

InforMHQ

# Consumer Self-rated Measures: Lip service or real service?

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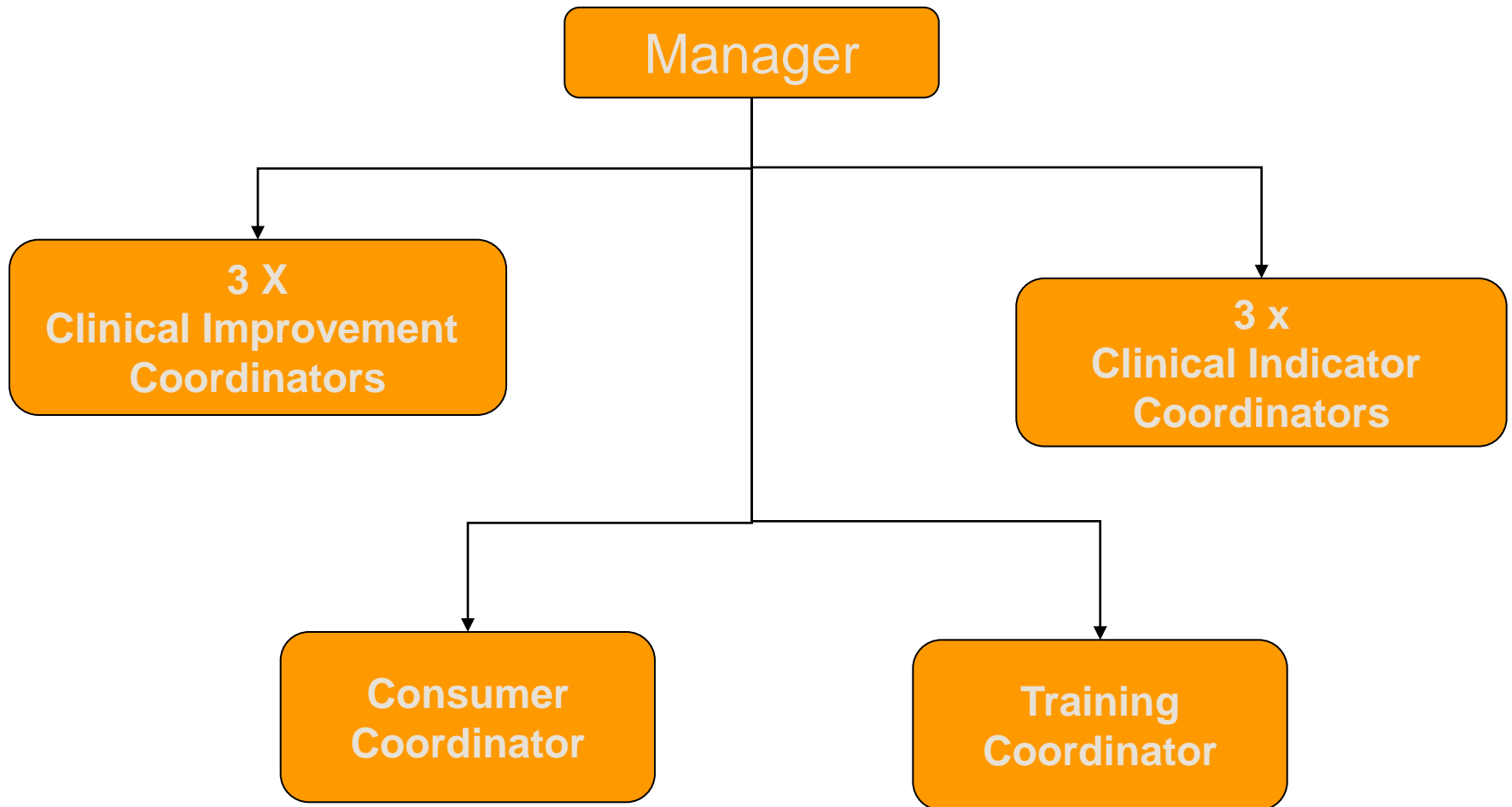
Mental Health Directorate

Queensland Health



Queensland Government

# Clinical Improvement Team



# Rationale

- Offering Consumer Self-Rated Measures is mandatory, but actual participation is low, in particular for adult services.
- Until now we had only anecdotal evidence.

# The Mental Health Inventory

- QLD collects the Mental Health Inventory
  - 38 items
  - three psychological distress and three psychological wellbeing scales
  - Provides psychological wellbeing and distress score as well as an Global Mental Health Index
- Offering of the measure is mandatory

# So.... why so low?

- Clinical condition?
- Case Complexity?
- Refusal by consumer?
- Not offered by clinician?

# Method

- Focus on review collections in community/ambulatory setting June 2009 → 2010 = 18449 valid collections
- Comparison of two Networks in relation to their use of the MHI

# Outcome participation

Statewide average = **57.5%**

Range = **14.1% - 94.5%**

# The Sample

	♀ (41.2%)	♂ (58.8%)
Age	42 yrs (17 – 87)	38.7 yrs (17 – 73)
Indigenous Status	7.7%	8.8%
Involuntary	28.9%	40.5%

# Mental Health Inventory Collection Status

The collection status is recorded as:

- Offered, awaiting return
- Completed
- Refused by Consumer
- Not completed due to cultural or language difficulties

**OFFERED to  
consumer**

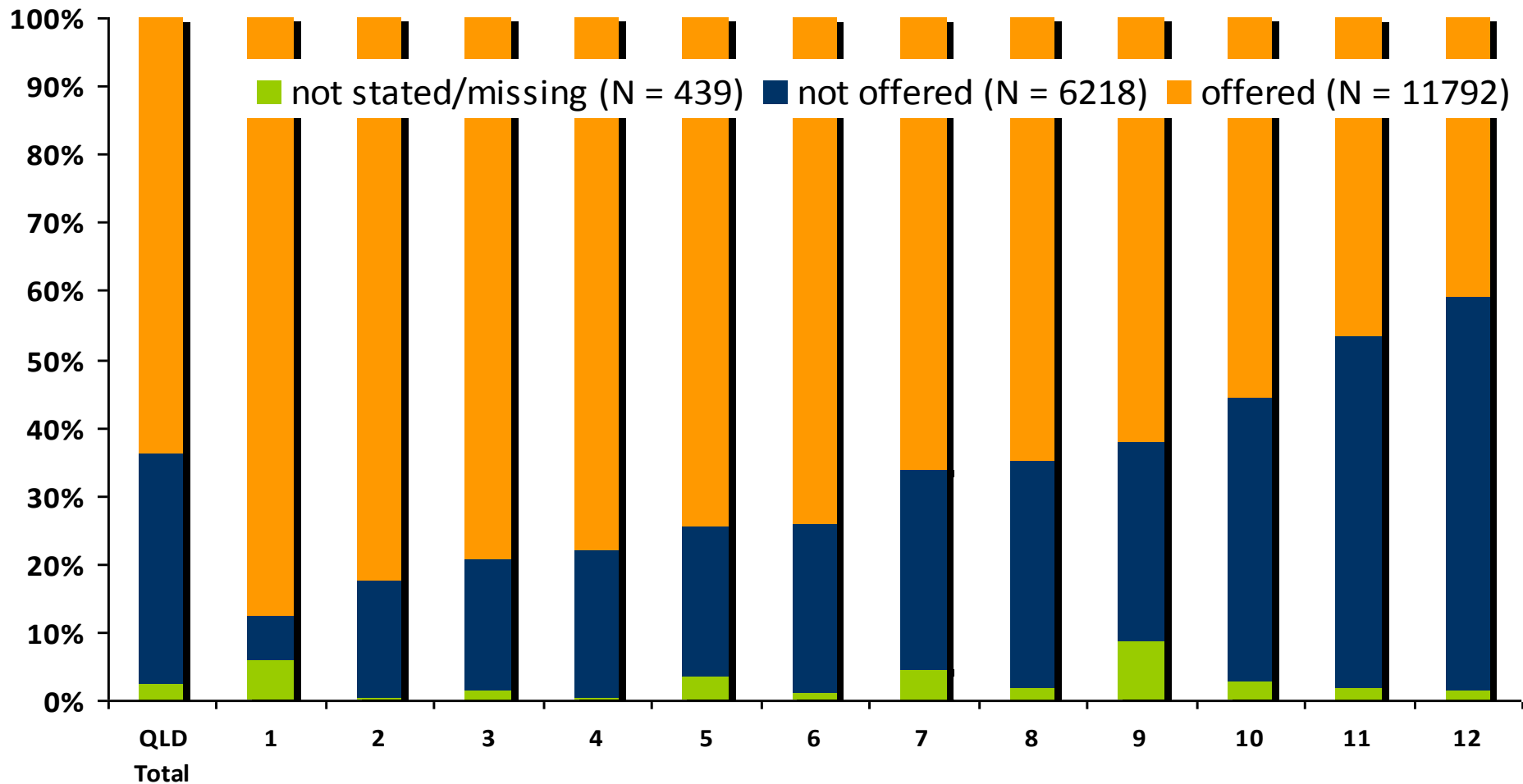
- Not offered
- Not offered due to clinical condition

**NOT OFFERED to  
consumer**

Not stated/missing

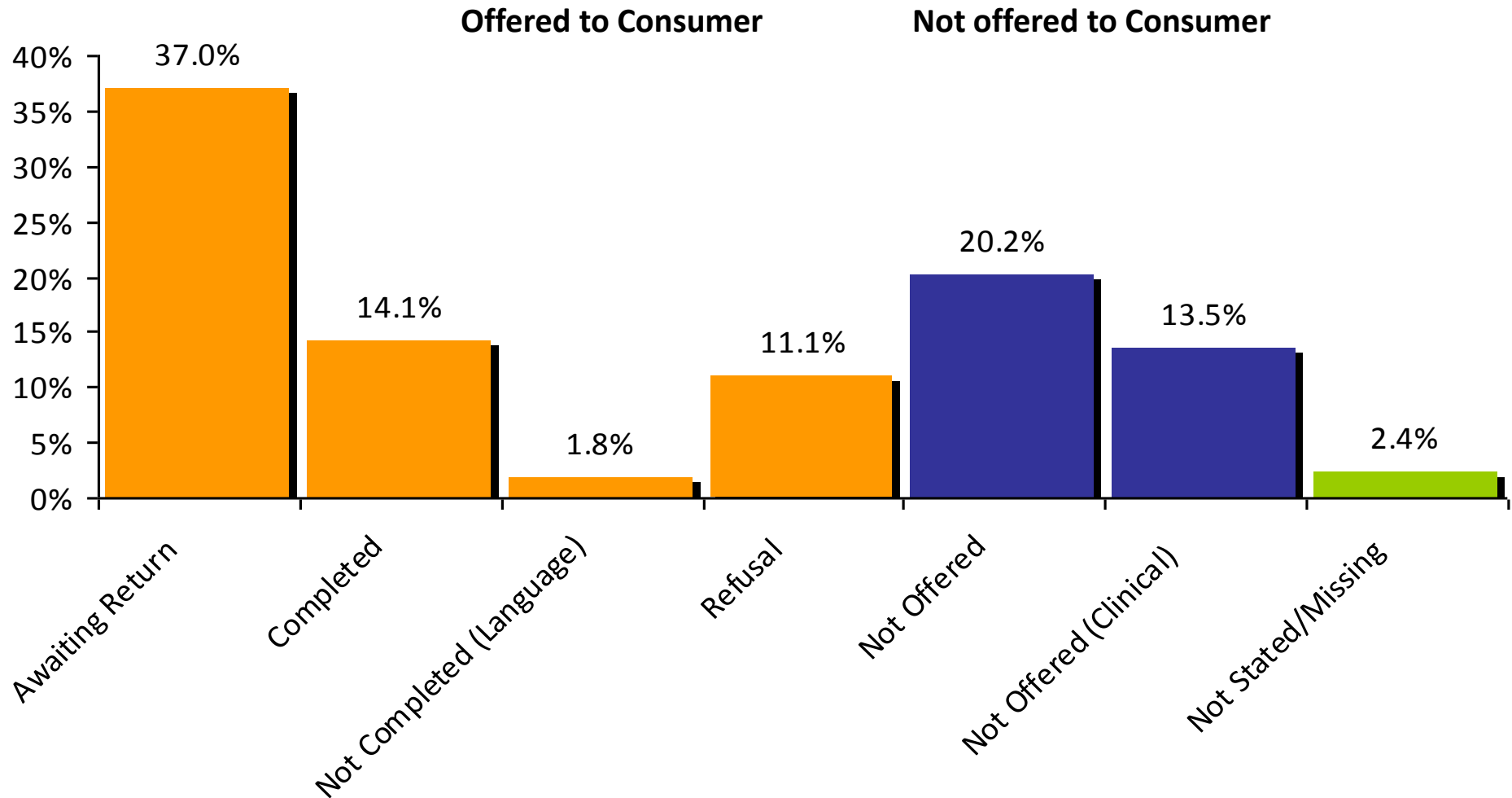
# VARIABLE SUCCESS

## Rates of offering the MHI by MH Network

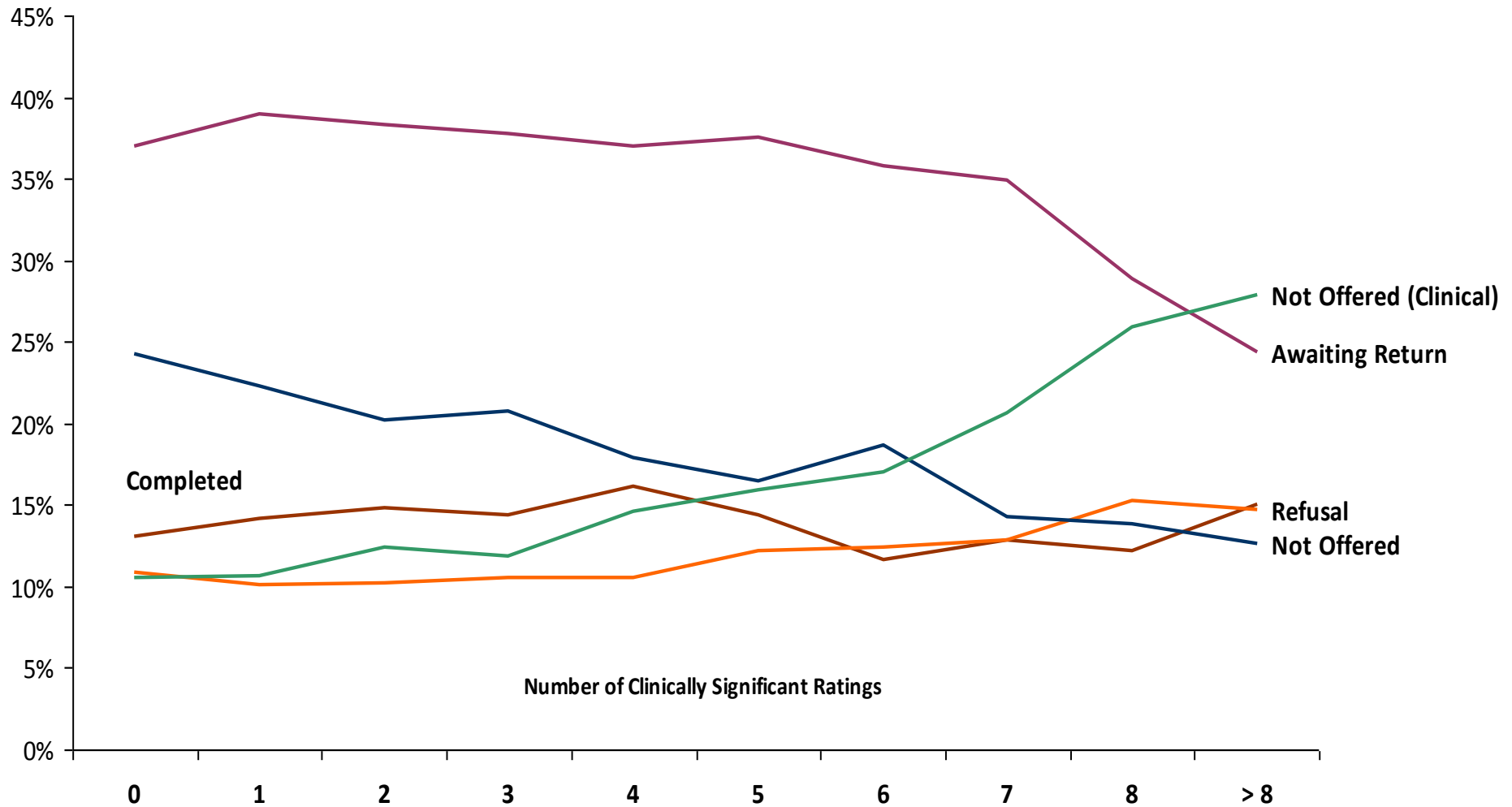


QLD Mental Health Service Networks

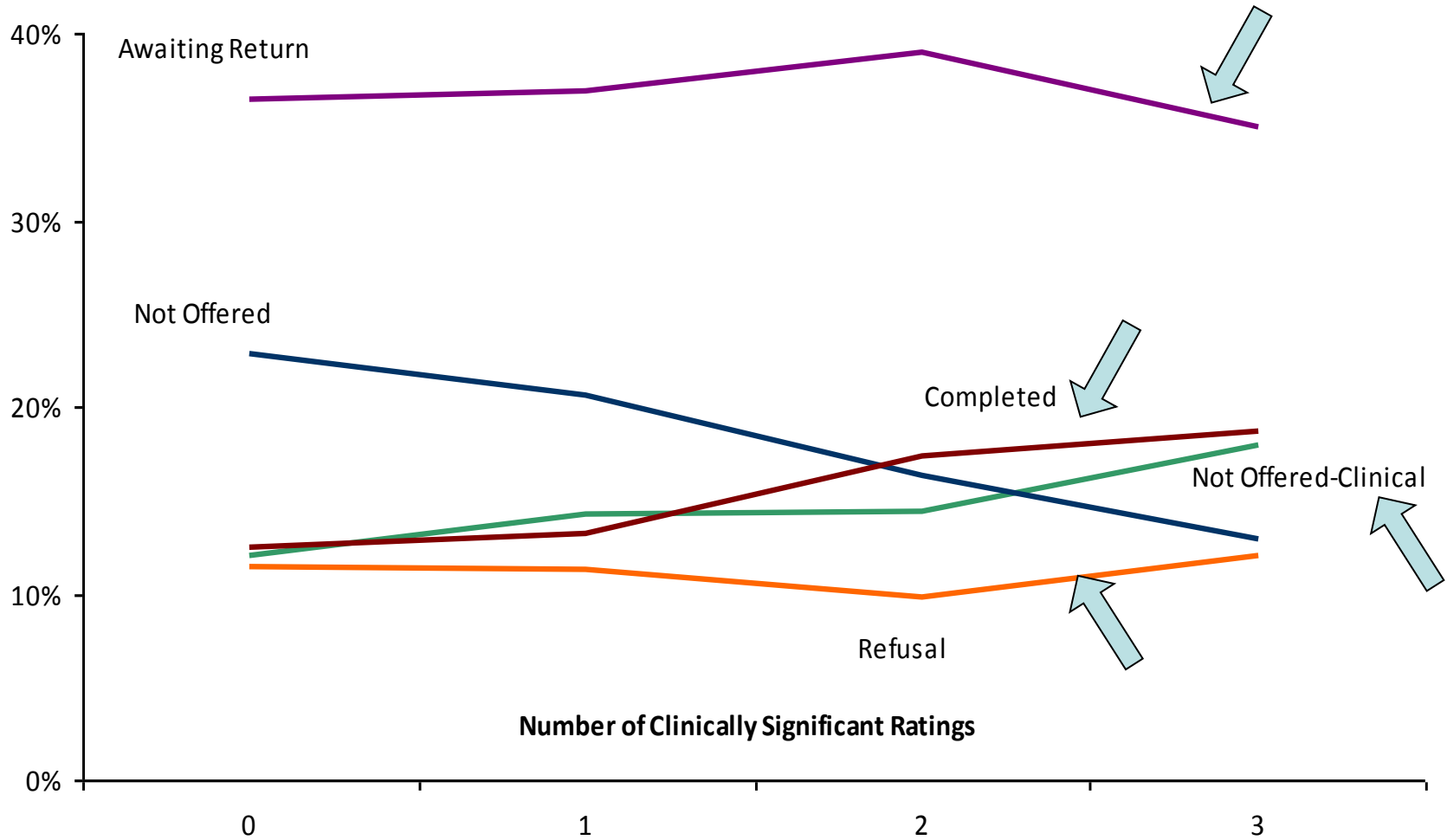
# MHI Collection Status



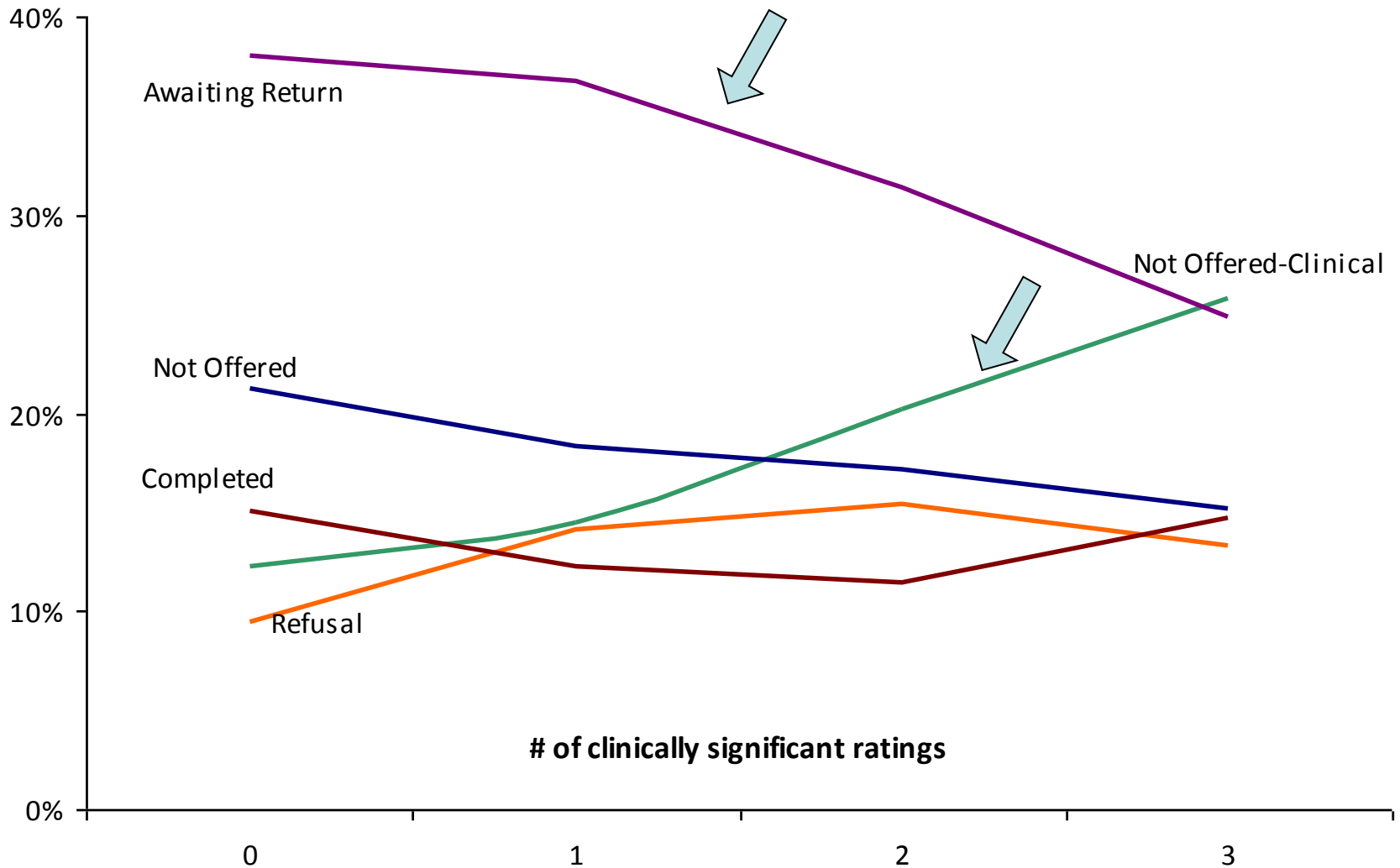
# HoNOS Clinically Significant Ratings and MHI Collection Status



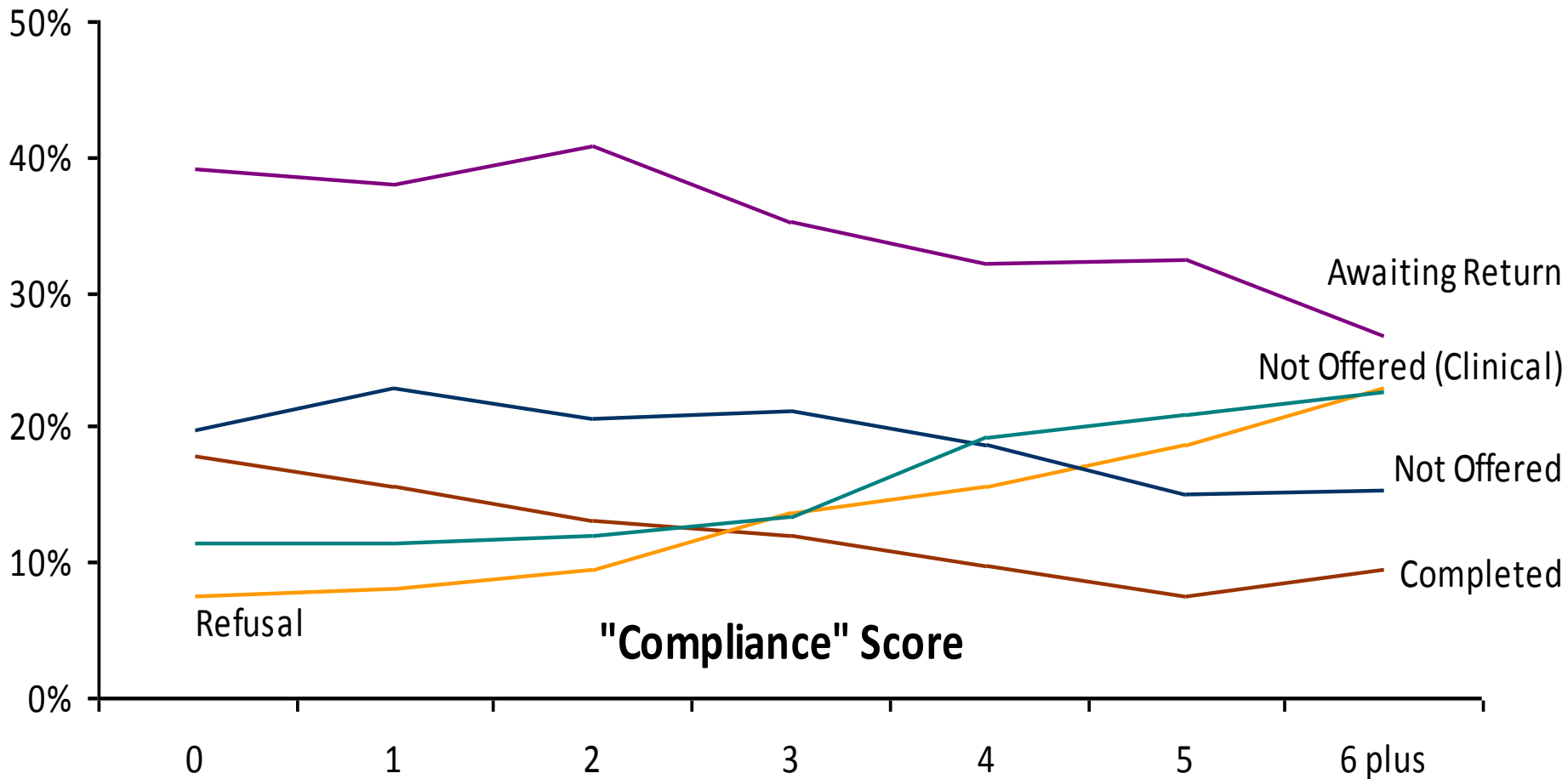
# HoNOS Symptom Subscale Ratings and MHI Collection Status



# HoNOS Behaviour Subscale Ratings and MHI Collection Status

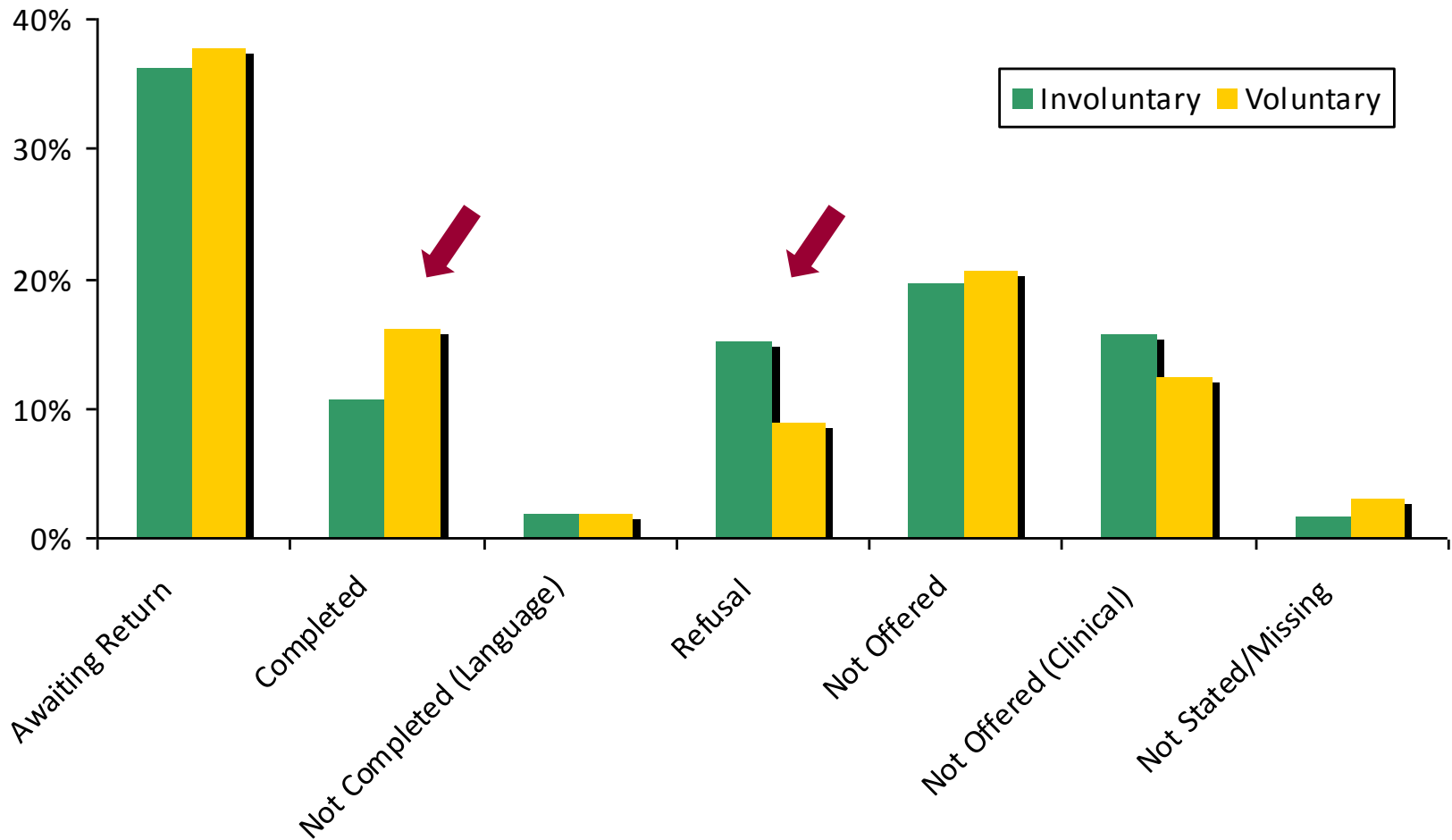


# LSP Subscale "Compliance" Scores and MHI Collection Status



# MHA Legal Status as Proxy Measure for Case Complexity

MHA Legal Status and MHI Collection Status

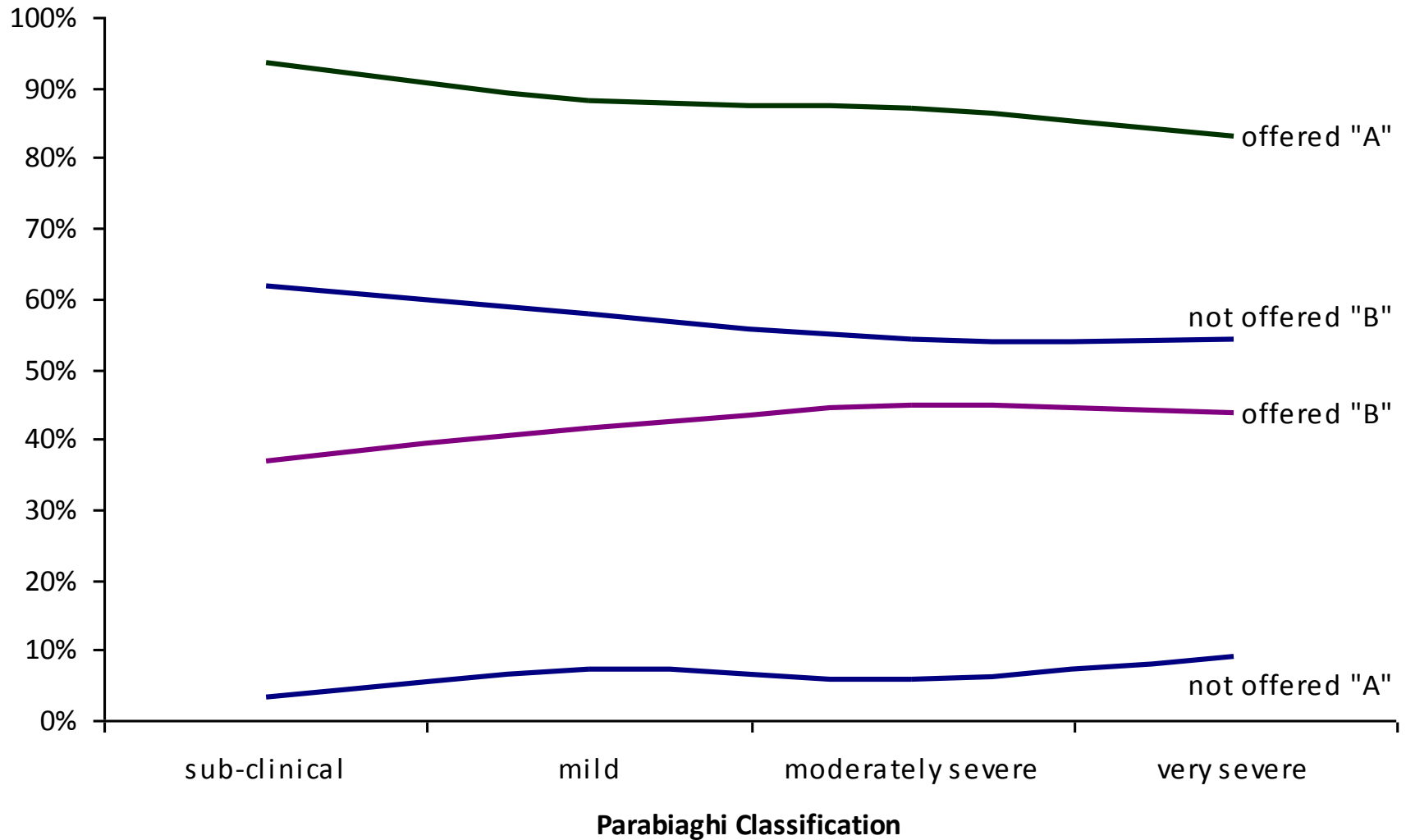




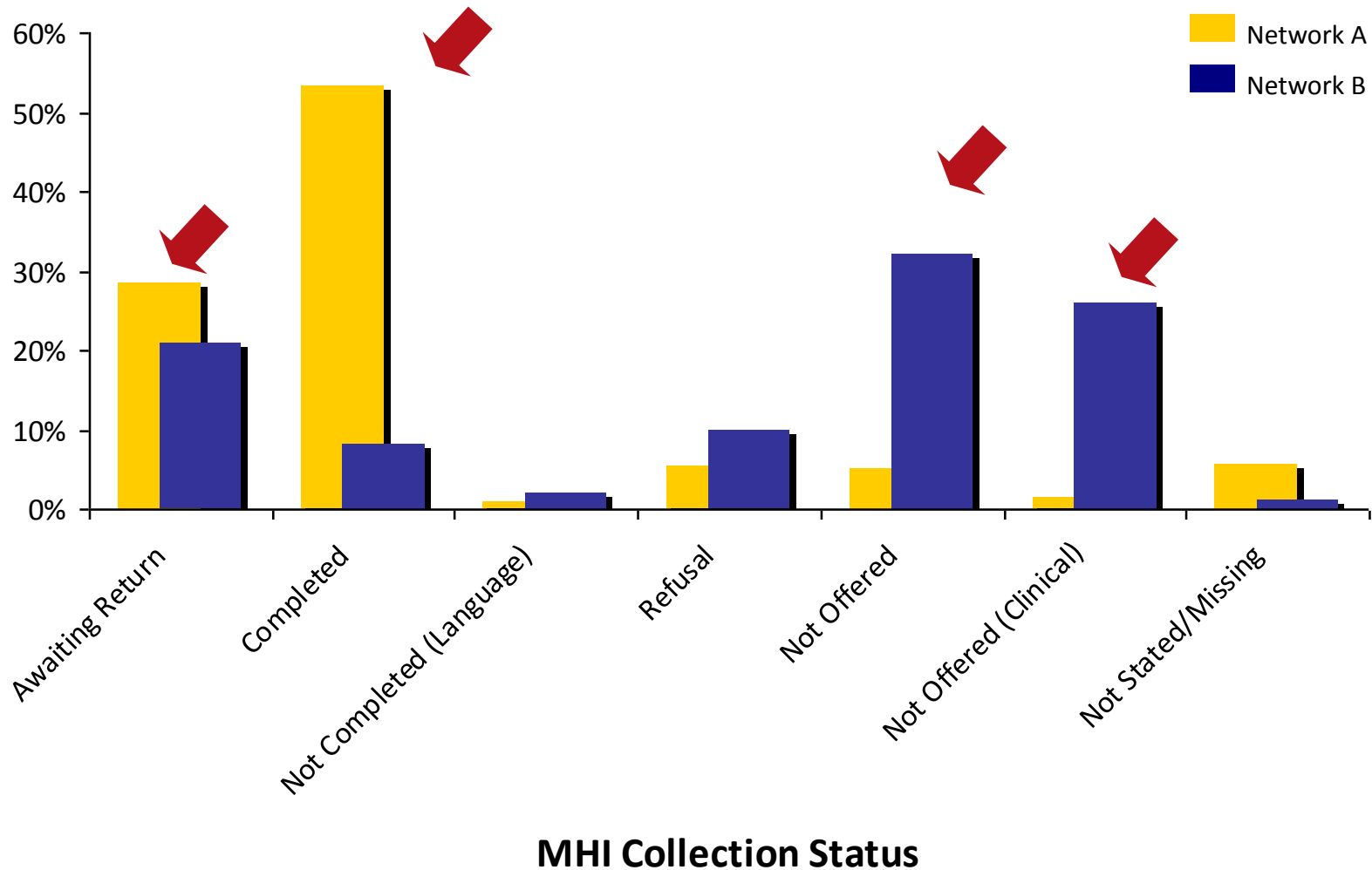
# **A Tale of Two Networks**

Comparison of two regional  
networks with similar structure and  
consumer groups

# Symptom Severity and Use of the MHI

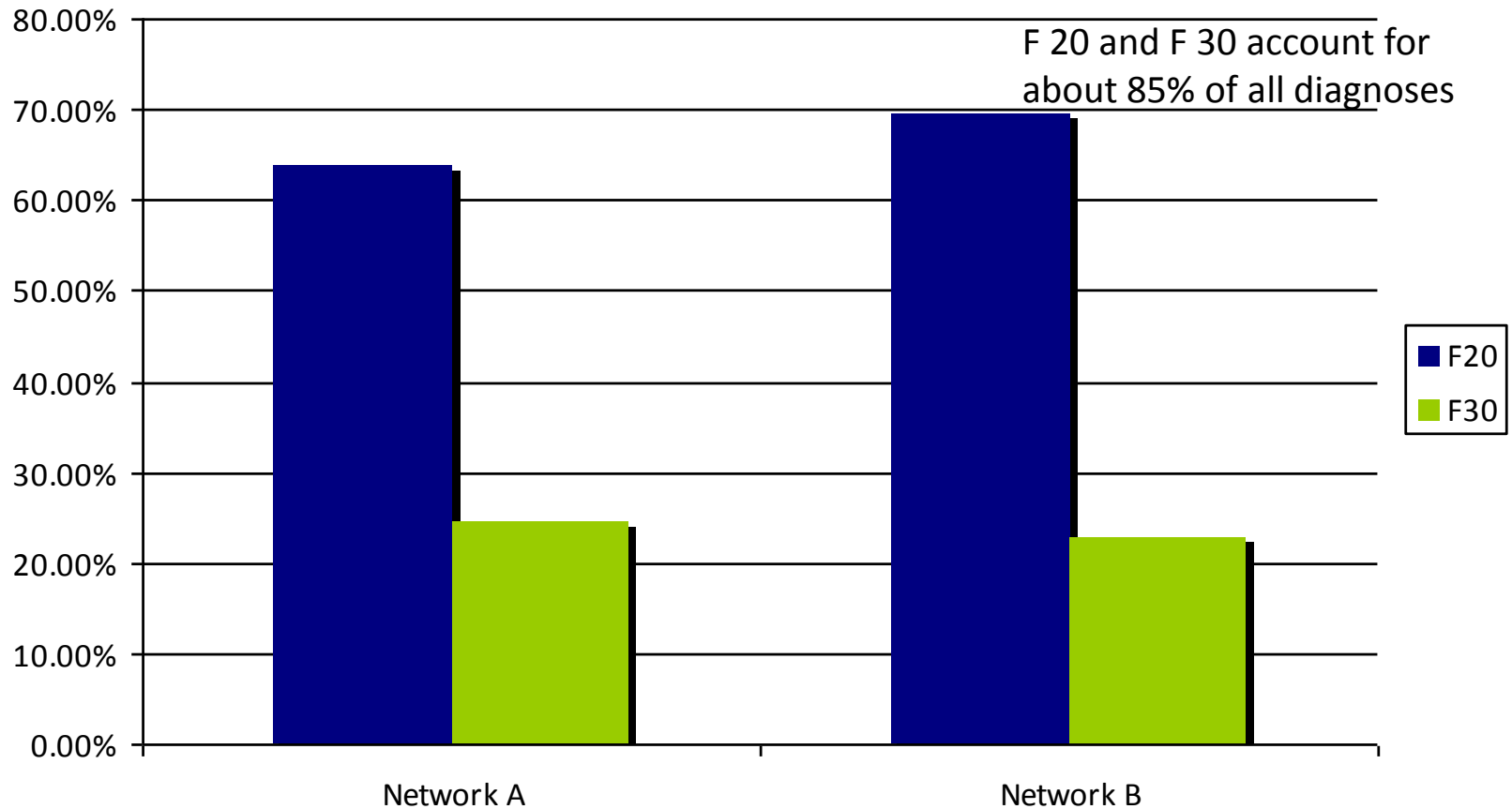


# MHI Collection Status by Network

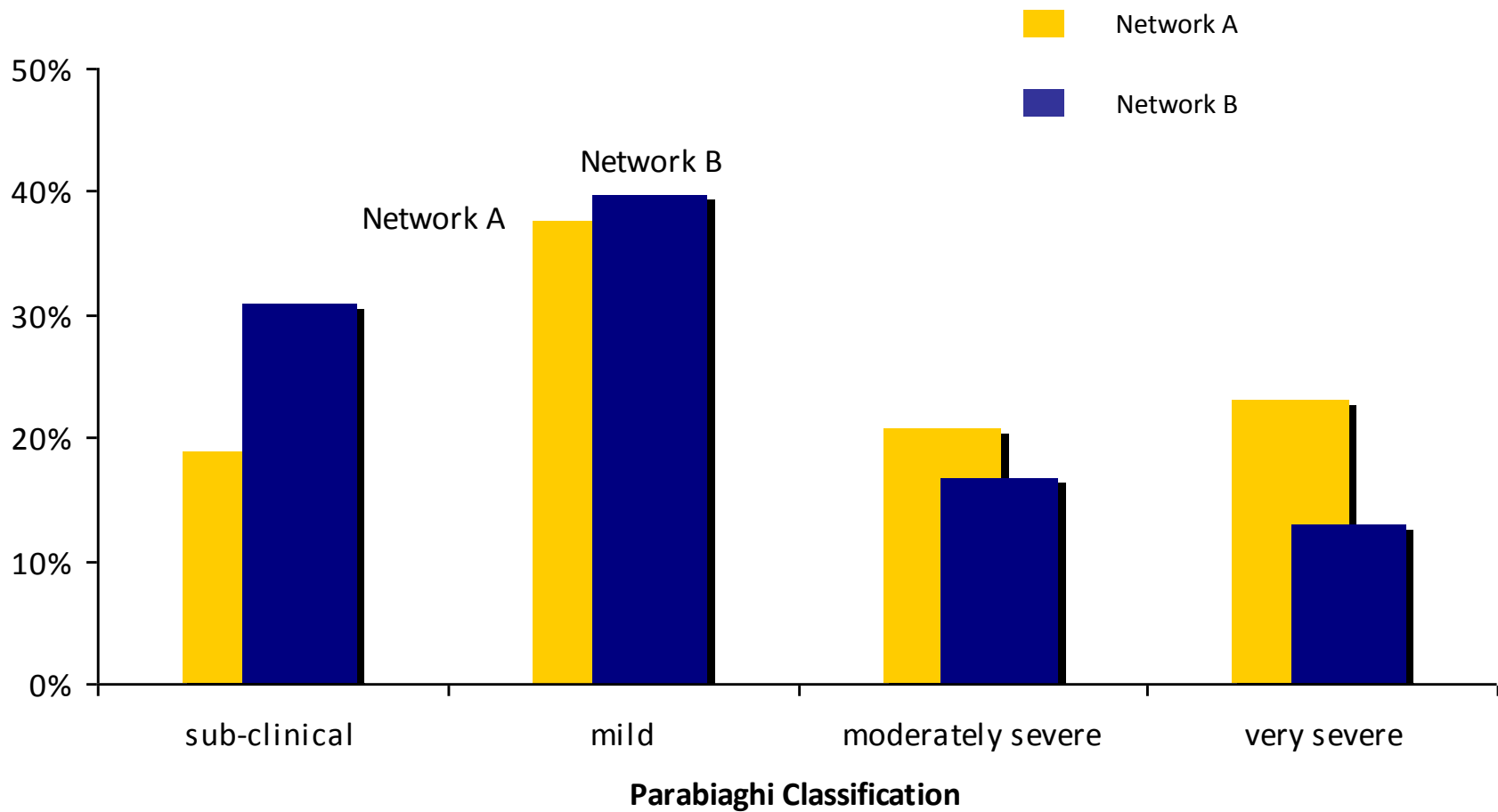


# Clinical Condition

## Psychotic and Mood Disorder Diagnosis across Networks A and B

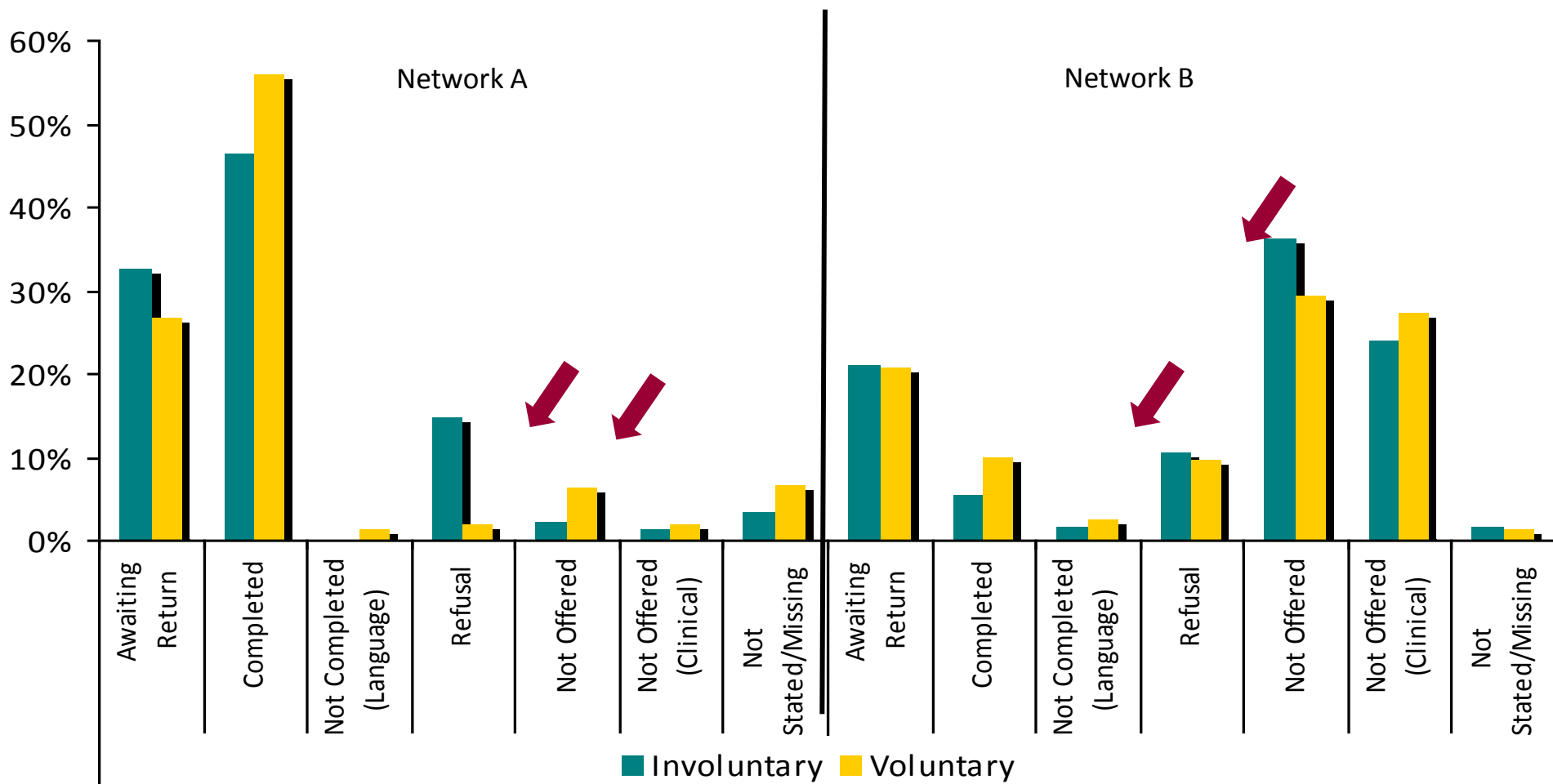


# Symptom Severity by Network



# MHA Legal Status as proxy measure for case complexity

## MHA Legal Status and MHI Collection Status



# What did we learn so far?



- There is a wide variability across networks in offering the MHI
  - Pockets of excellence and room for improvement
- Severity and case complexity are less related to the completion rate of consumers than to the offering behaviour of clinicians
- Differences between networks is not explained by severity, case complexity or compliance

# The Future

- Support clinicians to not just collect but use effectively in practice → **Multimedia resource** (in production)
- Have consumers understand the measures, use them & request opportunity to complete → **CSRM project**
- Identify high performing service strategies and attempt to extend the collection from these teams/services to all teams/services → **ORP network, forums, middle management training program**

# Acknowledgments



- Ossi Beck, Mental Health Clinical Improvement Team
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- Toni Mclean, Mental Health Clinical Improvement Team