any time until the Form is submitted.

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Mental Health Establishments Collection

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2011-Establishment-20001-Establishment K1 Assigned To: Erin Kelly (18 min 23 sec remaining) Status: INCOMPLETE

Actions: Save, Cancel, Home, Validate, Submit Section 1, Submit Form, Accept, Request Amendments, Amendment Instructions, Amend Section 1, Print

Navigation and Progress Bar: Section 1 Complete, Section 2 Locked, Section 3 Locked, Section 4 Locked, Section 5 Locked

Validation Rules: 1, 0 to 0 of 0, 0 to 0 of 0

Establishment Form Section 1 (Status: Complete)

Establishment Form - Section 1 - Mental Health Services Provided by Establishment
Indicate whether or not this establishment provided the following types of mental health services during the year
All available boxes must be completed and the Section saved before it can be submitted.

	Acute	Non-Acute	Residential	Ambulatory
General psychiatry	Yes	No	No	Yes
Medium secure	No	No	No	No
Child & adolescent psychiatry	Yes	No	No	No
Older persons' psychiatry	No	No	No	No
Forensic psychiatry	No	No	No	No
Young persons' psychiatry	No	No	No	No

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a.2.0.4.6352 - f.1.0.0.60 - d.1.0.16.2

5.2 Establishment Form Section 2

Click on the Establishment Section 2 tab and Section 2 opens ready for data entry.

(**Note:** when moving between Sections, data entered is automatically saved)

Click on the drop down arrow for each available MH service type then click the number corresponding to the progress that the Service has made with accreditation.

Click on 'Save' and the message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Alternatively click the 'Validate' button or another Section tab or 'Home' button.

The screenshot shows the 'Mental Health Establishments Collection' web application. The main content area is titled 'Establishment Form Section 2 (Status: Complete)'. It contains a table for entering accreditation status for various psychiatric services. The table has columns for 'Acute', 'Non-Acute', 'Residential', and 'Ambulatory'. The 'Acute' column has a dropdown menu with '1' selected. The 'Ambulatory' column has a dropdown menu with '1' selected. Below the table is a 'Code Progress' table with 8 rows of accreditation status descriptions.

	Acute	Non-Acute	Residential	Ambulatory
General psychiatry	1			1
Medium secure				
Child & adolescent psychiatry	1			
Older persons' psychiatry				
Forensic psychiatry				
Young persons' psychiatry				

Code	Progress
1	The service unit had been reviewed by an external accreditation agency and was judged to have met the National standards.
2	The service unit had been reviewed by an external accreditation agency and was judged to have met some but not all of the National standards.
3	The service unit was in the process of being reviewed by an external accreditation agency but the outcomes were not known.
4	The service unit was booked for review by an external accreditation agency and was engaged in self-assessment preparation prior to the formal external review.
5	The service unit was engaged in selfassessment in relation to the National standards but did not have a contractual arrangement with an external accreditation agency for review.
6	The service unit had not commenced the preparations for review by an external accreditation agency but this was intended to be undertaken in the future.
7	It had not been resolved whether the service unit would undertake review by an external accreditation agency under the National standards.
8	The National standards are not applicable to this service unit.

5.3 Establishment Form Section 3

Click on the Establishment Section 3 tab and Section 3 opens ready for data entry.

(**Note:** when moving between Sections, data entered is automatically saved)

This Section is only available for data entry if an inpatient service has been selected in Section 1.

Enter required data into each of the fields displayed.

Click on 'Save' and the message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Alternatively click the 'Validate' button or another Section tab or 'Home' button.

The screenshot shows the 'Mental Health Establishments Collection' web application. The main content area displays the 'Establishment Form Section 3 (Status: Complete)'. The form is titled '2011-Establishment-20001-Establishment K1' and is assigned to 'Tony Kyle' with 19 minutes and 57 seconds remaining. The status is 'INCOMPLETE'. The form is divided into two sections: 'GENERAL PSYCHIATRY SERVICES' and 'CHILD & ADOLESCENT PSYCHIATRY SERVICES'. The 'GENERAL PSYCHIATRY SERVICES' section is for 'Acute' care and includes fields for 'Average available beds' (42), 'Separations' (1470), and 'Accrued patient days' (7600). The 'CHILD & ADOLESCENT PSYCHIATRY SERVICES' section is also for 'Acute' care and includes fields for 'Average available beds' (10), 'Separations' (260), and 'Accrued patient days' (1800). The form is displayed in a Microsoft Internet Explorer browser window. The browser's address bar shows 'MHE Survey 2011 - Microsoft Internet Explorer provided by Queensland Health'. The browser's title bar shows 'Mental Health Establishments Collection'. The browser's status bar shows 'Done' and 'Local intranet'. The Windows taskbar at the bottom shows the 'start' button, several open applications, and the system clock showing '2:38 PM'.

Service Type	Program Type / Target Population	Average available beds	Separations	Accrued patient days
GENERAL PSYCHIATRY SERVICES	Acute	42	1470	7600
CHILD & ADOLESCENT PSYCHIATRY SERVICES	Acute	10	260	1800

5.4 Establishment Form Section 4

Click on the Establishment Section 4 tab and Section 4 opens ready for data entry.

(Note: when moving between Sections, data entered is automatically saved)

Click on the relevant target population tab if there is more than one. Target populations are shown as tabs and program types are shown under each target population tab.

Enter direct expenditure data against the relevant categories for each target population/program type combination.

In the field at bottom of screen, enter the cost centres used to provide the expenditure data.

Click on 'Save' and the message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Alternatively click the 'Validate' button or another Section tab or 'Home' button.

General psychiatry tab

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Mental Health Establishments Collection

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2011-Establishment-20001-Establishment K1 Assigned To: **Tony Kyle** (19 min 52 sec remaining) Status: **INCOMPLETE**

Actions

- Save
- Cancel
- Home
- Validate
- Submit Section 1
- Submit Form
- Accept
- Request Amendments
- Amendment Instructions
- Amend Section 1
- Print

Navigation and Progress Bar

Section 1 **Locked** Section 2 **Complete** Section 3 **Complete** Section 4 **Complete** Section 5 **New**

Establishment Form Section 4 (Status: Complete)

Validation Rules

4 By Category
0 to 0 of 0
0 to 0 of 0

General psychiatry Child & adolescent psychiatry

General psychiatry

Establishment Form - Section 4 - Direct Expenditure

Direct Expenditure Category

Labour related expenditure	Acute	Ambulatory
Payroll & related expenditure (OH staff)	\$6,500,000	\$1,000,000
Contract & related expenditure	\$0	\$0
Exgratia payments to staff	\$0	\$0
Sub total	\$6,500,000	\$1,000,000
Superannuation	\$450,000	\$130,000
Other labour related expenditure	\$0	\$0
Total labour related expenditure	\$6,950,000	\$1,130,000

Non-labour related expenditure	Acute	Ambulatory
Food supplies	\$120,000	\$0
Drug supplies	\$280,000	\$0
Clinical supplies and services	\$0	\$0
Non-clinical supplies and services	\$0	\$0
Repairs & maintenance	\$170,000	\$0
Patient transport services	\$0	\$0
Workers compensation premium	\$0	\$0
Insurance	\$0	\$0
Other administrative expenses	\$160,000	\$0
Depreciation	\$0	\$0

Depreciation	\$0	\$0
Interest payments	\$0	\$0
Other expenditure	\$0	\$0
Total non-labour related expenditure	\$730,000	\$0
Total expenditure	\$7,680,000	\$1,130,000

Please Advise all cost centres used in reporting direct expenditure

Cost Centres: 340289, 340291, 340296

Form saved successfully 2:45 PM

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© The State of Queensland (Queensland Health) 2007 14:45 22-Jul-2011
a:2.0.4.5961 - f:1.0.0.60 - d:1.0.16.2

Child & adolescent psychiatry tab

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Mental Health Establishments Collection

Queensland Health Training (production) Environment: [Site](#) Home | [Site map](#) | [Contact Us](#) | [Help](#)

2011-Establishment-20001-Establishment K1 Assigned To: **Tony Kyle** (19 min 56 sec remaining) Status: **INCOMPLETE**

Actions

- Save
- Cancel
- Home
- Validate
- Submit Section 1
- Submit Form
- Accept
- Request Amendments
- Amendment Instructions
- Amend Section 1
- Print

Navigation and Progress Bar

Section 1 **Locked** | Section 2 **Complete** | Section 3 **Complete** | Section 4 **Complete** | Section 5 **New**

Establishment Form Section 4 (Status: Complete)

General psychiatry > Child & adolescent psychiatry

Child & adolescent psychiatry

Establishment Form - Section 4 - Direct Expenditure

Direct Expenditure Category

Labour related expenditure	Acute
Payroll & related expenditure (OH staff)	\$2,830,000
Contract & related expenditure	\$0
Exgratia payments to staff	\$0
Sub total	\$2,830,000
Superannuation	\$240,000
Other labour related expenditure	\$0
Total labour related expenditure	\$3,070,000

Non-labour related expenditure

Food supplies	\$0
Drug supplies	\$40,000
Clinical supplies and services	\$0
Non-clinical supplies and services	\$0
Repairs & maintenance	\$150,000
Patient transport services	\$0
Workers compensation premium	\$0
Insurance	\$0
Other administrative expenses	\$40,000
Depreciation	\$0

Validation Rules

4 | By Category

0 to 0 of 0

0 to 0 of 0

Depreciation	\$0
Interest payments	\$0
Other expenditure	\$0
Total non-labour related expenditure	\$230,000
Total expenditure	\$3,300,000

Please Advise all cost centres used in reporting direct expenditure

Cost Centres: 340289, 340291, 340296

Form saved successfully 2:45 PM

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14:45 22-Jul-2011
a:2.0.4.5961 - f:1.0.0.60 - d:1.0.16.2

5.5 Establishment Form Section 5

Click on the Establishment Section 5 tab and Section 5 opens ready for data entry.

(**Note:** when moving between Sections, data entered is automatically saved)

Click on the relevant target population tab if there is more than one. Target populations are shown as tabs and program types are shown as tabs within each target population tab.

Enter FTE and Payroll data against the relevant categories and for each target population/program type combination.

Click on 'Save' and the message 'Form saved successfully' appears in the green box at the bottom of the screen. The Section completion status changes to Complete.

Alternatively click the 'Validate' button or another Section tab or 'Home' button.

General psychiatry tab – Inpatient Acute

The screenshot shows the 'Mental Health Establishments Collection' interface. The main content area displays the 'Establishment Form - Section 5 - Staffing and Labour Expenditure' for 'General psychiatry' under the 'Inpatient - Acute' category. The table below summarizes the staffing and payroll data.

Staffing Category	Total Avg FTE	Payroll	Other	Total
Registered Nurses	50.3400	\$2,870,000	\$890,000	\$3,760,000
Enrolled Nurses	0	\$0	\$0	\$0
Total Nurses	50.3400	\$2,870,000	\$890,000	\$3,760,000
VMO - Consultant psychiatrists	0	\$0	\$0	\$0
VMO - other medical officers	0	\$0	\$0	\$0
Psychiatrists (salaried medical officers)	4.0000	\$590,000	\$430,000	\$1,020,000
Psychiatrists registrars and trainees	7.0312	\$390,000	\$220,000	\$610,000
Other salaried medical officers	0	\$0	\$0	\$0
Total Medical Officers	11.0312	\$980,000	\$650,000	\$1,630,000
Occupational therapists	0	\$0	\$0	\$0
Social workers	0	\$0	\$0	\$0
Psychologists	6.0000	\$310,000	\$110,000	\$420,000
Other allied health officers	0	\$0	\$0	\$0
Total Diagnostic and Health Professionals	6.0000	\$310,000	\$110,000	\$420,000
Other personal care staff	0	\$0	\$0	\$0
Administrative & clerical	5.0000	\$240,000	\$50,000	\$290,000
Domestic & other staff	0	\$0	\$0	\$0
TOTAL	72.3712	\$4,400,000	\$1,700,000	\$6,100,000

General psychiatry tab – Ambulatory

MHE Survey 2011 - Microsoft Internet Explorer provided by Queensland Health

Mental Health Establishments Collection

2011-Establishment-20001-Establishment K1 Assigned To: **Tony Kyle** (19 min 57 sec remaining) Status: **INCOMPLETE**

Navigation and Progress Bar: Section 1 Locked, Section 2 Complete, Section 3 Complete, Section 4 Complete, Section 5 Complete

Establishment Form Section 5 (Status: Complete)

General psychiatry Child & adolescent psychiatry

General psychiatry

Establishment Form - Section 5 - Staffing and Labour Expenditure

Inpatient - Acute Ambulatory

Staffing Category	Total Avg FTE	Payroll	Other	Total
Registered Nurses	5.4660	\$210,000	\$45,000	\$255,000
Enrolled Nurses	0	\$0	\$0	\$0
Total Nurses	5.4660	\$210,000	\$45,000	\$255,000
VMO - Consultant psychiatrists	0	\$0	\$0	\$0
VMO - other medical officers	0	\$0	\$0	\$0
Psychiatrists (salaried medical officers)	3.0000	\$365,000	\$200,000	\$565,000
Psychiatrists registrars and trainees	0	\$0	\$0	\$0
Other salaried medical officers	0	\$0	\$0	\$0
Total Medical Officers	3.0000	\$365,000	\$200,000	\$565,000
Occupational therapists	0	\$0	\$0	\$0
Social workers	1.0000	\$85,000	\$15,000	\$100,000
Psychologists	0	\$0	\$0	\$0
Other allied health officers	0	\$0	\$0	\$0
Total Diagnostic and Health Professionals	1.0000	\$85,000	\$15,000	\$100,000
Other personal care staff	0	\$0	\$0	\$0
Administrative & clerical	1.0000	\$65,000	\$15,000	\$80,000
Domestic & other staff	0	\$0	\$0	\$0
TOTAL	10.4660	\$725,000	\$275,000	\$1,000,000

Child & adolescent psychiatry

MHE Survey 2011 - Microsoft Internet Explorer provided by Queensland Health

Mental Health Establishments Collection

2011-Establishment-20001-Establishment K1 Assigned To: **Tony Kyle** (19 min 58 sec remaining) Status: **INCOMPLETE**

Navigation and Progress Bar: Section 1 Locked, Section 2 Complete, Section 3 Complete, Section 4 Complete, Section 5 Complete

Establishment Form Section 5 (Status: Complete)

General psychiatry Child & adolescent psychiatry

Child & adolescent psychiatry

Establishment Form - Section 5 - Staffing and Labour Expenditure

Inpatient - Acute

Staffing Category	Total Avg FTE	Payroll	Other	Total
Registered Nurses	21.0000	\$1,200,000	\$525,000	\$1,725,000
Enrolled Nurses	0	\$0	\$0	\$0
Total Nurses	21.0000	\$1,200,000	\$525,000	\$1,725,000
VMO - Consultant psychiatrists	0	\$0	\$0	\$0
VMO - other medical officers	0	\$0	\$0	\$0
Psychiatrists (salaried medical officers)	3.0010	\$350,000	\$156,000	\$506,000
Psychiatrists registrars and trainees	2.0000	\$155,000	\$142,000	\$297,000
Other salaried medical officers	0	\$0	\$0	\$0
Total Medical Officers	5.0010	\$505,000	\$298,000	\$803,000
Occupational therapists	0	\$0	\$0	\$0
Social workers	0	\$0	\$0	\$0
Psychologists	0	\$0	\$0	\$0
Other allied health officers	20.2400	\$95,000	\$31,000	\$126,000
Total Diagnostic and Health Professionals	20.2400	\$95,000	\$31,000	\$126,000
Other personal care staff	0	\$0	\$0	\$0
Administrative & clerical	3.0000	\$145,000	\$31,000	\$176,000
Domestic & other staff	0	\$0	\$0	\$0
TOTAL	49.2410	\$1,945,000	\$885,000	\$2,830,000

5.6 Amend Establishment Form Sections 2 - 5

Before the Establishment Form is submitted

Click on the relevant Establishment Section tab and the Section opens ready for data entry.

Change data as required. Refer to relevant Section instructions if required.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. Or click the 'Validate' button or another Section tab or 'Home' button.

After the Establishment Form is submitted

If the ECO submitted the Form, they must advise the MHSO Contact Officer (MHSOCO) that amendments are required.

If the MHSO submitted the Form, they must advise the District Contact Officer (DCO) that amendments are required.

If the DCO submitted the Form, they must advise the MHIU officer that amendments are required.

Refer to MHSO Form Review and Request Amendments section of manual for further instructions.

5.7 Establishment Form Validations

Refer to Manual section 3.3 - Validation Rules Panel.

Validation of the Form can be done at any stage of completion of the Form or a Section.

The 'Validate' button will validate all Sections of the Form even if data entry has not been started.

A list of validations performed is shown at Appendix A.

Validation error messages must be addressed before the Establishment Form can be submitted.

Revalidate after data is amended to ensure validation error is corrected or removed.

Yellow message 'Please address validation messages' appears in the box at the bottom of the screen and will remain until all have been addressed.

The screenshot shows the 'Mental Health Establishments Collection' interface. The main content area displays 'Establishment Form Section 5 - Staffing and Labour Expenditure' for 'General psychiatry'. The table below shows the following data:

Staffing Category	Total Avg FTE	Payroll	Other	Total
Registered Nurses	50.3400	\$2,870,000	\$890,000	\$3,760,000
Enrolled Nurses	0	\$0	\$0	\$0
Total Nurses	50.3400	\$2,870,000	\$890,000	\$3,760,000
VMO - Consultant psychiatrists	0	\$0	\$0	\$0
VMO - other medical officers	0	\$0	\$0	\$0
Psychiatrists (salaried medical officers)	4.0000	\$590,000	\$430,000	\$1,020,000
Psychiatrists registrars and trainees	7.0312	\$390,000	\$220,000	\$610,000
Other salaried medical officers	0	\$0	\$0	\$0
Total Medical Officers	11.0312	\$980,000	\$650,000	\$1,630,000
Occupational therapists	0	\$0	\$0	\$0
Social workers	0	\$0	\$0	\$0
Psychologists	6.0000	\$310,000	\$110,000	\$420,000
Other allied health officers	0	\$0	\$0	\$0
Total Diagnostic and Health Professionals	6.0000	\$310,000	\$110,000	\$420,000
Other personal care staff	0	\$0	\$0	\$0
Administrative & clerical	5.0000	\$240,000	\$50,000	\$290,000
Domestic & other staff	0	\$0	\$0	\$0
TOTAL	72.3712	\$4,400,000	\$1,700,000	\$6,100,000

The right-hand panel shows validation rules for Section 5. The following messages are displayed:

- E5003** (Warning): Message: Child & adolescent psychiatry - Inpatient - Acute - Other allied health officers' annual salary is outside the expected range of \$30,000.00 to \$159,000.00. Please accept accept with a reason or amend data.
- E5003** (Warning): Message: General psychiatry - Ambulatory - Registered Nurses' annual salary is outside the expected range of \$48,000.00 to \$152,000.00. Please accept accept with a reason or amend data.
- E5003** (Warning): Message: General psychiatry - Inpatient - Acute - Psychiatrists registrars and trainees' annual salary is outside the expected range of \$56,000.00 to \$182,000.00. Please accept accept with a reason or amend data.
- E5006** (Error): Message: For General psychiatry - Inpatient - Acute - the total labour related expenditure does not equal the labour sub-total in Section 4. Please amend data.

5.8 Submit Establishment Form

When all Establishment Form Sections have been completed and all Validation error messages have been addressed, the 'Submit Form' button should be activated and the Establishment Form can be submitted for review.

Click on the 'Submit Form' button and the message 'Form submitted successfully' appears in the green box at the bottom of the screen. The completion status of all Section tabs changes to Locked.

A system generated email, advising that the Establishment Form is complete and ready for review, is sent to the relevant Contact Officer or MHIU (if the DCO submitted Form).

2011-Establishment-20001-Establishment K1 Assigned To: Erin Kelly [19 min 56 sec remaining] Status: INCOMPLETE

Navigation and Progress Bar: Section 1 Locked, Section 2 Complete, Section 3 Complete, Section 4 Complete, Section 5 Complete

Establishment Form Section 1 (Status: Locked)

Establishment Form - Section 1 - Mental Health Services Provided by Establishment
Indicate whether or not this establishment provided the following types of mental health services during the year
All available boxes must be completed and the Section saved before it can be submitted.

	Acute	Non-Acute	Residential	Ambulatory
General psychiatry	Yes	No	No	Yes
Medium secure	No	No	No	---
Child & adolescent psychiatry	Yes	No	No	No
Older persons' psychiatry	No	No	No	No
Forensic psychiatry	No	No	No	No
Young persons' psychiatry	No	No	No	No

Click on the 'Home' button.

5.9 Establishment Form Review

Following receipt of email advice that the Establishment Form has been submitted, the assigned District officer or MHIU officer logs into the application.

The user clicks the 'Review Form' menu button (refer to Section 3.2). A treeview of Forms they have access to is listed.

Click on the relevant Establishment Form name in the treeview. The Form will then open at Section 1.

The user then reviews the Establishment Form data.

The screenshot displays the 'Mental Health Establishments Collection' web application. The main content area shows '2011-Establishment-20001-Establishment K1' assigned to 'Erin Kelly' with a status of 'COMPLETE'. The 'Navigation and Progress Bar' indicates that Section 1 is the active section, while Sections 2 through 5 are locked. The 'Validation Rules' section shows 0 to 0 of 0. The main form area is titled 'Establishment Form - Section 1 - Mental Health Services Provided by Establishment' and contains a table for service types.

	Acute	Non-Acute	Residential	Ambulatory
General psychiatry	Yes	No	No	Yes
Medium secure	No	No	No	---
Child & adolescent psychiatry	Yes	No	No	No
Older persons' psychiatry	No	No	No	No
Forensic psychiatry	No	No	No	No
Youth	No	No	No	No

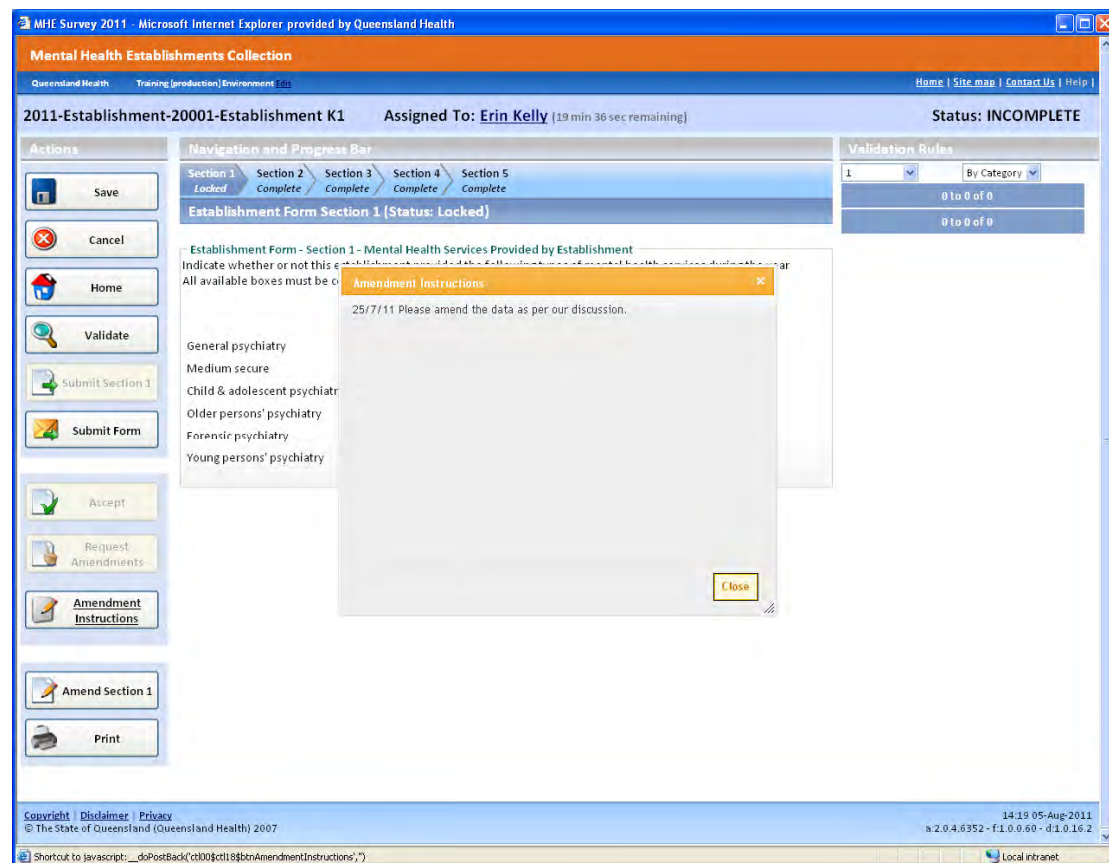
5.9.1 Establishment Form Review & Request Amendment

Following review it is found that data needs to be amended on the Establishment Form.

The user clicks on the 'Request Amendments' button.

The Amendment Instructions window overlay displays. Enter any instructions, including the current date, that need to be passed on to the amending contact officer and click Save.

If a subsequent review requires data amendments, do not delete previous instructions but add additional lines with relevant date.



The Section 1 screen redisplay and the 'Amend Section 1' button becomes activated.

The relevant Establishment contact officer will need to be advised that amendments are required.

Click 'Home' then 'Logout'.

5.9.2 Establishment Form Review & Accept

Following review of the Establishment Form, the data is found to be correct.

The user clicks on the 'Accept' button.

Click 'OK' on the pop up message pop up indicating that the Form will now be finalised and approved.

The screenshot displays the 'Mental Health Establishments Collection' web application. The main content area shows 'Establishment Form Section 1 (Status: Locked)'. A navigation bar at the top indicates that Sections 1 through 5 are all 'Locked'. Below the navigation bar, a table titled 'Establishment Form - Section 1 - Mental Health Services Provided by Establishment' is displayed. The table asks to indicate whether or not the establishment provided various types of mental health services during the year. The table has columns for 'Acute', 'Non-Acute', 'Residential', and 'Ambulatory' services, with 'Yes' and 'No' options for each.

	Acute	Non-Acute	Residential	Ambulatory
General psychiatry	Yes	No	No	Yes
Medium secure	No	No	No	---
Child & adolescent psychiatry	Yes	No	No	No
Older persons' psychiatry	No	No	No	No
Forensic psychiatry	No	No	No	No
Youth	No	No	No	No

The interface also includes a left-hand 'Actions' menu with buttons for 'Save', 'Cancel', 'Home', 'Validate', 'Submit Section 1', 'Submit Form', 'Accept', 'Request Amendments', 'Amendment Instructions', 'Amend Section 1', and 'Print'. A 'Validation Rules' panel on the right shows '0 to 0 of 0' for two categories. The status at the top right is 'ACCEPTED'.

Click 'Home' then 'Logout'.

6.0 District Form

The District Form has the same Sections as the MHSO Form.

Data cannot be entered into the District Form.

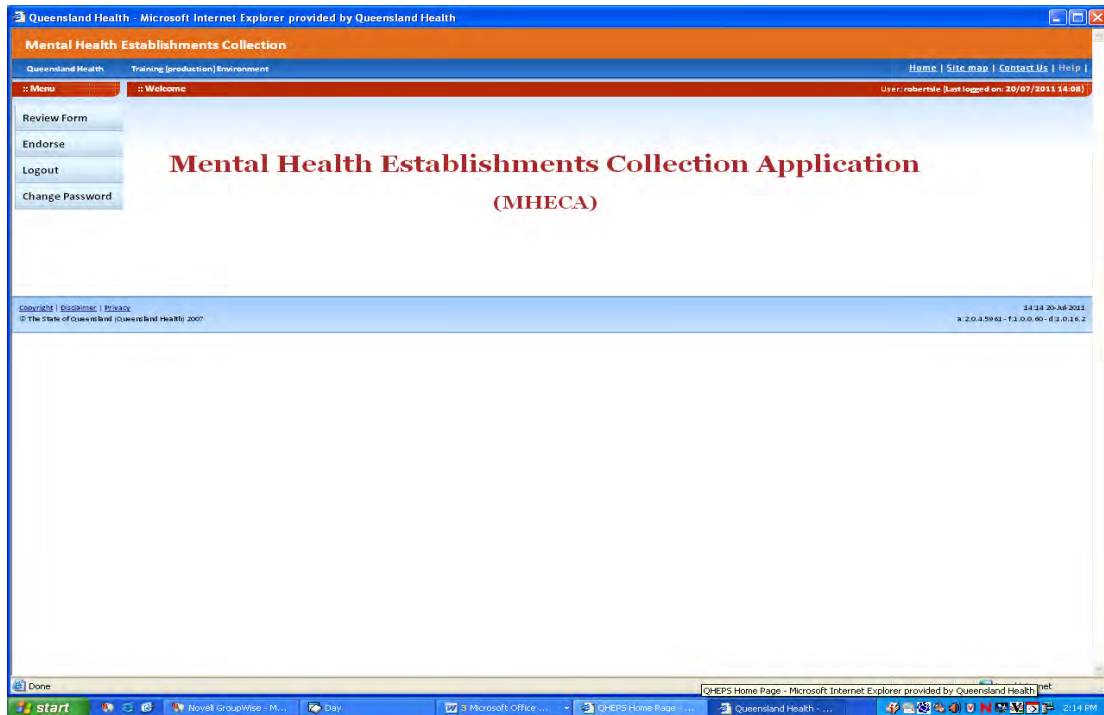
The Form is populated with summarised data from all the MHSO Forms that belong to that District. If there is only one MHSO in the District then the District Form shows the same data as the MHSO Form.

7. Endorsement and Approval of Forms

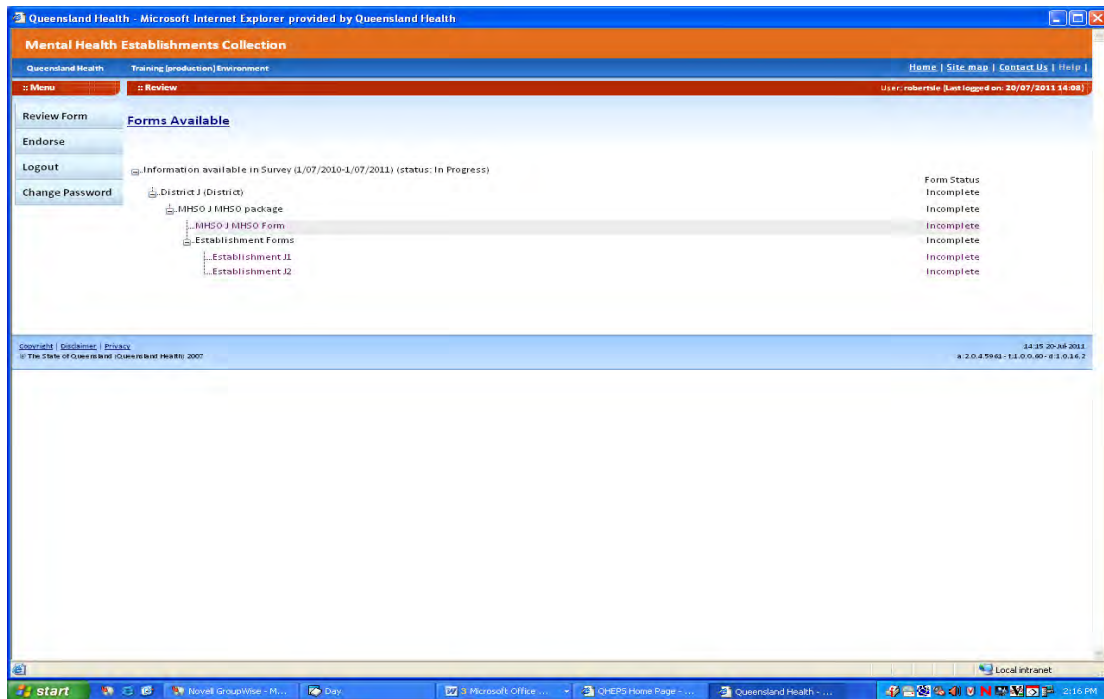
7.1 Endorse Forms by MHS Executive

When all MHSO Forms and related Establishment Forms for a MHSO have been 'Accepted', a system generated email is sent to the nominated MHS Executive officer requesting 'Endorsement' of each Form.

The MHS Executive officer logs into the application following receipt of the email.



Click the 'Review Form' menu button. A treeview of the Forms that they have access to is listed.



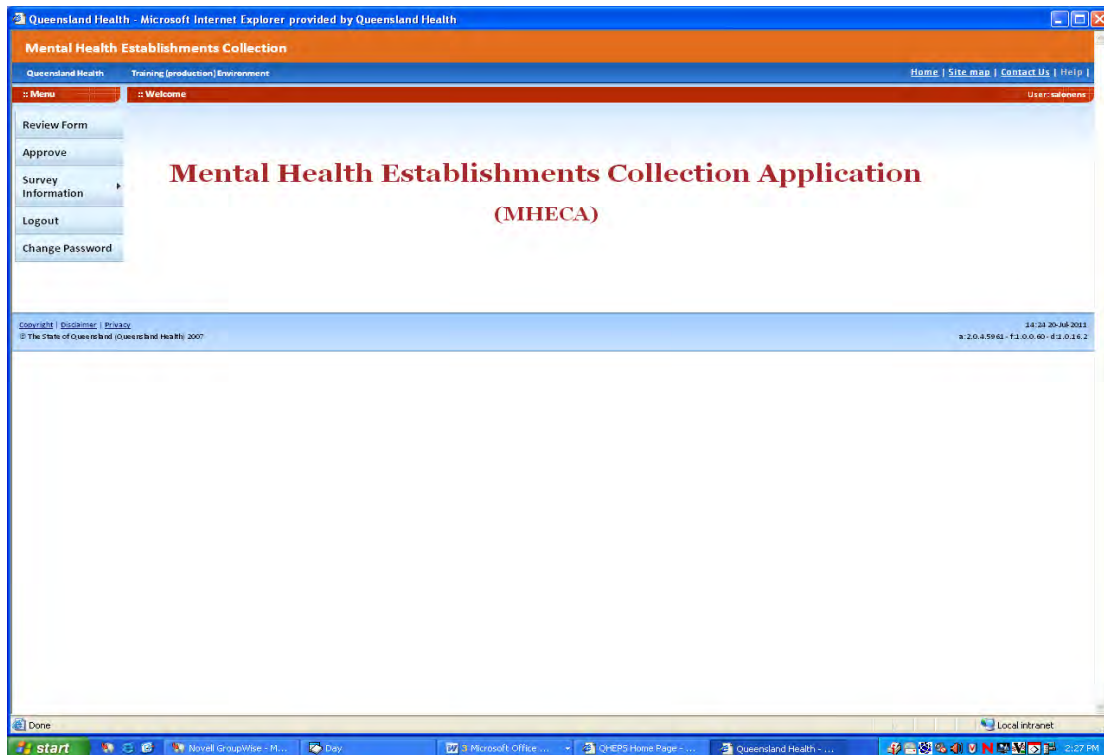
Click on the relevant Form name in the treewiew and it will then open at Section 1. By clicking on each Section tab within a Form the user can review the data provided.

If the data provided in the Forms is acceptable then the MHS Executive officer should send email advice to the nominated District Contact Officer.

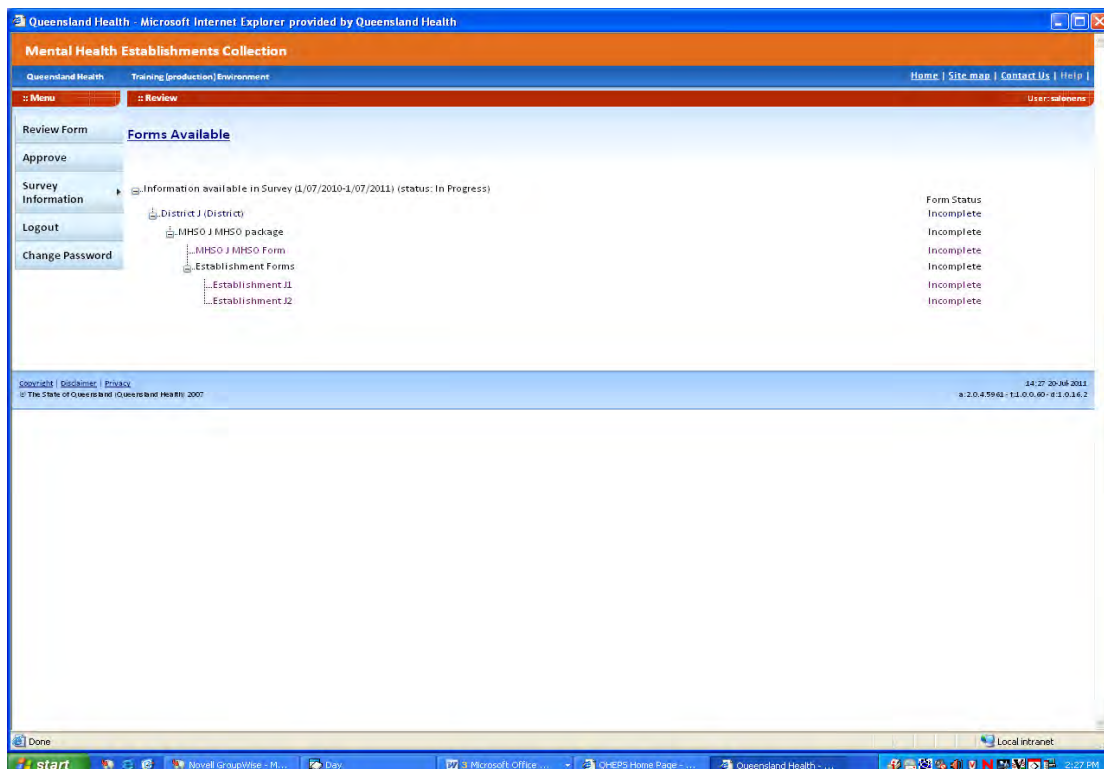
If data changes need to be made to any Form, please send email advice to the nominated District Contact Officer.

7.2 Approve Forms by District CEO

When all MHSO Forms and related Establishment Forms for a District have been 'Accepted', 'Endorsed' and reviewed/accepted by the MHIU officer, a manual email is sent by the MHIU officer to the DCEO seeking their agreement that the data provided reflects the MHSO operations for the year concerned.



Click the 'Review Form' menu button. A treeview of the Forms that they have access to is listed.



Click on the relevant Form name in the treeview and it will then open at Section 1. By clicking on each Section tab within a Form the user can review the data provided.

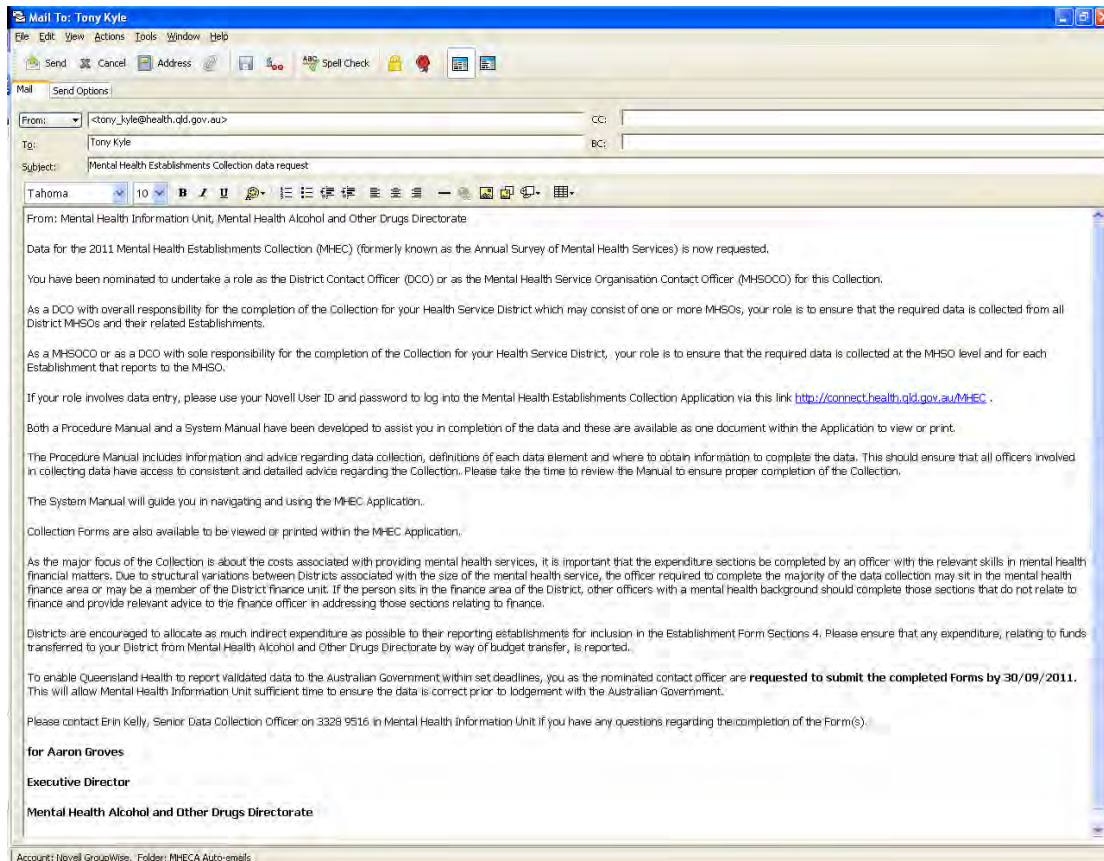
If the data provided in the Forms is acceptable, then the DCEO should advise this by replying to the MHIU officer's email and CC in the nominated District

Contact Officer.

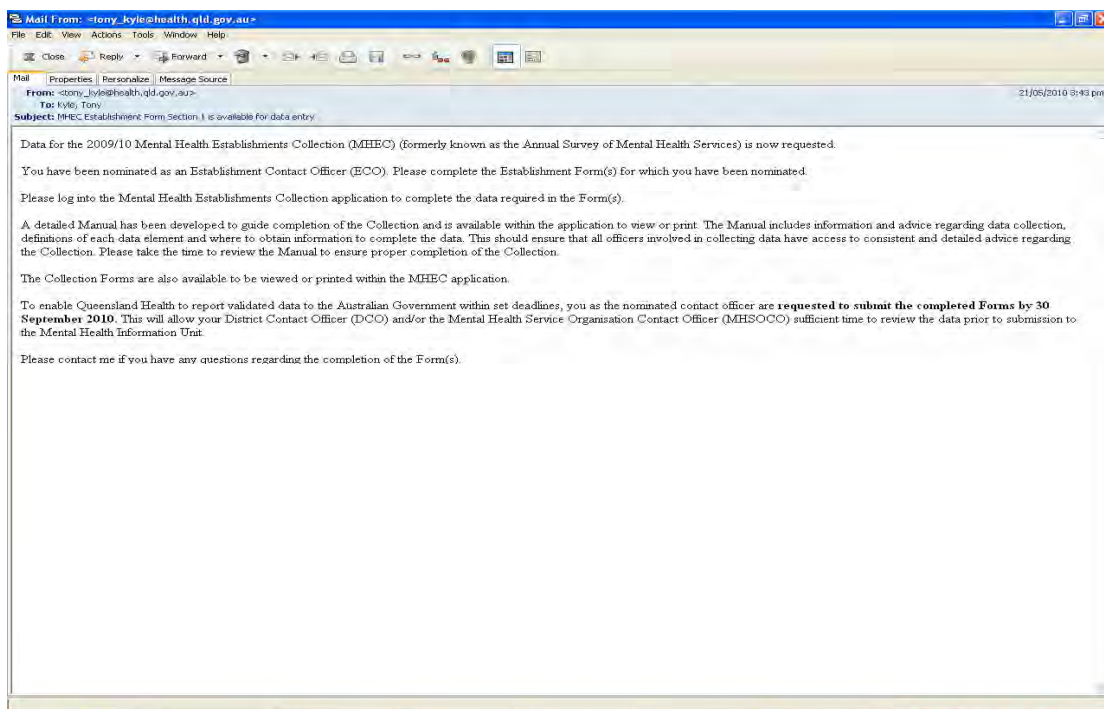
If data changes need to be made to any Form, then the DCEO should advise this by replying to the MHIU officer's email and CC in the nominated District Contact Officer.

8.0 System Generated Emails

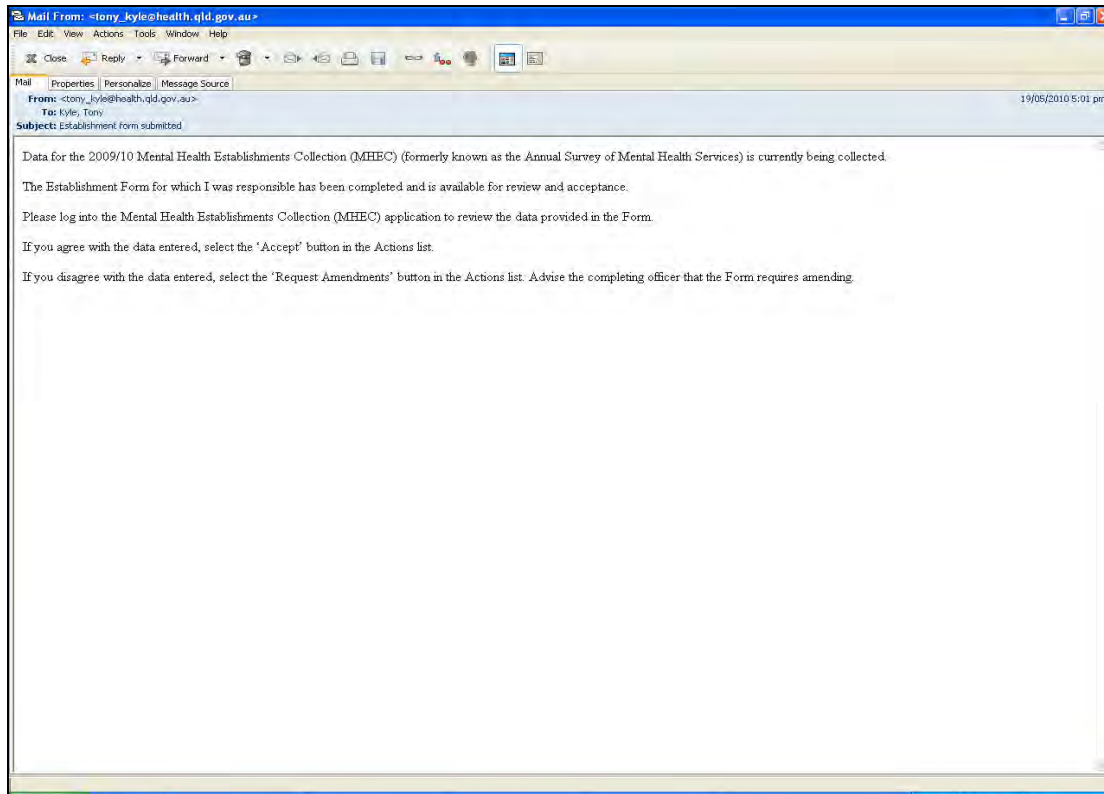
Collection published



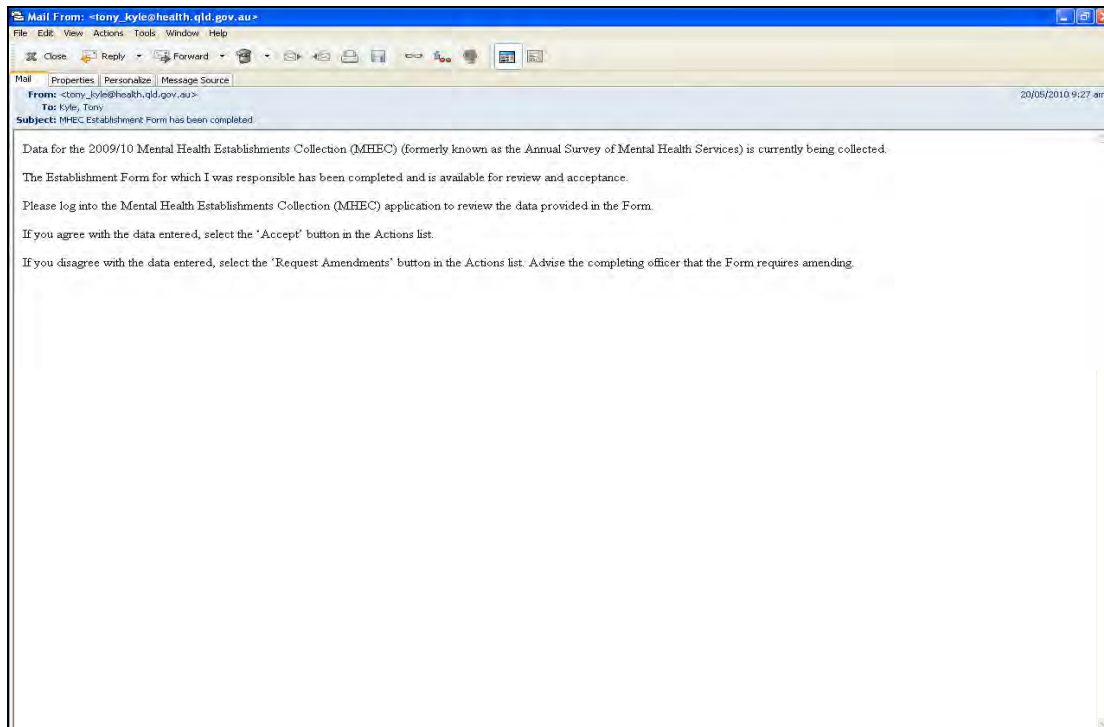
MHSO Form Section 1 submitted



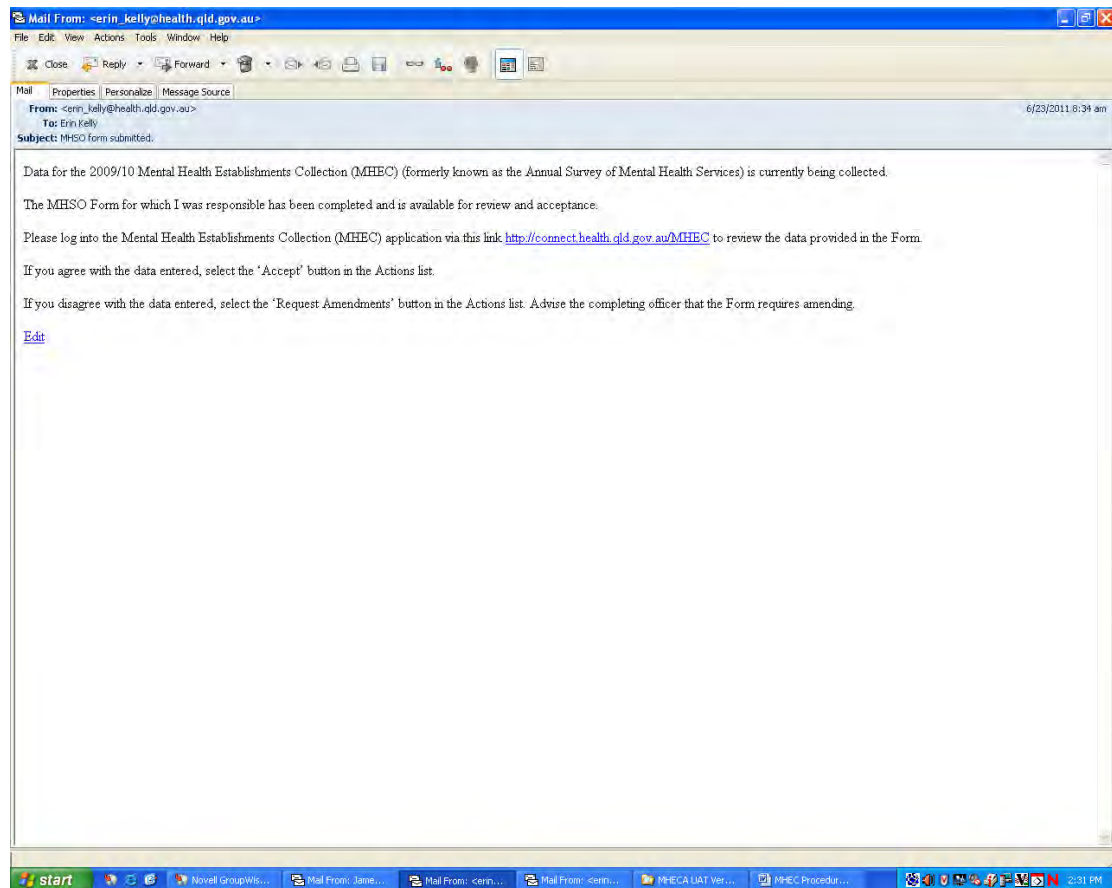
Establishment Form submitted by MHSOCO



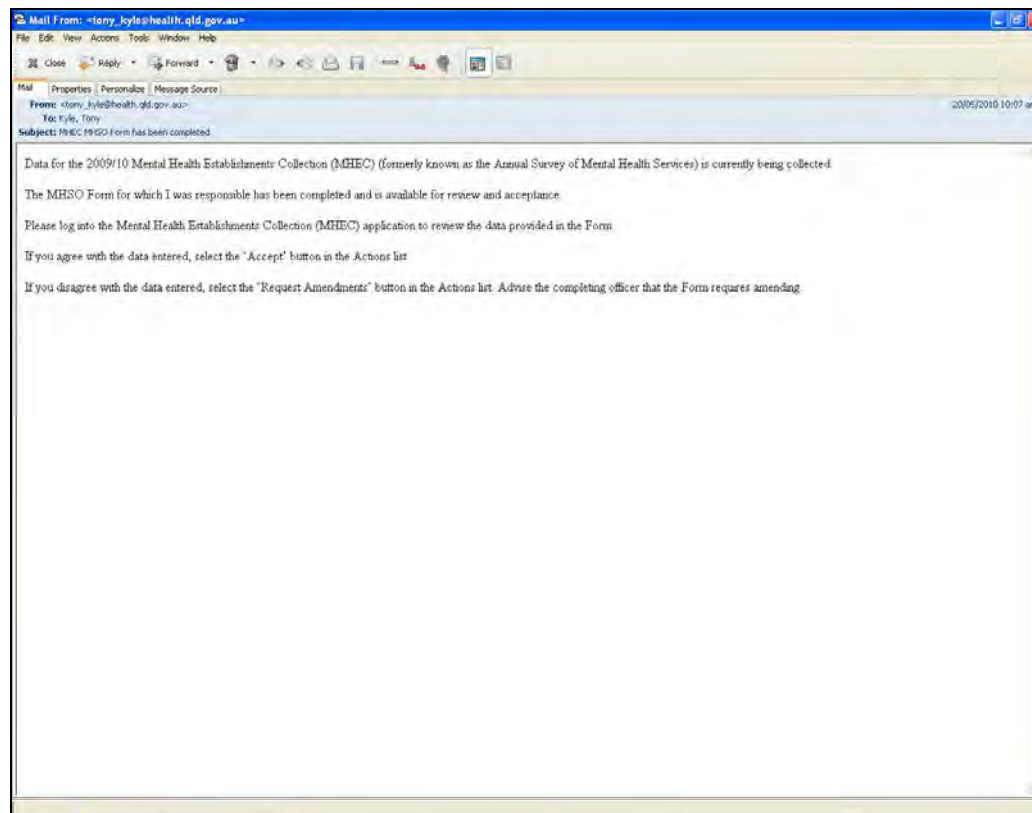
Establishment Form submitted by ECO



MHSO Form submitted



Endorsement of MHSO data



9.0 State Form

The State Form is completed by officers in the Mental Health Information Unit. District officers do not need to complete any part of this Form.

9.1 State Form Section 1

Click on the State Section 1 tab and Section 1 opens ready for data entry.

Enter indirect expenditure data against all categories. If there is **Nil** expenditure for a category, enter zero. If required, enter the expenditure description and \$ amount into the 'Other' fields then click 'Add'. This saves that row and adds a new row. Rows can be Edited/Deleted.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. Or click the 'Validate' button or another Section tab or 'Home' button.

The screenshot shows the 'MHE Survey 2010' web application interface. The main content area displays 'State Form Section 1 - Indirect Expenditure'. It includes a navigation bar with tabs for Section 1, Section 2a, Section 2b, Section 3, and Section 4. Section 1 is currently active and shows a table for recording expenditure data. The table has columns for 'State', 'Commonwealth', 'Other', and 'Total'. The data is organized into several categories, each with a corresponding row in the table. The 'Total' and 'Grand Total' rows are highlighted in blue.

	State	Commonwealth	Other	Total
State-wide mental health program administration	\$20,000,000	\$0	\$0	\$20,000,000
Education and training	\$3,000,000	\$0	\$0	\$3,000,000
Academic chairs	\$0	\$0	\$0	\$0
Mental health research	\$0	\$0	\$0	\$0
Mental health promotion services	\$1,980,000	\$20,000	\$0	\$2,000,000
Service development	\$0	\$0	\$0	\$0
Salary on-costs and other overheads				
Superannuation	\$0	\$0	\$0	\$0
Workers compensation	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0
Other mental health expenditure				
Mental Health Act regulation incl review tribunals	\$8,000,000	\$0	\$0	\$8,000,000
Patient transport services	\$0	\$0	\$0	\$0
Property leasing costs	\$0	\$0	\$0	\$0
Other indirect expenditure (please specify)				
Total	\$32,980,000	\$20,000	\$0	
Grand Total	\$33,000,000			

9.2 State Form Sections 2a & 2b

Click on the State Form Section 2a or 2b tab and that opens ready for data entry.

Enter data and use drop downs for Service Types and Funding Source to complete a row then click on 'Add'. This saves the row and adds a new row. Rows can be Edited/Deleted.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. Or click the 'Validate' button or another Section tab or 'Home' button.

The screenshot shows the 'MHE Survey 2010' web application in Microsoft Internet Explorer. The page title is 'Mental Health Establishments Collection'. The user is logged in as 'Tony Kyle' and is working on 'State Form Section 2a (Status: New)'. The status is 'INCOMPLETE'. The navigation bar shows 'Section 1', 'Section 2a', 'Section 2b', 'Section 3', and 'Section 4'. The main content area is titled 'State Form - Section 2a - NGO Grants to Non-Government Organisations (Health Departments)'. It contains a table with the following data:

StateNGO Name	Service Types	Grant Amount	Funding Source
NGO A	Recreation Services	\$20,000	State Government
Commonwealth Government Funded Total:			\$0
State Government Funded Total:			\$20,000
Grand Total:			\$20,000

The interface includes a left-hand menu with buttons for Save, Cancel, Home, Validate, Submit Section 1, Submit Form, Accept, Request Amendments, Amendment Instructions, Amend Section 1, and Print. A right-hand panel shows 'Validation Rules' for section 2a.

The screenshot shows the 'MHE Survey 2010' web application in Microsoft Internet Explorer. The user is logged in as 'Tony Kyle' and is working on 'State Form Section 2b (Status: New)'. The status is 'INCOMPLETE'. The navigation bar shows 'Section 1', 'Section 2a', 'Section 2b', 'Section 3', and 'Section 4'. The main content area is titled 'State Form - Section 2b - NGO Grants to Non-Government Organisations (Non-health Departments)'. It contains a table with the following data:

StateNGO Name	Service Types	Grant Amount	Funding Source
NGO B	Counseling Services	\$35,000	Commonwealth Government
Commonwealth Government Funded Total:			\$35,000
State Government Funded Total:			\$0
Grand Total:			\$35,000

The interface includes a left-hand menu with buttons for Save, Cancel, Home, Validate, Submit Section 1, Submit Form, Accept, Request Amendments, Amendment Instructions, Amend Section 1, and Print. A right-hand panel shows 'Validation Rules' for section 2b.

9.3 State Form Section 3

Click on the State Form Section 3 tab and Section 3 opens ready for data entry.

Enter Department of Housing total amount. The District total amount is completed by the application from all the MHSO Form Sections 8.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. Or click the 'Validate' button or another Section tab or 'Home' button.

The screenshot displays the 'MHE Survey 2010' web application in Microsoft Internet Explorer. The page title is 'Mental Health Establishments Collection'. The user is logged in as 'Tony Kyle' with 19 minutes and 53 seconds remaining. The form is titled '2010-State-QLD-Queensland' and is currently 'INCOMPLETE'. The navigation bar shows 'Section 1', 'Section 2a', 'Section 2b', 'Section 3', and 'Section 4', with 'Section 3' being the active section. The main content area is titled 'State Form - Section 3 - Supported Public Housing Places' and contains three input fields: 'Department of Housing Total: 100', 'District Total: 48', and 'Total: 148'. The left sidebar contains various actions such as 'Save', 'Cancel', 'Home', 'Validate', 'Submit Section 1', 'Submit Form', 'Accept', 'Request Amendments', 'Amendment Instructions', 'Amend Section 1', and 'Print'. The bottom of the page includes a footer with copyright information and a timestamp of '14:40 09-Jul-2010'.

9.4 State Form Section 4

Click on the State Form Section 4 tab and Section 4 opens ready for data entry.

This Section is not available for data entry until the other State Form Sections and all MHSO and Establishment Forms have been 'accepted'.

When it is available, enter the funding amounts against the appropriate funding categories.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. Or click the 'Validate' button or another Section tab or 'Home' button.

2010-State-QLD-Queensland Assigned To: **Tony Kyle** (19 min 53 sec remaining) Status: **INCOMPLETE**

Navigation and Progress Bar: Section 1 > Section 2a > Section 2b > Section 3 > Section 4

State Form Section 4 (Status: New)

State Form - Section 4 - Funding Sources for Expenditure Reported at State Wide Level
Provide the source of funding for the expenditure reported at the state level

	Expenditure (Whole dollars)	
STATE GOVERNMENT		
Queensland Health funding	\$25,000,000	
Other State Government funding	\$35,000	
TOTAL	\$25,035,000	A
AUSTRALIAN GOVERNMENT		
National Healthcare Agreement funding	\$0	
Dept of Veterans' Affairs funding	\$0	
Other Australian Government funding	\$8,020,000	
TOTAL	\$8,020,000	B
OTHER SOURCES		
Patient Revenue	\$0	
Recoveries	\$0	
Other Revenue	\$0	
TOTAL	\$0	C
TOTAL OF FUNDS EXPENDED FOR YEAR	\$33,055,000	A+B+C
Total [State Section 1 + State Section 2]	\$33,055,000	

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14-11-09-Jul-2010
a:1.0.15.3572 - f:1.0.0.59 - d:1.0.14

9.5 Amend State Form Sections

Before the State Form is submitted

Click on the relevant State Section tab and the Section opens ready for data entry.

Change data as required. Refer to relevant Section instructions if required.

Click on 'Save' and message 'Form saved successfully' appears in the green box at the bottom of the screen. Or click the 'Validate' button or another Section tab or 'Home' button.

After the State Form is submitted

The MHIU officer that submitted the Form must advise the other MHIU officer that amendments are required.

Refer to Section relating to Opening a Finalised Collection.

9.6 State Form Validations

Refer to Manual section 3.3 - Validation Rules Panel.

Validation of the Form can be done at any stage of completion of the Form or a Section.

The 'Validate' button will validate all Sections of the Form even if data entry has not been started.

A list of validations performed is shown at Appendix A.

Validation error messages must be addressed before the Form can be submitted.

Revalidate after data is amended to see if validation error is corrected and removed.

Yellow message 'Please address validation messages' appears in the box at the bottom of the screen and will remain until all have been addressed.

The screenshot displays the 'MHE Survey 2010' interface in Microsoft Internet Explorer. The main content area shows 'State Form - Section 1 - Indirect Expenditure' with a table for 'Actual or estimated gross non-capital expenditure (whole dollars)'. The table has columns for 'State', 'Commonwealth', 'Other', and 'Total'. A validation error message (S1001) is displayed on the right, stating: 'Message: Academic chairs this year = 50 however last year this category = (\$2,000,000.00). Please accept with a reason or amend data.' Below the message are 'Accept', 'Save', and 'Cancel' buttons. A yellow banner at the bottom of the screen reads: 'Please address validation errors before submitting form. 2:51 PM'. The status bar at the top right indicates 'Status: INCOMPLETE'.

	State	Commonwealth	Other	Total
State-wide mental health program administration	\$20,000,000	\$0	\$0	\$20,000,000
Education and training	\$3,000,000	\$0	\$0	\$3,000,000
Academic chairs	\$0	\$0	\$0	
Mental health research	\$0	\$0	\$0	
Mental health promotion services	\$1,980,000	\$20,000	\$0	\$2,000,000
Service development	\$0	\$0	\$0	
Salary on-costs and other overheads				
Superannuation	\$0	\$0	\$0	
Workers compensation	\$0	\$0	\$0	
Insurance	\$0	\$0	\$0	
Other mental health expenditure				
Mental Health Act regulation incl review tribunals	\$8,000,000	\$0	\$0	\$8,000,000
Patient transport services	\$0	\$0	\$0	
Property leasing costs	\$0	\$0	\$0	
Other indirect expenditure (please specify)				
Add				
Total	\$32,980,000	\$20,000	\$0	
Grand Total	\$33,000,000			

9.7 Submit State Form

When all State Form Sections have been completed, all validation error messages have been addressed and all MHSO and Establishment Forms have been 'Accepted', the State Form can be submitted.

Click on the 'Submit Form' button that should now be activated.

Submitting this Form currently causes the whole Collection to be finalised.

2009-State-QLD-Queensland Assigned To: **MHIUO Dev** (19 min 37 sec remaining) Status: **INCOMPLETE**

Navigation and Progress Bar
 Section 1 Section 2a Section 2b Section 3 Section 4
 State Form Section 1 (Status: Complete)

State Form - Section 1 - Indirect Expenditure
 Identify gross, indirect, non-capital expenditure for the financial year in the categories below where it has not been recorded elsewhere.

	State	Commonwealth	Other	Total
State-wide mental health program administration	\$11,425,737	\$8,968,290	\$0	\$20,394,027
Education and training	\$3,492,948	\$117,789	\$0	\$3,610,737
Academic chairs	\$0	\$0	\$0	\$0
Mental health research	\$0	\$0	\$0	\$0
Mental health promotion services	\$0	\$0	\$0	\$1,908,471
Service development	\$0	\$0	\$0	\$0
Salary on-costs and other overheads	\$0	\$0	\$0	\$0
Superannuation	\$0	\$0	\$0	\$0
Workers compensation	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0
Other mental health expenditure	\$0	\$0	\$0	\$0
Mental Health Act regulation incl review tribunals	\$8,723,474	\$0	\$0	\$8,723,474
Patient transport services	\$0	\$0	\$0	\$0
Property leasing costs	\$0	\$0	\$0	\$0
Other indirect expenditure (please specify)				
Edit Delete various projects	\$939,805			
Add				
Total	\$26,403,695	\$9,092,819	\$0	
Grand Total	\$35,576,514			

Validation Rules
 1 By Category
 1 to 5 of 5

Section 1

S1002
 Message: State-wide mental health program administration this year (\$20,394,027.00) and last year (\$0.00) differs by more than (25.00%). Please accept with a reason or amend data.
 Reason: ok

S1002
 Message: Education and training this year (\$3,610,737.00) and last year (\$0.00) differs by more than (25.00%). Please accept with a reason or amend data.
 Reason: ok

S1002
 Message: Mental health promotion services this year (\$1,908,471.00) and last year (\$0.00) differs by more than (25.00%). Please accept with a reason or amend data.
 Reason: ok

S1002
 Message: Mental health promotion services this year (\$1,908,471.00) and last year (\$0.00) differs by more than (25.00%). Please accept with a reason or amend data.
 Reason: ok

S1002
 Message: Mental health promotion services this year (\$1,908,471.00) and last year (\$0.00) differs by more than (25.00%). Please accept with a reason or amend data.
 Reason: ok

S1002
 Message: Mental health promotion services this year (\$1,908,471.00) and last year (\$0.00) differs by more than (25.00%). Please accept with a reason or amend data.
 Reason: ok

S1002
 Message: Mental health promotion services this year (\$1,908,471.00) and last year (\$0.00) differs by more than (25.00%). Please accept with a reason or amend data.
 Reason: ok

10. Finalise Collection

Submission of the State Form causes the whole Collection for that year to be finalised.

The screenshot shows a web browser window titled "Queensland Health - Microsoft Internet Explorer provided by Queensland Health". The page is titled "Mental Health Establishments Collection". At the top right, there are links for "Home", "Site map", "Contact Us", "Help", and "Logout". A user notification indicates "User: mhiisdev (last logged on: 25/05/2010 14:37)".

The main content area displays a tree view of the collection structure. A message at the top states: "!!MyCustomSummaryText!! content cannot be found. [Create](#)". Below this, a message reads: "Information available in Survey (1/07/2008-30/06/2009) (status: Finalised)".

The tree view shows the following hierarchy:

- State Form
- Metro North (District)
 - Royal Brisbane And Women's Hospital MHSO package
 - Royal Brisbane And Women's Hospital MHSO Form
 - Establishment Forms
 - Community Forensic MHS
 - Inner North Brisbane Community MHS
 - Royal Brisbane & Women's Hospital
 - Somerset Villas Community Care Unit

To the right of the tree view, a "Form Status" column lists the status for each item, all of which are "Accepted".

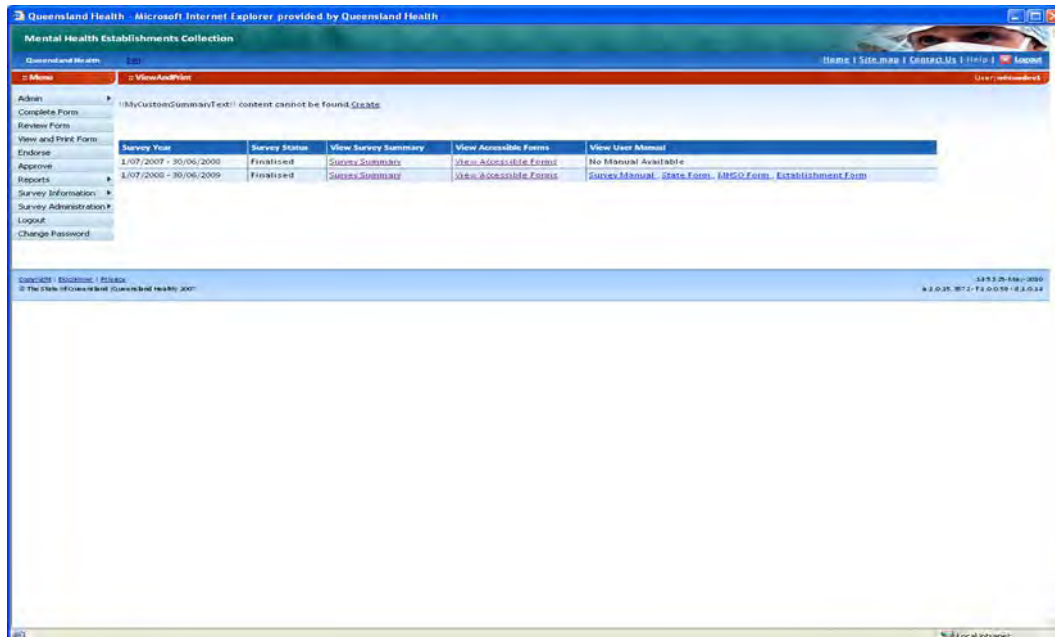
At the bottom of the page, there is a footer with "Copyright | Disclaimer | Privacy" and "© The State of Queensland (Queensland Health) 2009". The date and time "34:48:25 (Sat) - 2010" and the version number "8.1.0.15.3572 - (1.0.0.5) - 6.2.0.14" are also visible.

11. Open finalised collection

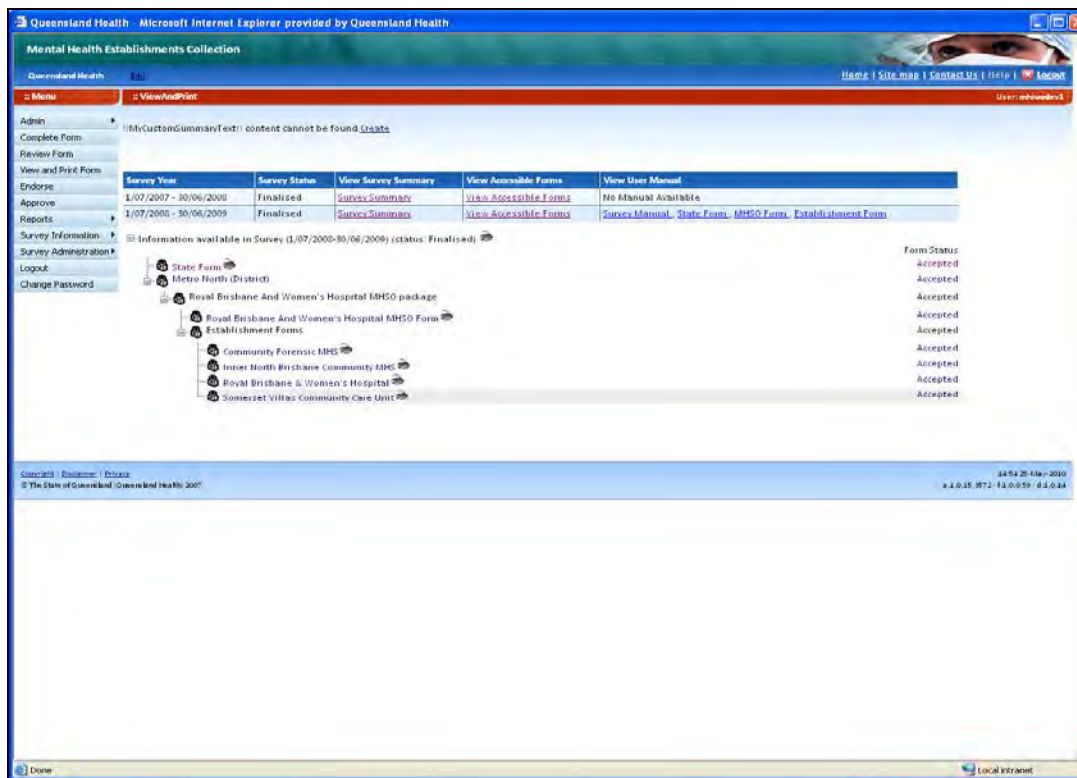
This can only be done by a MHIU officer who did not Submit the State Form which finalised the Collection that is now needing to be reopened.

MHIU officer clicks the 'View and Print Form' button.

Click on 'View Accessible Forms' for the Collection to be reopened.



Click on the State Form in the treeview and the Form opens.



Click on the 'Amend Form' button.

The screenshot shows the 'MHE Survey 2009' web application interface. The main content area displays 'State Form - Section 1 - Indirect Expenditure' with a table of expenditure data. The table has columns for 'State', 'Commonwealth', 'Other', and 'Total'. The data is as follows:

	State	Commonwealth	Other	Total
State-wide mental health program administration	\$11,425,737	\$8,968,290	\$0	\$20,394,027
Education and training	\$3,492,948	\$117,789	\$0	\$3,610,737
Academic chairs	\$0	\$0	\$0	\$0
Mental health research	\$0	\$0	\$0	\$0
Mental health promotion services	\$1,901,731	\$6,740	\$0	\$1,908,471
Service development	\$0	\$0	\$0	\$0
Salary on-costs and other overheads:				
Superannuation	\$0	\$0	\$0	\$0
Workers compensation	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0
Other mental health expenditure				
Mental Health Act regulation incl review tribunals	\$8,723,474	\$0	\$0	\$8,723,474
Patient transport services	\$0	\$0	\$0	\$0
Property leasing costs	\$0	\$0	\$0	\$0
Other indirect expenditure (please specify)				
various projects	\$939,805			
Total	\$26,483,695	\$9,092,819	\$0	
Grand Total	\$35,576,514			

The 'Amend Form' button is located in the left-hand 'Actions' panel. The right-hand side of the screen shows validation rules, including several S1002 messages regarding percentage differences between this year and last year for various expenditure categories.

This will reopen the Collection for the amending of any Form.

11.1 Amending reopened Collection

Click on the MHSO Form that requires amending.

When it displays then click on the 'Request Amendments' button.

The Amendment Instructions window overlay displays. Enter any instructions that need to be passed on to the amending contact officer and click Save.

The Section 1 screen displays and the 'Amend Section 1' button becomes activated.

Click on Home and then log off.

Refer to MHSO Form Review and Request Amendments section of manual for further instructions.

Appendix A – List of Validations

Validation Code **Validation Description**

MHSO Form Validations

O1001	Types of mental health services for [target population] [program type] this year is different to last year. Please accept with a reason or amend data.
O2001	The selected statement for consumer representation on formal committees this year is different to last year. Please accept with a reason or amend data.
O3001	Consumers – ‘Consumer consultants are engaged...’ response this year is different to last year. Please accept with a reason or amend data.
O3002	Consumers - Annual salary for consumer consultants is outside the expected range of [min value] to [max value]. Please accept with a reason or amend data.
O3003	Consumers - “The MHS Organisation holds regular discussion groups” response this year is different to last year. Please accept with a reason or amend data.
O3004	Consumers - “The MHS Organisation has developed a formal (documented) policy” response this year is different to last year. Please accept with a reason or amend data.
O3005	Consumers - “The MHS Organisation periodically conducts consumer satisfaction surveys” response this year is different to last year. Please accept with a reason or amend data.
O3006	Consumers - “The MHS Organisation has a formal internal complaints mechanism ...” response this year is different to last year. Please accept with a reason or amend data.
O4001	Carers – ‘Carer consultants are engaged...’ response this year is different to last year. Please accept with a reason or amend data.
O4002	Carers - Annual salary for carer consultants is outside the expected range of [min value] to [max value]. Please accept with a reason or amend data.
O4003	Carers - “The MHS Organisation holds regular discussion groups” response this year is different to last year. Please accept with a reason or amend data.
O4004	Carers - “The MHS Organisation has developed a formal (documented) policy” response this year is different to last year. Please accept with a reason or amend data.
O4005	Carers - “The MHS Organisation periodically conducts carer satisfaction surveys” response this year is different to last year. Please accept with a reason or amend data.
O4006	Carers - “The MHS Organisation has a formal internal complaints mechanism ...” response this year is different to last year. Please accept with a reason or amend data.
O5001	[Indirect expenditure category] this year = \$0 however last year this category = [\$value]. Please accept with a reason or amend data.

- O5002 [Indirect expenditure category] this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.
- O6001 [Funding source category] this year = \$0 however last year this category = [\$value]. Please accept with a reason or amend data.
- O6002 [Funding source category] this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.
- O6003 Total funds expended = [\$value]. This figure must equal the combined total of Establishment Section 4 (Direct Expenditure) for all Establishments within the MHSO and MHSO Section 5 (Indirect Expenditure).
- O7001 Total NGO Grant Expenditure this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.
- O8001 Total MHSO Housing Places this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.

Establishment Form Validations

- E1001 Types of mental health services for [target population] [program type] this year is different to last year. Please accept with a reason or amend data.
- E2001 Implementation of National Standards for [target population] [program type] this year is different to last year. Please accept with a reason or amend data.
- E3001 Average available beds for [target population] [program type] this year [value] is different to last year [value]. Please accept with a reason or amend data.
- E3002 Number of separations for [target population] [program type] differs by more than [percent]. Please accept with a reason or amend data.
- E3003 Maximum accrued patient days have been exceeded. (available beds x no. days in year)
- E3004 Accrued patient days for [target population] [program type] differs by more than [percent]. Please accept with a reason or amend data.
- E3005 Occupancy [value] for [target population] [program type] is outside the expected [target population] range ([min value] to [max value]). Please accept with a reason or amend data.
- E4001 This year [target population] [program type], [direct expenditure category] = \$0 however last year this category = [\$value]. Please accept with a reason or amend data.
- E4002 [Target population] [program type] [direct expenditure category] this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.
- E4003 [Target population] [program type] - Superannuation has increased this year yet Payroll & Related Expenditure decreased. Please accept with a reason or amend data.
- E4004 [Target population] [program type] - Superannuation has decreased this year yet Payroll & Related Expenditure increased. Please accept with a reason or amend data.

- E4005 [Target population] [program type] – Superannuation = \$0. If there is payroll & related expenditure then superannuation must be reported. Please amend.
- E4006 [Target population] [program type] – There is no labour related expenditure reported. Please amend.
- E4007 [Target population] [program type] – There is no non-labour related expenditure reported. Please amend or accept with a reason.
- E5001 This year [target population] [program type], [staff category] = 0 however last year this category = [value]. Please accept with a reason or amend data.
- E5002 [Target population] [program type] [staff category] FTE this year [value] and last year [value] differs by more than [percent]. Please accept with a reason or amend data.
- E5003 [Target population] [program type] [staff category]'s annual salary is outside the expected range of [min value] to [max value]. Please accept with a reason or amend data.
- E5004 [Target population] [program type] – FTE is reported for [staff category] however no payroll expenditure is reported. Please amend.
- E5005 [Target population] [program type] – Payroll expenditure is reported for [staff category] however no FTE is reported. Please amend or accept with a reason.
- E5006 [Target population] [program type] – The total labour expenditure does not equal the labour sub-total in section 4. Please amend section 4 or 5.

State Form Validations

- S1001 [State Indirect expenditure category] this year = \$0 however last year = [\$value]. Please accept with a reason or amend data.
- S1002 [State Indirect expenditure category] this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.
- S1003 Is Establishment Activity data required to be imported?
- S2001 Total NGO Grant Expenditure this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.
- S3001 Total 'Dept of Housing' Housing Places this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.
- S4001 [Funding source category] this year = \$0 however last year = [\$value]. Please accept with a reason or amend data.
- S4002 [Funding source category] this year [\$value] and last year [\$value] differs by more than [percent]. Please accept with a reason or amend data.
- S4003 Total funds expended = [\$value]. This figure must equal the combined total State Section 1 (total State Indirect Expenditure) and of State Sections 2a & 2b (total NGO Grant Expenditure).