

SA Consumer and Carer Forum



A M H O C N



A joint Australian, State and
Territory Government Initiative



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Ohio



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- Outcomes Home
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- Planning & Training Tools
- Outcomes Data Mart
- Statewide Reports & Norms
- Data Flow & Technology
- Current Workgroups
- History of the Initiative

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 - [MACSIS UPIDs](#)
 - [HIPAA](#)
 - [Connections Newsletter](#)
 - [Quality Matters Newsletter](#)
 - [New Freedom Commission](#)
 - [Mental Health Links](#)



November Edition

Brand New! [Statewide Outcomes Data Report #12](#) explores the concepts of Reliable Change and Clinical Significance in assessing changes when comparing treatment outcomes between two time points for various assessment scales employed in the Ohio Mental Health Consumer Outcomes System. In this report, we compute the Reliable Change Index for Outcomes scales where previous research had not already identified values. We also explore the concept of Clinical Significance and report the cutoff scores established for the Ohio Scales Problem Severity and Functioning scales from previous publications. Aggregate reporting techniques using Reliable Change and Clinical Significance are presented.

! The [Outcomes Missing Data Report #12](#) has just been released. The newest Missing Data Report covers the time period of July 1, 2005 and June 30, 2006.

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In production this week...

- ✓50 boards
- ✓326 providers
- ✓5,109 approved records
- ✓1,569,391 total approved
- ✓406,892 unique clients

- Data Flow Reports**
(in printer-friendly format)
- [Data Flow Test Status](#)
 - [Board Production Status](#)
 - [Board Production Duplicates](#)
 - [Provider Production Status](#)
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Our printer-friendly files require Adobe® Acrobat® Reader.



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United Kingdom



Care Services Improvement Partnership **CSIP**
National Institute for
Mental Health in England

National Institute for Mental Health in England (NIMHE)

- ▶ Home
- About NIMHE
- Support through regions
- Our work
- News & Events
- Publications and other resources
- Contact Us
- Virtual Ward



Outcomes Measures

'Continuous improvement of mental health services is dependent on a range of factors including collaboration with service users and carers, the investment of appropriate resources, training for staff, and reflective practice built in to everyday work. The latter requires us to be better at measuring the things that matter, in particular users' experience and outcomes so that key questions can be answered and improvement properly tracked and reviewed'.

Professor Louis Appleby
National Director for Mental Health
Department of Health

Routine outcome measurement is central to the drive towards improved quality and accountability of services. It offers a means of providing data on health outcomes enabling clinicians to understand their own work better and consider measures that reflect clinical success.

[Project Summary](#)

For further information contact [Margaret Oates](#) Routine Outcomes Measures Project Manager

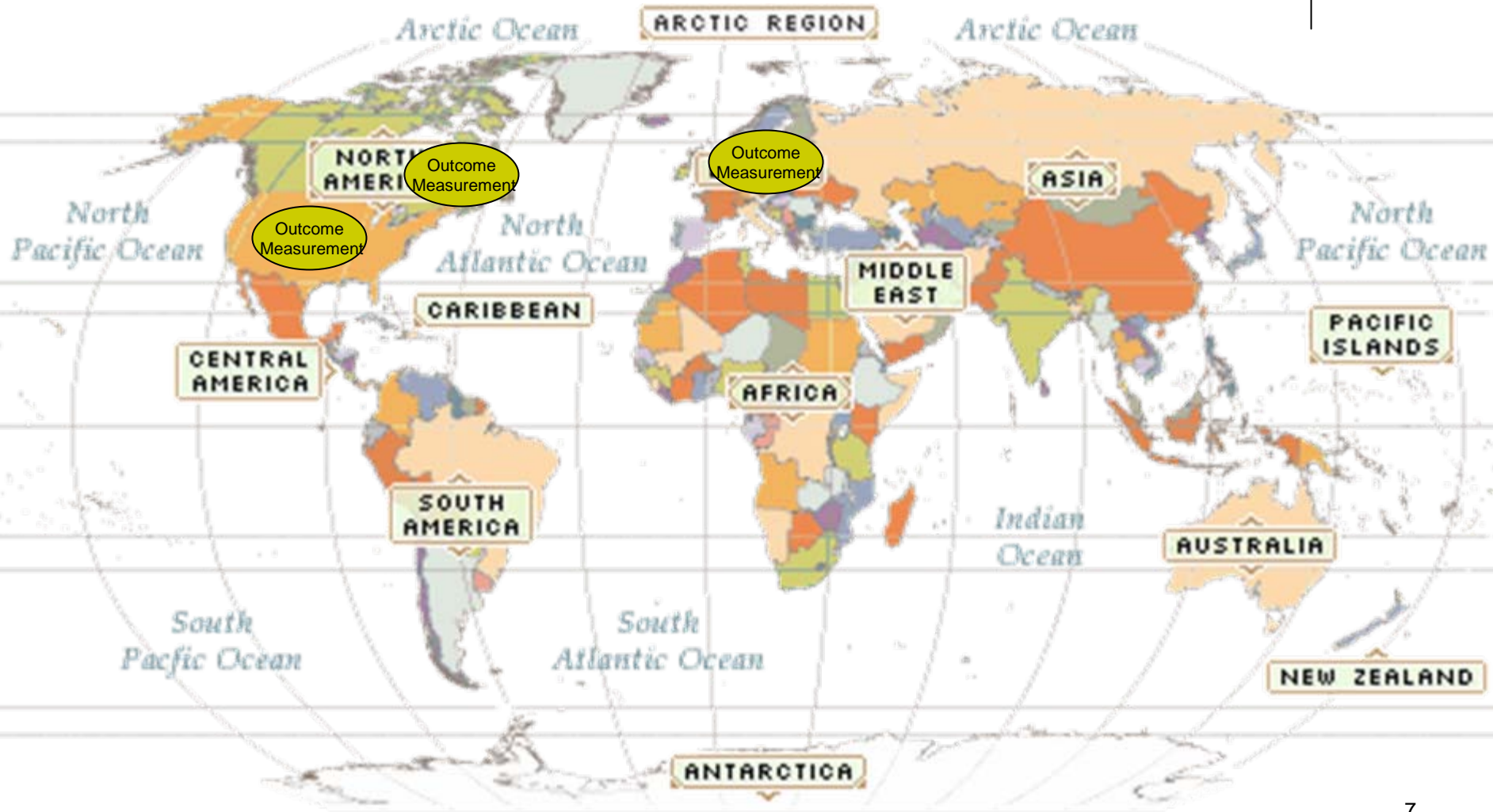
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Nova Scotia



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- ▶ [Nova Scotia Health Card](#)
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- ▶ [Third Party Liability](#)

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[Reports](#)
[FAQs](#)
[Key Health Initiatives](#) ▶

Mental Health Services

[Return to MHS Main Page](#)

Reports

- [Mental Health: A Time for Action May, 2000](#) 🐞
- [Health of The Nations Outcome Technical October, 2004](#) 🐞
- [Patient Satisfaction October, 2004](#) 🐞

Documents

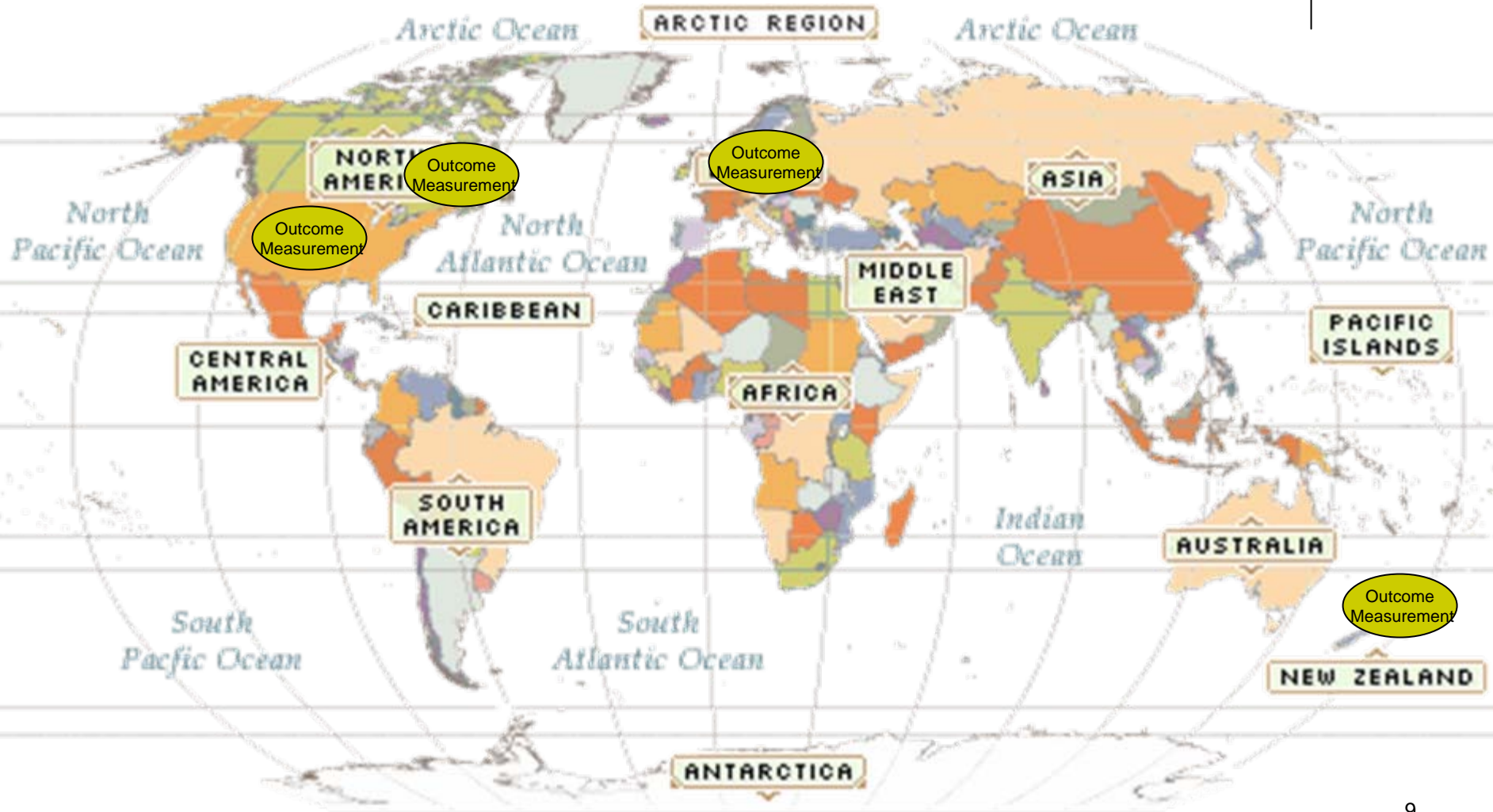
- [Technical Report of a Province Wide Survey into the Portrayal of Suicide and Mental Illness, January 2005](#) 🐞
- [Strategic Directions for Nova Scotia's Mental Health System, Updated July 2005](#) 🐞
- [Standards for Mental Health Services in Nova Scotia, Updated, April 2004](#) 🐞
- [Establishing a Mental Health Monitoring Framework, September 2002](#) 🐞
- [Revised Grant Selection Criteria: Consumer Led Initiative Grants 2004-2005](#) 🐞
- [Our Peace of Mind Mental Health Promotion, Prevention and Advocacy Strategy and Framework For Nova Scotia](#) 🐞

[Cannabis and Alcohol](#) 🐞

This monograph examines the use of cannabis, and alcohol dependence among Nova Scotians aged 15 and older. Cannabis use by: frequency of use, age, sex, education, marital status, physical and mental health status, life satisfaction and suicide ideation are



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New Zealand



The NATIONAL CENTRE of MENTAL HEALTH RESEARCH and WORKFORCE DEVELOPMENT

Te Pou
o Te Whakaaro Nui

TE POU - HOME WORKFORCE RESEARCH MH-SMART

Welcome

[MH-SMART | Welcome](#)

Site Coordinators

PRIMHED

Outcome Measures

FIND

Contact Us

Welcome

“ *He iti hau marangai e tu te pahokahoka*
First comes the light wind carrying rain, then comes the rainbow ”

Te Pou's MH-SMART team is responsible for the Mental Health Standard Measures of Assessment and Recovery Initiative, [commissioned in 2002](#) to help bring about a culture change in mental health services.

Rather than merely knowing who receives a service and at what cost, it is vital to understand what is happening to the mental health status of people who have contact with mental health services.

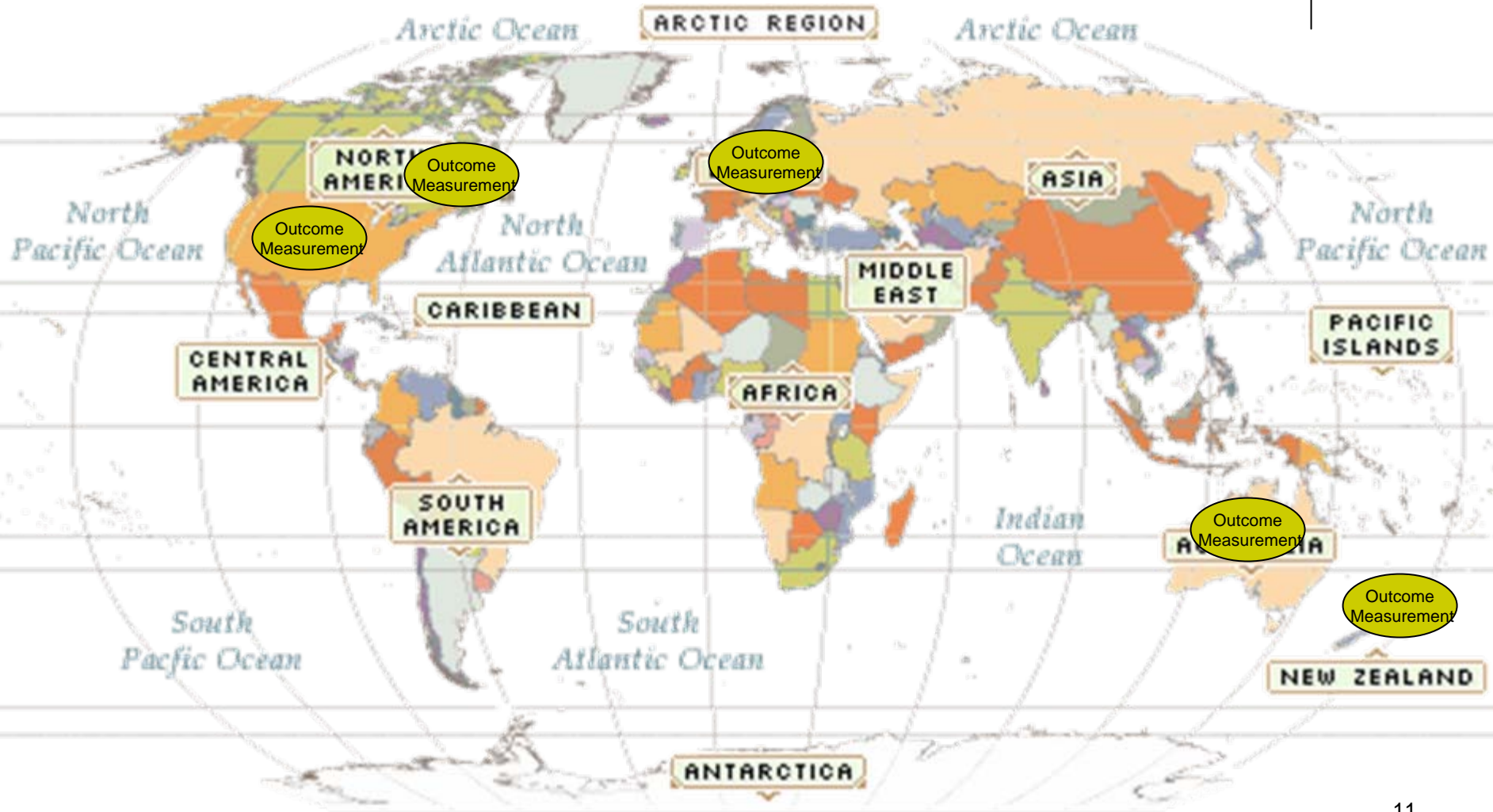
So MH-SMART is taking a lead role in helping mental health workers focus on this, and measure change in service users' health over time. People can use this information to support recovery and ensure services are culturally responsive and that comprehensive assessments are completed.

MH-SMART is, therefore, responsible for implementing a suite of standard outcome measures. When a measure is used more than once over a period of time and the changes in that information are compared, the difference is the "outcome".

The Health of the Nation Outcomes Scale family of measures (or [HoNOS](#)) is the first of these to be rolled out in New Zealand. [Other measures](#) are in development and, in time, all will also be implemented within DHBs.



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Australia



Mental Health National Outcomes
and Casemix Collection

**national
mental
health
strategy**

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CONTENTS

- : Home
- : News
- : Forum
- : AMHOCN
 - : Decision Support Tool
 - : Outcomes Expert Groups
 - : Benchmarking & Performance
 - : Resources
 - : Disclaimer

Introduction

Welcome to the MHNOCC website. This site is continually under development and should be seen as a work in progress. Your input is sought and welcomed. Currently the best way of providing feedback is to email feedback@mhnocc.org.

This site aims to support the implementation of routine consumer outcome measurement in Australia's public mental health sector. The purpose of outcomes measurement is to improve the quality of mental health services through better understanding and use of information about the outcomes for consumers of mental health services.

This site provides key resources on mental health outcomes and case complexity measurement and provides a forum for sharing ideas, views and experience. The site is intended to be used by clinicians, managers, consumers, carers, policymakers, researchers and all other interested stakeholders.

National Outcomes and Casemix Collection Standard Reports

The first edition of the National Outcomes and Casemix Collection Standard Reports are currently available in the AMHOCN section of this website

[National Outcomes and Casemix Collection Standard Reports](#)

Please refer to the [news](#) page to get an idea of the current status of the site. Major additions to the content and updates about the functionality of the site will be posted there.

The [resources](#) section contains both links to documents directly downloadable from this site and links to relevant external sources of information.

There is also an online forum to provide clinicians, managers and interested stakeholders with the opportunity to discuss issues around the implementation of outcome measurement to mental health services.



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Milestones



- 1992 – At the very outset, the National Mental Health Strategy emphasised that in order to improve mental health service outcomes, there is a need for consumer outcomes to be reviewed on a regular basis.

Milestones



- 1993 – 1998 (First plan)
 - Andrews et al (1994) - Review of Adult measures
 - Bickman et al (1998) - Review of Child & Adolescent measures
 - Mental Health Classification and Services Costs Project
 - Stedman et al (1997) - Initial field trials ...

Milestones



- 1999 – 2003 (Second plan)
 - Australian Government provides funds for States & Territories to develop necessary infrastructure
 - National Outcomes and Casemix Collection agreed by all levels of Government
 - Significant investment in the training of the mental health workforce

Milestones



- 2003 and beyond (Third plan – pre COAG)
 - Australian Mental Health Outcomes and Classification Network established
 - First National aggregate level reports published early 2005
 - Key performance indicators for Australia's public mental health services published June 2005 (Phase1)

Milestones



- 2006
 - Council of Australian Governments (COAG) releases a National Action Plan on Mental Health 2006 – 2011
 - (\$ 4 billion over 5 years!)
 - States & Territories to provide regular reports along 12 Progress Measures

Milestones?



- Phase 2 Key Performance Indicator development commences, focussing specifically on ‘effectiveness’:

“care, intervention or action achieves desired outcome”

- COAG Action Plan Accountability Requirements # 6 mandate the following Progress Measure:

Mental health outcomes of people who receive treatment from State and Territory services and the private hospital system

The Facts...



- Fact #1: 1998-2003 Australian Government (AG) invested \$37m for States & Territories (S&Ts) to develop necessary infrastructure for ROM;
- Fact #2: Not there yet so (2003-2008) AG commits another \$ 9m – Expert Groups, AMHOCN, further support for S&Ts
- Fact #3: S&Ts have made additional investments sometimes matching or exceeding the share from AG
- Fact #4: It is the National Outcomes & Casemix Collection (NOCC).
- We should use NOCC for measuring Effectiveness & monitoring COAG progress



National Standards for Mental Health Services

endorsed by the AHMAC National Mental Health Working Group December 1996

national
mental
health
strategy

- **9.30** - The MHS routinely monitors health outcomes for individual consumers using a combination of accepted quantitative and qualitative methods.
 - *Notes and Examples: Consumer/carer satisfaction surveys, story telling, quality of life measures, **measures of change in individual health status, measures of change in individual functioning,** and consultation with consumers on the relevance and parameters of various outcome measures.*
- **11.3.19** - The MHS has a system for the routine monitoring of staff case loads in terms of number and mix of cases, frequency of contact and outcomes of care.





National Practice Standards for the Mental Health Workforce

Endorsed by the AHMAC National Mental Health
Working Group September 2002



Standard 10: DOCUMENTATION AND INFORMATION SYSTEMS

Mental health professionals maintain a high standard of documentation and information systems on clinical interventions and service development, implementation and evaluation to ensure data collection meets clinical, monitoring and evaluation needs.

Standard 11: EVALUATION AND RESEARCH

Mental health professionals systematically monitor and evaluate their clinical practice, consistent with the National Standards for Mental Health Services and relevant professional standards to ensure the best possible outcomes for consumers, family members and/or carers. Where possible, they participate in or conduct research, to promote quality practice and seek funded educational opportunities to become conversant with current research.



National Mental Health Plan 2003–2008

Australian Health Ministers, July 2003

Outcome 28: Comprehensive implementation and further development of routine consumer outcome measures in mental health



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Key direction 28.1: Continue to support and develop outcome measurement systems, including full implementation of routine outcome measurement systems, in the mental health sector and for use by other mental health providers and related service sectors

Key direction 28.2: Establish a national strategy in collaboration between the Commonwealth, States and Territories for database development, data analysis (which may include normative comparisons and benchmarking exercises), dissemination and training.

Key direction 28.3: Support the implementation of routine outcome measurement

Outcome 30: Reform of public sector funding models to better reflect need

Key direction 30.1: Continue the development of mental health casemix classifications through the Australian Mental Health Outcomes and Classification Network



Australian Government

Mental Health Information Development

National Mental Health
Information Priorities
2nd Edition

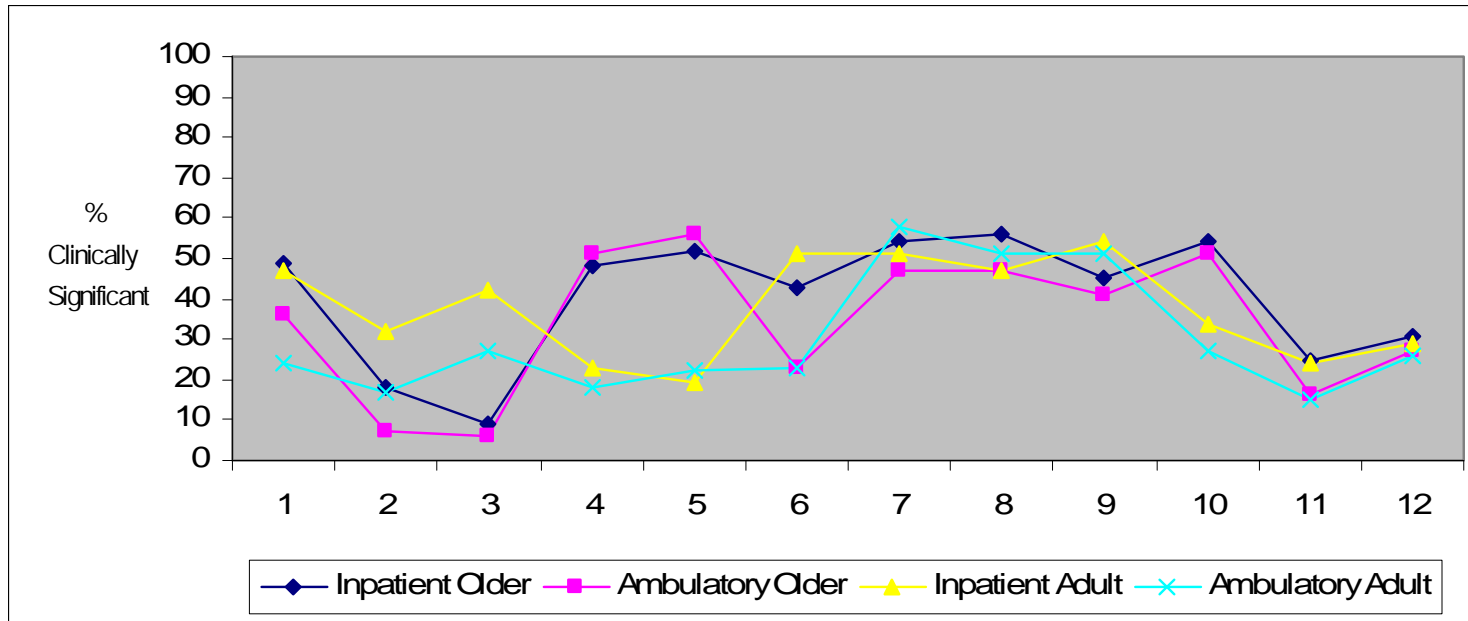
June 2005

**national
mental
health
strategy**



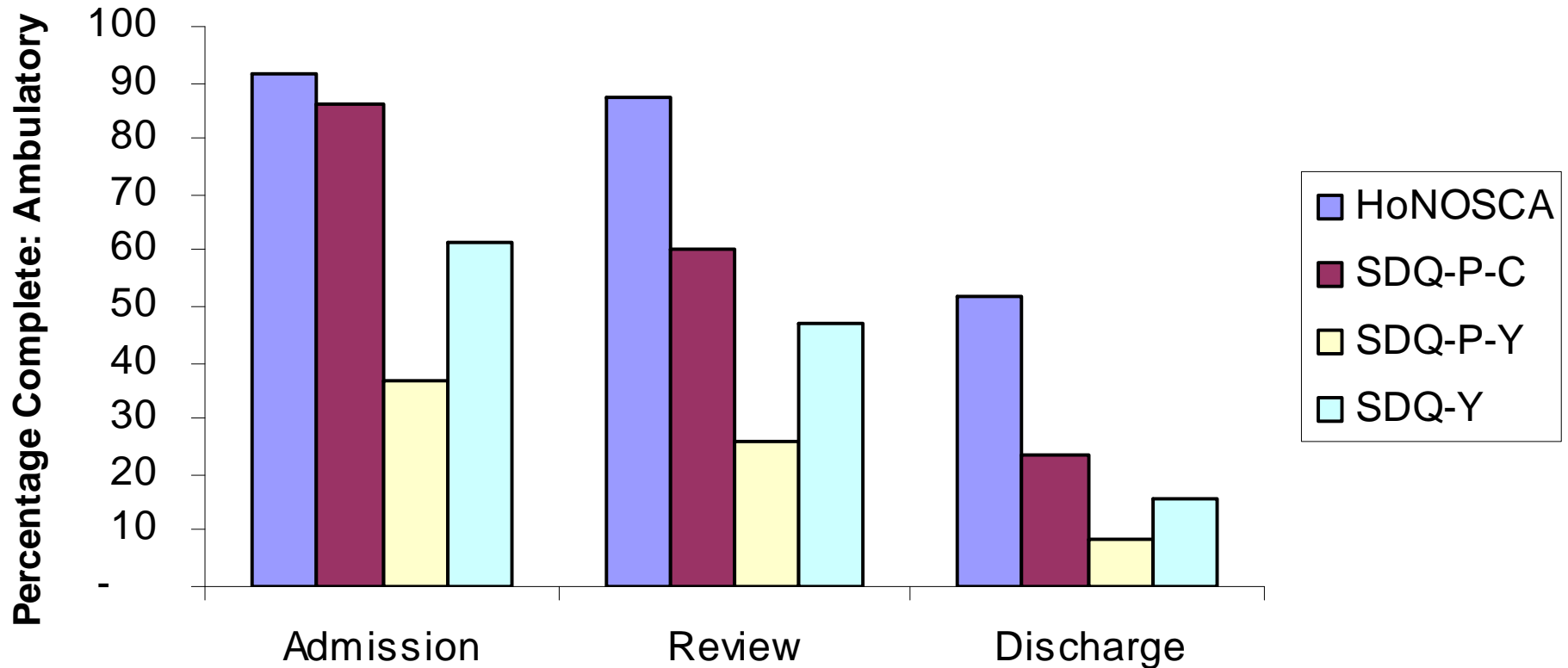
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- Review and refinement of clinical outcome measures for adult, child & adolescent and older persons
- Enhancement of consumer self-report measures
- Development of measures of carer outcomes and perceptions of care
- Information about Indigenous consumer outcomes
- Development of measures of consumer perceptions of care
- Measures designed for older persons



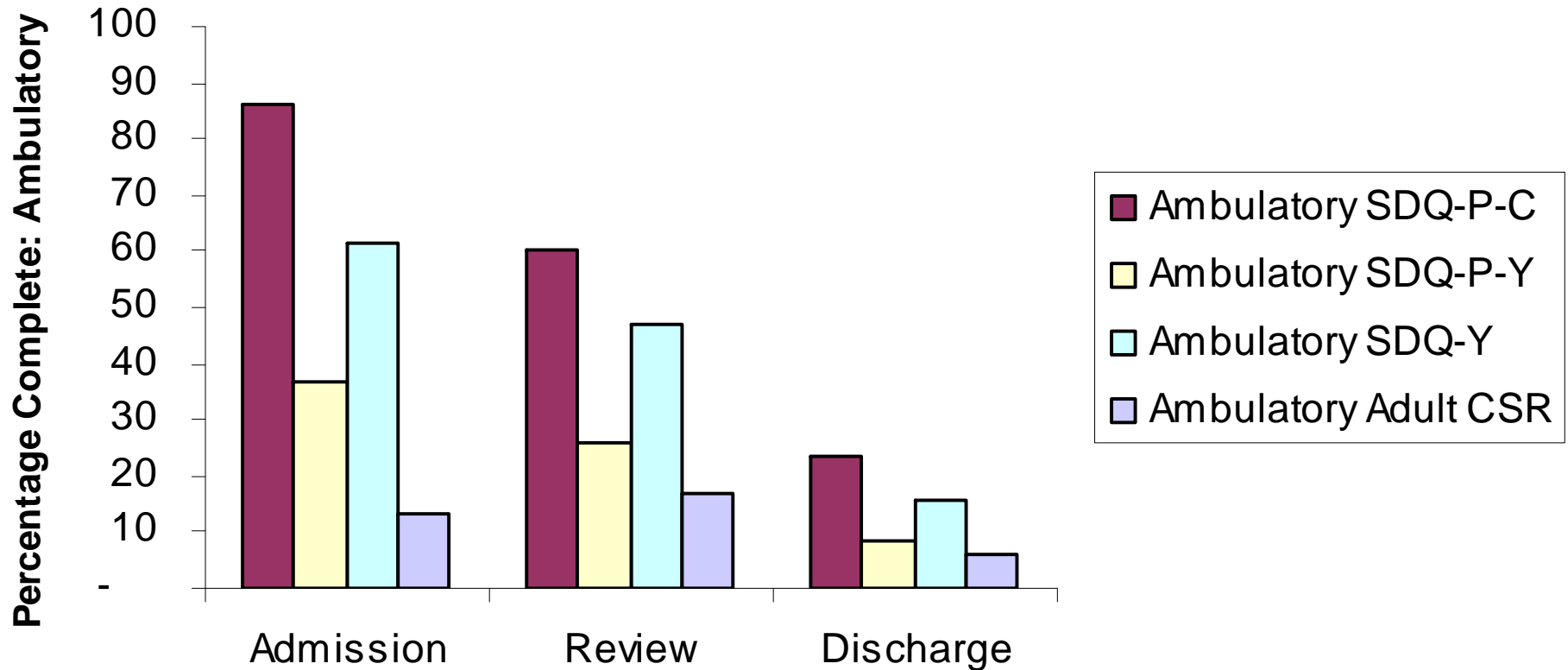
- Looking across Inpatient and Ambulatory Settings, for Older Persons and Adults we see the very different pattern of clinically significant problems.
- For Older Persons higher scores on scale 4 Cognitive problems and scale 5 for Physical Illness and Disability along with Scale 10 Activities of Daily Living
- In contrast, adult consumers in these service settings have a higher percentage of clinically significant problems in relation to scale 2 non accidental self injury, Scale 3 problems with Alcohol and other drugs and Scale 6 Hallucinations and Delusions

How complete is the data collected in C&A?



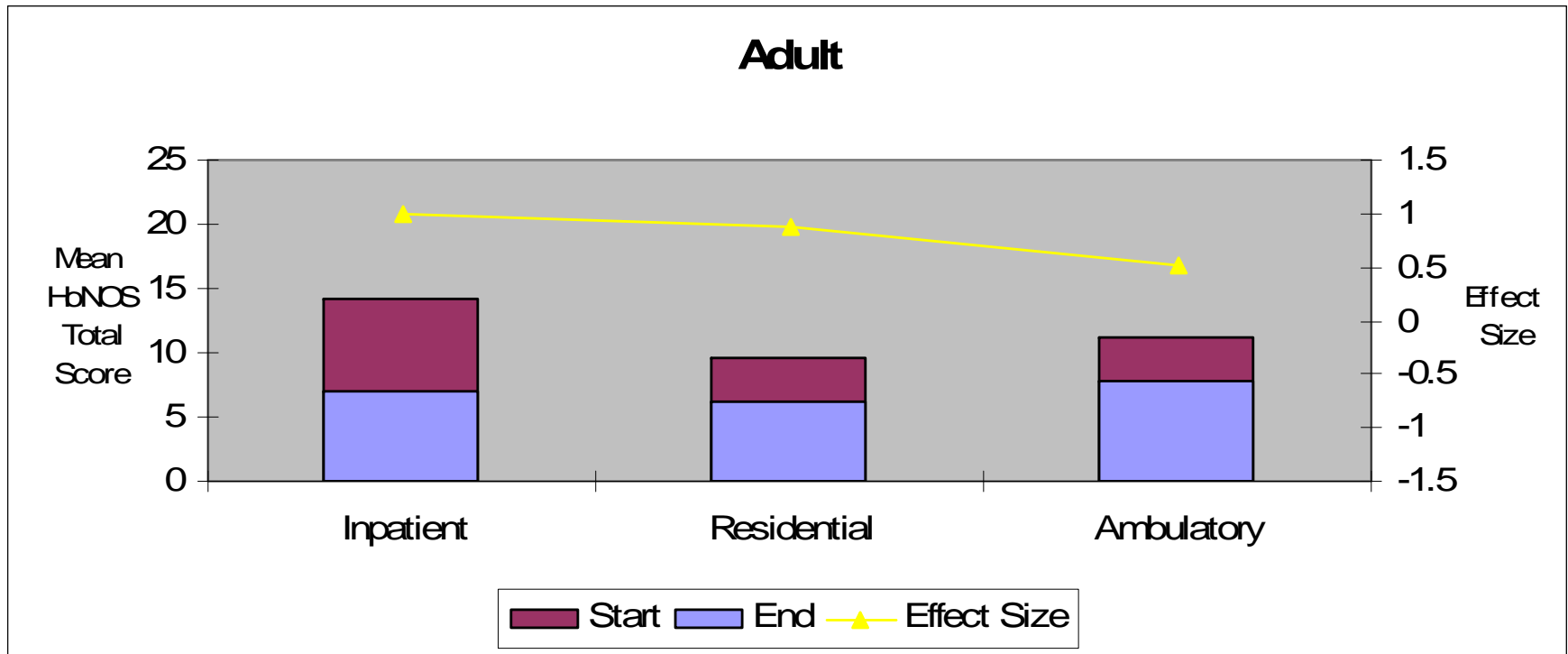
Data Source: AMHOCN First Edition Reports 1.1

How does completeness compare across age groups?

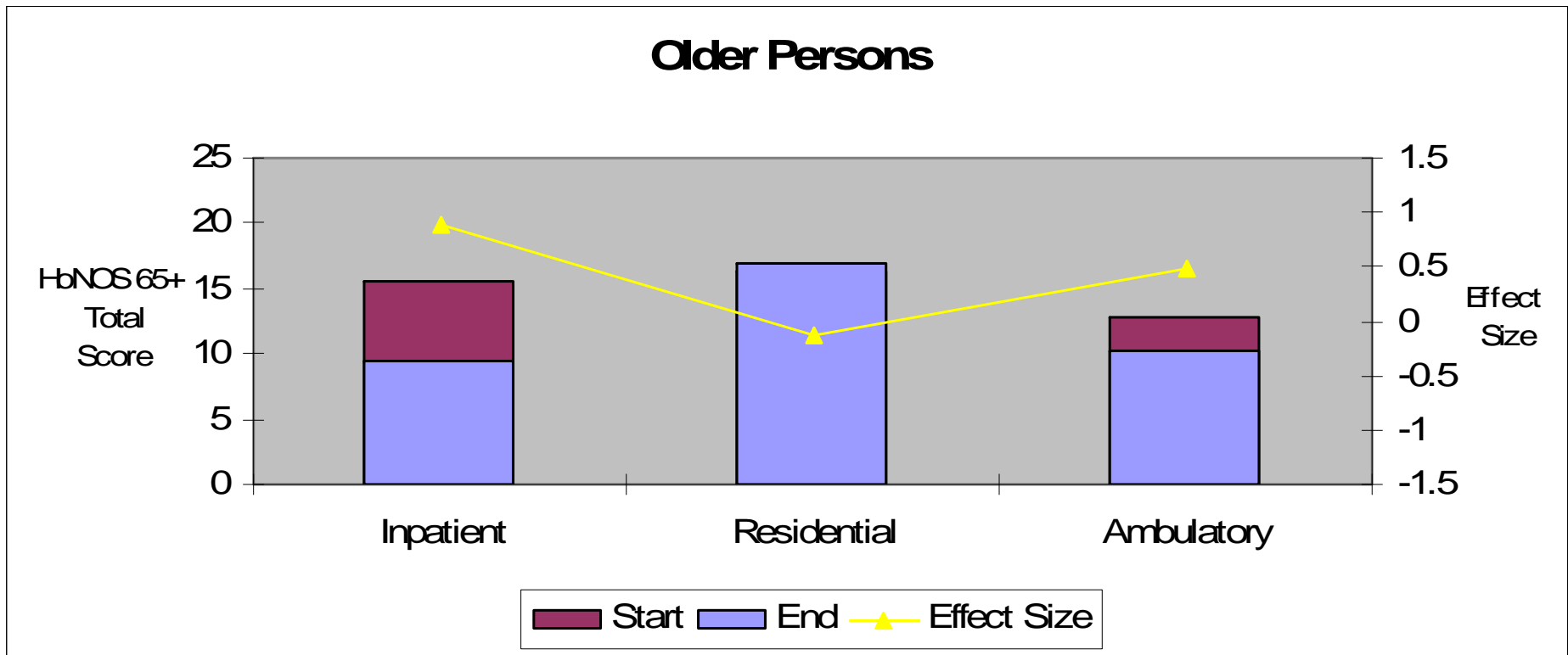


Data Source: AMHOCN First Edition Reports 1.1

Comparison Across Service Settings

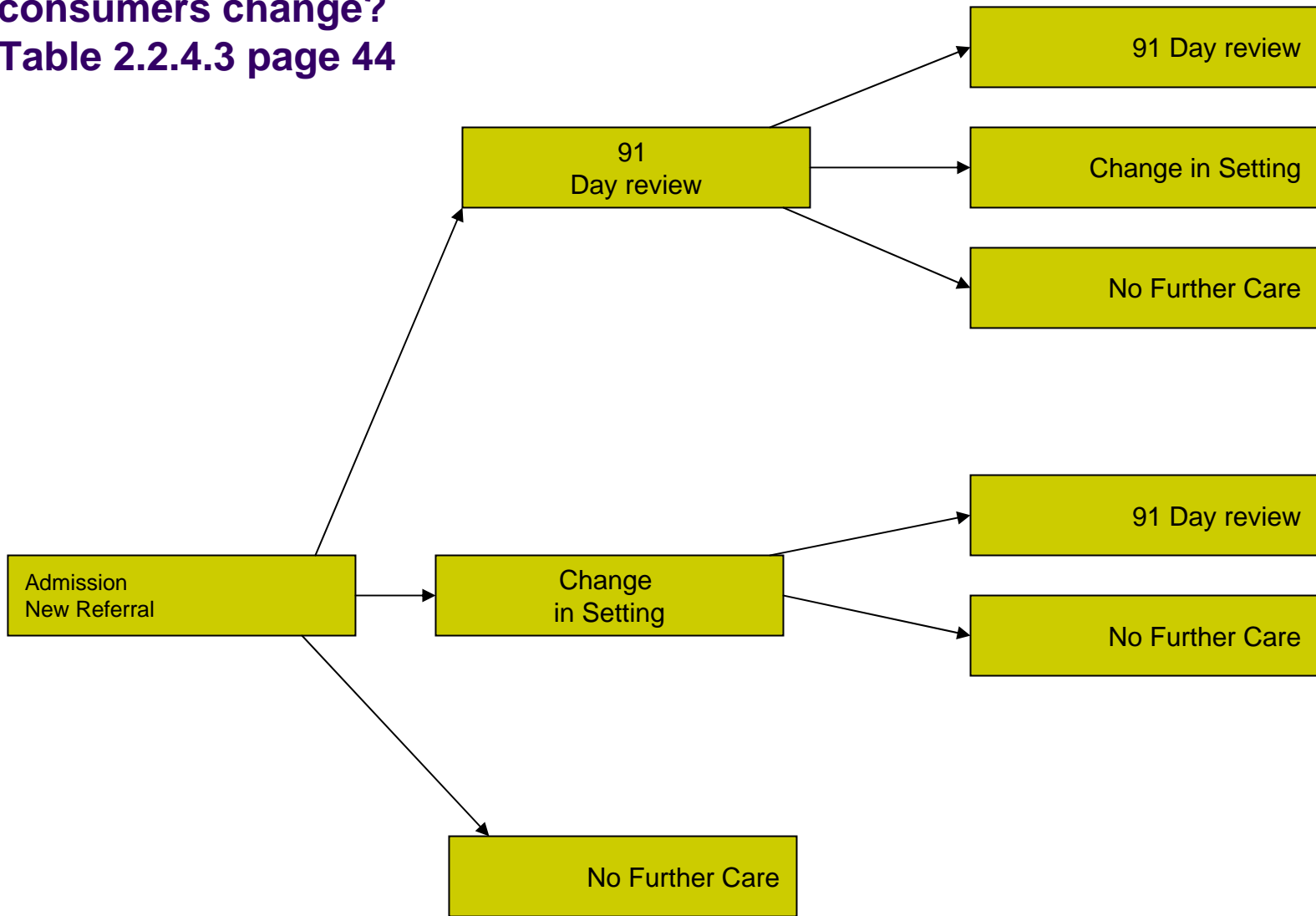


Comparison Across Service Settings



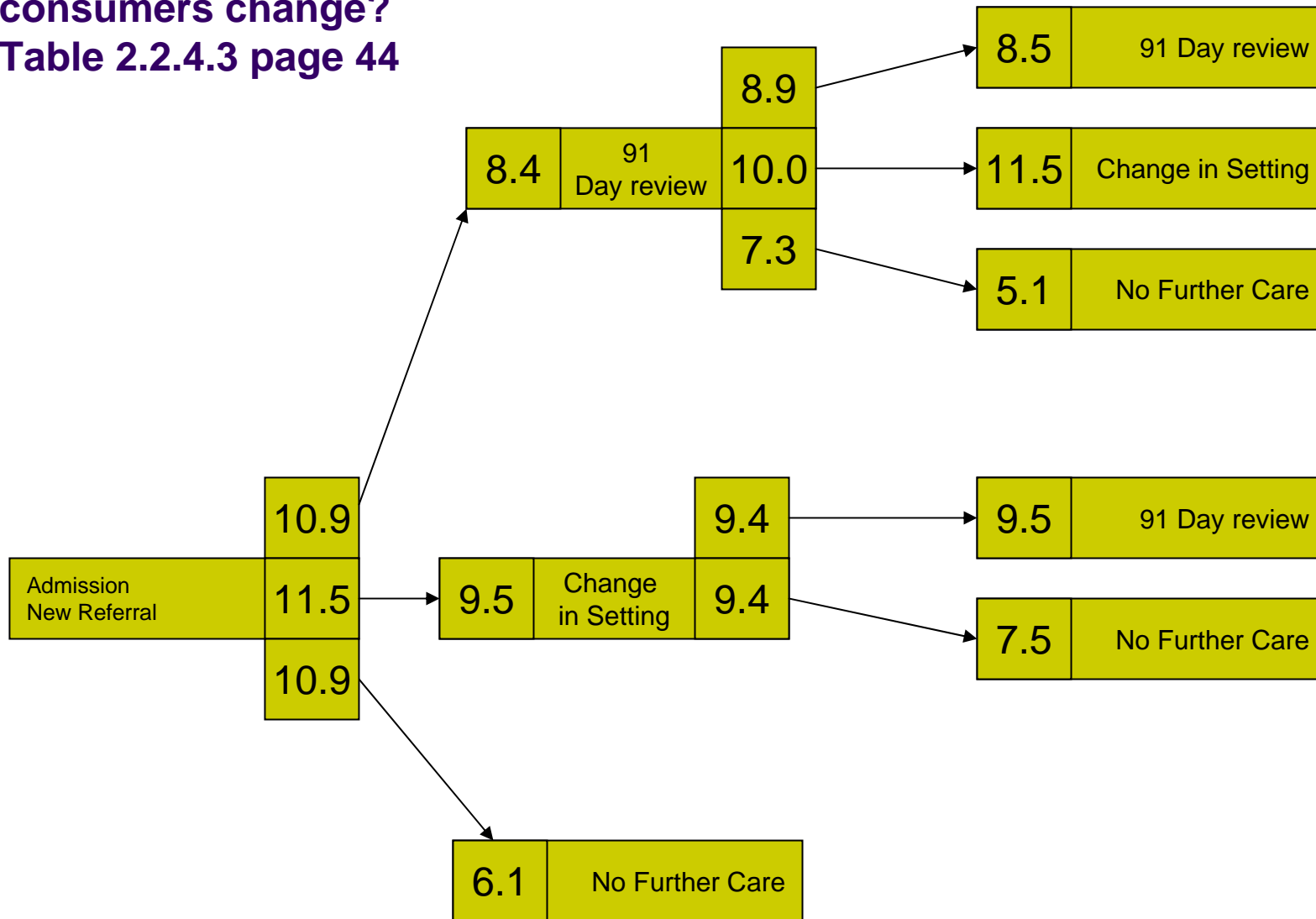
How do groups of consumers change?

Table 2.2.4.3 page 44



How do groups of consumers change?

Table 2.2.4.3 page 44



Understanding effect sizes



- A change score of **0.2** described as a **'small'** effect size.
- A change score of **0.5** described as a **'moderate'** effect size.
- A change score of **0.8** described as a **'large'** effect size.

How do groups of consumers change?

Table 2.2.4.3 page 44

