

**North Metropolitan
Health Service
Survey of
High Impact Psychosis
(North Metro SHIP)**

Report to
North Metropolitan Health Service
Mental Health and
Mental Health Commission

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North Metropolitan Health Service Survey of High Impact Psychosis

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gave considerable time and effort to ensure the survey's success.
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Neurosciences*

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1. Aims of North Metro SHIP

To:

1. Estimate the local prevalence of psychosis in North Metropolitan Health Service;
2. Describe the social and economic circumstances of people living with psychosis within North Metropolitan Health Service, their mental and physical health profiles, and their use of services; and
3. Develop a local evidence base to help inform mental health policy development in North Metropolitan Health Service and to enable service providers to develop services to meet specific local needs to the benefit of people living with psychosis, their family, friends, carers and the services supporting them.

2. Enumeration statistics

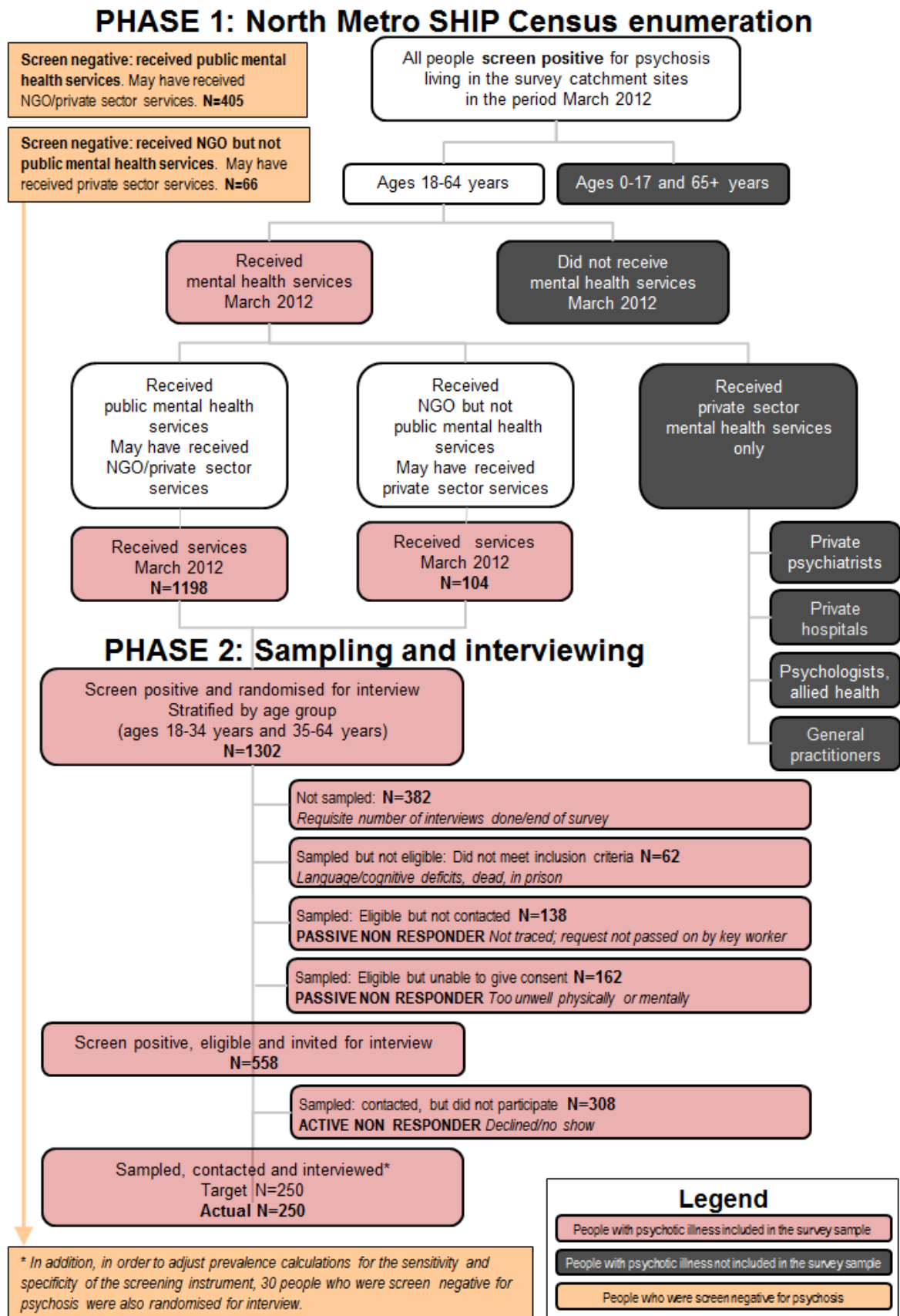
Table 2.1. Census statistics, March 2012

	<i>North Metro SHIP</i>
	N
Estimated catchment site population aged 18-64 years	464,003
Number screen-positive for psychosis and eligible	1302
Number of screen-positive interviews	250
Number of screen-negative interviews	30

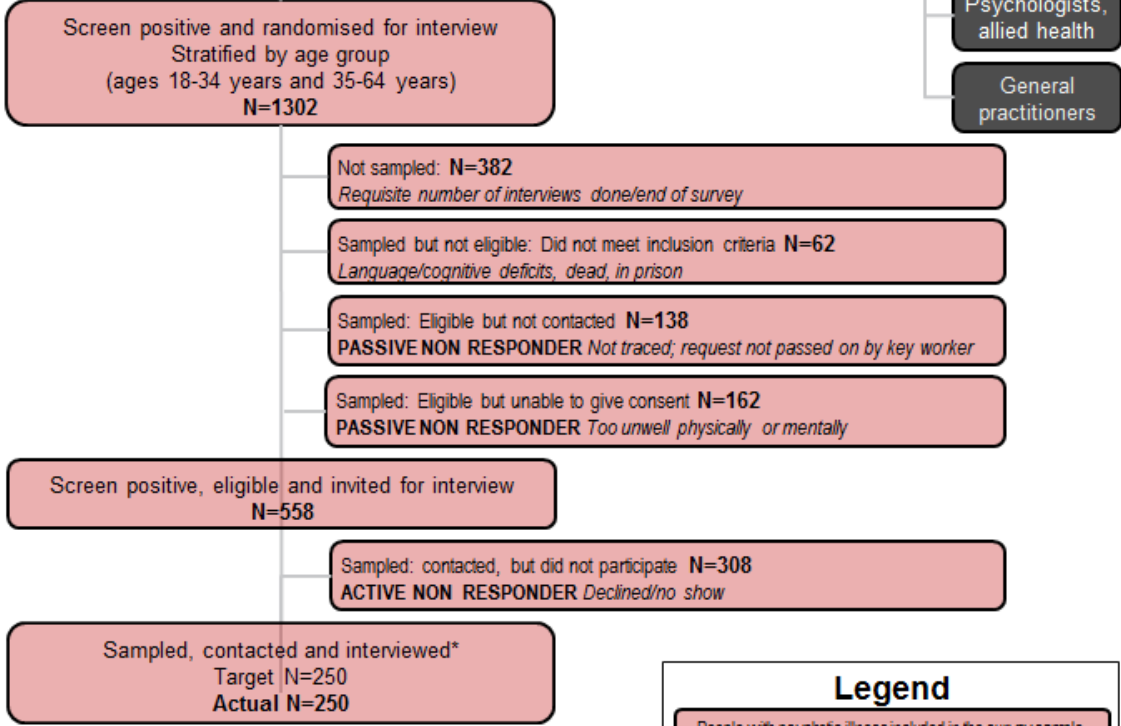
Table 2.2. Screen-positive profiles compared to interview profiles

	North Metro SHIP screening data		North Metro SHIP interview data	
	N	%	N	%
Service use at time of census				
Public specialised mental health service	1198	92.0	234	93.6
Community managed sector agency (NGO)	104	8.0	16	6.4
TOTAL	1302	100.0	250	100.0
NMHS MH catchment				
City	600	46.1	115	46.0
Stirling	497	38.2	98	39.2
Joondalup, excluding Clarkson	197	15.1	37	14.8
Screened by NGO - postcode straddles catchments	8	0.6	-	-
TOTAL	1302	100.0	250	100.0
Graylands long-stay patient				
Yes	48	3.7	8	3.2
No	1254	96.3	242	96.8
TOTAL	1302	100.0	250	100.0
If Graylands long-stay patient				
Screened and interviewed	8	16.7	-	-
Screened, selected but not interviewed (multiple reasons)	23	47.9	-	-
Screened but not selected for interview	17	35.4	-	-
TOTAL	48	100.0	-	-
Sex				
Male	802	61.6	159	63.6
Female	499	38.3	91	36.4
Unknown	1	0.1	-	-
TOTAL	1302	100.0	250	100.0

Figure 2.1. Survey flow chart



PHASE 2: Sampling and interviewing



* In addition, in order to adjust prevalence calculations for the sensitivity and specificity of the screening instrument, 30 people who were screen negative for psychosis were also randomised for interview.

Legend

- People with psychotic illness included in the survey sample
- People with psychotic illness not included in the survey sample
- People who were screen negative for psychosis

Figure 2.2. Catchment map showing survey coverage

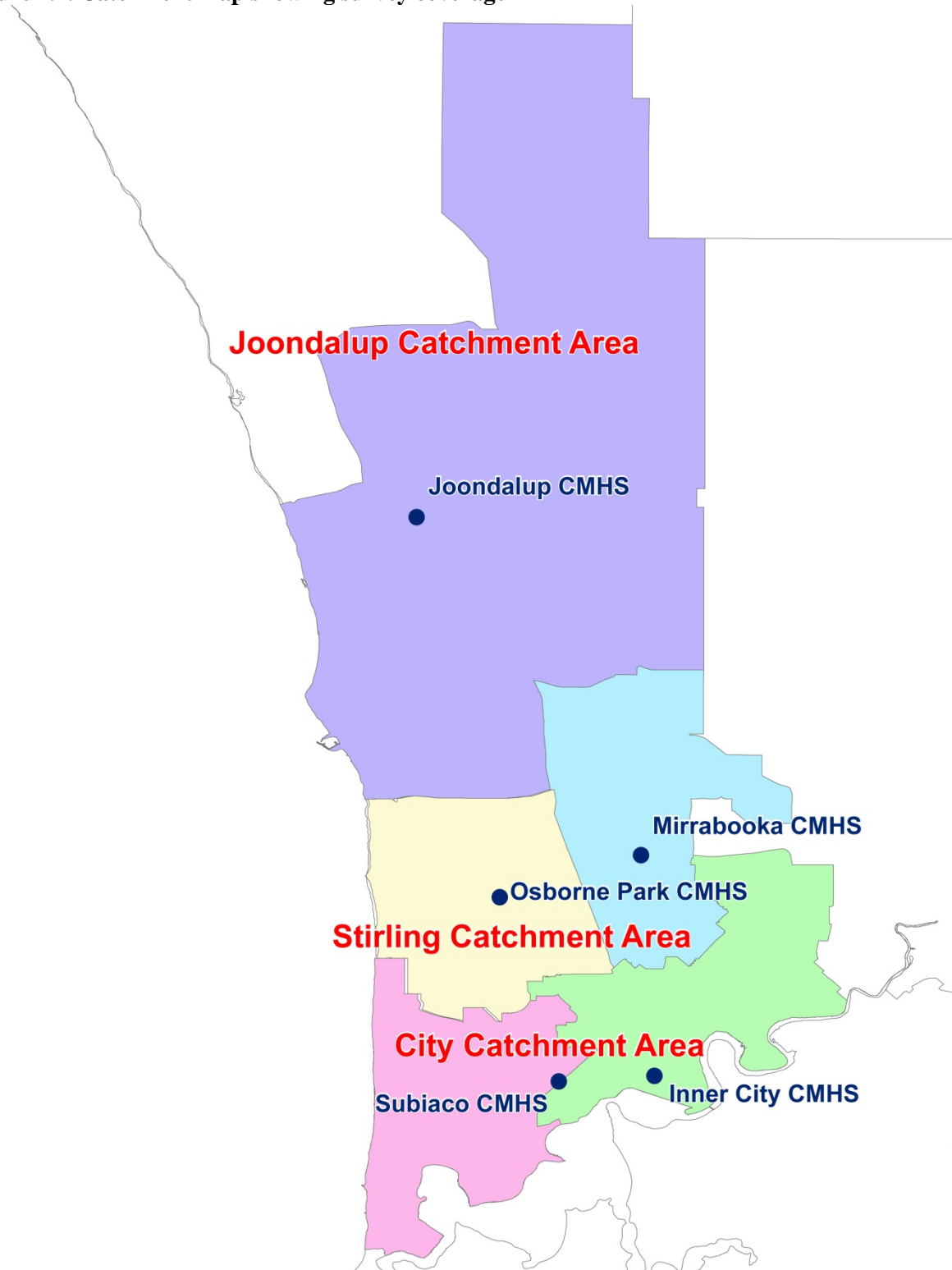


Figure 2.2 is a map of the catchment areas covered by the survey. Full details of the survey design and methods, as well as the catchments covered, are provided in Appendix 2.

3. Prevalence estimates: North Metro SHIP

The treated prevalence of ICD-10 psychotic disorder, measured as the number of persons with a psychotic disorder per 1,000 population aged 18-64 years and in contact with NMHS MH, was estimated for the month of March 2012. See Table 3.1. The overall treated prevalence for the area serviced by North Metropolitan Health Service Mental Health (NMHS MH) was estimated at 2.7 cases per 1,000 population aged 18-64 years, or 1771 persons. Male and female rates varied somewhat, with estimates of 3.3 cases per 1,000 population and 2.2 cases per 1,000 population respectively. Rates for younger (18-34 years) and older (35-64 years) age groups also differed: 2.3 cases per 1,000 population and 3.0 cases per 1000 population respectively. The lower prevalence per 1,000 population in the younger, compared to older age group, was true for both women (1.4 compared to 2.6) and men (3.1 compared to 3.4).

Table 3.1. Estimated one-month treated prevalence of ICD-10 psychotic disorders in public specialised mental health services in NMHS MH and number of people in contact with services

Age group (years)	Catchment ERP*	NMHS MH ERP	North Metro SHIP		National SHIP	
			Prevalence (Cases per 1,000)	Estimated persons in NMHS MH†	Prevalence (Cases per 1,000)	Estimated persons in Australia†
Males						
18 – 34	97981	131947	3.1	410	4.1	11335
35 – 64	135922	193415	3.4	667	3.5	15265
18 – 64	233903	325362	3.3	1076	3.7	26600
Females						
18 – 34	93139	125858	1.4	181	2.2	5854
35 – 64	136961	195726	2.6	518	2.6	11360
18 – 64	230100	321584	2.2	694	2.4	17215
Persons						
18 – 34	191120	257805	2.3	592	3.1	17189
35 – 64	272883	389141	3.0	1186	3.0	26625
All persons	464003	646946	2.7	1771	3.1	43815

* Based on interpolation of ABS Estimated Resident Population data for 30 June 2011 and 30 June 2012 to produce an estimate for 15 March 2012 for the population aged 18-64.

† Estimated totals by age or sex may not equal the sum of the individual groups due to rounding and differing levels of estimation precision of strata level prevalences using logistic regression..

Due to small numbers of participants in contact solely with non-government organisations in the census month, only one pooled estimate of prevalence was calculated for this sector, with no strata specific estimates. On average, an estimated additional 0.2 cases per 1,000 population aged 18-64 years were in contact with non-government services but not with public specialised mental health services in NMHS MH. The total number of people receiving services solely through these non-government organisations is estimated at 129 persons. By comparison, the prevalence for National SHIP in this sector was 0.4 cases per 1,000 population aged 18-64 years.

The estimated treated prevalence of ICD-10 psychotic disorder reported here does not include those persons whose only contact with mental health treatment services was through a general practitioner, or private psychiatrist/psychologist, or those not in contact with any treatment services. This is consistent with the approach taken by National SHIP.

4. Participant profile - summary data

Table 4.1. Demographic and related data (%)

		N	%
Census source	Inpatient, outpatient, community mental health	234	93.6
	NGO sector only	16	6.4
	TOTAL	250	100.0
Catchment	City	115	46.0
	Stirling	98	39.2
	Joondalup	37	14.8
	TOTAL	250	100.0
Long-term Graylands patient	Yes	8	3.2
	No	242	96.8
	TOTAL	250	100.0
Age group at interview	18-34 years	104	41.6
	35-64 years	146	58.4
	TOTAL	250	100.0
Sex	Males	159	63.6
	Females	91	36.4
	TOTAL	250	100.0
Marital status	Single, never married	165	66.0
	Currently married or defacto	31	12.4
	Currently separated, divorced or widowed	54	21.6
	TOTAL	250	100.0
Born in Australia	Yes	166	66.4
	No	84	33.6
	TOTAL	250	100.0
Indigenous	Yes	12	4.8
	No	237	94.8
	Missing	1	0.4
	TOTAL	250	100.0

Figure 4.1. ICD-10 diagnosis (%)

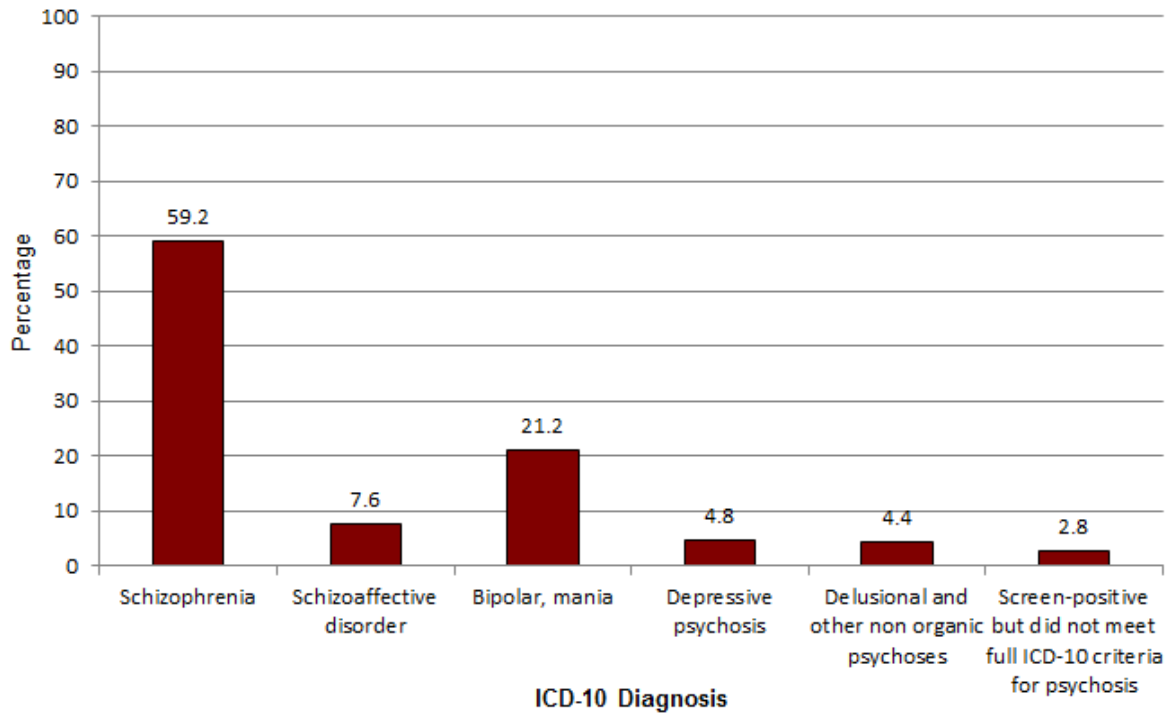
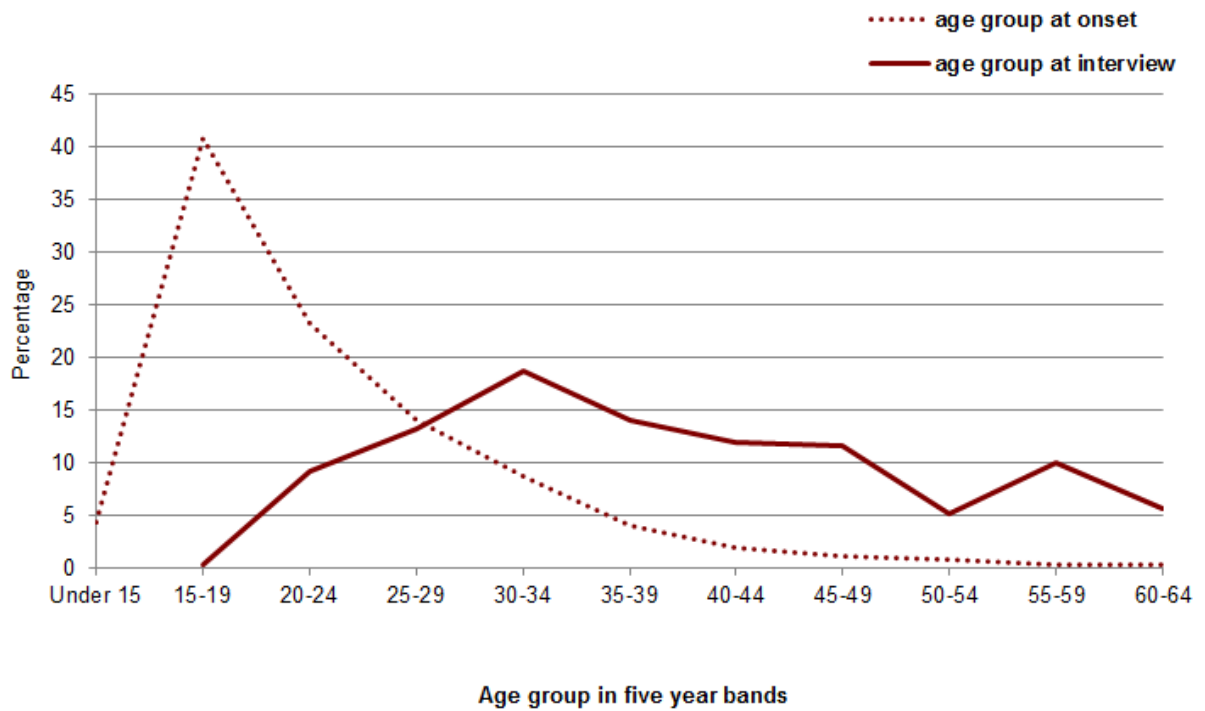


Figure 4.2. Age at onset and age at interview - in 5-year age bands (%)



5. Comparison Tables: North Metro and National SHIP

Table 5.1. Sociodemographic Variables

	<i>North Metro SHIP</i>			<i>National SHIP</i>		
	N=250			N=1825		
	%			%		
Age, sex, place of birth, language						
Male	63.6			59.6		
Aged 35-64 years	58.4			57.6		
Born in Australia	66.4			82.2		
First language is not English	12.4			9.2		
Aboriginal	4.8			4.9		
Income and education						
Private health insurance	32.4			15.1		
Main income source: government pension, past year	84.4			85.0		
Education						
Completed Year 12 education	38.0			31.5		
Enrolled in formal studies (past year)	15.6			20.8		
Employment						
In paid employment (past year)	32.8			32.7		
In paid employment (past 7 days)	22.4			21.5		
<i>If working:</i>						
Competitive employment	81.7			74.8		
Part-time	67.1			69.0		
No of hours per week (mean; median)	23;20			23; 20		
Accommodation at time of interview						
Rented home or unit	44.4			48.6		
Family home	19.6			19.1		
Own home	11.2			13.1		
Supported group housing	9.6			11.0		
Homeless - primary, secondary or tertiary*	0.4			5.2		
Homelessness (past year)						
Any periods of homelessness	3.6			12.8		
No. of days of homelessness (mean; median)	59; 28			155; 99		
Marital and parenting status (males; females; total)						
	M	F	T	M	F	T
Single, never married/de facto	77.4	46.2	66.0	72.6	44.4	61.2
Currently married, de facto	8.8	18.7	12.4	12.1	24.5	17.1
Children of any age (own)	22.6	50.5	32.8	25.9	56.2	38.1
Children under 18 years living at home (own or step)	2.5	14.3	6.8	5.5	23.6	12.8

*Primary homelessness: living on the streets, in parks or in deserted buildings; secondary: living in temporary shelters such as refuge, emergency accommodation, or sleeping on friend's couch; tertiary: private boarding room (Australian Bureau of Statistics, 2008)

Table 5.2. Mental Health Profile*

	<i>North Metro SHIP</i> N=250 %	<i>National SHIP</i> N=1825 %
ICD-10 diagnosis		
Schizophrenia	59.2	47.0
Schizoaffective disorder	7.6	16.1
Bipolar, mania	21.2	17.5
Depressive psychosis	4.8	4.4
Delusional and other non organic psychoses	4.4	5.0
Other	2.8	10.1
TOTAL	100.0	100.0
Onset and duration		
Onset within two years prior to interview	5.2	9.2
Age at onset (mean; median in years)	23; 20 years	24; 21 years
Duration (mean; median in years)	16; 14 years	15; 12 years
Course of disorder		
Single episode	3.6	8.1
Multiple episodes - good recovery in between	28.4	29.7
Multiple episodes - partial recovery in between	40.8	31.8
Continuous chronic illness	26.8	20.6
Continuous chronic illness with deterioration	0.4	9.9
TOTAL	100.0	100.0
Key symptoms (past year)		
Delusions	52.4	60.9
Hallucinations	49.2	55.8
Subjective thought disorder (thought broadcast or insertion and "loud thoughts")	10.8	32.3
Elevated or irritable mood	24.4	23.5
Depressed mood or loss of pleasure	42.8	54.5
Symptoms of anxiety/phobia	56.4	59.8
Negative symptoms (past year)		
<i>Negative symptoms:</i>		
Dysfunction in overall socialising	62.4	63.2
Diminished sense of purpose	68.4	52.0
Lack of interest and motivation	42.0	51.7
Diminished emotional range	60.0	51.6
Restricted affect	72.0	43.6
Poverty of speech	40.4	19.0
Any negative symptoms	91.2	85.2
Four or more negative symptoms	50.4	38.9
Suicidal ideation		
Suicidal ideation (past year)	18.4	29.3
Suicide attempt (ever)	43.6	49.5

* Some of the differences between North Metro SHIP and National SHIP statistics will reflect improved diagnostic data collection and coding protocols in North Metro SHIP with considerable input by experienced, senior survey staff increasing the reliability of measurement. Variables most likely to have been affected are ICD-10 Diagnosis, Course of Disorder and some of the symptom variables, particularly subjective thought disorder.

Table 5.3. Physical Health Profile

	<i>North Metro SHIP</i> N=250 %	<i>National SHIP</i> N=1825 %
Cardiometabolic risk profile		
Met criteria for metabolic syndrome*	56.9	57.9
<i>Met threshold criteria for component risks for metabolic syndrome:</i>		
Abdominal obesity	84.6	82.1
Reduced fasting high density lipoprotein levels	61.0	49.7
Elevated fasting triglyceride levels	48.2	48.0
Elevated fasting plasma glucose levels	26.3	28.6
Elevated blood pressure	48.8	48.8
<i>Body mass index:</i>		
Underweight	1.2	1.4
Normal	21.6	22.4
Overweight	28.8	28.3
Obese	47.6	45.1
Missing	0.8	2.8
TOTAL	100.0	100.0
<i>Level of physical activity:</i>		
Very low	24.4	33.5
Low	72.4	62.9
Moderate	3.2	3.0
High	0.0	0.3
Missing	0.0	0.3
TOTAL	100.0	100.0
Other physical health conditions		
Asthma	26.4	30.1
Heart or circulatory condition	26.4	26.8
Severe headaches/migraines	18.8	25.4
Arthritis	12.8	20.8
Diabetes	20.4	20.5
Respiratory conditions	14.4	18.0
Anaemia	13.6	13.4
Hepatitis	10.4	11.2
Epilepsy	5.6	7.3
Physical examinations		
<i>In past year:</i>		
Blood pressure measurement	81.2	85.6
Waist or weight measurement	84.4	76.8
Physical examination	59.2	67.3
Blood tests	64.0	63.3
Dental examination	52.0	47.0
X-ray or scan	36.0	42.7
Eye test	37.2	35.5
Hearing test	12.8	11.0
<i>In past two years:</i>		
Bowel examination	12.0	13.6
Women only:		
Cervical smear	61.5	55.0
Mammogram	30.8	23.8
Men only:		
Prostate cancer screen	16.4	13.8

* Harmonised criteria (Alberti et al., 2009). Data are for those with fasting measures

Table 5.4. Functioning, Quality of Life and Social Relationships

	<i>North Metro SHIP</i> N=250 %	<i>National SHIP</i> N=1825 %
Functioning		
Good premorbid work adjustment	72.0	68.7
Good premorbid social adjustment	60.8	63.9
Deterioration from premorbid level of functioning	92.4	90.4
Obvious/severe dysfunction in socialising	62.4	63.2
Obvious/severe dysfunction in quality of self care	29.6	32.3
Overall global functioning		
No or very mild disability	13.2	24.0
Somewhat disabled	22.0	25.8
Moderately disabled	33.6	27.5
Significantly, extremely or totally disabled	31.2	22.7
TOTAL	100.0	100.0
Social and family relationships		
Daily/almost daily face-to-face family contact, past year	50.8	56.5
Has never had a confiding relationship	20.8	15.4
No friends	13.6	13.3
Quality of life		
Satisfied with own independence	75.2	71.9
Satisfied with life as a whole	49.6	47.4
Believe circumstances will improve in next 12 months	80.8	77.4
Top three challenges for next 12 months		
Financial problems	40.8	42.7
Unemployment	37.6	35.1
Loneliness / social isolation	35.2	37.2
Physical health	26.0	27.4
Mental illness	20.4	25.7
Stigma / discrimination	14.4	11.6
Housing	11.6	18.1

Table 5.6. Service Utilisation

	<i>North Metro SHIP</i> N=250 %	<i>National SHIP</i> N=1825 %
Inpatient service utilisation, past year		
Inpatient admission - any	48.0	43.7
Mental health	40.8	34.8
Physical health	10.8	13.3
<i>No. of psychiatric admissions, if any (past year):</i>		
One admission	60.8	64.0
Two admissions	19.6	21.9
Three or more admissions	19.6	14.1
TOTAL	100.0	100.0
<i>Total length of stay, psychiatric admissions(past year):</i>		
Less than 2 weeks	20.6	25.4
2 weeks - less than 4 weeks	15.7	22.1
4 weeks - less than 13 weeks	43.1	43.0
13 weeks - less than 26 weeks	9.8	6.7
26 weeks - 52 weeks	10.8	2.7
TOTAL	100.0	100.0
Involuntary admission, community treatment order		
Involuntary admission	24.0	20.7
Community treatment order	11.6	19.2
Other service utilisation, past year		
Emergency department attendance	33.2	41.0
Outpatient/community clinic contact - any	93.6	86.3
Mental health	90.4	82.2
Physical health	17.6	23.2
Home visit by public mental health team - any	54.0	45.4
Crisis related	11.6	15.1
Routine visit	48.8	40.3
Non-government organisation for mental health	36.0	29.8
Drug/alcohol services and programs	9.2	12.9
Case manager - any	78.0	69.2
Public mental health case manager	71.2	61.6
NGO case manager	24.4	20.2
Community rehabilitation/day program - any	39.6	36.5
Public mental health program	15.6	14.5
NGO program	25.6	22.4
Use of general practitioner, past year		
General practitioner visits - any	78.0	88.2
Mental health	24.8	49.3
Physical health	73.2	76.3
No. of visits to GP if any, past year (mean, median)	6, 4 visits	9, 5 visits
Support and unmet need, past year		
Personal helper/peer supporter/mentor	16.4	12.3
Carer	24.0	24.5
Needed services but unaffordable or unavailable	29.6	27.5

Table 5.7. Medication and Medication Side Effects

	<i>North Metro SHIP</i> N=250 %	<i>National SHIP</i> N=1825 %
Medications for mental health, past 4 weeks		
Antipsychotics	86.8	81.6
Atypical antipsychotics, any	82.0	74.0
Atypical antipsychotics, Clozapine only	25.2	16.4
Typical antipsychotics	14.8	15.2
Antidepressants	46.0	37.4
Mood stabilisers	26.4	27.8
Anxiolytics and hypnotics	26.8	17.8
Any medication for mental health	96.4	91.6
Number of classes of medication, if any, past 4 weeks*		
One classes	31.5	36.3
Two classes	37.8	41.1
Three classes	24.9	17.9
Four or more classes	5.8	4.8
TOTAL	100.0	100.0
Medication side effects, past 4 weeks		
Any medication side effects	82.0	77.4
Any impairment due to medication side effects	62.4	61.0
Moderate/severe impairment due to side effects	27.2	29.9

**Based on those using psychotropic medications in the four weeks prior to interview*

APPENDICES

Appendix 1. Survey management and research teams

North Metro SHIP Technical Advisory Group: Membership and purpose

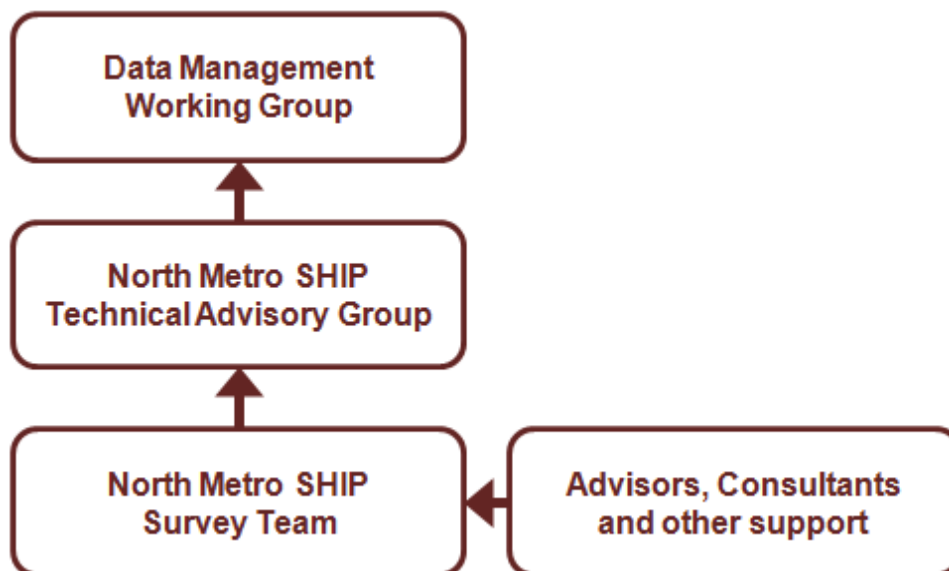
Membership:

Vera Morgan (Chair)	Operational Epidemiologist and Professor, The University of Western Australia School of Psychiatry and Clinical Neurosciences North Metro SHIP Project Director
Patrick Marwick	Acting Executive Director, NMHS MH
Nathan Gibson to end 2012; Leanne Sultan in 2013	Adult Program Director, NMHS MH
Daniel Rock	Director, Clinical Research Centre, NMHS MH
Anna Waterreus	Assistant Professor, The University of Western Australia School of Psychiatry and Clinical Neurosciences North Metro SHIP Project Coordinator
Assen Jablensky	Director, Centre for Clinical Research in Neuropsychiatry and Winthrop Professor, The University of Western Australia School of Psychiatry and Clinical Neurosciences North Metro SHIP Chief Scientific Advisor
Nikolaos Stefanis to March 2013	Professor of Psychiatry, NMHS MH and The University of Western Australia School of Psychiatry and Clinical Neurosciences

Purpose:

To make recommendations to the NMHS MH Data Management Working Group regarding the protocol and procedures of the North Metro Survey of High Impact Psychosis (North Metro SHIP) and to provide updates on the progress of the survey work until the completion of the survey contract at the end of 2013.

Reporting structure



North Metro SHIP Survey Research Team

Name	Role
Vera Morgan	Project Director
Anna Waterreus	Project Coordinator
Jenny Griffith	Deputy Coordinator
Sonal Shah	Data manager and analyst
Patsy Di Prinzio	Statistician
Kim Pedler	Interviewer
John Dean	Interviewer
Rochelle Jones	Interviewer
Mike Sommer	Interviewer
Hannah Castle	Data entry staff

North Metro SHIP Survey Advisors

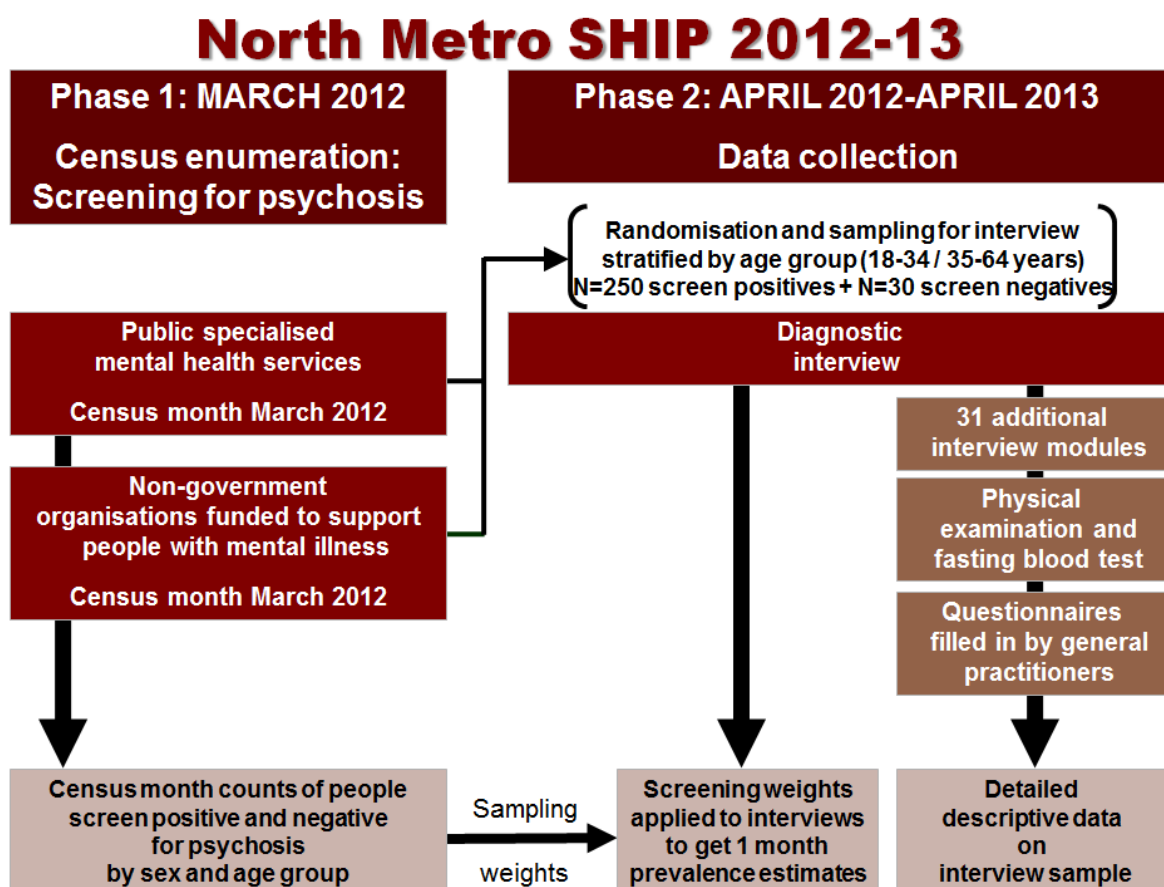
Assen Jablensky	Chief scientific advisor
Johanna Badcock	Consultant cognitive psychologist

Appendix 2. Design and Methods

Two-phase design

North Metro SHIP employed a two-phase methodology in order to get point estimates of treated prevalence of psychosis in a census month. Two-phase sampling is an effective method for determining prevalence estimates in low prevalence disorders. In two-phase sampling, cost is balanced against minimisation of the variance of estimation. An imperfect screening instrument is used in Phase 1 as a proxy for a “gold standard” instrument used with a subsample at Phase 2. In North Metro SHIP, diagnostic data collected for the Phase 2 sample using the diagnostic module of the Diagnostic Interview for Psychosis (DIP), a semi-structured clinical interview, was used to calibrate the Psychosis Screen data collected for the full sample in Phase 1, allowing the calculation of prevalence estimates. See Figure A2.1.

Figure A2.1. Two-phase design



Phase 1. Screening

Screening in the census month

All people making contact with hospital mental health services, outpatient/community care mental health services and non government organisations within the catchment areas in the course of the census month were screened for a lifetime history of psychotic disorder using the Psychosis Screen. Specifically, screening took place in

- inpatient units (excluding forensic units)
- emergency departments/triage

- consultation liaison services
- public outpatient/community care mental health services units (but excluding drug and alcohol clinics)
- non government organisations that are funded to support people with mental health problems.

Community drug and alcohol clinics were not included in the screening as the majority of people with drug-induced psychoses are triaged into mental health services where census month screening took place. Prisons and nursing homes are also excluded from screening.

Screening was undertaken by health service staff with the assistance of the North Metro SHIP research staff.

Multiple screens – hierarchy for designating a service contact point

Where a person had contact with more than one service contact, a hierarchy was applied. Inpatient units took precedence over outpatient/community care mental health services which took precedence over non-government organisations.

Phase 2. Interviews and assessments

Interview and assessment of people who are screen-positive

In Phase 2, a random sample of people who were screen-positive was approached with a request for interview and assessment using the North Metro SHIP version of the Diagnostic Interview for Psychosis. Informed consent was a prerequisite for interview. The number to be interviewed was 250 and this target was reached. Sampling was stratified by age group (18-34, 35-64).

Survey of general practitioners

General practitioners treating study participants were identified at interview. Participants were asked to give consent for an interviewer to contact the general practitioner. General practitioners were asked to respond to questions regarding:

- (i) the target patient; and
- (ii) the number of other psychotic patients under their care and issues in the management of patients with psychosis in general practice.

Non-participation database

Data on non-participants includes age, sex, postcode and the psychosis screen items. For those who were randomised for interview and did not participate, data are available on the reasons for not participating.

Diagnostic interview of people who are screen-negative

To calibrate the prevalence estimates, it is necessary to estimate the number of cases of psychotic disorder that were misclassified as screen negative at the screening phase. Consequently, a random sample of people who were screen-negative for psychosis in the census month was also interviewed. The original target of 10 per age group (18-34, 35-64) was increased to 15 per age group, a total of 30 interviews, to ensure more stable prevalence estimates. This target was reached.

Inclusion criteria

Diagnosis

Census month

- Screen-positive for psychosis (lifetime) on the Psychosis Screen when screened during the census month

Age range

- Aged 18-64 years during the census month

Postcode/suburb within catchment

- Resident in designated postcodes/suburbs as determined by the catchment area of the relevant mental health services.

Designated treatment services within catchment

- Designated treatment services for contact in the census month, namely:
 - inpatient units (but excluding forensic units)
 - emergency departments/triage
 - consultation liaison
 - public outpatient/community care mental health services units (but excluding drug and alcohol clinics)
 - non government organisations that are funded to support people with mental health problems

Exclusion criteria

- Communication or cognitive impairment that would interfere with a person's capacity to give informed consent and to complete a valid interview, for example:
 - significant cognitive impairment (for example, dementia; at least moderate to severe intellectual disability)
 - severe communication impairment (for example, post-stroke aphasia)
 - inability to communicate in English (for example, insufficient understanding to give informed consent or needing an interpreter)
- Unavailability for interview due to residence in prison
- Temporary visitor status in Australia

Catchment coverage

The survey took place in the whole of City and Stirling catchment areas, and in Joondalup Community Mental Health Services within the Joondalup catchment area. Catchment selection for screening and interviewing of participants was strategically determined to ensure coverage of different populations within the catchment while minimising screening and interviewing costs. Consequently, Swan catchment area and the Clarkson Community Mental Health Services within Joondalup catchment area were not included in the survey. See Table A2.1.

Table A2.1. Catchment size

NMHS MH CATCHMENT*	18-64 year olds
City Catchment Area (all)	163,371
Stirling Catchment Area (all)	174,804
Joondalup Catchment Area (Joondalup CMHS)	125,828
Survey catchment TOTAL	464,003
Remaining catchment, not included in survey	182942
NMHS MH Complete catchment total	646945

**based on interpolation of ABS Estimated Resident Population data for 30 June 2011 and 30 June 2012 to produce an estimate for 15 March 2012 for the population aged 18-64 years.*

Catchment postcodes

Osborne Park CMHS

Balcatta 6021
Carine 6020
Churchlands 6018
Doubleview 6018
Glendalough 6016
Gwelup 6018
Hamersley 6022
Herdsman 6017
Innaloo 6018
Joondanna 6060
Karrinyup 6018
North Beach 6020
Osborne Park 6017
Scarborough 6019
Stirling 6021
Trigg 6029
Tuart Hill 6060
Watermans Bay 6020
Wembley Downs 6019
Woodlands 6018

Mirrabooka CMHS

Alexander Heights 6064
Balga 6061
Ballajura 6066
Darch 6065
Dianella 6059
Girrawheen 6064
Koondoola 6064
Landsdale 6065
Madeley 6065
Marangaroo 6064
Mirrabooka 6061
Nollamara 6061
Wangara 6065
Westminster 6061
Yokine 6060

Inner City CMHS

Bayswater 6053
Bedford 6052
Coolbinia 6050
East Perth 6004
Embleton 6062
Highgate 6003
Inglewood 6052
Kings Park 6005
Leederville 6007
Maylands 6051
Menora 6050
Morley 6062
Mount Hawthorn 6016
Mt Lawley 6050
Noranda 6062
North Perth 6006
Northbridge 6003
Perth 6000
West Leederville 6007
West Perth 6005

Subiaco CMHS

City Beach 6015
Claremont 6010
Cottesloe 6011
Crawley 6009
Daglish 6008
Dalkeith 6009
Floreat 6014
Jolimont 6014
Karrakatta 6010
Mosman Park 6012
Mt Claremont 6010
Nedlands 6009
Peppermint Grove 6011
Shenton Park 6008
Subiaco 6008
Swanbourne 6010
Wembley 6014

Joondalup CMHS

Ashby 6065
Banksia Grove 6031
Beldon 6027
Carramar 6031
Connolly 6027
Craigie 6025
Duncraig 6023
Edgewater 6027
Gnangara 6065
Greenwood 6024
Heathridge 6027
Hillarys 6025
Hocking 6065
Jandabup 6065
Joondalup 6027
Kallaroo 6025
Kingsley 6026
Mariginiup 6065
Marmion 6020
Mullaloo 6027
Neerabup 6031
Ocean Reef 6027
Padbury 6025
Pearsall 6065
Pinjar 6065
Sinagara 6065
Sorrento 6020
Tapping 6065
Wanneroo 6065
Warwick 6024
Woodvale 6026

Catchment mental health services and NGOs

Community mental health services

- Inner City
- Joondalup
- Mirrabooka
- Osborne Park
- Subiaco
- Sir Charles Gairdner Hospital community mental health services

Inpatient / emergency services

- Graylands
- Sir Charles Gairdner
- Joondalup

NGOs eligible and participating in screening

- 55 Central
- Bizlink
- Fremantle Multicultural Centre Inc
- ISHAR Multicultural Women's Health Centre
- June O'Connor Centre, Joondalup
- June O'Connor Centre, Subiaco
- Maitri
- Mental Illness Fellowship of WA (MIFWA) Lorikeet Centre
- Personal Helpers and Mentors (PHaMs)
- Uniting care west: Scarborough Team
- Uniting care west: Clarkson & Joondalup team
- Ruah Assertive Outreach West Perth
- Ruah Inreach Joondalup & Osborne Park
- Salvation Army – mental health supported accommodation
- Women's Health Services
- Vincentcare supported accommodation
- Youthlink*

NGOs and services eligible but not participating in screening

- Women's Healthworks
- Youth Focus
- Early Intervention Recovery Programme (EIRP)
- King Edward Memorial Hospital - Dept of Psychological Medicine

** Youthlink is a community mental health service. It has been placed with NGOs to ensure comparability with National SHIP where like services were classified as NGOs.*

Appendix 3. Survey response rates

Table A3.1. Interview response rate: screen positive, eligible and invited for interview by age group at screening

	Active non-responders N	Interviewed N	TOTAL N	Response rate %
18-34 years	150	109	259	42.1
35-64 years	158	141	299	47.2
TOTAL	308	250	558	44.8

Table A3.2. Breakdown of non-responder categories

	N
Active non-responders: <i>Contacted but did not participate</i>	
Refused outright	306
Agreed but did not turn up	2
TOTAL Active non-responders	308
Passive non-responders: <i>Eligible but not contacted</i>	
Unable to contact, moved and unavailable	87
Case manager did not forward request for participation	51
Passive non-responders: <i>Eligible but unable to give consent</i>	
Acutely unwell mentally	158
Too unwell physically	4
TOTAL Passive non-responders	300
TOTAL non-responders who met inclusion criteria	608

Table A3.3. Provision of blood for metabolic analysis: consent rate

	N	%
<i>Provided blood for metabolic analysis</i>		
Yes	224	89.6
No	26	10.4
TOTAL	250	100.0

Table A3.4. GP questionnaires response rates

	N	%
<i>Participant consent to contact GP</i>		
Participant gave consent to contact and GP was contacted	188	75.2
Participant did not give consent to contact	10	4.0
Participant did not have a GP	45	18.0
There were no details for the participant's GP	7	2.8
TOTAL number of participants	250	100.0
<i>GP Questionnaire No. 1: Response rate per participant</i>		
Questionnaire returned and completed	80	42.6
Questionnaire returned but not completed (participant not seen in past year)	9	4.8
Questionnaire not returned	99	52.7
TOTAL number of participants with whom GP contact was made	188	100.0
<i>GP Questionnaire No. 1: Response rate per GP</i>		
GP completed questionnaire(s)	67	45.6
GP did not complete questionnaire(s)	80	54.4
TOTAL number of GPs emailed	147	100.0
<i>GP Questionnaire No. 2: Response rate per GP</i>		
GP completed questionnaire(s)*	69	46.3
GP did not complete questionnaire(s)	80	53.7
TOTAL number of GPs emailed	149	100.0

* Two GPs were emailed Questionnaire 2 only, and not Questionnaire 1, as they had not seen the participant for a number of years.

Appendix 4. Survey assessments and instruments

Psychosis Screen

The **Psychosis Screen**, used for screening for psychosis in the census month, was developed specifically for the Australian National Low Prevalence (Psychotic) Disorders Study 1997-1998 (Jablensky *et al.*, 2000). It combines selected elements from existing instruments (the Psychosis Screening Questionnaire (Bebbington and Nayani, 1995) and the psychosis screening questions in the Composite International Diagnostic Interview (Robins *et al.*, 1988)) with some clinical judgment by a keyworker or interviewer. The psychometric properties of the Psychosis Screen were originally examined as part of the first national Australian Study of Low Prevalence (Psychotic) Disorders and published (Jablensky *et al.*, 2000). Using a score of two or more positive screening items as the cut-off point for determining caseness provided the optimal trade-off between sensitivity and specificity in the pilot sample of 42 people, with sensitivity and specificity of 67% and 84% respectively and a positive predictive value of 70% and a negative predictive value of 80%.

Some minor modifications were made to the Psychosis Screen for SHIP in order to streamline its application and scoring. The number of items and the domains covered was unchanged, but all two-part questions were collapsed into a single question to reduce inter-rater variability. An additional change was the inclusion of “for schizophrenia, bipolar affective disorder or other psychosis” in Item 7 of the keyworker form. Item 7 now reads: *Has this patient ever been prescribed antipsychotic medication for schizophrenia, bipolar affective disorder or other psychosis?*

The psychometric properties of the modified screener were assessed. The analysis was based on 60 patients assessed at four sites. By clinical criteria, 52 met criteria for a diagnosis of a psychotic illness while only 8 did not. Two screening tests were constructed by summing individual items. The first included all 8 screening items and retained the no/possible/definite diagnosis interview rating distinction. The second screen comprised the six symptom specific items and excluded patient and interviewer diagnosis reports. The 8-item screen performed almost perfectly and had an area under the ROC curve of .99 (95% CI: 0.94 – 1.00). Using a cutpoint of 2 or more on this scale, as was used in the first low prevalence study, sensitivity was perfect (95% CI: 0.93 - 1.00) and specificity was good (0.88, 95% CI: 0.47 - 1.00). The 6-item scale also performed very well with a very high area under the ROC curve (.94, 95% CI: 0.84 – 0.98). At a cutpoint of 2 or more symptoms was associated with excellent sensitivity (0.96, 95% CI: 0.87 - 1.00) and comparable specificity to the 8-item scale (0.88, 95% CI: 0.47 - 1.00). The screen performed substantially better than did the very similar instrument used in the Study of Low Prevalence (Psychotic) Disorders at the pilot phase. The pilot for the earlier study involved 116 patients and found sensitivity of 0.67 and specificity of 0.84. However, differences in performance could well be due to differences in the makeup of the two samples. A full report of the psychometric properties of the version used for North Metro SHIP is provided in the appendices of the study Protocol.

Full SHIP DIP Interview Schedule

North Metro SHIP used the interview schedule and assessment items developed as part of national SHIP (Morgan *et al.*, 2011, Morgan *et al.*, 2012). In the development of the national SHIP survey instruments, the primary consideration was to include measures that:

- were reliable;
- were available;
- were cost and time effective; and
- allowed comparison with other collected data.

The main domains covered include:

- Clinical profile

- Cognitive profile
- Social participation and functioning
- Measures of impairments and disabilities
- Socio-economic profile
- Service utilisation, treatment and perceived need for services
- Measures of quality of life

Modules of the interview schedule

Demographics, social participation and functioning

- 1 General Information
- 2 Education
- 3 Housing
- 4 Activities of daily living
- 5 Employment
- 6 Child care
- 7 Caring
- 8 Global work rating
- 9 Childhood experiences
- 10 Socialising
- 11 Finances
- 12 Crime and offending
- 13 Personal safety
- 14 Satisfaction with life
- 15 Global functioning ratings

Physical Health

- 16 Nutrition
- 17 Physical activity
- 18 Physical health and metabolic measures (height; weight; BMI; waist circumference; blood pressure)

Quality of life

- 19 AQOL

Psychopathology

- 20 Diagnostic Interview for Psychosis (Diagnostic Module)
- 21 Negative symptoms/deficit syndrome
- 22 Worry, panic, anxiety and obsession

Cognitive profile

- 23 Cognition

Service use and perceived need

- 24 Inpatient
- 25 Emergency
- 26 Outpatient
- 27 Public community mental health
- 28 Community rehabilitation and day therapy

29	General practice
30	Medication use
31	Non government agencies
32	Mental health care and unmet need

The following sources are referenced in the Schedule and used in their entirety:

- AQOL: The Assessment of Quality of Life (Hawthorne *et al.*, 1999)
- AUDIT: Alcohol Use Disorders Identification Test (Babor *et al.*, 2001)
- CAGE (Mayfield *et al.*, 1974)
- Carpenter: World Health Organization Schedules for Clinical Assessment in Neuropsychiatry items of the Carpenter Deficits syndrome (Kirkpatrick *et al.*, 1989, World Health Organization, 1999)
- DIP (DM): Diagnostic Interview for Psychosis (Diagnostic Module) (Castle *et al.*, 2006)
- FTND: Fagerstrom Test for Nicotine Dependence (Heatherton *et al.*, 1991)
- IPAQ: The International Physical Activity Questionnaire (short format) (Craig *et al.*, 2003)
- MSIF: The Multidimensional Scale of Independent Functioning (Jaeger *et al.*, 2003)
- NART (Nelson and Willison, 1991)
- PSP: Personal and Social Performance Scale (Morosini *et al.*, 2000)
- RBANS Digit Symbol Coding Test (Randolph *et al.*)

Critical to the development of the SHIP interview and assessment schedule has been the alignment of survey questions with questions from the first Australian National Low Prevalence (Psychotic) Disorders Study 1997-1998 (Jablensky *et al.*, 2000) to provide some measure of change following major developments in mental health policy in the decade since the first survey. It also draws heavily from items in the second National Survey of Mental Health and Wellbeing 2007 (Slade *et al.*, 2009) and other ABS and population surveys, where available, in order to permit benchmarking of data against population norms. The following sources were used to contribute to the formulation of specific items as referenced in the Schedule:

- ABS C&S: ABS Crime and Safety Survey (Australian Bureau of Statistics, 2005)
- AHURI: Australian Housing and Urban Research Institute (O'Brien *et al.*, 2002a, b)
- AHURI Homelessness and mental health survey (Robinson, 2003)
- CVIP: Criminal Victimization in International Perspective (van Dijk *et al.*, 2007)
- DAST: Drug Abuse Screening Test (Skinner, 1982)
- DIP: Diagnostic Interview for Psychosis from the Australian National Low Prevalence (Psychotic) Disorders Study 1997-1998 (Jablensky *et al.*, 2000)
- HEALTHRIGHT Project 2006-2008 (personal communication)
- NHS: National Health Survey 2001 (Australian Bureau of Statistics, 2001)
- NNS: National Nutrition Survey 1995 (Australian Bureau of Statistics, 1995)
- NS: Second National Survey of Mental Health and Wellbeing 2007 (Slade *et al.*, 2009)
- OTI: Opiate Treatment Index (Darke *et al.*, 1991)
- PNCQ: Perceived Need for Care Questionnaire from the second National Survey of Mental Health and Wellbeing 2007 (Meadows *et al.*, 2000, Slade *et al.*, 2009)
- SANE: SANE Research Bulletins
- STIGMA SHOUT: Survey. Service user and carer experiences of stigma and discrimination. (Corry, 2008)
- UMARYLAND: University of Maryland Medical Center Sleep Disorders Center.
- WHO HPQ: Health and Work Performance Questionnaire (Kessler *et al.*, 2003)

Diagnostic Interview For Psychosis - Diagnostic Module

The Diagnostic Interview For Psychosis - Diagnostic Module (DIP-DM) lies at the heart of the schedule. It is a semi-structured clinical interview, for use by trained and experienced mental health professionals (Castle *et al.*, 2006). It was developed specifically for the first Australian National Low

Prevalence (Psychotic) Disorders Study 1997-1998 (Jablensky *et al.*, 2000). The diagnostic module is designed around the Operational Criteria Checklist for Psychosis (OPCRIT), a 90-item checklist linked to a computerised diagnostic algorithm which has been widely used internationally (McGuffin *et al.*, 1991, Williams *et al.*, 1996). While the original OPCRIT does not specify a procedure for eliciting the information necessary for rating the diagnostic items, the DIP-DM module includes a structured clinical interview with questions and optional probes derived and adapted from the World Health Organization Schedules for Clinical Assessment in Neuropsychiatry (SCAN, version 2.1)(Wing *et al.*, 1990). Lifetime, past year and present state ratings for the items of the DIP-DM are possible. The computer algorithm associated with OPCRIT uses the interview data to generate diagnoses. The OPCRIT computer algorithm is capable of generating diagnoses under a number of classification systems such as DSM-IV, ICD-10 and RDC. The DIP-DM also assesses comorbidity including drug and alcohol abuse/dependence. DIP-DM has good reliability and validity and its psychometric properties have been published (Castle *et al.*, 2006). Modifications for the SHIP survey affect only the sections on drug and alcohol use and smoking. The revised drug and alcohol section is very comprehensive and includes the items of the Alcohol Use Disorders Identification Test (Babor *et al.*, 2001), the Drug Abuse Screening Test (Skinner, 1982) and the CAGE (Mayfield *et al.*, 1974). The smoking section has also been expanded and includes, among others, the items of the Fagerstrom Test for Nicotine Dependence (Heatherton *et al.*, 1991).

Brief Cognitive Assessment Tool

A Brief Cognitive Assessment Tool was developed for the National SHIP survey to assess cognition and was included in the interview schedule. The selection criteria for inclusion of a task within the tool were that the task should be brief (total testing time of 10 minutes at most), easy to administer in range of contexts (for example, pen and paper based), not restricted to use by psychologists, and able to provide valid measures of cognitive ability in psychosis. The two tasks finally selected are:

- (i) National Adult Reading Test (NART) Revised (Nelson and Willison, 1991); and
- (ii) Digit-Symbol Coding Test (DSCT) from the RBANS battery (Randolph *et al.*).

The purpose of the NART is to provide an estimate of premorbid intellectual ability (specifically WAIS-R IQ). NART taps into crystallised intelligence and is less likely to be affected by disease processes. There are good population norms for the NART. An additional advantage of the NART is that it is no longer copyrighted and there are no specific user qualifications required. DSCT taps into non-verbal functions (e.g. attention, flexibility, speed of processing and abstraction) that are much more likely to be affected by disease processes. The DSCT has a number of advantages. Population norms are available, it is well-known and well-regarded, and administration is simple with no requirement for complex equipment. Users must be trained but not necessarily psychologists. The developers have provided the instrument at reduced cost for use in SHIP.

Both instruments have been shown to provide valid measures and good discrimination when used in populations with psychosis. The psychometric properties of the two tests were further assessed in a sample of 92 people recruited as part of the Western Australian Family Study of Schizophrenia (Hallmayer *et al.*, 2005). Results show low correlation between the two tests indicating that they were tapping into different cognitive processes. Both discriminated well between patients and unaffected controls, as well as within the schizophrenia sample, and they had good concurrent validity.

General practitioner questionnaires

At interview, participants were asked to give consent for the interviewer to contact their general practitioner. The general practitioner was asked to complete a questionnaire about the target patient. They were also asked to complete a questionnaire on more general issues related to the treatment of patients with psychosis in a general practice.

GP1 Questions regarding target patient

GP2 Questions regarding the management of psychosis patients in the general practice setting

Blood tests

Participants were asked to provide fasting bloods which were tested for:

- high-density lipoproteins (HDL)
- low-density lipoproteins (LDL)
- total cholesterol
- triglycerides
- plasma glucose
- glycated haemoglobin (HbA1C)

Appendix 5. Individual interview items

Age at time of interview	Overall Global Education rating in last 4 weeks	Reason moved out (in last 12mths): Desire for independence/adventure	Problems paying rent
Reported Age	Housing in the last 12 mths #1	Reason moved out (in last 12mths): Trouble with the police	Difficulties with neighbours
Country of birth	Housing #1 (no. of weeks) (last 12 mths)	Reason moved out (in last 12mths): Financial troubles	Issues with the landlord other than paying rent
Age at Immigration	Housing (last 12 mths) #2	Reason moved out (in last 12mths): Hospitalisation	Issues with maintaining the house
Current Residency Status	Housing #2 (no. of weeks) (last 12 mths)	Reason moved out (in last 12mths): Lease / rental not renewed	Friends that can get you into trouble
Current type of Visa	Housing (last 12 mths) #3	Reason moved out (in last 12mths): Other	Feelings of loneliness or isolation
State of birth	Housing #3 (no. of weeks) (last 12 mths)	Reason moved out (in last 12mths): Other (specified)	Fear of becoming homeless
Aboriginal/Torres Strait Islander descent	Homeless (total no of days) (last 12 mths)	Main reason for moving out (last 12 mths)	Contact with State Dept of housing in last 12 mths
First Language other than English	Primary homeless (e.g. slept on the streets) (no. of days) (last 12 mths)	Current housing	Benefit from contact with State Dept of housing
First Language other than English (specified)	Secondary homeless (e.g. used temporary shelters or friend's couch) (no. of nights) (last 12 mths)	Duration of current housing (days)	On Public housing waiting list
Current marital status	Marginally housed; rented acc. in caravan park due to financial necessity (no. of days) (last 12 mths)	Somewhere to live on discharge from hospital	Preferred choice of housing
age at leaving school	Number of times moved housing (last 12 mths)	Number of other people living in current household	Preference of person to live with (given the choice)
Difficulty in reading or writing English	Assistance: Finding a place to live	Living with: father; mother; step father; step mother	Preference of person to live with: Other (specified)
Highest level of school completion	Assistance: Practical help e.g. paperwork	Living with: father-in-law; mother-in-law; partner's father/mother	Individual responsibility (last 4 weeks): Food shopping
Highest qualification obtained	Assistance: Moving in	Living with: brother(s); sister(s); step brother(s); step sister(s)	Individual responsibility (last 4 weeks): Cooking your meals
Enrolled in formal studies (last 12 mths)	Assistance: Getting goods e.g. plates & cutlery	Living with: husband/wife/de Facto	Individual responsibility (last 4 weeks): Doing your laundry
Enrolled in vocational training program (last 12 mths)	Assistance: Other	Living with: boyfriend/girlfriend	Individual responsibility (last 4 weeks): Cleaning your room
Time spent studying in last 4 weeks (no. of hours per week)	Assistance: Other (specified)	Living with: own children (including step children)	Individual responsibility (last 4 weeks): Paying bills
Reason for study	Housing assistance or help met needs	Living with: other relatives	Perceived difficulty with household responsibilities (last 4 weeks)
Reason for study: Other (specified)	Wanted housing assistance or help	Living with: friends; co-tenants	Incapacity for household activities (no. of days) (last 4 weeks)
Missed attending classes (no. of days) (last 4 weeks)	Reason moved out (in last 12mths): Conflict with parents/partner/housemates	Living with: residents; patients	Perceived reason for incapacity for household activities (last 4 weeks)
Perceived difficulty with study in last 4 weeks	Reason moved out (in last 12mths): Violence at home	Measure of privacy (have own room)	Perceived reason for incapacity for household activities: Other (specified)
Time off study (no. of days) (last 4 weeks)	Reason moved out (in last 12mths): Traumatic event involving family or friends	Rent or board paid	Household responsibility (last 4 weeks): Food shopping
Reason for time off study	Reason moved out (in last 12mths): Physical abuse	Rent assistance	Household responsibility (last 4 weeks): Cooking meals
Reason for time off study (specified)	Reason moved out (in last 12mths): Sexual abuse	Last stable accommodation	Household responsibility (last 4 weeks): Doing laundry
Concern expressed by others in last 4 weeks	Reason moved out (in last 12mths): Emotional abuse	Supermarket accessible	Household responsibility (last 4 weeks): Cleaning/housework
Help from others for study (last 4 weeks)	Reason moved out (in last 12mths): Personal alcohol/drug abuse	Public transport accessible	Household responsibility (last 4 weeks): Paying bills
Help from others for study: Other (specified)	Reason moved out (in last 12mths): Parent/partner or housemates alcohol/drug abuse	Feels safe in present locality	Concern expressed by others (last 4 weeks)
Study support: Received help for role maintenance (e.g. getting to school or classes) in last 4 weeks	Reason moved out (in last 12mths): Anxiety or depression	Obstacles to staying in current residence #1	Received help with household responsibilities
Study support: Received help for task related study (e.g. help with assignments) in last 4 weeks	Reason moved out (in last 12mths): Other MH problems	What other obstacles #1	Received help with household responsibilities: Other (specified)
Study support: Received other help in last 4 weeks		Obstacles to staying in current residence #2	ADL support: Help with Role maintenance e.g. driving to shops (last 4 weeks)
Study support: Received other help in last 4 weeks (specified)		What other obstacles #2	ADL support: Help with task related activities (last 4 weeks)
Benefit from study support help		Obstacles to staying in current residence #3	
Outcome if help or support no longer available		What other obstacles #3	
Education/training role position in last 4 weeks (e.g. acquiring a degree or certificate).		Choice where resides	
Education/training support in last 4 weeks (e.g. help with study)		Satisfaction with current living situation	
Education/training performance deficits in last 4 weeks (e.g. poor quality of work)		Main reason not satisfied with current living situation	
		Main reason not satisfied with current living situation: Other (specified)	

ADL support: Help with other activities (last 4 weeks)	Reason for not looking for work: Other (specified)	Employment support worker provide support, advice or counselling (last 12 mths)	Carer of CHILD # 1 living elsewhere: Other (specified)
ADL support: Other (specified)	Ways looked for work: Wrote to, phoned or applied in person, to an employer	Perceived benefit from employment support worker	Carer of CHILD # 2 living elsewhere
Perceived benefit from ADL help	Ways looked for work: Looked in newspapers, on internet or checked notice boards	Receive assistance to keep work (last 12 mths)	Carer of CHILD # 2 living elsewhere: Other (specified)
Outcome if ADL support or help no longer available	Ways looked for work: Used touch screens at Centrelink offices	Receive assistance (to keep work) helpful	Carer of CHILD # 3 living elsewhere
Received help to look after self or home	Ways looked for work: Registered with Centrelink as a jobseeker	Paid employment in last 7 days	Disabled children under age 18 (incl. stepchildren)
Help received to look after self or home met needs	Ways looked for work: Registered with an employment agency	Job in last 7 days (specified)	Disability of child (specified)
Wanted help to look after self or home	Ways looked for work: Contacted family/friends	Main occupation if not employed in last 7 days	Disabled children attending school or day care during the day
Help required: Role maintenance	Ways looked for work: Other (specified)	Paid or unpaid leave in last 7 days	Responsibility of childcare role
Help required: Task related	Ways looked for work: Other (specified)	Employment in last 4 weeks	Other person responsible for childcare role
Help required: Other	Finding work: Disability Employment Network Service	Nature of job (specified)	Perceived benefit from childcare help
Help required: Other (specified)	Finding work: Commonwealth Rehabilitation Services Australia	Any time off work in last 4 weeks due to MH or PH	Outcome if childcare support or help no longer available
Self care (e.g. personal or dental hygiene) in last 4 weeks	Finding work: Job Network Agency	Miss an ENTIRE work day in last 4 weeks because of your PH (days)	Contact with Department of Community services (last 12 mths)
Interests e.g. reading magazines, watching TV (last 4 wks)	Finding work: Personal Support Program	Miss PART of a work day in last 4 weeks because of your PH (days)	Reason for contact with Department of Community services (specified)
Interest e.g. reading magazines, watching TV (last 12 mths)	Finding work: Clubhouse transitional employment service	Did you lose any income as a result of this time off work	Quality of caring for child/children (last 12 mths)
Residential role position (last 4 weeks)	Finding work: Disability Business Service	Miss an ENTIRE work day in last 4 weeks because of your MH (days)	Help from a carer (last 12 mths)
Residential support (last 4 weeks)	Finding work: Personal Helpers & Mentors Program	Miss PART of a work day in last 4 weeks because of your MH (days)	Carers Relationship
Residential performance (last 4 weeks)	Finding work: Private recruitment company	Did you lose income as a result of this time off work	Carer relationship: Other (specified)
Overall Global Residential Rating (last 4 weeks)	Finding work: Family/Friends	Work difficulties (able to work but quality or performance not upto standard) (no. of days)	Carer lives in with you
Unpaid employment (last 12 mths)	Finding work: Other (specified)	Work concerns expressed (last 4 weeks)	Carer receives payment
Received help to work or use time in other ways (last 12 mths)	Help to find work met needs	Voluntary/unpaid work in last 12 mths	Duration of carer assistance (weeks)
Help received (to work or use time) met needs	Belong to Centrelink program for people with mental illness	Voluntary/unpaid work ACTIVITY #1	Carer currently providing help
Wanted help to work or use time	Duration of all competitive jobs (paid job in a mainstream setting) (no. of weeks)	Voluntary/unpaid work ACTIVITY #1: Other (specified)	Personal helper/peer supporter/mentor (last 12 mths)
Looking for paid work (last 12 mths)	Duration of all non competitive jobs (paid job in a supported setting) (no. of weeks)	Voluntary/unpaid work ACTIVITY #2	PH assistance: Help to better manage daily activities (last 12 mths)
Reason not looking for work: Do not want to work	Total number of jobs (competitive and non competitive) held in last 12 mths	Voluntary/unpaid work ACTIVITY #2: Other (specified)	PH assistance: Supported with physical activity (last 12 mths)
Reason not looking for work: Own ill health or physical disability/pregnancy	Type of employment in last 12 mths	Voluntary/unpaid work ACTIVITY #3	PH assistance: Accompanied to appointments (last 12 mths)
Reason not looking for work: Welfare payments/pension may be affected	Nature of main job	Voluntary/unpaid work ACTIVITY #3: Other (specified)	PH assistance: Acted as an advocate (last 12 mths)
Reason not looking for work: Childcare	How got main job	Duration of voluntary/unpaid work in last 12 mths (total hours)	PH assistance: Supported family or carer (last 12 mths)
Reason not looking for work: Ill health of others other than self	Still employed in main job	No. of own children	PH assistance: Made referrals to relevant services (last 12 mths)
Reason not looking for work: Other family considerations	Reason left main job	No. of step children	PH assistance: Other (last 12 mths)
Reason not looking for work: Employers think they are too young or too old	Reason left main job: Other (specified)	Children aged under 18 (incl. stepchildren)	PH assistance: Other (specified)
Reason not looking for work: No suitable jobs in locality/hours/at all	Duration of main job (weeks)	No. of dependent children living with (incl. stepchildren)	Duration of personal helper/peer supporter/mentor providing help (weeks)
Reason not looking for work: Lacks necessary schooling, training, skills or experience	Hours worked in main job in a typical 7 day week	No. of children living elsewhere (incl. stepchildren)	Provided care to others (with a disability, long term illness or problems with old age)
Reason not looking for work: Has difficulties with language or due to ethnic background	Preferred hours of work	Carer of CHILD # 1 living elsewhere	Live in as a carer to this person
Reason not looking for work: Don't know what assistance is available to help find work	Pay received in main job		Caring tasks: Personal grooming inc bathing, dressing (last 12 mths)
Reason not looking for work: Other	Entitled to paid leave in main job		Caring tasks: Housework inc cooking meals (last 12 mths)
	Paid/unpaid leave for full 12 months		
	Disclosure about mental illness to employer		

Caring tasks: Errands inc shopping, paying bills (last 12 mths)	Locations experienced stigma (last 12 mths): At school/university/tafe/college	Source of income: Superannuation or annuity (main source)	Any superannuation contributions (last 12 mths)
Caring tasks: Transportation (last 12 mths)	Locations experienced stigma (last 12 mths): At a government agency	Source of income: Workers compensation (received income)	Financial difficulty (last 12 mths): Couldn't pay electricity, water, gas, or telephone bill on time
Caring tasks: Other (last 12 mths)	Locations experienced stigma (last 12 mths): At the shops	Source of income: Workers compensation (main source)	Financial difficulty (last 12 mths): Couldn't pay for car registration or insurance on time
Caring tasks: Other (specified)	Locations experienced stigma (last 12 mths): Other places	Source of income: Accident or sickness insurance (received income)	Financial difficulty (last 12 mths): Pawned or sold something
Time spent caring (last 12 mths)	Locations experienced stigma (last 12 mths): Other places (specified)	Source of income: Accident or sickness insurance (main source)	Financial difficulty (last 12 mths): Went without meals
Payment for caring (last 12 mths)	Fear of stigma stopped you from doing things (last 12 mths)	Source of income: Other regular source (received income)	Financial difficulty (last 12 mths): Couldn't heat/cool your home/room
Maintaining caring responsibilities (last 4 weeks)	Actual experience of stigma stopped doing things because of stigma (last 12 mths)	Source of income: Other regular source (main source)	Financial difficulty (last 12 mths): Couldn't afford petrol to travel
Caring affects personal health	Overall socialising (last 12 mths)	Source of income: Other main source (specified)	Financial difficulty (last 12 mths): Sought assistance from welfare/community organisation
Others have expressed concerns regarding caring ability (last 4 weeks)	Diminished emotional range (last 12 mths)	Duration of Government support (if main source of income)	Financial difficulty (last 12 mths): Sought financial assistance from family or friends
Work role position	Free time spent (last 12 mths)	Received Australian aged pension (last 12 mths)	Financial difficulty (last 12 mths): Other
Work support	Free time spent: Other place (specified)	Received Widow allowance/benefit or widow B pension (last 12 mths)	Financial difficulty: Other (specified)
Work performance	Attended social program (last 12 mths)	Received Youth allowance (last 12 mths)	Received financial help (last 12 mths)
Overall Global work rating	Attended recreational program (last 12 mths)	Received Austudy (last 12 mths)	Financial help met needs
Are you a twin/triplet	Received help with socialising (last 12 mths)	Received Abstudy (last 12 mths)	Wanted financial help
Developmental problems in childhood	Help with socialising (specified)	Received Newstart allowance (last 12 mths)	Do you have a Health Care Card
Childhood temperament and personality	Perceived helpfulness to help to socialise	Received Work for the dole (last 12 mths)	Do you currently have private health insurance
Childhood temperament and personality (specified)	Wanted help to meet people	Received Sickness allowance/benefit (last 12 mths)	Any criminal behaviour such as shoplifting, forging cheques (last 12 months)
Parents separate or divorce in childhood (Age in years)	Perceived deterioration in interpersonal relationships (last 12 mths vs previous yrs)	Received Disability support pension (last 12 mths)	Property crime such as break and enter (last 12 mths)
Loss of a parent in childhood (Age in years)	Perceived loneliness (last 12 mths)	Received Mobility allowance (last 12 mths)	Drug dealing such as sold drugs to someone (last 12 mths)
Loss of a sibling in childhood (Age in years)	Someone to rely on	Received Carer payment (last 12 mths)	Committed fraud such as forging cheques (last 12 mths)
Loss of another close relative in childhood (Age in years)	Someone to confide in	Received Parenting payment (last 12 mths)	Committed crimes involving violence such as armed robbery (last 12 mths)
Distressing or traumatic events in childhood (Age in years)	Sexual relationship in last 12 mths	Received Childcare benefit (last 12 mths)	Victim known in most recent violent offence
Distressing or traumatic events in childhood (specified)	Any income in last 12 mths	Received Family tax benefit A or B (last 12 mths)	Arrested (no. of times) (last 12 mths)
See: Children (incl. step children)	Source of income: Wages/salary (received income)	Received Baby bonus (last 12 mths)	Most recent reason arrested (last 12 mths)
Any form of contact: Children (incl. step children)	Source of income: Wages/salary (main source)	Received Parenting payment (last 12 mths)	Charged with an offence (no. of times) (last 12 mths)
See: Brothers/sisters	Source of income: Profit or loss from own business or share in partnership (received income)	Received Childcare benefit (last 12 mths)	Most recent offence charged (last 12 mths)
Any form of contact: Brothers/sisters	Source of income: Profit or loss from own business or share in partnership (main source)	Received Family tax benefit A or B (last 12 mths)	Spent time in prison (no. of nights) (last 12 mths)
See: Partner/spouse	Source of income: Dividends or interest (received income)	Received Baby bonus (last 12 mths)	Feels safe alone in home during day
Any form of contact: Partner/spouse	Source of income: Dividends or interest (main source)	Received Jobs education and training child care fee assistance (last 12 mths)	Feels safe alone in home at night
See: Parents	Source of income: Any government pension, allowance, or benefit (received income)	Received Special benefit (last 12 mths)	Feels safe to walk streets alone at night
Any form of contact: Parents	Source of income: Any government pension, allowance, or benefit (main source)	Received Youth disability supplement (last 12 mths)	Victim of break-in (no. of times) (last 12 mths)
See: Other relatives	Source of income: Child support or maintenance (received income)	Received other allowance (last 12 mths)	Reported most recent break in to police
Any form of contact: Other relatives	Source of income: Child support or maintenance (main source)	Received Youth disability supplement (last 12 mths)	
Number of friends	Source of income: Superannuation or annuity (received income)	Received other allowance (last 12 mths)	
Contact with friends (last 12 mths)		Other allowance (specified)	
Perceived need for more friends		Contact with Centrelink in last 12 mths	
Hard to maintain close relationships due to mental illness		Centrelink stopped payment (no. of times) (last 12 mths)	
Experienced stigma or discrimination due to mental illness (last 12 mths)		Duration Centrelink stopped payments (no. of weeks) (last 12 mths)	
Locations experienced stigma (last 12 mths): At home		Current net fortnightly income	
Locations experienced stigma (last 12 mths): At work			
Locations experienced stigma (last 12 mths): At hospital or clinic			

Reported break in to police: Other (specified)	Considers doing enough physical activity	Smoking status checked (last 12 mths)	Definite psychosocial stressor prior to onset of 1st episode
Victim of other theft (no. of times) (last 12 mths)	Barriers to being physically active reason 1	Eye examination (last 12 mths)	unemployed at onset
Victim of assault during robbery (no. of times) (last 12 mths)	Barriers to being physically active reason 1: Other (specified)	Uses an aid to see	Poor premorbid work adjustment
Knew most recent robbery assault offender	Barriers to being physically active reason 2	Hearing checked (no. of times) (last 12 mths)	premorbid social adjustment
Reported most recent robbery assault to police	Barriers to being physically active reason 2: Other (specified)	Uses an aid to hear	premorbid personality disorder
Reported most recent robbery to police: Other (specified)	Barriers to being physically active reason 3	Xray/mri/ct scan (last 12 mths)	coarse brain disease prior to onset
Victim of assault (no. of times) (last 12 mths)	Barriers to being physically active reason 3: Other (specified)	Teeth checked by a dentist (no. of times) (last 12 mths)	family history of psychiatric disorder, excl.schizophrenia
Victim of threatened assault (no. of times) (last 12 mths)	Waist Circumference (cm)	Reason not been to dentist (last 12 mths)	family history of schizophrenia
Knew most recent assault offender(s)	Height (m)	Reason not been to dentist (last 12 mths): Other (specified)	dysphoria: present, past yr, lifetime
Reported most recent threat of violence to police	Weight (kg)	Bowel checked (last 2 years)	loss of pleasure: present, past yr, lifetime
Reported most recent threat of violence to police: Other (specified)	Body Mass Index (BMI)	PAP smear (last 2 years)	suicidal ideation: present, past yr, lifetime
Deliberate self harm (no. of times) (last 12 mths)	High blood pressure	Mammogram (last 2 years)	diurnal variation: present, past yr, lifetime
Deliberate self harm and did not seek help (no. of times) (last 12 mths)	Family history of high blood pressure	PSA or prostate checked (last 2 years)	poor concentration: present, past yr, lifetime
Perceived outcome of self harm	Systolic	Seen other specialist (last 12 mths): Specialist #1 (no. of times)	slowed activity: present, past yr, lifetime
Hospitalisation after self harm (no. of times)	Diastolic	Seen other specialist (last 12 mths): Specialist #1 (specified)	loss of energy / tiredness: present, past yr, lifetime
Current satisfaction with own independence	Diabetes	Seen other specialist (last 12 mths): Specialist #2 (no. of times)	altered libido: present, past yr, lifetime
Lack of control of life events (last 4 weeks)	Family history of diabetes	Seen other specialist (last 12 mths): Specialist #2 (specified)	poor appetite: present, past yr, lifetime
Importance of spirituality/religion (last 12 mths)	Family history of kidney disease	Seen other specialist (last 12 mths): Specialist #3 (no. of times)	increased appetite: present, past yr, lifetime
Satisfaction with life as a whole (last 12 mths)	Family history of heart disease	Seen other specialist (last 12 mths): Specialist #3 (specified)	weight loss: present, past yr, lifetime (kg)
MSIF: Global role position (last 4 weeks)	High Cholesterol	Memory	weight gain: present, past yr, lifetime (kg)
MSIF: Global support (last 4 weeks)	Arthritis	Sleep apnoea snoring	initial insomnia: present, past yr, lifetime
MSIF: Global performance (last 4 weeks)	Asthma	Sleep apnoea pauses	middle insomnia: present, past yr, lifetime
MSIF: Overall Global Independent Functioning (last 4 weeks)	Epilepsy	Unmet PH needs	early morning waking: present, past yr, lifetime
Personal and social performance scale (last 12 mths)	Stroke/TIA	Unmet PH needs (specified)	excessive sleep: present, past yr, lifetime
Snacks (no. of times) (last 4 weeks)	Heart Attack	Feels receiving right help for current PH problems	excessive self-reproach: present, past yr, lifetime
Breakfast (days per week) (last 4 weeks)	Angina	Not receiving right help. Help wanted (specified)	delusions of guilt: present, past yr, lifetime
Milk consumed (last 4 weeks)	Other heart disease e.g. arrhythmias	Perceived PH	delusions of poverty: present, past yr, lifetime
Vegetables consumed (no of serves per day) (last 4 weeks)	Hepatitis	Help with personal care (last week)	nihilistic delusions: present, past yr, lifetime
Fruit consumed (serves per day)(last 4 weeks)	Other liver disease	Help with household tasks (last week)	elevated mood: present, past yr, lifetime
Salt added to food (last 4 weeks)	Kidney disease	Getting around home and community (last week)	irritable mood: present, past yr, lifetime
Ran out of food (last 12 month)	Anaemia	Personal relationships (last week)	thoughts racing: present, past yr, lifetime
Vigorous Activity (days per week)	Memory problems	Relationships with other people (last week)	distractibility: present, past yr, lifetime
Vigorous activity (mins per day)	Respiratory problems	Relationships with family (last week)	excessive activity: present, past yr, lifetime
Moderate activity (days per week)	Head injury lost consciousness	Vision (last week)	reduced need for sleep: present, past yr, lifetime
Moderate activity (mins per day)	Parkinsons	Hearing (last week)	reckless activity: present, past yr, lifetime
Walking (days per week)	Frequent or severe headaches/migraines	Communicating with others (last week)	increased sociability: present, past yr, lifetime
Walking (mins per day)	Eating disorders such as anorexia or bulimia	Sleep (last week)	increased self-esteem: present, past yr, lifetime
Sitting (hours per day)	Chronic back neck or other pain	General MH (last week)	
	Allergies	Pain or discomfort (last week)	
	Cancer	source of rating time frame	
	Congenital disorders/syndromes	sex code	
	Congenital disorders/syndromes (specified)	Marital status	
	If female: Gynaecological problems	age of onset	
	Medical health: Other	mode of onset	
	Medical health: Other (specified)		
	Physical examination (last 12 mths)		
	BP checked (last 12 mths)		
	Weight measured (last 12 mths)		
	Waist measured (last 12 mths)		
	Amount of weight lost from weight loss program or diet		
	Family history of obesity		
	Fasting blood tests taken (last 12 mths)		

hallucinations in any modality: present, past yr, lifetime	Alcohol: guilty/remorseful	Ecstasy: Freq LT	Tea (inc green but not herbal)
Other (non affective) auditory hallucinations present, past yr, lifetime	Alcohol: unable to remember what occurred	Ecstasy: quantity LT	Coca cola inc diet (375ml can)
accusatory voices: present, past yr, lifetime	Alcohol: salience of drinking related activities	Ecstasy: Overdose	Pepsi inc diet (375ml can)
running commentary: present, past yr, lifetime	Alcohol: failure to fulfil role/function	Inhalants/solvents use: LT	Pepsi max (375ml can)
third person auditory hallucination: present, past yr, lifetime	Alcohol: social/legal problems	Inhalants/solvents use: Freq PY	Musashi E shot cola (300ml)
thought insertion: present, past yr, lifetime	Alcohol: criticism	Inhalants/solvents: quantity PY	Red Bull (250ml can)
thought broadcast: present, past yr, lifetime	Alcohol: risk taking behaviour	Inhalants/solvents: Freq YP	Red Eye power drink (250ml can)
thought withdrawal: present, past yr, lifetime	Alcohol: withdrawal symptoms	Inhalants/solvents: quantity YP	V Energy drink (250ml can)
thought echo: present, past yr, lifetime	Alcohol: health problems	Inhalants/solvents: Freq LT	Lift Plus energy drink (250ml can)
other primary delusions: present, past yr, lifetime	Alcohol: concern expressed by others	Inhalants/solvents: quantity LT	Black Stallion (250ml can)
delusions of passivity: present, past yr, lifetime	Alcohol 22: sought help	Inhalants/solvents: Overdose	Smart drink brain fuel (250ml can)
persecutory delusions: present, past yr, lifetime	drugs: ever	Drug: other use: LT	Caffeine other (mg)
delusions of influence: present, past yr, lifetime	Cannabis: use LT	Drug: Other (specified)	Caffeine: Other (specified)
primary delusional perception: present, past yr, lifetime	Cannabis: freq PY	Drug: other use: Freq PY	Alcohol/drug abuse within one year of onset of psychotic symptoms
grandiose delusions: present, past yr, lifetime	Cannabis: quantity PY	Drug: other: quantity PY	Life time diagnosis of alcohol abuse/dependence
bizarre delusions: present, past yr, lifetime	Cannabis: freq Prior Year (YP)	Drug: other: Freq LT	Alcohol abuse/dependence with psychopathology
lack of insight: lifetime	Cannabis: quantity Prior Year (YP)	Drug: other: quantity LT	Life time diagnosis of cannabis abuse/dependence
psychotic symptoms respond to antipsychotics: lifetime	Cannabis: freq Life Time	Drug: other: Freq YP	Cannabis abuse/dependence with psychopathology
well organized delusions: lifetime	Cannabis: quantity Life Time	Drug: other: quantity LT	Life time diagnosis of other substance abuse/dependence
widespread delusions: lifetime	Amphetamines LT	Drug: other: Overdose	Other substance abuse/dependence with psychopathology
delusions & hallucinations last for one week: lifetime	Amphetamines: freq PY	Drugs: tolerance	Duration of illness in weeks (max.=99)
persecutory delusions & hallucinations: lifetime	Amphetamines: quantity PY	Drugs: cutting down/impaired capacity to abstain or cut use	Functional impairment/incapacity during disorder
Alcohol lifetime	Amphetamines: Freq YP	Drugs: impaired capacity to control drug use once started	Deterioration from premorbid level of functioning
Alcohol: frequency past year	Amphetamines: quantity YP	Drugs: subjective need for drug	Course of disorder
Alcohol: frequency Life Time	Amphetamines: Freq YP	Drugs: guilty/remorseful	Relationship between psychotic and affective symptoms
Alcohol: quantity Past Year	Amphetamines: quantity YP	Drugs: salience of drug related activities	Information not credible
Alcohol: quantity Life Time	Amphetamines: Frequency LT	Drugs: failure to fulfil role/function	Rapport difficult
Alcohol: frequency of heavier daily amounts: Past Year	Amphetamines: quantity LT	Drugs: social/legal problems	Agitated Activity
Alcohol: frequency of heavier daily amounts: Life Time	Amphetamines: Overdose	Drugs: risk taking behaviour	Catatonia
Alcohol: frequency in year prior to onset of psychiatric symptoms (Year Prior)	Tranquillisers: use LT	Drugs: withdrawal symptoms	Bizarre behaviour
Alcohol: quantity in year prior to onset of psychiatric symptoms (Year Prior)	Tranquillisers: freq PY	Drugs: health problems	Restricted affect
Alcohol: frequency of heavier daily amounts (Year Prior)	Tranquillisers: quantity PY	Drugs: concerned expressed by others	Blunted affect
Alcohol: tolerance	Tranquillisers: Freq YP	Drugs: sought help	Inappropriate affect
Alcohol: cutting down/impaired capacity to abstain or cut drinking	Tranquillisers: quantity YP	Drugs: perceived drug causing most harm	Pressure of speech
Alcohol: impaired capacity to control drinking once started	Tranquillisers: Freq LT	Drugs: perceived drug causing most harm: Other (specified)	Speech difficult to understand
Alcohol: subjective need for alcohol	Tranquillisers: quantity LT	Smoking LT	Positive formal thought disorder
Alcohol: morning	Tranquillisers: Overdose	Smoking: age started smoking	incoherence of speech
	Heroin use: LT	Smoking: heaviest amount used	negative formal thought disorder
	Heroin: Freq PY	Smoking: tried to stop	Restricted Affect
	Heroin: quantity PY	Smoking: no. of times tried to stop	Poverty of speech
	Heroin: Freq YP	Smoking: longest period stopped	Diminished sense of purpose
	Heroin: quantity YP	Smoking: sort help to quit	Worrying (worried alot more about things than other people) (last 12 mths)
	Heroin: Freq LT	Smoking: started smoking again	General rating of anxiety (attack of fear or pain) (last 12 mths)
	Heroin: quantity LT	Smoking: started smoking again: Other (specified)	General ratings of phobia (last 12 mths)
	Heroin: Overdose	Smoking: Other (specified)	General ratings of phobia (specified)
	Cocaine use: LT	Smoking: current smoker	Can't get breath & smothering feeling (last 12 mths)
	Cocaine: Freq PY	Smoking: time of first cigarette	Heart pounding, missing beats, beating faster (last 12 mths)
	Cocaine: quantity PY	Smoking: difficulty not smoking in forbidden places	Dizzy light headed, faint, or unsteady (last 12 mths)
	Cocaine: Freq YP	Smoking: which cigarette must have	
	Cocaine: quantity YP	Smoking: smoke more frequently in morning	
	Cocaine: Freq LT	Smoking: smoke when sick	
	Cocaine: quantity LT	Instant coffee NOT decaf (250ml)	
	Cocaine: Overdose	Brewed coffee; plunger/filter (250ml)	
	LSD/ hallucinogens use: LT	Espresso coffee inc latte & cappuccino (1 shot)	
	LSD/ hallucinogens use: Freq PY	Starbucks specify (mg)	
	LSD/ hallucinogens: quantity PY	Iced coffee (250 ml)	
	LSD/ hallucinogens: Freq YP		
	LSD/ hallucinogens: quantity YP		
	LSD/ hallucinogens: Freq LT		
	LSD/ hallucinogens: quantity LT		
	LSD/ hallucinogens: Overdose		
	Ecstasy use: LT		
	Ecstasy use: Freq PY		
	Ecstasy: quantity PY		
	Ecstasy: Freq YP		
	Ecstasy: quantity YP		

Tingling, numbness in face or fingers (last 12 mths)	Admission to Hospital for PH: Other (no. of nights) (last 12 mths)	MH admission experience: Deprivation other (last 12 mths)	Reason2 (other) missed appointments for PH (last 12 mths)
Tightness, discomfort or pain in your chest (last 12 mths)	Hospital admissions for drug or alcohol problem	MH admission experience: Deprivation: Other (specified)	Reason3 missed appointments for PH (last 12 mths)
Dry mouth (last 12 mths)	Admission to Public Hospital Drug & Alcohol unit (no. of times) (last 12 mths)	Perceived benefit or justification from deprivation of liberty	Reason3 (other) missed appointments for PH (last 12 mths)
Difficulty swallowing, or lump in your throat (last 12 mths)	Admission to Public Hospital Drug & Alcohol unit (no. of nights) (last 12 mths)	Accommodation on discharge from hospital discussed	Reason3 (other) missed appointments for PH (last 12 mths)
Sweating (last 12 mths)	Admission to Public Hospital Drug & Alcohol unit (no. of nights) (last 12 mths)	Accommodation found on discharge from hospital	Outpatient attendance for MH (last 12 mths)
Trembling or shaking (last 12 mths)	Admission to Private Hospital Drug & Alcohol unit (no. of times) (last 12 mths)	Attendances at emergency/casualty departments (no. of times) (last 12 mths)	MH: Psychiatric outpatient clinic in a public psychiatric hospital (no. of times) (last 12 mths)
Hot or cold sweats or flushes (last 12 mths)	Admission to Private Hospital Drug & Alcohol unit (no. of nights) (last 12 mths)	Reason for attending ed (in last 12 mths): Injury resulting from an accident or fall	MH: Psychiatric outpatient in a public general hospital (no. of times) (last 12 mths)
Feeling of not really being there (last 12 mths)	Admission to Drug or alcohol unit: Other hospital (no. of times) (last 12 mths)	Reason for attending ed (in last 12 mths): PH problem e.g. infection	MH: Psychiatric outpatient clinic in a private hospital (no. of times) (last 12 mths)
Churning stomach, nausea or butterflies (last 12 mths)	Admission to Drug or alcohol unit: Other hospital (no. of nights) (last 12 mths)	Reason for attending ed (in last 12 mths): Alcohol related problem	MH: Public community MH clinic (no. of times) (last 12 mths)
Fear of dying (last 12 mths)	Admission to Drug or alcohol unit: Other (specified)	Reason for attending ed (in last 12 mths): Deliberate selfharm	MH: Private psychiatric clinic (no. of times) (last 12 mths)
Feeling of choking (last 12 mths)	Hospital admissions for MH problem	Reason for attending ed (in last 12 mths): Drug related problem e.g., overdose	MH: Public drug & alcohol clinic (no. of times) (last 12 mths)
Fear of going crazy, losing emotional control or passing out (last 12 mths)	Admission to Public psychiatric hospital (no. of times) (last 12 mths)	Reason for attending ed (in last 12 mths): MH problem	MH: Private drug & alcohol clinic (no. of times) (last 12 mths)
Apprehension, jumpiness, or increased startle response (last 12 mths)	Admission to Public psychiatric hospital (no. of nights) (last 12 mths)	Reason for attending ed (in last 12 mths): Other (specified)	Who Seen: Health professional 1 seen at clinic for MH (last 12 mths)
Anxiety/panic symptoms: Other (last 12 mths)	Admission to Public psychiatric hospital (no. of nights) (last 12 mths)	Referrals to psychiatric inpatient services (no. of times) (last 12 mths)	How helpful: Health professional 1 seen at clinic for MH (last 12 mths)
Anxiety/panic symptoms: Other (specified)	Admission to Public psychiatric unit (no. of times) (last 12 mths)	Visit emergency department rather than GP (no. of times) (last 12 mths)	Who Seen: Health professional 2 seen at clinic for MH (last 12 mths)
Social Phobia (last 12 mths)	Admission to Public psychiatric unit (no. of nights) (last 12 mths)	Emergency psychiatric service contact: face to face (no. of times) (last 12 mths)	How helpful: Health professional 2 seen at clinic for MH (last 12 mths)
Avoidance of social situations (last 12 mths)	Admission to Private psychiatric hospital/unit (no. of times) (last 12 mths)	Emergency psychiatric service contact: telephone (no. of times) (last 12 mths)	Who Seen: Health professional 3 seen at clinic for MH (last 12 mths)
Obsessional checking & repeating (last 12 mths)	Admission to Private psychiatric hospital/unit (no. of nights) (last 12 mths)	Outpatient attendance for PH (last 12 mths)	How helpful: Health professional 3 seen at clinic for MH (last 12 mths)
Obsessional actions associated with excessive orderliness (last 12 mths)	Admission to Psychiatric unit: Other (no. of times) (last 12 mths)	PH: Public general hospital outpatient clinic (no. of times) (last 12 mths)	MH: Missed appointments (no. of times) (last 12 mths)
Obsessional actions associated with cleanliness (last 12 mths)	Admission to Psychiatric unit: Other (no. of nights) (last 12 mths)	PH: Private hospital outpatient clinic (no. of times) (last 12 mths)	Reason1 missed MH appointments (last 12 mths)
NART	Admission to Psychiatric unit: Other (specified)	PH: Public community health centre (no. of times) (last 12 mths)	Reason1 (other) missed MH appointments (last 12 mths)
NART invalid (specified)	Involuntary admission (no. of times) (last 12 mths)	PH: Private specialist clinics (no. of times) (last 12 mths)	Reason2 missed MH appointments (last 12 mths)
RBANS: Digit Symbol Coding	MH admission experience: Seclusion in a room (last 12 mths)	PH: Other specify (no. of times) (last 12 mths)	Reason2 (other) missed MH appointments (last 12 mths)
RBANS: Digit Symbol Coding Specify	MH admission experience: Mechanical/physical restraint (last 12 mths)	PH: Other (specified)	Reason3 missed MH appointments (last 12 mths)
Inpatient admissions (no. of times) (last 12 mths)	MH admission experience: Forced medication (last 12 mths)	Missed appointments for PH (no. of times) (last 12 mths)	Satisfaction with timing of appointments (MH) (last 12 mths)
Last inpatient admission for physical illness	MH admission experience: Confiscation of property (last 12 mths)	Reason1 missed appointments for PH (last 12 mths)	Satisfaction with amount of time for appointments (MH) (last 12 mths)
Last inpatient admission for mental illness	MH admission experience: Restrictions on leaving the ward (last 12 mths)	Reason1 (other) missed appointments for PH (last 12 mths)	Complementary/alternative therapist (no. of times) (last 12 mths)
Admission to hospital for physical illness		Reason2 missed appointments for PH (last 12 mths)	
Admission to Public general medical hospital (no. of times) (last 12 mths)			
Admission to Public general medical hospital (no. of nights) (last 12 mths)			
Admission to Private general medical hospital (no. of times) (last 12 mths)			
Admission to Private general medical hospital (no. of nights) (last 12 mths)			
Admission to Hospital for PH: Other (no. of times) (last 12 mths)			

Complementary/alternative therapist (specified) (last 12 mths)	Benefit in Rehab Program: Independent daily living skills (last 12 mths) excl. NGO	Weeks in Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Completed Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO
Perceived helpfulness of Complementary/alternative therapist	Involved in Rehab Program: Time Management (last 12 mths) excl. NGO	Completed Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Benefit in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO
Home visits by MH services (last 12 mths)	Weeks in Rehab Program: Time Management (last 12 mths) excl. NGO	Benefit in Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Involved in Rehab Program: Cognitive remediation (last 12 mths) excl. NGO
Home visit due to crisis care (no. of times) (last 12 mths)	Completed Rehab Program: Time Management (last 12 mths) excl. NGO	Involved in Rehab Program: Symptom management (last 12 mths) excl. NGO	Weeks in Rehab Program: Cognitive remediation (last 12 mths) excl. NGO
Home visit due to routine care (no. of times) (last 12 mths)	Benefit in Rehab Program: Time Management (last 12 mths) excl. NGO	Completed Rehab Program: Symptom management (last 12 mths) excl. NGO	Completed Rehab Program: Cognitive remediation (last 12 mths) excl. NGO
Main MH care provided at home by team from MH services (Evidence based)	Involved in Rehab Program: Healthy living skills and fitness (last 12 mths) excl. NGO	Weeks in Rehab Program: Symptom management (last 12 mths) excl. NGO	Benefit in Rehab Program: Cognitive remediation (last 12 mths) excl. NGO
Received treatment from Early episode service	Weeks in Rehab Program: Healthy living skills and fitness (last 12 mths) excl. NGO	Completed Rehab Program: Symptom management (last 12 mths) excl. NGO	Group or one on one community rehab program (last 12 mths) excl. NGO
Satisfaction with early episode service	Completed Rehab Program: Healthy living skills and fitness (last 12 mths) excl. NGO	Benefit in Rehab Program: Symptom management (last 12 mths) excl. NGO	Community rehab program/s met needs (last 12 mths) excl. NGO
Contact with someone from early episode service (last 12 mths)	Benefit in Rehab Program: Healthy living skills and fitness (last 12 mths) excl. NGO	Involved in Rehab Program: Medication management (last 12 mths) excl. NGO	Seen GP for any reason (last 12 mths)
Legal obligation to receive treatment (last 12 mths)	Involved in Rehab Program: Quit smoking programs (last 12 mths) excl. NGO	Weeks in Rehab Program: Medication management (last 12 mths) excl. NGO	Total no. of GPs seen (last 12 mths)
Case manager	Weeks in Rehab Program: Quit smoking programs (last 12 mths) excl. NGO	Completed Rehab Program: Medication management (last 12 mths) excl. NGO	GPs all work at same practice
Case manager: Other (specified)	Completed Rehab Program: Quit smoking programs (last 12 mths) excl. NGO	Benefit in Rehab Program: Medication management (last 12 mths) excl. NGO	Have a current GP
Contact with case manager (last 12 mths)	Benefit in Rehab Program: Quit smoking programs (last 12 mths) excl. NGO	Involved in Rehab Program: Alcohol or drug management (last 12 mths) excl. NGO	Current GP code
Contact with case manager as often as liked	Involved in Rehab Program: Creative activities (last 12 mths) excl. NGO	Weeks in Rehab Program: Alcohol or drug management (last 12 mths) excl. NGO	Last seen GP for any reason
Able to contact case manager if needed	Weeks in Rehab Program: Creative activities (last 12 mths) excl. NGO	Completed Rehab Program: Alcohol or drug management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I don't know a GP around where I live
Satisfaction with Case manager (last 12 mths)	Completed Rehab Program: Creative activities (last 12 mths) excl. NGO	Benefit in Rehab Program: Mood management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I don't have transport to get to the GP
Individual Rehab/Recovery plan Given a copy of plan	Benefit in Rehab Program: Quit smoking programs (last 12 mths) excl. NGO	Involved in Rehab Program: Mood management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I have too many other problems to worry about
Involved in rehab/recovery plan	Involved in Rehab Program: Prevocational activities (last 12 mths) excl. NGO	Weeks in Rehab Program: Mood management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I didn't like the last GP I saw
Freq plan reviewed (last 12 mths)	Completed Rehab Program: Prevocational activities (last 12 mths) excl. NGO	Benefit in Rehab Program: Mood management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I just never think about it
Satisfaction with involvement in plan	Benefit in Rehab Program: Prevocational activities (last 12 mths) excl. NGO	Involved in Rehab Program: Mood management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I'm never sick
Future planning with a MH worker incl. relapse warnings (last 12 mths)	Involved in Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Weeks in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I find it embarrassing because of my MH problems
Written Relapse prevention plan (last 12 mths)	Completed Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Benefit in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I'd rather not know if anything is wrong
Skills training program (no of sessions) (last 12 mths)	Involved in Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Weeks in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Reason why seen GP (last 12 mths): I can't afford to visit a GP
Participation in community rehabilitation or day therapy program (last 12 mths)	Completed Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Benefit in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): It's too hard to get an appointment
Community Rehab: Public hospital setting	Benefit in Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Involved in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): I always get a different GP
Community Rehab: Private hospital setting	Involved in Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Weeks in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): The GP wasn't interested in MH problems
Community Rehab: Government funded community based centre	Completed Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Benefit in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Reason not seen GP (last 12 mths): Other reasons (specify)
Community Rehab: Non Government funded community based centre	Involved in Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Weeks in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Reason not seen GP: Other reasons (specified)
Involved in Rehab Program: Independent daily living skills (last 12 mths) excl. NGO	Completed Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Benefit in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	Seen GP for PH (no. of times) (last 12 mths)
Weeks in Rehab Program: Independent daily living skills (last 12 mths) excl. NGO	Involved in Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Weeks in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	
Completed Rehab Program: Independent daily living skills (last 12 mths) excl. NGO	Completed Rehab Program: Communication / assertiveness / social skills (last 12 mths) excl. NGO	Benefit in Rehab Program: Anxiety or stress management (last 12 mths) excl. NGO	

Saw GP for PH reason 1-3 GP asks about MH (last 12 mths) Seen GP for MH (no. of times) (last 12 mths) Saw GP for MH reason 1-3 GP ask about PH at MH visit (last 12 mths) Have a GP MH care plan Payment of GP (dollars) Get urgent GP appointment on same day Difficulty getting appointment with GP (last 12 mths) Medication for MH in last 12 mths met needs No medication for MH but would have liked medication Medication to help sleep (last 4 weeks) Medication for PH (last 4 weeks) Medication for MH (last 4 weeks) Current prescribed medication (total no. of medications) Drug 1-14 code (last 4 weeks) Duration drug 1-14 (weeks) How helpful drug 1-14 Compliance drug 1-14 Reason non compliant drug 1-14 Medication side effect 1: Stiff, tensed muscles (last 4 weeks) Medication side effect 2: Inability to relax (last 4 weeks) Medication side effect 3: Trembling, shaking hand/arm/leg (last 4 weeks) Medication side effect 4: Inner restlessness (last 4 weeks) Medication side effect 5: Drowsiness, sleepiness during day (last 4 weeks) Medication side effect 6: Trouble with eyesight (last 4 weeks) Medication side effect 7: Mouth dry or more watery than normal (last 4 weeks) Medication side effect 8: Unwanted tongue movement (last 4 weeks) Medication side effect 9: Difficulty swallowing (last 4 weeks) Medication side effect 10: Slowing down of movements (last 4 weeks) Medication side effect 11: Shuffling along (last 4 weeks) Medication side effect 12: Unsteady when standing or walking (last 4 weeks) Medication side effect 13: Skin rashes (last 4 weeks) Medication side effect 14: Increased dreaming (last 4 weeks) Medication side effect 15: Swollen tender chest (last 4 weeks) Medication side effect 16: Nauseous / feeling sick (last 4 weeks)	Medication side effect 17: Increase in weight (last 4 weeks) How much weight gained in last 6 months (kg) MH side effect 18: Decrease in weight (last 4 weeks) MH side effect 19: Constipation (last 4 weeks) MH side effect 20: Increased sweating (last 4 weeks) MH side effect 21: Dizziness or vertigo (last 4 weeks) MH side effect 22: Palpitations (last 4 weeks) MH side effect 23: Inability to stand still, desire to move legs, pacing up and down (last 4 weeks) MH side effect 24: Change in interest in sex (last 4 weeks) MH side effect 25: Difficulty achieving orgasm (last 4 weeks) MH side effect 26: IF FEMALE Period pain/change in frequency of periods (last 4 weeks) MH side effect 27: Other (last 4 weeks) MH side effect 27: Other (specified) Impairment in daily life attributed to medication side effects Benefits and disadvantages of medications discussed by practitioner (last 12 mths) Perceived benefits of medications discussions Relief from MH symptoms Overall confidence in medication benefit Supplement use for MH (last 4 weeks) Supplement 1-5 How helpful Supplement 1-5 Discussed supplements with doctor Non prescribed drug 1-5 (last 4 weeks) Non prescribed drug 1-5 Quantity (per week) Accessed community support from NGO agency (last 12 mths) NGO continuous ongoing support (last 12 mths) NGO limited short term programs (last 12 mths) Satisfied with limited short term programs NGO program: Independent daily living skills (last 12 mths) Weeks: Independent daily living skills (last 12 mths) Completed: Independent daily living skills (last 12 mths) Benefit: Independent daily living skills (last 12 mths) NGO program: Time Management (last 12 mths) Weeks: Time Management (last 12 mths)	Completed: Time Management (last 12 mths) Benefit: Time Management (last 12 mths) NGO program: Healthy living skills and fitness (last 12 mths) Weeks: Healthy living skills and fitness (last 12 mths) Completed: Healthy living skills and fitness (last 12 mths) Benefit: Healthy living skills and fitness (last 12 mths) NGO program: Quit smoking programs (last 12 mths) Weeks: Quit smoking programs (last 12 mths) Completed: Quit smoking programs (last 12 mths) Benefit: Quit smoking programs (last 12 mths) NGO program: Creative activities (last 12 mths) Weeks: Creative activities (last 12 mths) Completed: Creative activities (last 12 mths) Benefit: Creative activities (last 12 mths) NGO program: Prevocational activities (last 12 mths) Weeks: Prevocational activities (last 12 mths) Completed: Prevocational activities (last 12 mths) Benefit: Prevocational activities (last 12 mths) NGO program: Communication / assertiveness / social skills (last 12 mths) Weeks: Communication / assertiveness / social skills (last 12 mths) Completed: Communication / assertiveness / social skills (last 12 mths) Benefit: Communication / assertiveness / social skills (last 12 mths) NGO program: Symptom management (last 12 mths) Weeks: Symptom management (last 12 mths) Completed: Symptom management (last 12 mths) Benefit: Symptom management (last 12 mths) NGO program: Medication management (last 12 mths) Weeks: Medication management (last 12 mths) Completed: Medication management (last 12 mths) Benefit: Medication management (last 12 mths) NGO program: Alcohol or drug management (last 12 mths) Weeks: Alcohol or drug management (last 12 mths)	Completed: Alcohol or drug management (last 12 mths) Benefit: Alcohol or drug management (last 12 mths) NGO program: Mood management (last 12 mths) Weeks: Mood management (last 12 mths) Completed: Mood management (last 12 mths) Benefit: Mood management (last 12 mths) NGO program: Anxiety or stress management (last 12 mths) Weeks: Anxiety or stress management (last 12 mths) Completed: Anxiety or stress management (last 12 mths) Benefit: Anxiety or stress management (last 12 mths) Group or one on one program (last 12 mths) Helpfulness of NGO program/s received (last 12 mths) Home visits by NGO (last 12 mths) Case manager provided by NGO Contact with NGO case manager (last 12 mths) Contact with NGO case manager as frequently as liked Satisfaction with NGO case manager (last 12 mths) NGO provided information about mental illness (last 12 mths) NGO provided information on recovery planning (last 12 mths) NGO helped to access education (last 12 mths) NGO provided Vocational training/employment skills/experience (last 12 mths) NGO helped to find or keep a job or volunteer work (last 12 mths) NGO provided or helped find accommodation (last 12 mths) NGO provided home help (last 12 mths) NGO provided free or cheap meals (last 12 mths) NGO helped to get &/or keep a government benefit/pension (last 12 mths) NGO provided or helped access financial assistance or material aid (last 12 mths) NGO provided counselling/emotional support (last 12 mths) NGO provided support to link with MH services (last 12 mths) NGO helped to access other community services (last 12 mths) NGO provided advice or support with parenting (last 12 mths) NGO provided advice or support to your family (last 12 mths)
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NGO helped with a complaint or legal issues (last 12 mths)	MH care: Person most involved in providing counselling (specified)	Fagerstrom test score for nicotine dependence (sum of ratings)
Satisfaction with NGO (last 12 mths)	MH care: Counselling met needs	Total caffeine intake per day (mgs)
Attended a drop in centre (no. of times) (last 12 mths)	MH care: Felt need for counselling	DIP ICD-10
Contact with peer lead support groups (no. of times) (last 12 mths)	MH care: Had family intervention (no. of time) (last 12 mths)	DIP DSM-IV
Contact with NGO alcohol or drug support agency (no. of times) (last 12 mths)	MH care: Helpfulness of family intervention received (Evidence based)	DIP confounding factors: Lifetime diagnosis of alcohol abuse / dependence
Accessed community organisations for financial or material aid (no. of times) (last 12 mths)	MH care: Felt received as much help as required (last 12 mths)	DIP confounding factors: Lifetime diagnosis of cannabis abuse / dependence
Accessed community counselling services (no. of times) (last 12 mths)	MH care: Person providing most time helping with MH problems (last 12 mths)	DIP confounding factors: Lifetime diagnosis of other abuse / dependence
Used telephone service to get info for MH problem (no. of times) (last 12 mths)	MH care: Person providing most time helping with MH problems (specified)	DIP confounding factors: Alcohol / drug abuse within 1 year of onset
Internet use to get info for MH problem (no. of times) (last 12 mths)	MH care: Person providing most help with MH (last 12 mths)	DIP confounding factors: Alcohol abuse / dependence with psychopathology
Obtained help from Religious/spiritual group (no. of times) (last 12 mths)	MH care: Which help was perceived as most important (specified)	DIP confounding factors: Cannabis abuse / dependence with psychopathology
Obtained help from Veterans affairs (no. of times) (last 12 mths)	MH care: Which help was perceived as second most important (specified)	DIP confounding factors: Other abuse / dependence with psychopathology
Obtained help from Local council (no. of times) (last 12 mths)	MH care: Experienced need for services (that were unaffordable or unavailable) (last 12 mths)	DIP confounding factors: Coarse brain disease prior to onset
Obtained help from Consumer advocacy groups (no. of times) (last 12 mths)	MH care: Reason did not receive service / need 1	Negative syndrome score
Obtained help from Migrant health services (no. of times) (last 12 mths)	MH care: Service / need 1 (specified)	Predicted full scale IQ
Obtained help from Refugee services (no. of times) (last 12 mths)	MH care: Reason did not receive service / need 2	Predicted verbal IQ
Obtained help from Legal aid services (no. of times) (last 12 mths)	MH care: Service / need 2 (specified)	Predicted performance IQ
Family support services (last 12 mths)	MH care: Reason did not receive service / need 3	Suicide attempt ever
Family support services (last 12 mths) (specified)	MH care: Service / need 3 (specified)	
MH care: Experienced any significant MH problems (last 12 mths)	MH care: Reason did not receive service / need 4	
MH care: Received MH information (last 12 mths)	MH care: Service / need 4 (specified)	
MH care: Person most involved in providing MH information (last 12 mths)	Overall mental health: self-rated	
MH care: Person most involved in providing MH information (specified)	Challenges in next 12 months (1)	
MH care: Information met needs	Challenges in next 12 months (1): Other (specified)	
MH care: Wanted MH information	Challenges in next 12 months (2)	
MH care: Receive CBT (no. of sessions) (last 12 mths)	Challenges in next 12 months (2): Other (specified)	
MH care: Receive Counselling (last 12 mths)	Challenges in next 12 months (3)	
MH care: Person most involved in providing counselling (last 12 mths)	Challenges in next 12 months (3): Other (specified)	
	Circumstances improve next 12 months	
	Final comments: Other (specified)	
	Fasting bloods	
	Time since last eaten (mins)	
	HDL levels (mmol/L)	
	LDL levels (mmol/L)	
	Total cholesterol level	
	Triglycerides level (mmol/L)	
	Fasting plasma glucose (mmol/L)	
	AUDIT alcohol dependence past year (sum of ratings)	

Appendix 6. Deviations from National SHIP

A number of minor changes were made to correct issues in the national survey. These are documented below.

Module 3 Housing

Question 3.01 Housing in last 12 months

This question was changed to code all types of housing in the previous 12 months and the total number of weeks participants resided in each. The original question coded a maximum of three types of housing. These changes meant that National SHIP Questions 3.02-3.05 were redundant and could be removed.

Questions 3.08 Current housing, 3.28 Preferred choice of housing and 24.14 Accommodation on discharge from hospital

The coding for these questions was affected by the changed to Question 3.01. The new coding now reflects the housing options in question 3.01.

Module 5 Employment

Question 5.08 Assistance finding work

The coding options were updated to include new or renamed organisations.

Module 11 Finances

Question 11.04 Pensions and allowances

Additional coding was included in the 'Other' section. These were Pharmaceutical allowance and Pensioner educational supplement

Module 18 Physical Health and metabolic measures

Question 18.28 Reasons for not going to the dentist

The coding was expanded to include 'Can't get appointment/ on waiting list' and 'No teeth/dentures'.

Module 20 Substance use – smoking

The content and coding of the questions in this section were unchanged but the order was changed in order to minimise some coding errors which occurred in the National SHIP.

Blood tests

The blood tests were the same for both surveys, other than the addition of glycated haemoglobin (HbA1C) in North Metro SHIP

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