

InforMHQ

'Beautiful one day perfect the next' - mental health outcome innovations from Queensland

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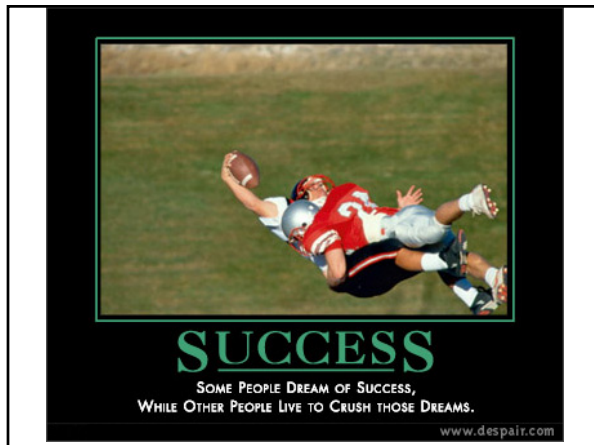
Stop Press

Queensland has the best mental health outcomes participation rate in Australia

- Is this because we are just better?

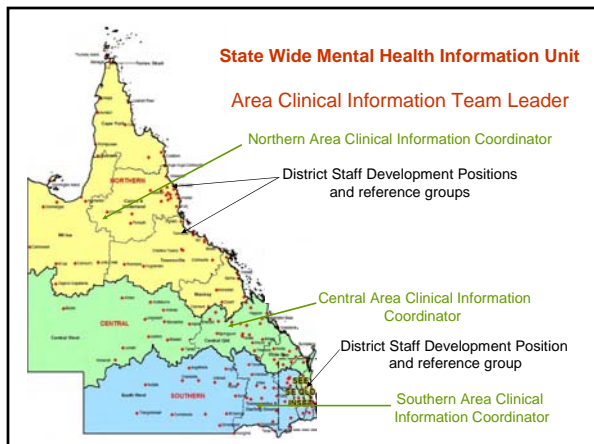
or

- Is this an *outcome* of a structure of mental health information support positions?



Structure of Mental Health Information Support Positions

- **National level** – Australian Mental Health Outcomes and Classification network (**AMHOCN**)
- **Statewide level**- Mental Health Information Unit; Area Clinical Information Team Leader manages Area coordinators
- **Area level** (Northern, Central and Southern) Coordinators
- **Service level**—staff development positions depending on initiatives by local services
- **Clinical team level**-clinicians with additional outcome/clinical information skill and resources



Role of Area Clinical Information Team Leader 1

- Promotes strategic linkages and direction
- Responsible for leading, managing and supervising the Area Clinical Information Team in the sustainable collection and effective implementation of the use of quality mental health information to directly support and drive improved mental health service provision.

Role of Area Clinical Information Team Leader 2

- Initiates, monitors and reports on a range of complex and diverse state-wide programs and projects designed to drive organisational change processes and build organisational capacity and skill
- Provide specialist expertise and strategic advice to Mental Health Information Unit and key stakeholders on a range of complex issues and problems related to the collection and use of quality mental health information in Queensland Mental Health Services.

Role of the Area Clinical Information Team

- Identify and promote governance structures and systems to sustain the collection and utilisation of MH information
- To build district capacity to collect and utilise MH information to inform service planning and development
- Promote and support the clinical utility of the current mental health outcome measures in all aspects of clinical practice

Role of the Area Clinical Information Coordinator

- To promote and maintain a mental health workforce skilled in the collection and use of mental health outcomes at all levels of service delivery
- To provide feedback to T/L-ACIT and Mental Health Information Unit on issues that arise in the implementation of the outcomes initiative and points of broader service delivery significance.
- To promote working relationships across the clinical teams within the Area strengthening the Area Mental Health Service system

Role of Service Level Staff Development Position (SDO)

- To ensure optimal clinical outcomes for consumers in line with the identified priorities in the District Mental Health Information Development Plan by:
 - *Working with clinicians in the mental health service to improve the collection and clinical utilisation of consumer outcome measurement.*
 - *Promotion of the use of mental health information processes,*
 - *Development and implementation of strategies to address clinical and operational issues identified by clinical staff and team leaders*

Key Features of ACIC/SDO Partnership

- Complementary skills & experience with commitment to mutual professional and personal support / trust.
- Co-ordination of training programs and strategies, sharing of resources, joint problem solving
- Shared focus on the outcomes agenda and clinical orientation, enabling the work to progress in a coordinated and innovative manner (the sum is greater than the parts)
- Strong clinical focus and credibility maintained the balance between the realities of clinical practice and the exigencies of mental health information policy

Role of ACIC/SDO with Clinicians

- Provide training for groups, and informally w. individuals, in the accurate collection and use of outcome measures, encourage clinical utilization of measures by interpreting information and by promoting clinical reflection
- Attend clinical reviews, especially in community teams, to display and promote clinical outcome measures.
- Increase information literacy by integrating data utilisation in clinical practice, service evaluation & planning.– “How could MH information help me with.....?”
- Address individual clinical issues/difficulties that arise pertaining to mental health information

Role of ACIC/SDO with Clinical Teams

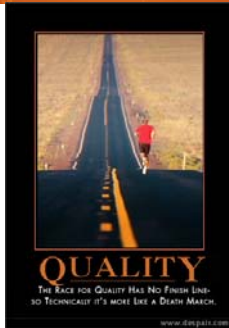
- Assist teams to develop sustainable processes to support the collection and utilization of outcome measures and clinical information
- Promote inter-rater reliability with outcome measures through team education/practice sessions
- Identify and support Outcome Resource Persons (ORP) /Clinical Information Champions (CIC), promoting the role and facilitating the development of a team of specialists

Role of ACIC/SDO with Consumers

Encourage use of the Consumer self assessment by:

- Providing education to teams using **AMHOCN** DVD
- Giving feedback to teams on MHI/SDQ participation especially at planning days
- Identifying MHI/SDQ completion at clinical review
- Seeking support & advice from consumer consultants, consumer support groups and NGO's
- Encouraging participation by consumer consultants in OM activities

Initiatives-Quality and Planning

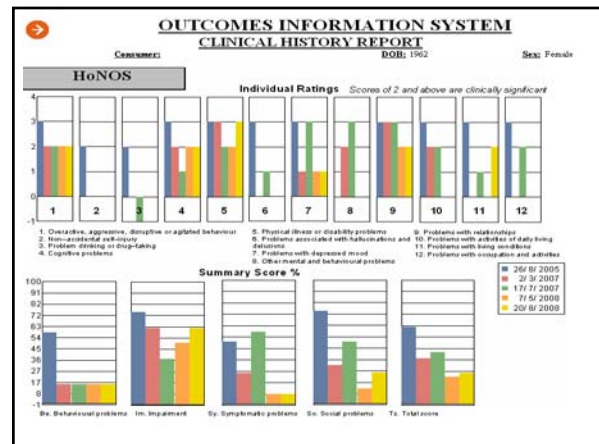


Initiatives-Quality and Planning

- **'Using the Service Profile'**-a document to assist team leaders and program coordinators to access the information from the electronic system
 - To evaluate programs within their service
 - To plan and monitor quality activities
 - For use in *benchmarking*
 - To present aggregated information and reports at planning days
 - To support applications for new programs
- Development of monthly activity reports

Initiatives-Education & Training

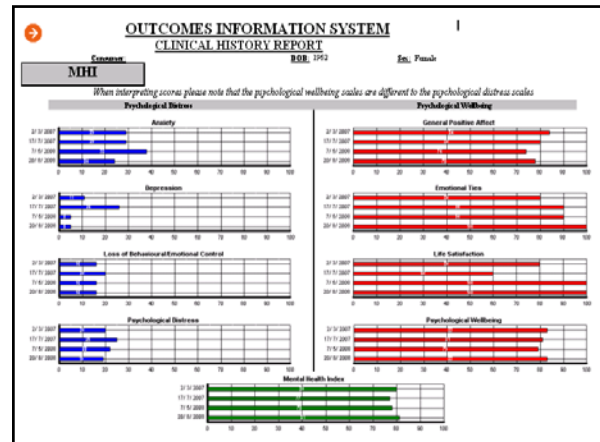
- Provide standardised training during orientation targeted at individual/team needs supported by ORP/CIC's
- Demonstrate philosophical underpinning *"data collection and utility should be driven by sound clinical practice not by the information system"*
- Promote collaboration between support persons to integrate mental health information with change agents in local teams
- Preparedness to be flexible and mobile, and to maximise informal and serendipitous learning opportunities
- Development of high level training eg. highlight key aspects of outcome measurement in care planning, using local consumer information and clinicians to promote advanced levels of information literacy



How do you know where the client is going if you don't know where they have come from?

Clinician rated measures:

- *What do the measures tell about the client's current mental state and capacity to live in the community?*
- *What changes will the client experience in their everyday life as a result of this plan?*
- *How will you know that you have achieved the goals of the plan?*



How do you know where the client is going if you don't know where they have come from?

Consumer rated measure:

- *How would the above processes have been different if the client had not been given the opportunity to complete the MHI or client/carer the SDQ?*
- *How would you respond if the client asked to see a copy of their measure?*
- *How would you respond if the client asks to see the clinician rated measures?*

Initiatives-Aboriginal and Torres Strait Islander Clients

- Development of additional information to use when completing measures with Aboriginal and Torres Strait Islander clients
- Four rating principals were already developed-SDO and advanced MH workers have used these principles to provide a framework for additional guidelines that promote culturally sensitive practice
- Development of supplementary guidelines to use when completing Life Skills Profile
- SDO and advanced health workers joint presentation to teams modelling and promoting best practice with Aboriginal and Torres Strait Islander clients

LSP Rating Principles

- **1. Does the person generally have difficulty with initiating and responding to conversation?**

When considering this item it is important to consider kinship relationships and other cultural and social considerations that may set down the way one person responds to another within that group. It is also important to bear in mind whether expectations of a response are culturally appropriate with respect to age, gender and cultural background.

- **2. Does the person generally withdraw from social contact?**

Expectations of the extent of participation within the group may vary across communities, 'leisure' may not be thought of as a distinct activity and a person may spend time by themselves to promote 'healing' not to avoid contact with others. Doing things alone is not the same as being withdrawn.

LSP Rating Principles

- **6. Does this person generally neglect her or his physical health?**

Notions of 'physical health' and 'physical illness treatment' may be understood very differently in different communities and access to health facilities will vary. It is important not to 'normalize' disadvantage such as lack of timely access to health care, it is also important to consider the person's own understanding of health, illness and treatment and the understanding of their family and group.

(It is an important aspect of the role of the advance health worker to explain the purpose of treatment and health care to the client and their family/community).



And in summary

- The success of our model has involved the considered identification of potential benefits and the enthusiastic embracing of risks
- Stepping into a new role/using initiative at a local level could have alienated clinicians and hindered progress in the use of outcome measures
- Timely support at key points in our journey has allowed us to make a significant contribution to the improvement in the quality of care in a range of settings