

# Consumer Experiences of Outcome Measures in a CAMHS Context

## Context

- RCH Integrated Mental Health Program
  - child and adolescent mental health service (CAMHS)
  - western/north western metropolitan Melbourne
  - 0 – 15 years
- OM Coordinator appointed
- Develop and implement a training and support program for use of OMs
- Assess current status and perspectives
  - Staff
  - Consumers

## This presentation

- focuses on a survey conducted with consumers
- covers the survey methodology
- provides a report on the results
- identifies implications for the service

## Purpose of survey

- Assess consumer awareness and understanding of Outcome Measures and their use in the service
- Access consumer ...
  - perspective on OMs
  - satisfaction with current practice
  - suggestions for improvement
- Establish a baseline for future comparison

## Consumer participation

- Definition of 'consumer'
- Consumer Consultant
- Consumers contribute their perspectives
- Influence staff training and service development

## Methodology

- 410 families
- Four community outpatient teams
- Pilot - 8 families, 2 per team
- 402 included in survey
- Initial contact by Consumer Consultant
  - Letter with contact details
  - copy of survey
  - completion options
- Aiming for 100 responses, 20 - 25 per team

## Methodology (continued)

- Interviewers
  - Consumer Consultant
  - Outcome Measurement Coordinator
  - Senior Psychiatric Nurse
- Interview took 5 -10 minutes
- 210 families phoned
- 4 families chose not to take part
- 36 surveys posted back
- Final responses totalled 110

## Survey Content

- 28 questions
- Demographic information (4)
- Experience of receiving and completing SDQ (12)
- Discussion of SDQ with clinician (5)
- Awareness of and discussion about clinician rated measures (4)
- General comments / suggestions (3)

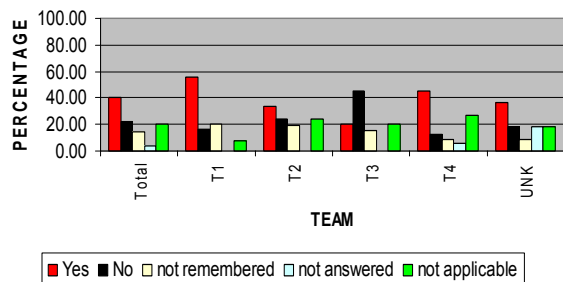
## Results summary

- didn't know term 'Outcome Measures'
- were given, completed and returned SDQ
- found it easy to complete
- were told what it was used for
- had no opportunity to discuss their answers
- believed SDQ helped clinician understand situation
- unaware clinician completed other measures
- clinician didn't discuss their measures
- those who did discuss found it very helpful

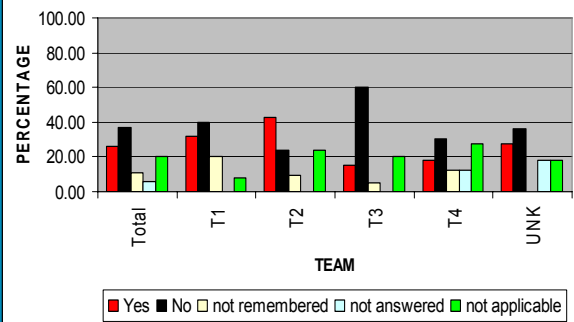
## Results by team

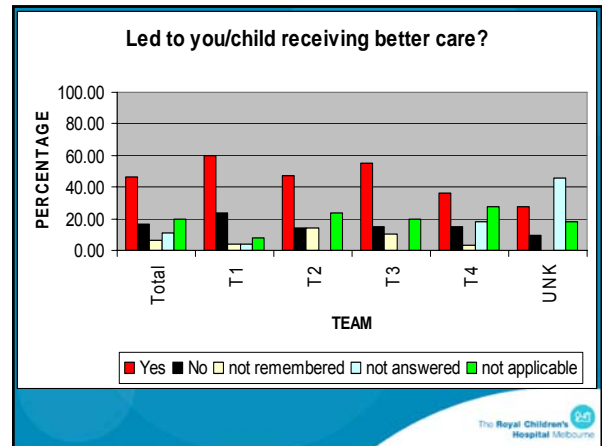
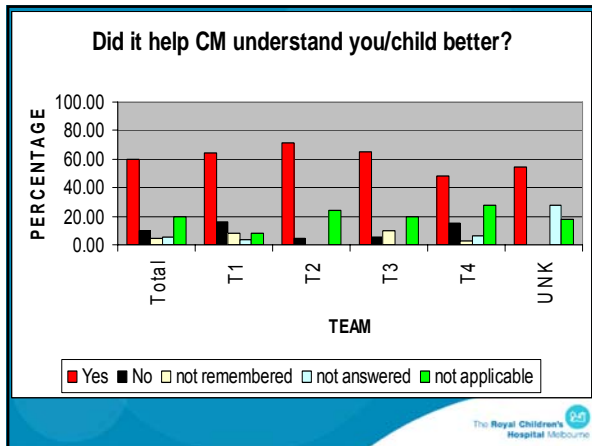
- Comparison of individual team with service wide results
- Comparison between teams
- Team OM 'culture' reflected in results
- Strong correlation between team's OM 'culture' and consumer experience

Did CM explain what SDQ used for?



Did CM talk about SDQ answers?





### Experience with SDQ

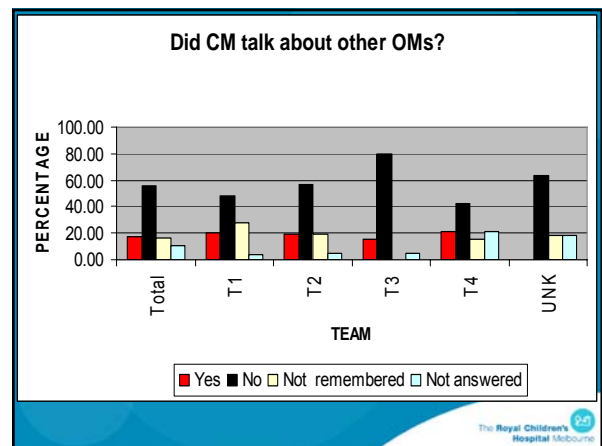
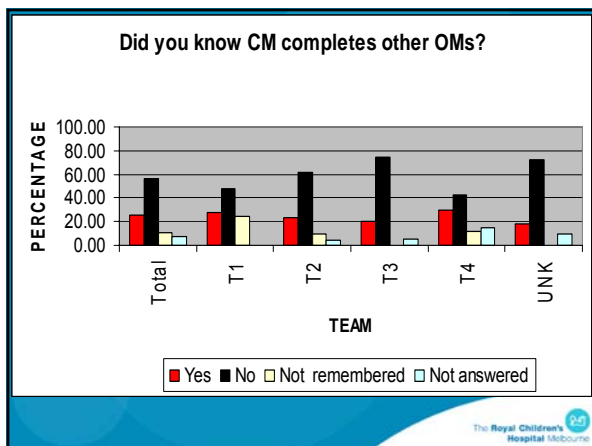
- SDQ helped clarify for me what the issues were for child
- SDQ introduced us and our problems to worker
- Don't remember much – a very stressful time
- Very helpful. Necessary to be open and honest to get best help for child, even if not always a comfortable process
- Unsure if the SDQ assisted in the care of our child. The therapist has a vast body of information to draw from and I'm sure her professionalism/skill is the core of the fantastic service rather than a questionnaire Got everyone thinking and working together

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### Experience with SDQ (continued)

- Provides a good way of getting to the important information about the child's problems
- Got everyone thinking and working together
- I thought it was a good way to know how my son was going after he had been there for a few months
- Amazing how things change after even a few weeks
- No feedback, did not seem that important to case workers
- Would rather speak to clinician than fill in questionnaire.

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## Did you find discussing OMs useful?

- 100% found it useful
- Contrasts with concerns of some clinicians that consumers
  - wouldn't be interested
  - wouldn't understand
  - would find it worrying or distressing

## Comments on discussion

- Gave me more insight into my child's behaviour
- Always good to get feedback
- Helpful to hear therapist's view from outside situation
- Helped identify and keep track of goals and expected outcomes
- Good to compare previous answers and see signs of improvement
- Good if news was good, harder if not good news
- Uncomfortable and upsetting talking about difficult personal things

## Suggestions

- Completing was helpful, but takes time better spent discussing issues with worker
- Make it smaller or shorter – some questions repetitive
- Main thing I'm interested in is that my child is listened to and taken seriously
- Workers should follow up with clients
- Face to face discussions best

## Suggestions (continued)

- Specific discussion with parents in formal way may be overwhelming, include as part of feedback on child's progress
- Not good if it overwhelms workers with paperwork and can't provide quality service
- I didn't get any feedback
- Don't use it at all!

## What would we do differently?

- Re-consider initial posting of letter and survey
- More interviewers
- Consider identifying consumers as current or discharged at point of survey

## Implications for service

- Information provision to consumers
  - Posters, brochures, flipper cards
  - Appropriate distribution strategies
  - Appreciate and expect feedback
- Staff training needs to address
  - appreciation of consumer perspectives
  - discussion of OMs with consumers
- Survey results themselves useful in training

## Training

- Currently includes a consumer perspective component
  - Delivered by Consumer Consultant / other consumers
  - Consumer experiences
  - Informing consumers about OM
  - Providing feedback on OM
  - Benefits to families
- Survey results will be included where relevant

## Benefits to families

- Partnership
- Engagement
- Understanding
- Commitment
- Sustainability

## Successful use of OMs

- involves
  - active, informed participation of consumers
  - listening to consumer perspectives and experiences
  - incorporating what is learned from consumers
- brings benefits for consumers, clinicians and services

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