

OM in Victoria – Tools and Resources

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Overview

This presentation will cover:

- An introduction to the Mental Health Information Reporting Application (MHIRA)
- Recent developments in consumer self-rating using the BASIS 32®
 - Using the hardcopy form
 - Findings from the Touch-Screen trial
- A reminder about available resources
 - Factsheets & Leaflets
 - National Resources
 - » Opportunities in practice



What is MHIRA?

The Mental Health Information Reporting Application (MHIRA) is a web-based reporting tool that was developed with funding from AMHOCN to:

- Increase the utilisation of Outcome Measurement (OM) data in the clinical field by assisting services to develop tools that enable access to timely reports that reflect the business requirements of their organisation
- Collaborate with clinical mental health services across Victoria to develop centralised aggregate reports
- Ensure centralised aggregate reports are available at a service level on an ongoing basis for services and MHDR to review OM compliance based on activity and consistent statistic analysis of ratings to facilitate benchmarking, service review and enhancements.

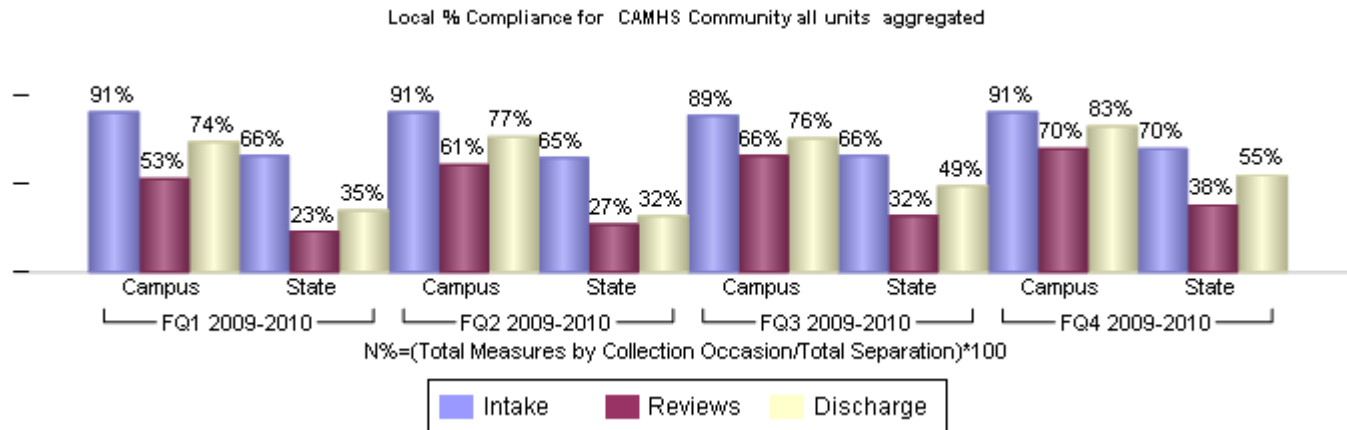
MHIRA Compliance Reports

Strengths and Difficulties Questionnaire Compliance

	FQ1 2009-2010	FQ2 2009-2010	FQ3 2009-2010	FQ4 2009-2010	
Campus	Count of Intake Events	160 (90.6%) compliant (83.8%) valid	128 (90.6%) compliant (84.4%) valid	132 (89.4%) compliant (84.1%) valid	94 (91.5%) compliant (90.4%) valid
	Count of Reviews Events	291 (52.6%) compliant (36.8%) valid	326 (61.0%) compliant (39.9%) valid	289 (66.4%) compliant (28.7%) valid	256 (69.9%) compliant (37.9%) valid
	Count of Discharges Events	167 (74.3%) compliant (38.3%) valid	126 (77.0%) compliant (34.1%) valid	163 (76.1%) compliant (27.6%) valid	163 (82.8%) compliant (31.9%) valid
	Total Episodes	752	680	633	505
State	Count of Intake Events	1179 (65.6%) compliant	1023 (65.0%) compliant	1002 (66.4%) compliant	1032 (70.4%) compliant
	Count of Reviews Events	4533 (22.7%) compliant	4360 (26.8%) compliant	4065 (32.1%) compliant	3622 (37.9%) compliant
	Count of Discharges Events	1018 (34.8%) compliant	1141 (32.2%) compliant	979 (48.6%) compliant	1082 (55.0%) compliant
	Total Episodes	6353	6074	5514	4972

MHIRA Compliance Reports (2)

- Compliance report – campus and state comparisons:



MHIRA Statistical Reports

Table of average score and response distribution for each scale item

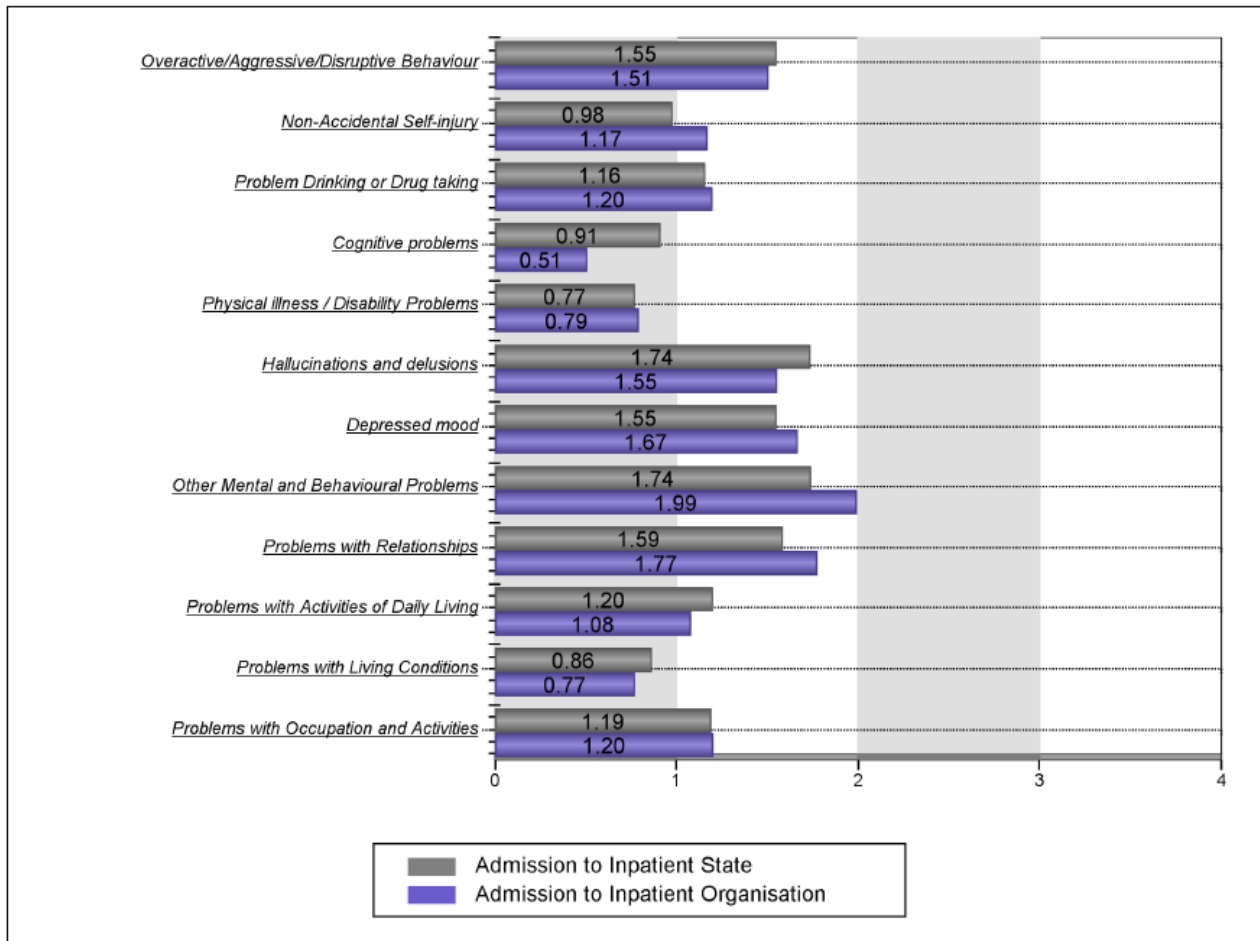
	State								Organisation								
	Average	Not known	Rated 0	Rated 1	Rated 2	Rated 3	Rated 4	N of Measures	Average	Not known	Rated 0	Rated 1	Rated 2	Rated 3	Rated 4	N of Measures	
Admission to Inpatient	Overactive/Aggressive/Disruptive Behaviour	1.55	0%	34%	17%	20%	18%	10%	14185	1.51	0%	31%	20%	24%	17%	8%	637
	Non-Accidental Self-injury	0.98	0%	52%	11%	12%	14%	10%	14185	1.17		49%	13%	16%	15%	7%	637
	Problem Drinking or Drug taking	1.16	1%	50%	10%	13%	16%	11%	14185	1.20	0%	53%	8%	14%	16%	9%	637
	Cognitive problems	0.91	0%	56%	17%	15%	8%	4%	14185	0.51	0%	70%	15%	11%	3%	1%	637
	Physical illness / Disability Problems	0.77	0%	61%	14%	13%	8%	3%	14185	0.79		55%	19%	18%	6%	2%	637
	Hallucinations and delusions	1.74	1%	44%	8%	15%	19%	13%	14185	1.55	1%	41%	9%	16%	20%	14%	637
	Depressed mood	1.55	0%	28%	15%	22%	22%	12%	14185	1.67	0%	31%	15%	20%	23%	10%	637
	Other Mental and Behavioural Problems	1.74	6%	27%	9%	22%	25%	12%	14185	1.99	3%	16%	17%	27%	27%	10%	637
	Problems with Relationships	1.59	1%	27%	16%	27%	20%	9%	14185	1.77	1%	24%	13%	31%	24%	7%	637
	Problems with Activities of Daily Living	1.20	0%	45%	17%	21%	12%	4%	14185	1.08		43%	20%	24%	10%	3%	637
	Problems with Living Conditions	0.86	1%	59%	13%	13%	9%	6%	14185	0.77	0%	64%	11%	12%	8%	4%	637
	Problems with Occupation and Activities	1.19	1%	44%	15%	21%	13%	6%	14185	1.20		41%	16%	28%	12%	3%	637

Discharge from Inpatient	Overactive/Aggressive/Disruptive Behaviour	0.57	0%	64%	21%	11%	3%	1%	10835	0.88		50%	26%	14%	8%	2%	521
	Non-Accidental Self-injury	0.29	0%	80%	11%	6%	2%	1%	10835	0.65		66%	15%	10%	7%	2%	521
	Problem Drinking or Drug taking	0.66	0%	66%	12%	12%	7%	3%	10835	0.84	0%	64%	7%	13%	11%	4%	521
	Cognitive problems	0.54	0%	69%	18%	10%	3%	1%	10835	0.40	0%	75%	13%	9%	2%	0%	521
	Physical illness / Disability Problems	0.53	0%	72%	13%	9%	5%	1%	10835	0.66		61%	18%	14%	5%	1%	521
	Hallucinations and delusions	0.87	0%	60%	18%	15%	5%	2%	10835	1.06	0%	49%	18%	16%	11%	6%	521
	Depressed mood	0.72	0%	50%	27%	18%	4%	1%	10835	1.02		45%	23%	18%	10%	3%	521
	Other Mental and Behavioural Problems	0.85	7%	45%	22%	18%	6%	2%	10835	1.11	3%	36%	27%	21%	9%	2%	521
	Problems with Relationships	0.97	0%	43%	26%	22%	8%	2%	10835	1.34		33%	22%	26%	15%	4%	521
	Problems with Activities of Daily Living	0.60	0%	66%	20%	10%	3%	1%	10835	0.67		59%	21%	14%	5%	1%	521
	Problems with Living Conditions	0.49	0%	72%	14%	9%	3%	1%	10835	0.71		64%	14%	12%	8%	2%	521
	Problems with Occupation and Activities	0.73	0%	58%	21%	14%	5%	1%	10835	0.98		46%	21%	24%	8%	1%	521

MHIRA Statistical Reports (2)

Chart of average score for each scale item

Admission to Inpatient

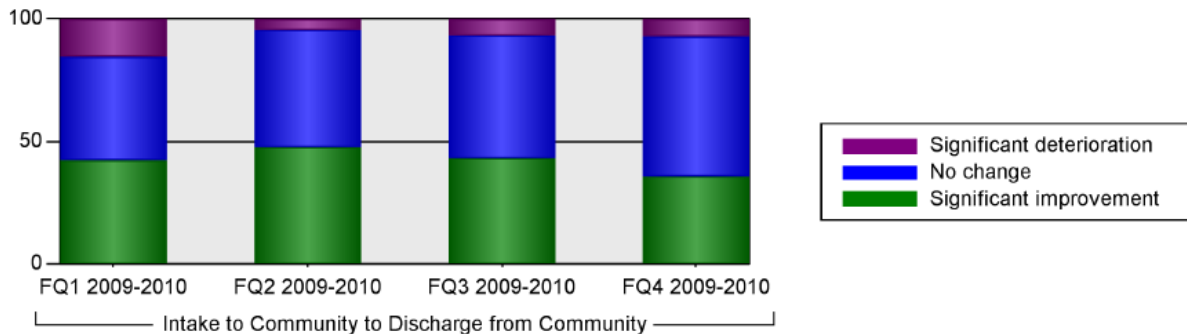


MHIRA Scale Change Scores Report

Measure: HoNOS-65+ - Aged Care; Episode type: All

Filters: matched episodes measuring change from collections on Episode commence to Episode end

				% of episodes	N episodes
FQ1 2009-2010	HoNOS-65+ - Aged Care	Intake to Community to Discharge from Community	Significant improvement	42.31%	52
			No change	42.31%	52
			Significant deterioration	15.38%	52
FQ2 2009-2010	HoNOS-65+ - Aged Care	Intake to Community to Discharge from Community	Significant improvement	47.73%	44
			No change	47.73%	44
			Significant deterioration	4.55%	44
FQ3 2009-2010	HoNOS-65+ - Aged Care	Intake to Community to Discharge from Community	Significant improvement	43.18%	44
			No change	50.00%	44
			Significant deterioration	6.82%	44
FQ4 2009-2010	HoNOS-65+ - Aged Care	Intake to Community to Discharge from Community	Significant improvement	35.71%	42
			No change	57.14%	42
			Significant deterioration	7.14%	42



Access to MHIRA

- Registration - go to the DH external site www.dhs.vic.gov.au On the top left of the page, click on **eBusiness Login** link: Click on the **I want to register** link.
- Launching the application on DH website through e-business

The screenshot displays the 'mental health, drugs & regions' section of the Department of Health website. The page features a green header with the text 'mental health, drugs & regions' and the 'Department of health' logo. Below the header, there is a section titled 'mental health outcomes reporting' with a puzzle piece icon. This section contains three main cards: 'Compliance report', 'Statistical report', and 'Change score report'. Each card includes an icon representing the report type and a link labeled 'about this report'. Below these cards, there is a paragraph of text stating: 'Routine measurement of mental health consumer outcomes using a range of standard measures is now a part of core business for all clinical mental health services in Australia.' A link labeled 'More about Mental Health reporting' is provided below the text. At the bottom of the page, there is a footer with the following information: 'Last updated: 29 July, 2010', 'Page content authorised by: Corporate Communications Unit', 'For information relating to this page contact: tracy.burgess@health.vic.gov.au', and the 'COPYRIGHT | DISCLAIMER | PRIVACY STATEMENT | HEALTH HOME | STATE GOVERNMENT OF VICTORIA HOME' links. The Victoria logo is also present in the bottom right corner.

BASIS 32® Hardcopy

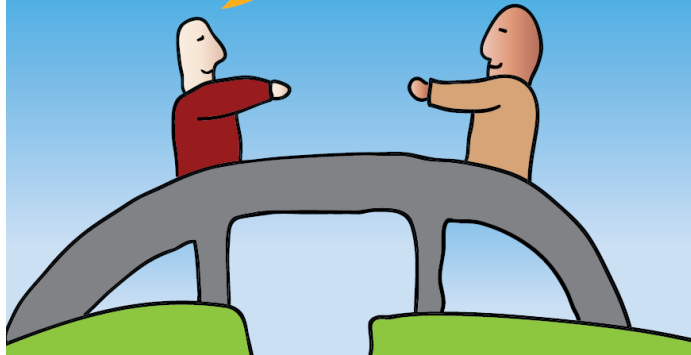
Your life...your health...your voice!

You are the expert on your health. You know how you're feeling and coping with everyday life.

You are invited to fill in the attached BASIS-32® questionnaire. Mental health services use this to help assess your mental health, wellbeing and recovery.

We also use other forms. Ask about them.

So this is my chance to tell you what I think.



Your time is important so give your completed form to your case manager. Ask them to discuss your answers with you. Your concerns help to plan your care.

Please read this information now or at your leisure.

What does the BASIS-32® ask you about?

It covers 32 areas of your life where you may have difficulties. Rate your experiences over the **past two weeks**.

When should you fill it in?

You should be offered the BASIS-32®:

- when you first begin using services at either a community mental health clinic or residential service
- then every three months
- and finally just before you are discharged.

You can also ask to fill in a BASIS-32® at any other time; it can be a good way of helping your case manager stay up to date with how you are feeling.

Do you have to do this?

No. Whether you fill out this questionnaire is completely up to you. It is OK not to complete the questionnaire at all, or to leave some of the questions blank if you are not happy or comfortable answering them.

What happens once you have filled it in?

If you give your completed questionnaire to your case manager or doctor, the answers to the questions on the BASIS-32® are confidential and become part of your medical file and health information. You and your case manager can use your answers to identify:

- your strengths and difficulties
- your goals for recovery
- issues that need to be included in your care or treatment plan
- how things have changed over time (your case manager can print out a report/graph).

Are there any carer questionnaires or outcome measures?

Currently there are no questionnaires or outcome measures routinely completed by carers of adults or older people with mental health issues.

You and your case manager are encouraged to involve your friends, carers and family members in your care and recovery.

BASIS 32® Hardcopy (2)

Commonly asked questions about the BASIS-32®

What exactly am I rating?

When rating the items consider the impact on you and your life.



How do I rate those items that do not apply to me?

Please tick no difficulty.



What does autonomy mean?

It is just another way of saying independence.



What if I care for children?

When rating item 7 think about whether these areas / difficulties are affecting your parenting. Taking care of children may also affect how you manage day-to-day life and household responsibilities (items 1 and 2).



Why would they ask me that?

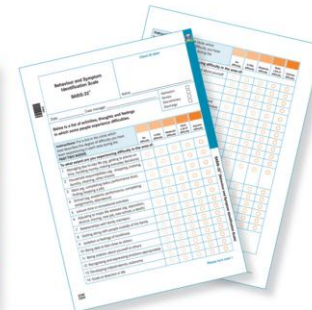
Item 27 is very personal and may make you feel uncomfortable but it is a very important question because:

- intimate relationships are important to everyone
- being single may affect your opportunity for a sexual release
- some medications may affect your sexual desire (libido) or function

Items 28 – 32 are personal in nature and may make you feel uncomfortable. But these areas are really important for your case manager to be aware of.

We know that some medications can affect your sexual desire and function and that alcohol and drugs can make it harder for your medication to work. We also know that keeping on top of life can be stressful and for some consumers this can result in difficulties with anger and reckless behaviour.

And even if the medication and support is working, having satisfaction in your life is absolutely crucial!



Above: Your life...your health...your voice! information sheet and detachable BASIS-32® questionnaire

BASIS 32® Hardcopy (3)



Behaviour and Symptom Identification Scale BASIS-32®		Client ID label				
Date _____ Case manager _____		Name _____				
Below is a list of activities, thoughts and feelings in which some people experience difficulties.		Admission <input type="checkbox"/> Review <input type="checkbox"/> Discretionary <input type="checkbox"/> Discharge <input type="checkbox"/>				
Instructions: Put a tick in the circle which best describes the degree of difficulty you have been experiencing in each area during the PAST TWO WEEKS.		No difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:						
1	Managing day-to-day life (eg. getting to places on time, handling money, making everyday decisions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Household responsibilities (eg. shopping, cooking, laundry, cleaning, other chores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Work (eg. completing tasks, performance level, finding/keeping a job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	School (eg. academic performance, completing assignments, attendance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Leisure time or recreational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Adjusting to major life stresses (eg. separation, divorce, moving, new job, new school, a death)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Relationships with family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Getting along with people outside of the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Isolation or feelings of loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Being able to feel close to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Being realistic about yourself or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Recognising and expressing emotions appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Developing independence, autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Goals or direction in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BASIS-32® (behaviour and Symptom Identification Scale)

Please turn over >

Instructions: Put a tick in the circle which best describes the degree of difficulty you have been experiencing in each area during the PAST TWO WEEKS.	No difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	Extreme difficulty	
	To what extent are you experiencing difficulty in the area of:					
15	Lack of self-confidence, feeling bad about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	Apathy, lack of interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Depression, hopelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Suicidal feelings or behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Physical symptoms (eg. headaches, aches and pains, sleep disturbance, stomach aches, dizziness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	Fear, anxiety or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Confusion, concentration, memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Disturbing or unreal thoughts or beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	Hearing voices, seeing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Manic, bizarre behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Mood swings, unstable moods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Uncontrollable, compulsive behaviour (eg. eating disorder, handwashing, hurting yourself). Please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Sexual activity or preoccupation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	Drinking alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	Taking illegal drugs, misusing drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	Controlling temper, outbursts of anger, violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	Impulsive, illegal or reckless behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	Feeling satisfaction with your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:						

BASIS 32 ® Touchscreen Trial

What did we do?

- 6 week pilot - 28th Sept-6th November 09
- 7 mental health services - 5 metropolitan and 2 regional
- Touch screen technology enabling printed reports of consumer responses to the BASIS-32.

BASIS 32 ® Touchscreen Trial (2)

What did we want to know?

- What do consumers say about using an interactive process for entering ratings?
- What effect does increasing consumer autonomy, awareness and capacity to complete BASIS 32 have?
- Does this medium enhance the opportunity for discussions between consumer and clinician?

BASIS 32 ® Touchscreen Trial (3)

What did it offer?

- Used a computer kiosk based in waiting rooms that registers commands at the touch of the screen, rather than using a keyboard.
- Used a step by step ‘screen per question’ platform that requires no computer knowledge to use.
- Provided consumers with an alternative to paper-based questionnaires.
- Provided a print out of the completed BASIS 32 questionnaire – in 2 formats –a consumer friendly version and a service version

BASIS 32 ® Touchscreen Trial (4)

What we found:

- 597 attempts at the BASIS 32 was registered via the touch screen
- 231 (39% of attempts) resulted in a completed BASIS 32 registered via the touch screen
- Average time to complete the BASIS 32 was 4 minutes 13 seconds
- 45% of consumers had used touch screen technology before

BASIS 32 ® Touchscreen Trial (5)

What we found (contd):

- 87% of consumers completing the consumer experience questionnaire found the kiosk either positive or very positive
- 56% of consumers who completed the consumer experience questionnaire had never completed a hard copy of the BASIS 32
- 80% did not receive help from staff when using the touch-screen
- 32% of consumers who completed the consumer experience questionnaire would prefer touch screen to other methods

BASIS 32 ® Touchscreen Trial (6)

Limitations of the study:

- Wireless connectivity performance which wasn't always reliable
- Duration of the trial
- Lack of standardised procedures across sites
- Device not portable so limited to in-reach clients
- Required basic levels of literacy and numeracy and was only offered in English

Overall conclusion of Touchscreen Trial?

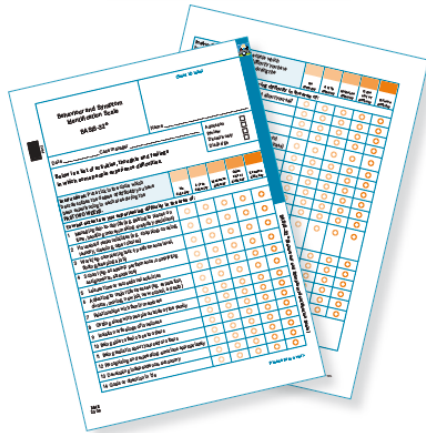
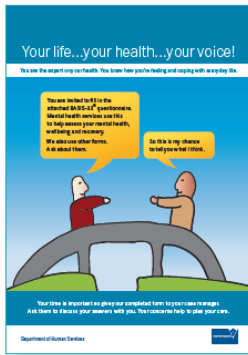
**Creating more options
appears to be a good thing!**

Always wary of unintended outcomes....

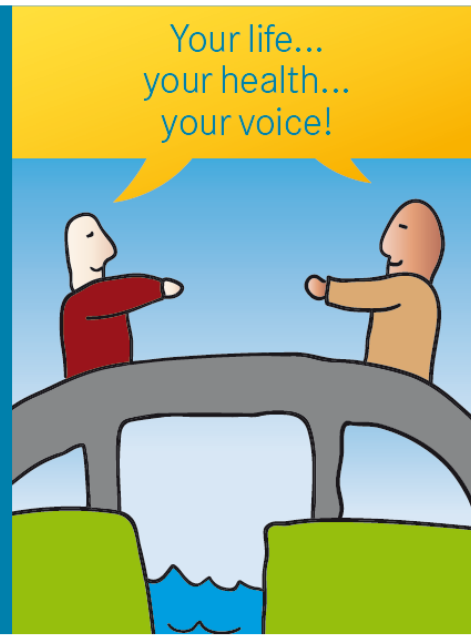


- Information for consumers
 - *Factsheet 1 What does it mean for me?*
 - *Factsheet 2 What measures are used*
 - *Factsheet 3 What happens to the rating?*
- Reference guide
 - *HoNOS*
 - *HoNOSCA*
 - *HoNOS 65+*
 - *LSP -16*
 - *BASIS 32* ®
 - *SDQ scores interpretation*

Resources



About BASIS-32[®]
Behaviour and Symptom
Identification Scale questionnaire



Published by the Mental Health and Drugs Division, Victorian Government
Department of Human Services, Melbourne Victoria (090511) with funding
provided by the Commonwealth Department of Health and Ageing.



Resources



BASIS-32[®] is a questionnaire to find out how you think things are going.

The questionnaire:

- is not a test – there are no right or wrong answers
- is offered at regular time points
- includes 32 questions covering areas such as:
 - relation to self and others
 - daily living
 - depression and anxiety
 - impulsive and addictive behaviour
 - psychosis.
- can be jointly filled out by you and a translator, family member / carer, friend or consumer consultant.

Your privacy will be protected.

Your completed BASIS-32[®]:

- becomes part of your confidential medical record
- may be discussed as part of your treating team review
- is available to your service without identifying you personally to improve services for you and other consumers.

It can be used as a conversation starter between you and your case manager, helping track your recovery over time.

The questionnaire can help you:

- chat about your responses
- plan and achieve your goals
- be involved in your recovery plan
- help your case manager know how you are travelling (which may be different to how they think you are travelling!)
- used to involve your friends and family.

Your views are important and you have the right to:

- not complete the BASIS-32[®] or to only answer the questions you are comfortable with
- ask your case manager about anything you are unsure about
- ask for a copy of your BASIS-32[®] responses mapped over time
- ask for a copy of your recovery, care or treatment plan.

Feedback from some consumers about the BASIS-32[®] includes:

'You see how far you've come and whether you've slid back'.

'I found the BASIS-32[®] useful when clinicians showed me the outcomes graph over time. Once it was explained I really could see treatment making a difference'.

'I sometimes feel like I am treading water and not getting anywhere. The graph that my clinician showed me, which was based on my answers, showed that I WAS making progress'.

'I do like having a mini debate about where I'm at'.

'A lot is pretty confronting – sometimes for the better'.

'Some of these things you would never have thought of'.

'Anything that makes you aware has got to be beneficial'.

National Resource

Flipbook

Achieving positive results
Ratings in practice



National Resource

USB device – Opportunities in Practice

Manual

Deskpad



Pondering the way forward.....

- Three areas of possible focus are emerging:
 - Increase demand, embed use at all levels – beginning with **us**
 - Technology – explore the needs of the clinical interface, imagine the possibilities
 - Looking out, getting out

...and avoiding pitfalls.....



Other emerging areas.....

- Scoping and implementing a carer measure
- Scoping outcome measures for use in the AOD sector
- Thinking about how how we know whether the measurement of outcomes leads to interventions that in turn make a difference – building the evidence base on what works....

Policy directions that may drive us....

- Reform strategy, new Mental Health Act....
- The language of recovery
 - measuring the recovery orientation of services
 - measuring an individual's recovery
- Reviewing psycho-social rehabilitation and the use of OM in these service types
- Victorian MH Quality Framework
 - raising the profile
- National developments

Over to you.....



Contact Details

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