



Welcome to Issue 3 of the Australian Mental Health Outcomes and Classification Network Newsletter.

Australian Mental Health Outcomes and Classification Network develops work plan for 2004 - 2005

The findings from the extensive consultation process undertaken by the Australian Mental Health Outcomes and Classification Network (AMHOCN) with States and Territories (see Issue 2) have been used to support the development of a comprehensive work plan for 2004 – 2005.

The AMHOCN work plan can be separated into two broad categories.

Data Analysis and Reporting

Within this category, five key work areas were identified:

1. Reporting framework

During the consultation process, States and Territories wanted guidance on the types of reports that they should be producing or the types of reports AMHOCN would be producing.

AMHOCN will produce a Reporting Framework which will provide the national benchmark for outcomes and casemix reporting. This

framework will identify the users and use of outcomes and casemix information, how this information will be presented and how data quality is reported.

2. Timely feedback

The need for prompt feedback on the information collected was clearly articulated throughout the consultation process. AMHOCN is working to return the collected outcomes and casemix information to States and Territories in a useable form as promptly as possible. In the first instance, the Data Bureau has been working with States and Territories to establish data validation procedures.

3. Reference material

The need for reference material which adds value to the information being collected and supports interpretation was also a key message of the consultation process.

AMHOCN will produce a range of reference materials from the data submitted. It is important to note that the National Outcomes and Casemix Collection is a developing process and this reference material will evolve, with improvements in data collection and quality.

4. Reports on Quality

With the establishment of any new system of data collection there is a need to monitor and improve data quality.

AMHOCN will produce reports on data quality, that identify compliance with the data collection protocol, the completeness of data collection, and systematic gaps in the information submitted.

5. Data Linkage

The further development of casemix classification in mental health in part rests on the ability to link National Minimum Data Set (NMDS) information and National Outcomes and Casemix Collection (NOCC) Data. At this point in time this is not possible.

AMHOCN will be working with the Australian Institute of Health and Welfare (AIHW) and States and Territories to develop the ability to link these different data sets.

Training and Service Development

Within this category, five key work areas have also been identified:

1. Training materials which fill gaps

To date, training across all States and Territories has relied on a limited number of training resources. There have been significant gaps in these resources. For example, there have been limited training materials around the Strengths and Difficulties Questionnaire (SDQ), in particular the modifications to this instrument that occurred as part of the development of NOCC 1.5. AMHOCN will develop training materials that fill these gaps.

In addition, AMHOCN will produce additional clinical vignettes for all age groups and enable clinicians to practice rating all measures that make up NOCC. AMHOCN will develop training materials that provide consistent training messages but can be adapted across and within States and Territories for training purposes. AMHOCN will also develop materials that explore the clinical and management utility of the information.

2. Information literacy

AMHOCN will not only focus on the development of training resources that develop skills in the completion of the measures but also on training materials and experiences that develop skills in interpreting and reflecting upon the meaning of outcomes and casemix data at a range of different levels.

3. Sharing Information

During the consultation process States and Territories often wanted information on activities occurring within other jurisdictions. AMHOCN through workshops, forums, newsletters such as this and its website will disseminate information regarding the activities occurring across States and Territories in relation to NOCC.

4. Trainer Accreditation

During the consultation, concerns regarding the consistency of training across and within States and Territories were raised and the need to explore a process of trainer accreditation to ensure consistency in training messages was highlighted. Indeed, some States have already begun to establish basic requirements for trainers.

Accreditation is a complex issue which will require ongoing development. It may be that trainers have to demonstrate appropriate knowledge and skills in relation to NOCC and its associated measures or are also able to demonstrate competency as a trainer.

AMHOCN will consult with relevant stakeholders, as well as pilot accreditation activities. To this end, workshops will be held in August in New South Wales to pilot accreditation activities that not only have trainees demonstrate skills in the completion of the NOCC measures but also the delivery of training and a

commitment to their own ongoing training

AMHOCN through the New South Wales Institute of Psychiatry will be developing a distance education module which will be accredited and attract 6 credit points towards post graduate qualifications.

5. Support Clinical leaders and Champions

The consultation process highlighted that although champions and innovators do exist, they are a minority who face a sometimes challenging and hostile environment. Through ongoing encouragement and resources AMHOCN will work to support these leaders and champions.

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Review of existing literature and resources

AMHOCN has commenced a review of published literature and research on the existing suite of NOCC measures. That review will assist in identifying appropriate reference material for the development of comparative indicators. Consideration is being given to the best methods of disseminating this information.

Website

More information is available on our website at www.mhnooc.org

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