

Mental Health Reports

User Guide

Report Date September 2026

Version No. 2.1



Commissioned Services Reporting Portal Mental Health Reports



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Commissioned Services Reporting Portal Mental Health Reports

Introduction

To facilitate a central location for Mental Health Commissioned Service Providers (CSPs) to view their activity data, three primary reports have been incorporated into the Commissioned Services Reporting Portal. The reports will facilitate open, two-way communication between Mental Health CSPs and their contract managers about reported activity and performance against the WA Primary Health Alliance Performance Management Framework.

The PMHC Report, the Mental Health Balanced Scorecard, and the PMHC-MDS Data Quality Report can be accessed by following the *Reports* link in the *CSP Services* Menu.

PMHC-MDS Report

The Primary Mental Health Care (PMHC) Monthly Report offers a comprehensive overview of activities related to Mental Health contracts. Users can access the Overview page at any time for definitions related to this report. By default, the report displays information for the current financial year, but users can adjust the FY filter to view different time frames and the Date filter to narrow down the specific period.

The PMHC Monthly Report includes a Home page with button links that navigate to each section. Within a section, navigation buttons on the left side of the screen allow users to move around the report. The report is divided into the following sections:



Overview
Activity
Activity Drilldown
Episode Status
Episode Referral and Diagnosis
Service Contacts
Outcome Measurements
PQF MH6 Outcome Compliance
Outcome Data Review
Client Clinical Outcomes - Overall
Client Clinical Outcomes by Severity
PQF MH5 Suicide follow-up
PQF IH4 Cultural Security
No Contact 90 Days

The report is divided into pages, each accessible by clicking the corresponding button on the home page or the buttons on the left side of any page.

The Overview page provides essential information about the report and includes a glossary of terms used throughout.

Commissioned Services Reporting Portal

Mental Health Reports

[Home](#)

Overview

[Activity](#)[Activity Drilldown](#)[Episode Status](#)[Episode Referral and Diagnosis](#)[Service Contacts](#)[Outcome Measurements](#)[PQF MH6 Outcome Compliance](#)[Outcome Data Review](#)[Client Clinical Outcomes - Overall](#)[Client Clinical Outcomes by Severity](#)[PQF MH5 Suicide follow-up](#)[PQF IH4 Cultural Security](#)[No Contact 90 Days](#)

WAPHA Mental Health Contracts

Contents:

This is a static report, numbers may differ from live PMHC MDS system reports.
This report will hold information from the PMHC Monthly reports for all FYs since FY 18/19.

Glossary

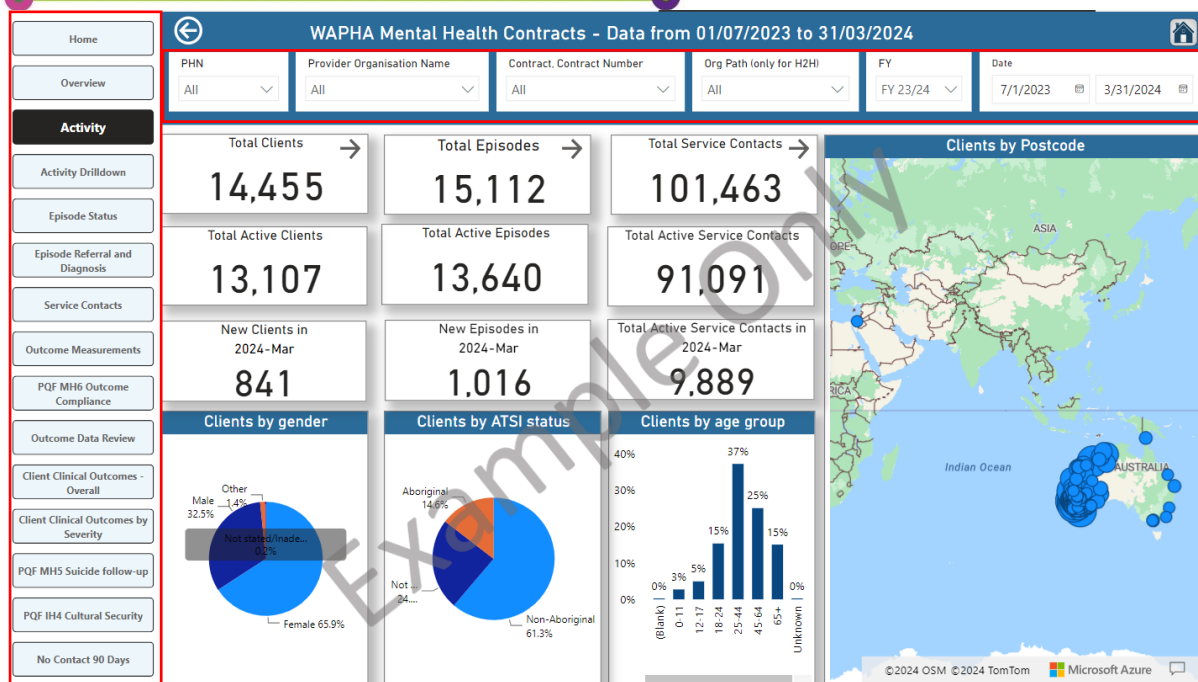
Field	Description
Client Clinical Outcomes	"Indicates the significant clinical changes between Episode start and Episode end for all Episodes with a 'Matched Pair'.* The change for a episode is based on the effect size statistic, defined as: (score at episode start - score at episode end) / standard deviation of episode start scores for all episodes.* Effect sizes of +0.5 or more = 'Significant Improvement'; -0.5 or less = 'Significant Deterioration'; between -0.5 and +0.5 = 'No Significant Change'."
Clinical Outcomes : Effect Size	(Score at Episode Start - Score at Episode End) / Standard Deviation of Episode Start Scores
Outcome Collection Occasion	A Collection Occasion is defined as an occasion during an Episode of Care when the required outcome measure is to be collected. At a minimum, collection of outcome data is required at both Episode Start and Episode End, but may be more frequent if clinically indicated and agreed by the client.* Measures will be the Kessler Psychological Distress Scale K10+ (in the case of Aboriginal and Torres Strait Islander clients, the K5) as well as the Strengths & Difficulties Questionnaires SDQ.
Provider Organisation Type : State/Territory Health Service Organisation	A health service entity principally funded by a state or territory government. This includes all services delivered through Local Hospital Networks (variously named across jurisdictions).
Episode	A more or less continuous period of contact between a client and a PHN-commissioned provider organisation/clinician that starts at the point of first contact, and concludes at discharge. Episodes comprise a series of one or more Service Contacts. *Business Rules: (1) One episode at a time for each client, defined at the level of the provider organisation (2) Episodes commence at the point of first contact. (3) Discharge from care concludes the episode
Service Type : Clinical care	Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate

Information about the PMHC-MDS data is broken down into the following pages:

- Activity
- Activity Drilldown
- Episode Status
- Episode referral and diagnosis
- Service Contacts
- Outcome measurements
- PQF MH6 Outcome Compliance
- Outcome Data Review
- Client Clinical Outcomes – Overall
- Client Clinical Outcomes by Severity
- PQF MH5 Suicide follow-up
- PQF IH4 Cultural Security
- No Contact 90 Days

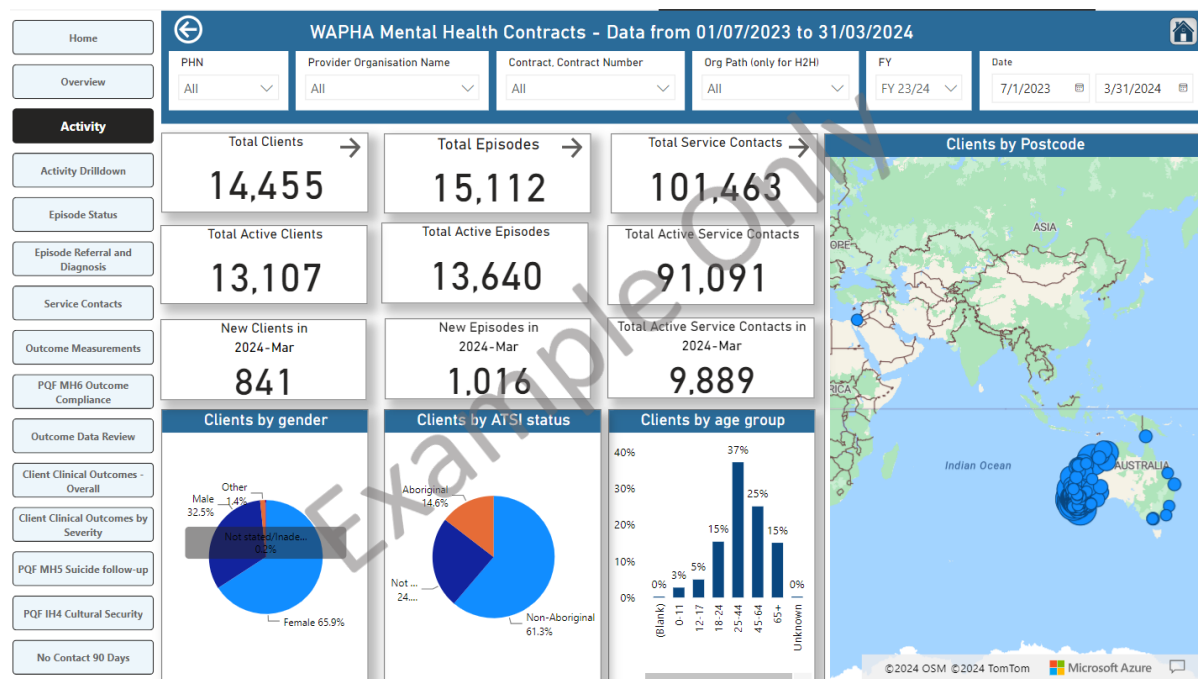
These pages can be filtered by PHN, Organisation, Contract, Contract number (if a contract includes multiple sub-contracts), Financial Year, and specific dates if needed, depending on the data you have access to. When these filters apply to multiple pages, selecting them on one page will automatically apply them across all pages. Use the filters as demonstrated below.

Commissioned Services Reporting Portal Mental Health Reports



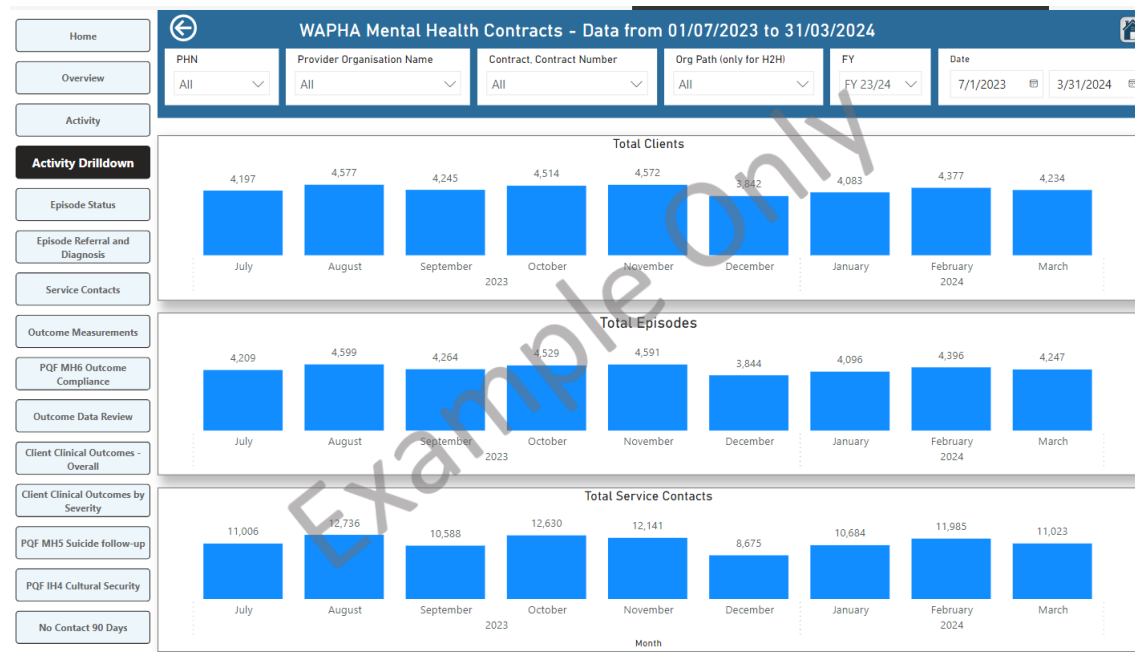
At any time, you can return to the home page using the menu button on the left, or by clicking the home icon on the top right.

Activity – provides an overall snapshot of activity for a PHN, provider or contract, depending on filters applied.

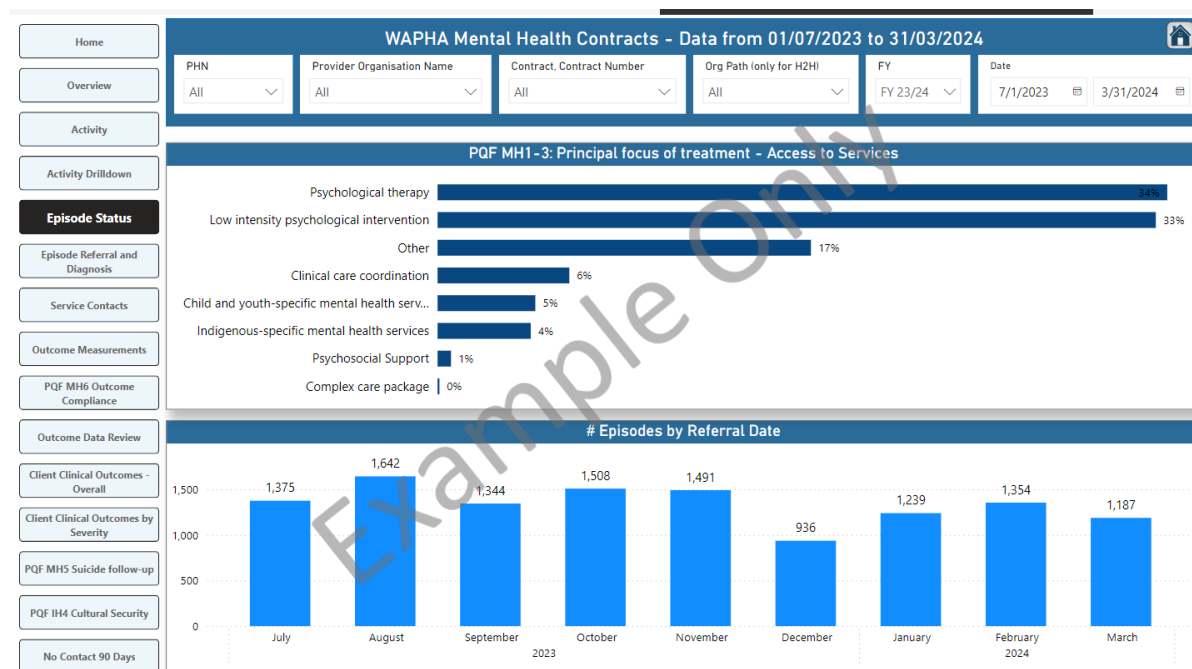


Commissioned Services Reporting Portal Mental Health Reports

Activity Drilldown - this section provides a detailed activity breakdown by total episodes, clients, and service contacts over time, by month, based on the applied filters.

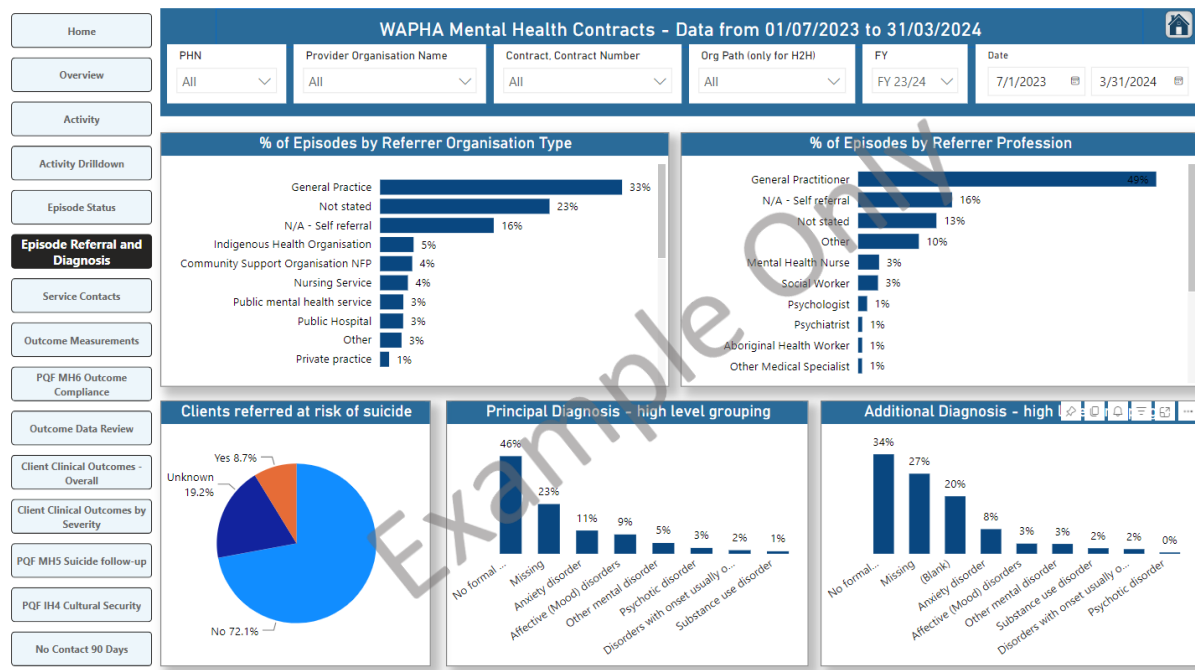


Episode Status – describes the principal focus of treatment distribution of episodes, and a longitudinal view of episodes by referral month.

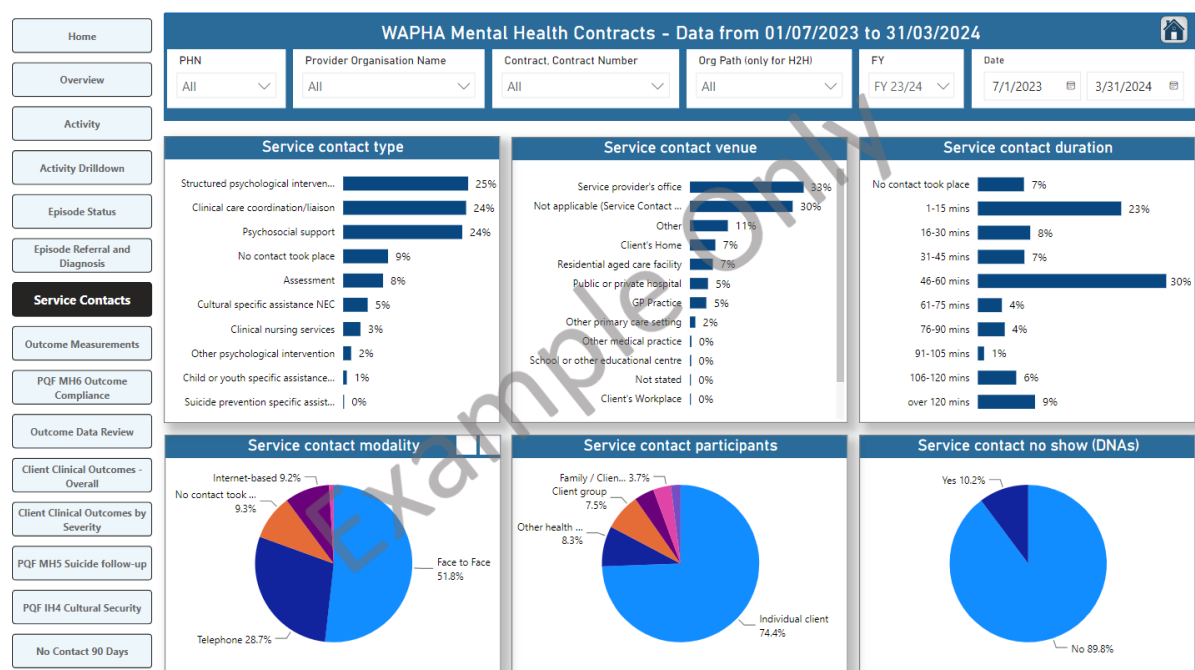


Commissioned Services Reporting Portal Mental Health Reports

Episode Referral and Diagnosis – provides a breakdown of episodes by referrer information, diagnoses, and suicide risk.

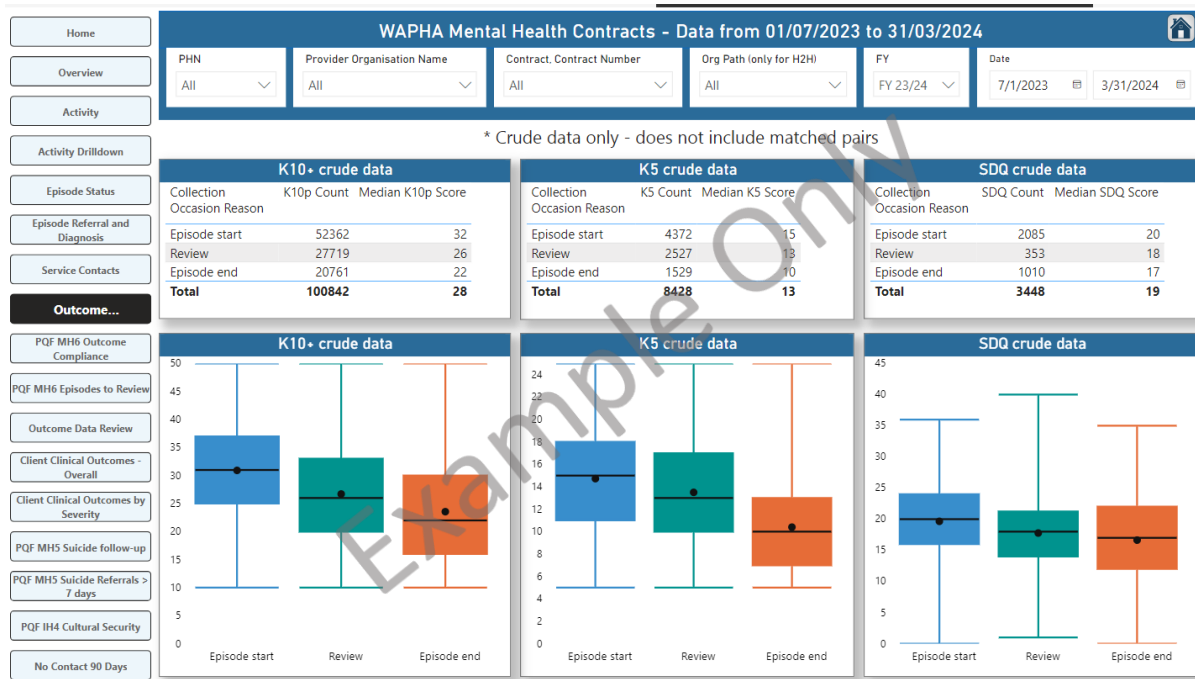


Service Contacts – describes the specifics of service contacts delivered.

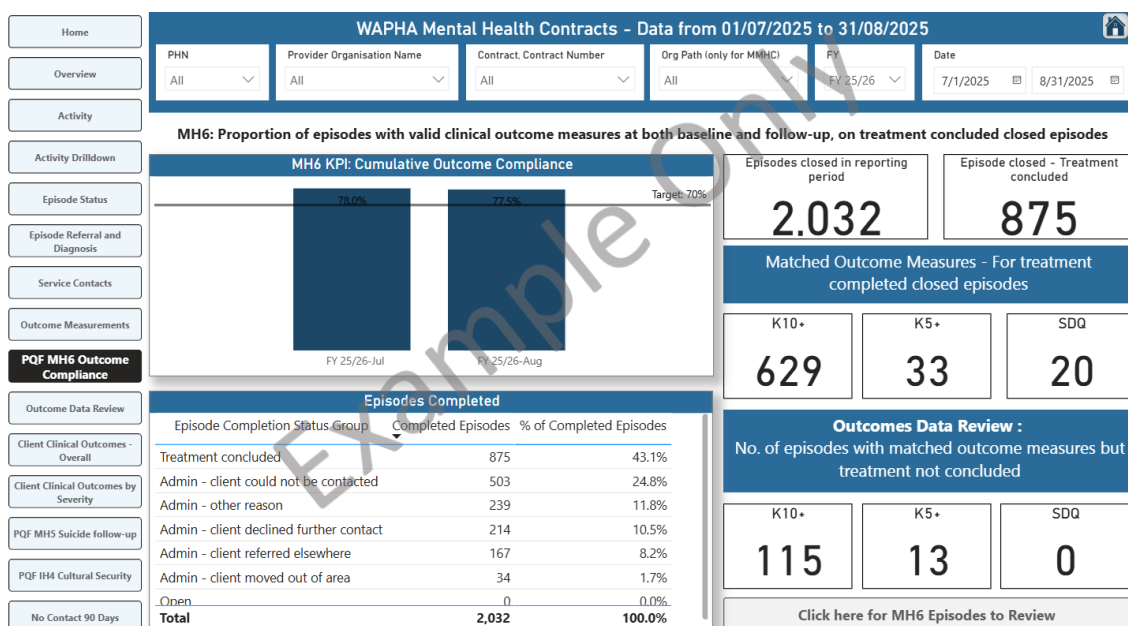


Commissioned Services Reporting Portal Mental Health Reports

Outcome Measurements – provides an overall view of clinical tool (K10, K5 and SDQ) scores.



PQF MH6 Outcomes Compliance – provides a breakdown of the PQF indicator MH6 (Outcomes Compliance) and the episode completion status. Outcomes Compliance refers to the Commonwealth indicator, % of mental health care episodes with valid clinical outcome measures (K10, K5 or SDQ) recorded at both the episode start and end. Note, only episodes with a completion status of *Treatment Concluded* are included in this calculation. This page includes a button labelled “Click here for MH6 Episodes to Review” which directs the user to a sub-page containing client and episode keys where treatment has concluded without a matched pair of clinical tools.

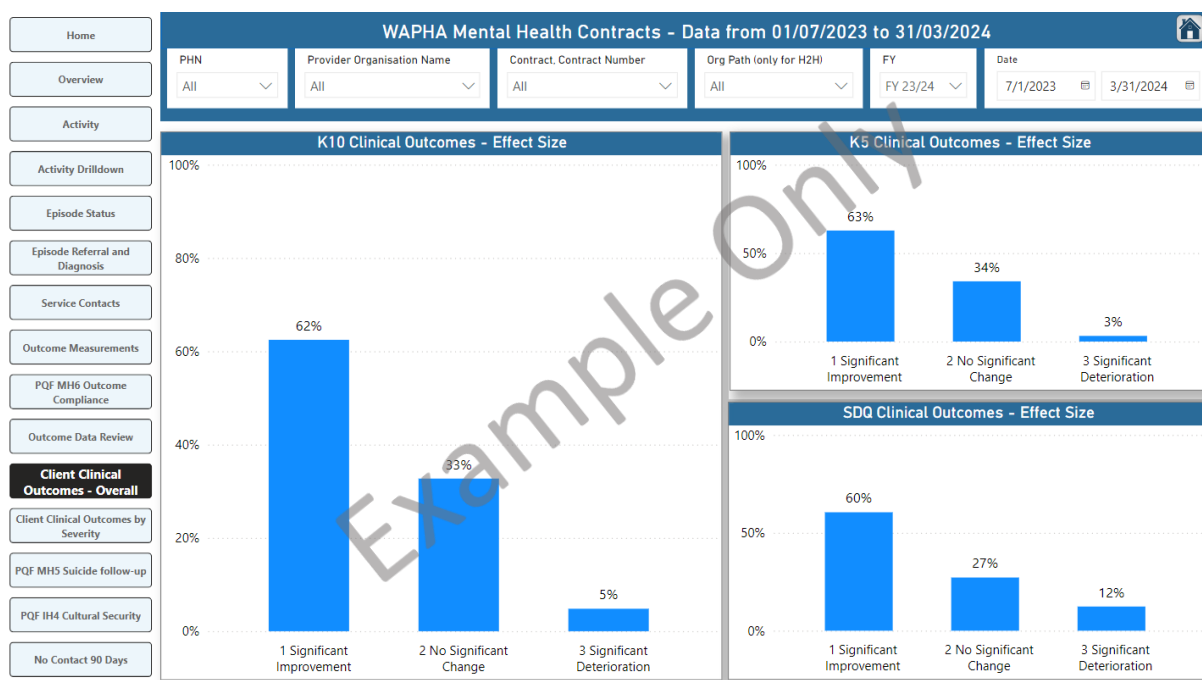


Commissioned Services Reporting Portal Mental Health Reports

Outcome Data Review – provides a list of client and episode keys where treatment has been concluded for reasons other than treatment concluded.

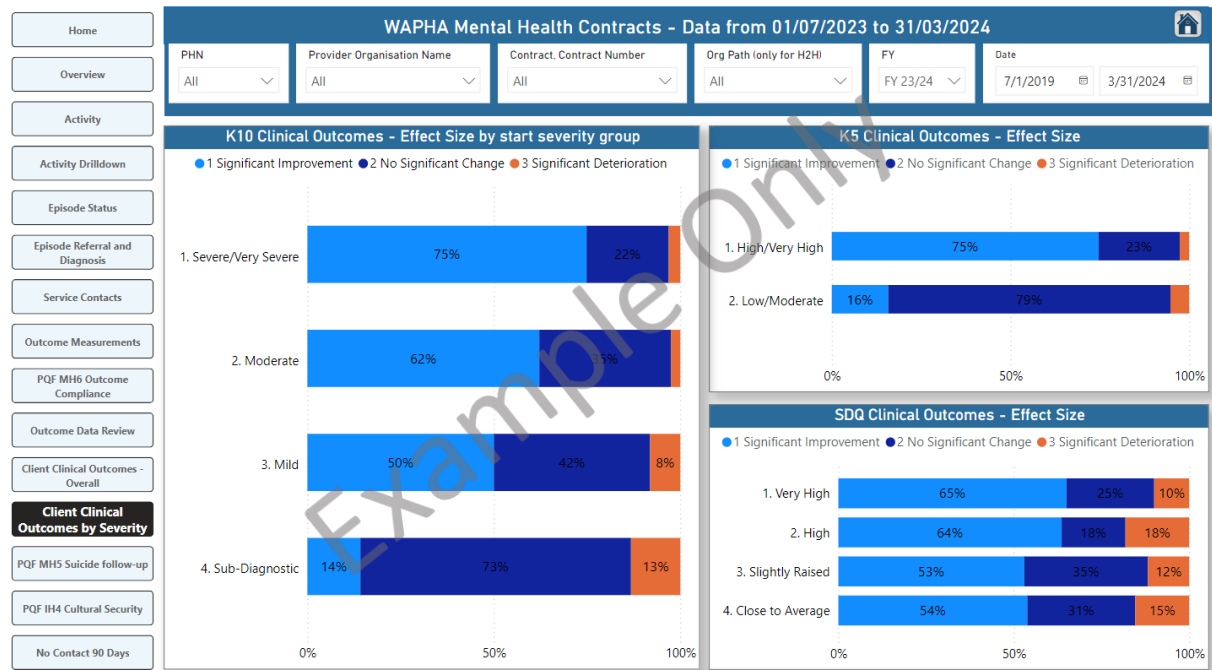
Home	WAPHA Mental Health Contracts - Data from 01/07/2024 to 30/06/2025					Activity
Overview	PHN	Provider Organisation Name	Contract, Contract Number	Org Path (only for MMHC)	FY	Date
Activity	All	All	All	All	FY 24/25	7/1/2024 6/30/2025
Activity Drilldown	K10- matched measures - treatment not concluded				K5 matched measures - treatment not concluded	
Episode Status	Provider Organisation Path	Client Key	Episode Key	Episode Completion Status Group	Provider Organisation Path	Client Key Episode Key Episode Completion Status Group
Episode Referral and Diagnosis	PHN:	19781	24567	Admin - client declined further contact	PHN:	8005-3135 2465662 Admin - other reason
Service Contacts	PHN:	100841	84668	Admin - client could not be contacted	PHN:	8005-3135 2465662 Admin - other reason
Outcome Measurements	PHN:	104935	88630	Admin - client could not be contacted	PHN:	8005-350 2433346 Admin - other reason
PQF MH6 Outcome Compliance	PHN:	106622	90313	Admin - client could not be contacted	PHN:	8005-3527 2269357 Admin - client could not be contacted
Outcome Data Review	PHN:	107797	91545	Admin - client could not be contacted	PHN:	8005-3527 2269357 Admin - client could not be contacted
Client Clinical Outcomes - Overall	PHN:	107967	91705	Admin - client could not be contacted	PHN:	8005-4248 2455860 Admin - client moved out of area
Client Clinical Outcomes by Severity	PHN:	108295	91949	Admin - client could not be contacted	PHN:	8005-4558 2399349 Admin - client referred elsewhere
PQF MH5 Suicide follow-up	PHN:	108378	82040	Admin - client could not be contacted	SDQ matched measures - treatment not concluded	
PQF IH4 Cultural Security	PHN:	13010	84641	Admin - client could not be contacted	Provider Organisation Path	Client Key Episode Key Episode Completion Status Group
No Contact 90 Days	PHN:	22300	90573	Admin - client could not be contacted	PHN:	3165 3165E2 Admin - client could not be contacted
	PHN:	24224	86547	Admin - client could not be contacted	PHN:	4326a 4326aE1 Admin - client could not be contacted
	PHN:	84333	82225	Admin - client could not be contacted	PHN:	5374 5374E1 Admin - client could not be contacted
	PHN:	85256	83511	Admin - client could not be contacted	PHN:	5767 5767E1 Admin - client could not be contacted
					PHN:	4608a 4608aE1 Admin - client declined further contact
					PHN:	2212075 140215 Admin - client referred

Client Clinical Outcomes – Overall – breaks down the effect size into three groups: Significant Improvement, No Significant Change and Significant Deterioration for the three clinical tool assessment types (K10, K5, SDQ).

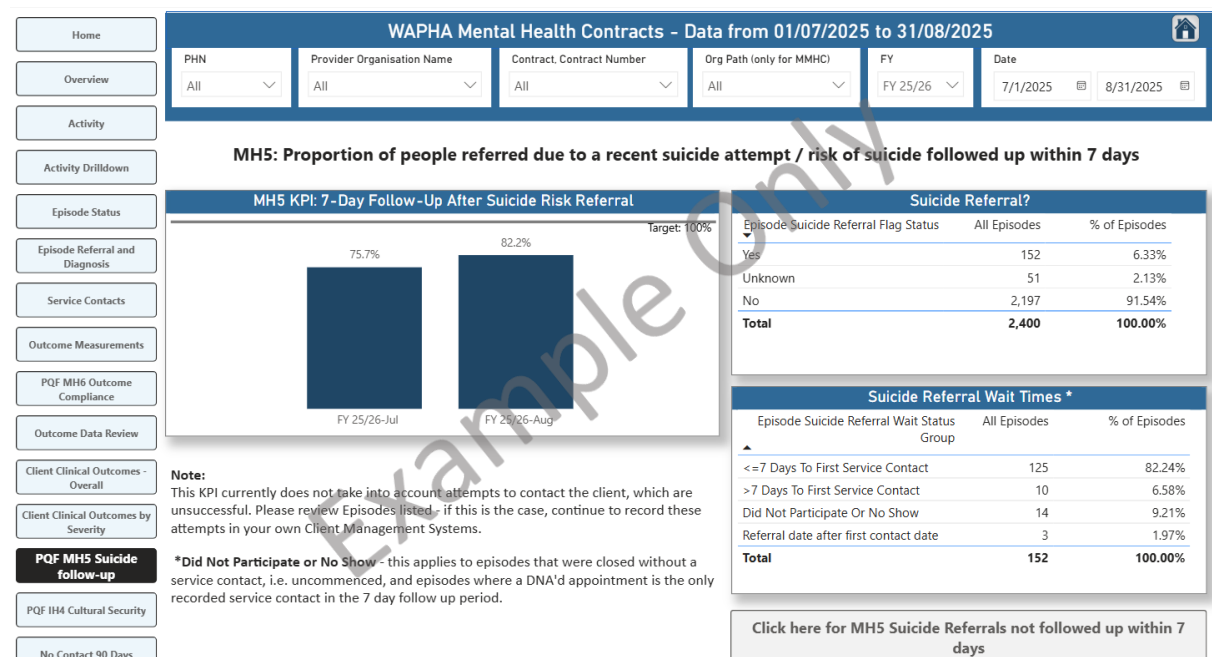


Commissioned Services Reporting Portal Mental Health Reports

Client Clinical Outcomes by Severity – describes the distribution of clinical effect size, as assessed by K10, K5, SDQ, by severity of client's condition.

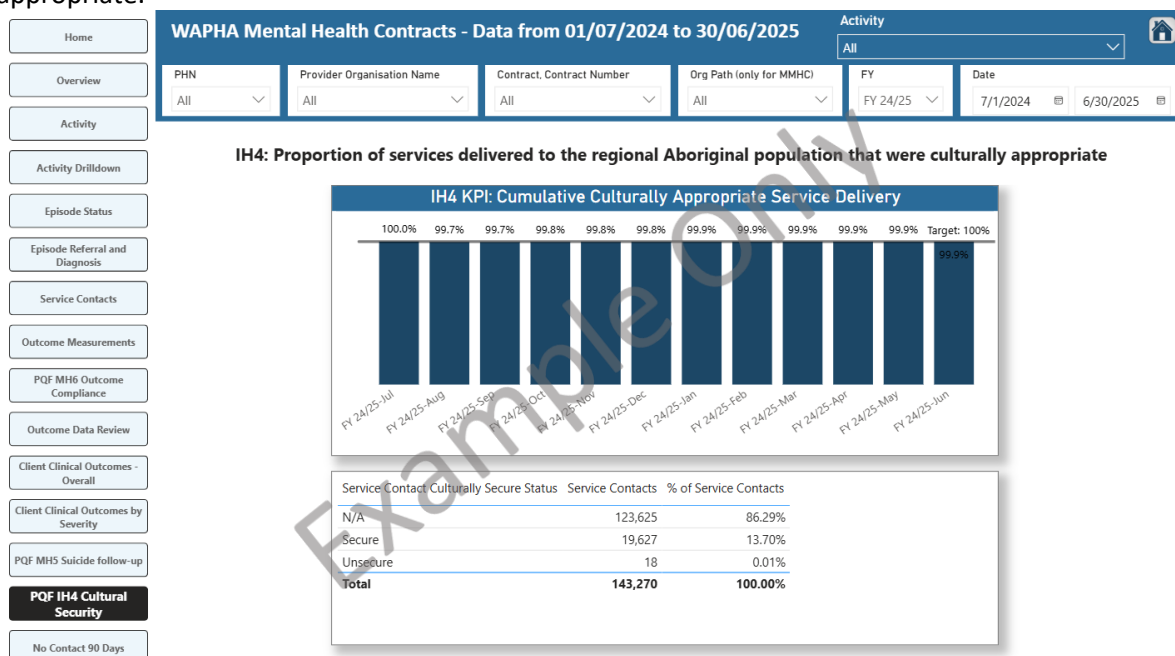


PQF MH5 Suicide follow-up – provides details on the PQF indicator MH5: Proportion of people referred due to a recent suicide attempt or risk of suicide who were followed up within 7 days. This page includes a button that navigates to a sub-page listing client and episode keys where follow-up was not achieved within 7 days. WAPHA and the Commonwealth acknowledge that this metric does not capture failed contact attempts within 7 days and only records instances where a follow-up appointment was successfully scheduled.



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PQF IH4 Cultural Security – this page visualises performance against the PQF IH4 indicator: Proportion of services delivered to the regional Aboriginal population that were culturally appropriate.



No Contact 90 Days – episodes that are open, with no service contact in the last 90 days are highlighted in this page.

WAPHA Mental Health Contracts - Data from 01/07/2023 to 30/04/2024

PHN: All, Provider Organisation Name: All, Contract, Contract Number: All, Org Path (only for H2H): All, FY: FY 23/24, Date: 7/1/2019 to 4/30/2024

This report includes all open Episodes, regardless of start date.

Open episodes with no service contact for 90+ days

Setting of the 90 day threshold does not imply a strict business rule to close episodes where no contact has occurred for this period, but rather to identify episodes that may warrant review.

Episodes warranting review

Provider Organisation Path	Client Key	Episode Key	Time since last activity
PHN	0001	1000	>=90 days
PHN	0002	1001	>=90 days
PHN	0003	1002	>=90 days
PHN	0004	1003	>=90 days
PHN	0005	1004	>=90 days
PHN	0006	1005	>=90 days
PHN	0007	1006	>=90 days
PHN	0008	1007	>=90 days
PHN	0009	1008	>=90 days
PHN	0012	1012	>=90 days
PHN	0013	1013	>=90 days
PHN	0014	1014	>=90 days
PHN	0015	1015	>=90 days
PHN	0016	1016	>=90 days
PHN	0018	1018	>=90 days
PHN	0020	1019	>=90 days
PHN	0021	1020	>=90 days
PHN	0022	1021	>=90 days
PHN	0023	1022	>=90 days
PHN	0024	1023	>=90 days
PHN	0025	1024	>=90 days
PHN	0026	1025	>=90 days
PHN	0027	1026	>=90 days
PHN	0028	1027	>=90 days
PHN	0029	1028	>=90 days

If you experience trouble accessing the PMHC-MDS Report, or have any queries about the metrics visualised, please contact your contract manager.

Commissioned Services Reporting Portal Mental Health Reports

Mental Health Balanced Scorecard

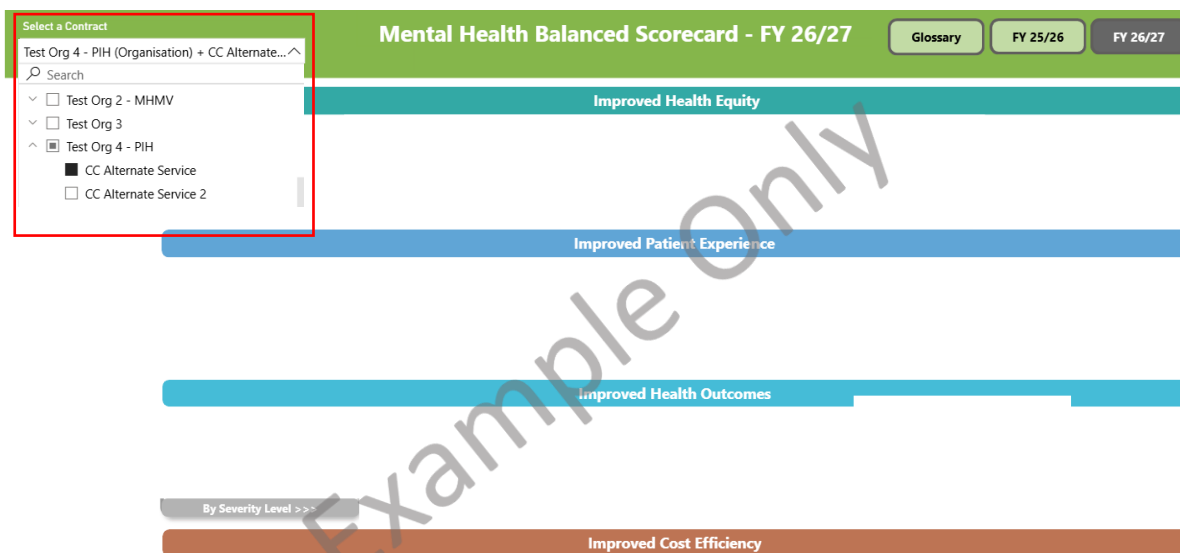
The Balanced Scorecard is a report that provides a snapshot of how a contract is performing relative to WAPHA's Performance Management Framework (PMF) Indicators. Information represented shows how a contract is tracking for the current financial year, and how they performed in the previous financial year. This document outlines how to interact with the Mental Health Balanced Scorecard.

To access the Mental Health Balanced Scorecard, log on to the Commissioned Services Reporting Portal (<https://portal.wapha.org.au/>) and navigate to the Reports section of the CSP Services Menu. From here, you can interact with the Mental Health Balanced Scorecard to view a contract's performance against PMF indicators.

Additionally, there is a button in the report that allows you to view the performance data as of the end point of the previous financial year, providing a clear comparison between current and past performance.

Selecting your contract:

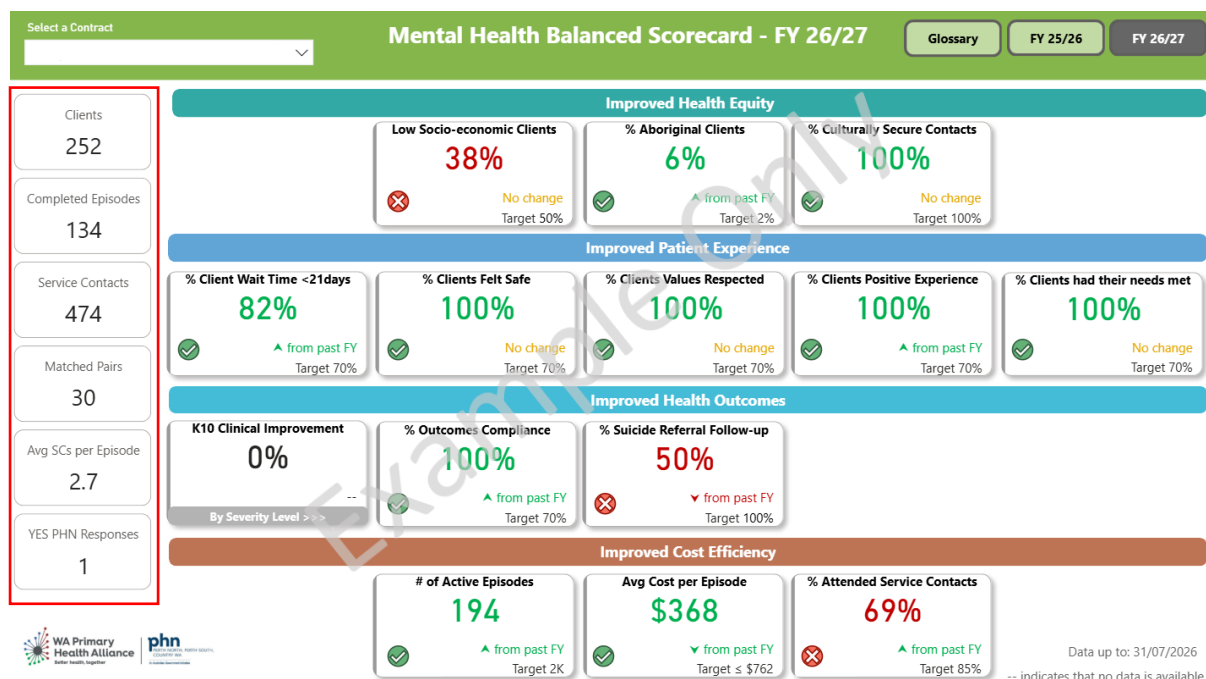
To begin using the Balanced Scorecard select your contract from the dropdown menu highlighted below. Ensure that you select an individual contract by expanding the down arrow next to your organisation's name in the filter. After your contract is selected, the scorecard will be populated with the relevant data.



Commissioned Services Reporting Portal Mental Health Reports

Aggregate data for current FY

Once a contract has been selected, the numbers on the left of the Mental Health Balanced Scorecard provide information on the current number of clients, episodes, service contacts and K10 matched pairs and YES PHN responses so far for this financial year.



Data for each domain

The dashboard has 4 domains: Improved Health Equity, Improved Cost Efficiency, Improved Health Outcomes and Improved Patient Experience. Each domain contains information for the past financial year, the current financial year, and the variation between them. Please refer to the legend for the meanings of variation and tracking. The target for each indicator is in the bottom right corner of the indicator card. Indicators are presented in colour, with green indicating the target is met, amber indicating achievement within 5% of the target, and red indicating more than 5% deviation from the target. Above these targets, also in the bottom right corner of the card is an indication of variation from previous FY (↑ from past FY, ↓ from past FY, Within 5% of past FY).

Glossary - The glossary contains information on each variable within the dashboard. To begin, select the domain you are interested in, each domain refers to one of the 4 boxes on the dashboard. Then select the required variables which will then populate the two central boxes. The top box provides a definition of each measure whilst the bottom provides the definition of the traffic light system for each variable. To return to the main report, click on the back arrow at the top, left.

Commissioned Services Reporting Portal

Mental Health Reports



Glossary

1. Improved Health Equity	2. Improved Patient Experience	3. Improved Health Outcomes	4. Improved Cost Efficiency
Field	Fields Used	Logic	
% of Aboriginal clients	From PMHC-MDS: Client Aboriginal Status	Percentage of clients who identify as Aboriginal and/or Torres Strait Islander, based on client-reported Aboriginal status. Target set at contract level.	
% of clients who reside in low socio-economic areas	From PMHC-MDS: Client Key, Client Postcode, Homelessness Flag, From ABS, SEIFA Deciles by Postcode	Percentage of clients residing in a low socio-economic area (SEIFA deciles 1-3) or with a recorded homelessness indicator of Yes, where SEIFA ranks areas from most disadvantaged (Decile 1) to most advantaged (Decile 10) based on ABS Census data.	
% services delivered to Aboriginal clients being culturally appropriate	From PMHC-MDS: Aboriginal and Torres Strait Islander Cultural Training, Practitioner Aboriginal and Torres Strait Islander Status	Percentage of service contacts delivered to Aboriginal clients where the service is considered culturally appropriate. A culturally appropriate service is defined as one that is delivered by a service provider that is recorded as of Aboriginal origin, or employed by an Aboriginal Community Controlled Health Service or has indicated that they have completed a recognised training programme in the delivery of culturally safe services to Aboriginal peoples	

Target Thresholds

KPI	Green	Amber	Red
% of Aboriginal clients	At or above target (Example: If target is 10%, Green is 10% or more)	Within 5% of the target (Example: 9.5% to 9.9%)	More than 5% below target (Example: Below 9.5%)
% of clients who reside in low socio-economic areas	50% or more	Between 47.5% and 49.9%	Less than 47.5%
% services delivered to Aboriginal clients being culturally appropriate	100%	Between 95% to 99%	Less than 95%

Disclaimer: Throughout this document the word Aboriginal is used to denote Aboriginal and Torres Strait Islander peoples

[Indicator Documentation](#)

Improved Patient Experience data

Improved patient experience data is taken from responses to the YES PHN survey. Currently, survey response data is accessible to WAPHA at the organisational level. If an organisation delivers multiple services all reporting to the same organisation path in the PMHC-MDS, we cannot determine which service the response relate to. Provider experience data is therefore presented at the organisational level in the Balanced Scorecard.

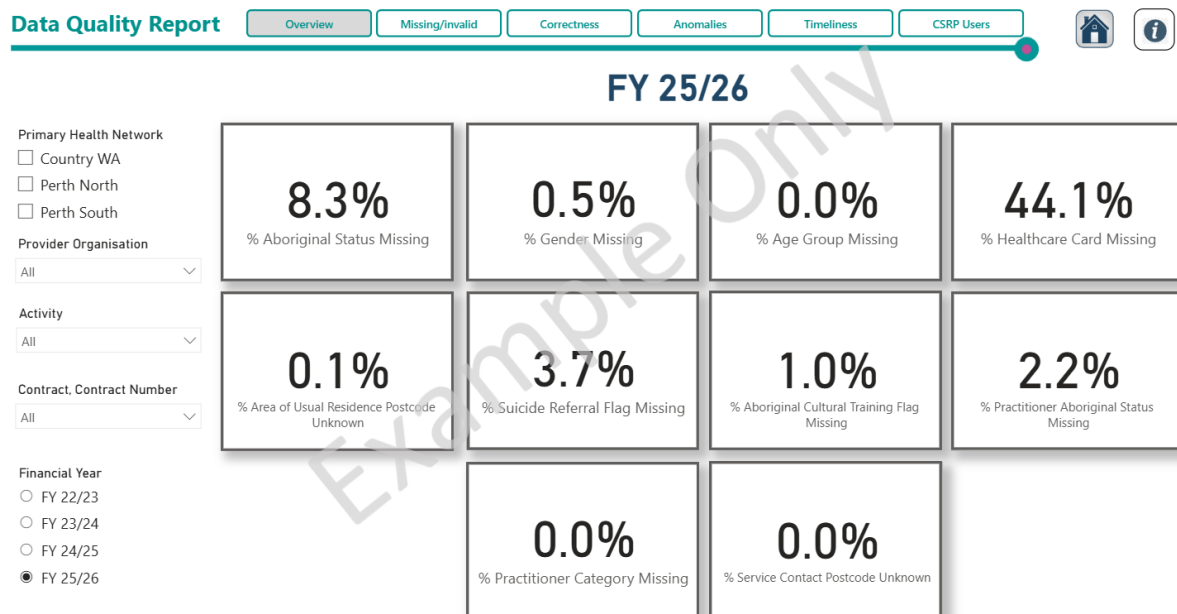
If you experience trouble accessing the Mental Health Balanced Scorecard, or have any queries about the metrics visualised, please contact your contract manager.

PMHC-MDS Data Quality Report

Launched in September 2024, the PMHC-MDS Data Quality Report helps improve visibility of data quality issues in the information submitted by Mental Health Commissioned Service Providers (CSPs) to the Primary Mental Health Care Minimum Dataset (PMHC-MDS). The report is designed to provide insights and enhance the quality of data across several key areas.

The report consists of five main sections:

Overview: This section offers a high-level summary of data quality for the current financial year, with options to filter by Primary Health Network (PHN), provider, and contract. Each item on the Overview page is interactive, allowing users to click through for more detailed information on specific data elements.



Missing and invalid data - This section highlights the proportion of missing or invalid data in key fields related to WAPHA's strategy and contract performance indicators. By default, the page focuses on client information, but users can easily switch between views for Episode, Practitioner, Service Contact, and Contracts using the buttons at the top.

For any visual, users can click the small white arrow in the visual's title bar to see a more detailed breakdown by contract and month.

Commissioned Services Reporting Portal Mental Health Reports

Data Quality Report

[Overview](#)[Missing/invalid](#)[Correctness](#)[Anomalies](#)[Timeliness](#)[CSRP Users](#)

Primary Health Network

- ☐ Country WA
☐ Perth North
☐ Perth South

Financial Year

- ☐ FY 21/22
☐ FY 22/23
☐ FY 23/24
☒ FY 24/25

Provider Organisation Name

All

Contract, Contract Number

All

[Client](#)[Episode](#)[Practitioner](#)[Service Contact](#)[Contracts](#)[% Aboriginal Missing](#)

FY 24/25

[% Gender Missing](#)

FY 24/25

[% Age group Missing](#)

0.1%



FY 24/25

Data Correctness - This section identifies instances where providers have entered the incorrect Program Type, Funding Source and Principal Focus of Treatment Plan. Users can click on the small white arrow to view specific errors relating to each, and export the associated episode and client keys into excel spreadsheets.

The **Intake** tab also highlights organizations that do not provide Intake services but have entered Intake data, allowing users to review and address these discrepancies.

Data Quality Report

[Overview](#)[Missing/invalid](#)[Correctness](#)[Anomalies](#)[Timeliness](#)[CSRP Users](#)[Program Type](#)[Funding Source](#)[Intake](#)[Intake Episode](#)[Principal Focus](#)

Primary Health Network

- ☐ Country WA
☐ Perth North
☐ Perth South

Financial Year

- ☐ FY 23/24
☒ FY 24/25

Provider Organisation

All

Contract, Contract Number

All

[% Program Type Incorrect](#)

0.1%



FY 24/25

Note: Program Type is a new field in V4 of the PMHC-MDS so is not available prior to FY 22/23

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Data Anomalies - This section highlights episodes with data issues, such as missing start dates, episodes with dates outside their contract boundaries, episodes flagged as culturally insecure due to missing practitioner training details, and episodes with no recorded activity for over 90 days.

Data Quality Report

[Overview](#)[Missing/invalid](#)[Correctness](#)[Anomalies](#)[Timeliness](#)[CSRP Users](#)[Dates](#)[% Service Contacts Not Culturally Secure](#)[No Service Contact for >90days \(Open Episodes\)](#)[Start Time](#)

Primary Health Network

- ☐ Country WA
☐ Perth North
☐ Perth South

Financial Year

- ☐ FY 21/22
☐ FY 22/23
☐ FY 23/24
☒ FY 24/25

Provider Organisation

All

Contract, Contract Number

All

Blank Episode Start Date for Treatment Concluded Episodes Only

1.5%

FY 24/25

Episode Start Date < Contract Start Date

0.7%

FY 24/25

Episode End Date > Contract End Date

0.0%

FY 24/25

As with other sections of the report, users can navigate using the buttons at the top of the page and click the small white arrow for a more detailed breakdown of the data.

Timeliness - This section identifies Commissioned Service Providers (CSPs) that have not submitted data to the PMHC-MDS each month, as required by their Commonwealth and contractual obligations. Contracts that have missed a monthly submission are marked with a red bar. For contracts that have submitted data, the number of unique clients receiving services during that month is displayed.

Data Quality Report

[Overview](#)[Missing/invalid](#)[Correctness](#)[Anomalies](#)[Timeliness](#)[CSRP Users](#)

Red cells indicate missing client numbers

Primary Health Network

- ☐ Country WA
☐ Perth North
☐ Perth South

Financial Year

- ☐ FY 23/24
☐ FY 24/25
☒ FY 25/26
☐ FY 26/27

Provider Organisation

All

Activity

All

Contract, Contract Number

All

Total Number of Clients Reported by Month

Year	2025					2026						
Provider Organisation Name	gust	September	October	November	December	January	February	March	April	May	June	
	4	5	34	36	25	35	41	50	61	72	84	
	59	57	64	48	48	42	44	45	58	61	51	
	60	72	71	54	62	68	73	69	78	103	71	
	25	23	40	0	0	0	0	0	0	0	0	
	192	190	239	191	161	92	122	99	92	97	114	
	174	179	185	161	80	72	81	86	86	72	48	
	27	28	22	23	20	28	28	24	24	26	22	
	0	0	0	0	0	0	0	0	1	1	1	
	0	0	0	0	0	0	0	0	0	0	0	
	5	5	5	10	10	14	19	17	18	23	26	
	0	1	1	4	3	2	2	5	9	9	14	
	1	2	7	7	14	23	45	66	76	101	120	
	17	17	23	11	27	22	38	29	24	32	34	
	0	0	1	1	1	2	7	9	11	15	21	
	1	0	0	6	3	8	9	2	0	2	9	
	34	32	27	19	20	24	26	31	29	36	31	
	23	27	27	11	11	17	23	23	11	17	23	
	23	27	27	11	11	17	23	23	11	17	23	
	23	27	27	11	11	17	23	23	11	17	23	

phn
PERTH NORTH, PERTH SOUTH,
COUNTRY WA
An Australian Government Initiative

If you experience trouble accessing the PMHC-MDS Data Quality Report, or have any queries about the metrics visualised, please contact your contract manager.