

InforMHQ

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

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# Rationale

- Offering Consumer Self-Rated Measures is mandatory, but actual participation is low, in particular for adult services.
- Why is this? What are the impacts of consumer characteristics, clinician behaviour and mental health service variables?
- Until now we had only anecdotal evidence.

# Method



- Focus on review collections in community/ambulatory setting for the year from 1 June 2009 → 18449 valid collections
- Overall collection status of the Mental Health Inventory (MHI) for QLD MHS networks
- Comparison of two Networks in relation to their use of the MHI

# Overall participation in the Collection of outcome measures

Statewide the participation in the collection of routine outcomes measures for community/ambulatory service settings at review is:

**57.5% (14.1% - 94.5%)**

# The Sample

	 (41.2%)	 (58.8%)
<b>Age</b>	<b>42 yrs (17 – 87)</b>	<b>38.7 yrs (17 – 73)</b>
<b>Indigenous Status</b>	<b>7.7%</b>	<b>8.8%</b>
<b>Involuntary</b>	<b>28.9%</b>	<b>40.5%</b>

# MHI Collection Status

In adult services QLD collects the Mental Health Inventory (MHI). The collection status is recorded as:

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

**OFFERED to  
consumer**

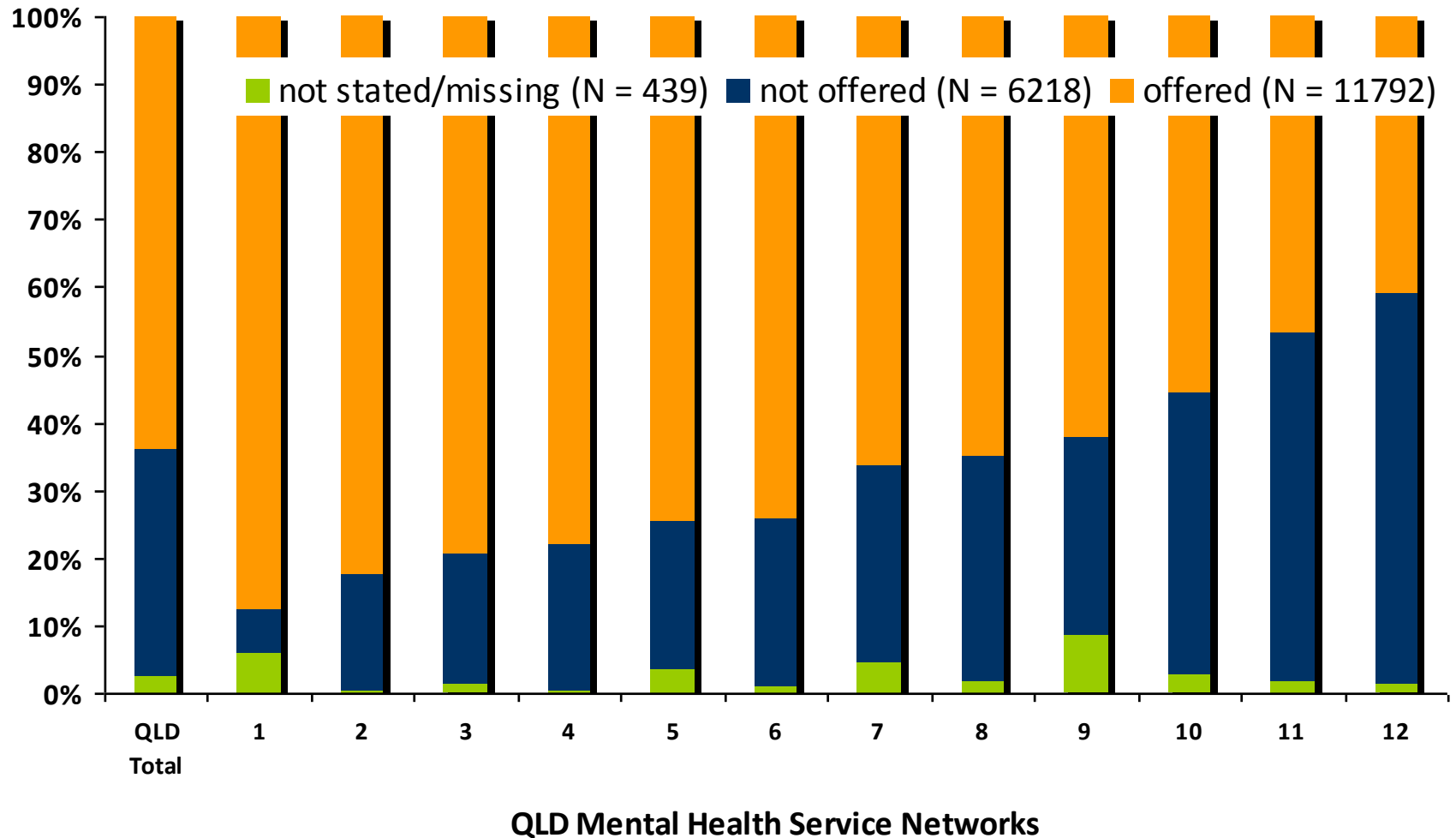
- Not offered
- Not offered due to clinical condition

**NOT OFFERED to  
consumer**

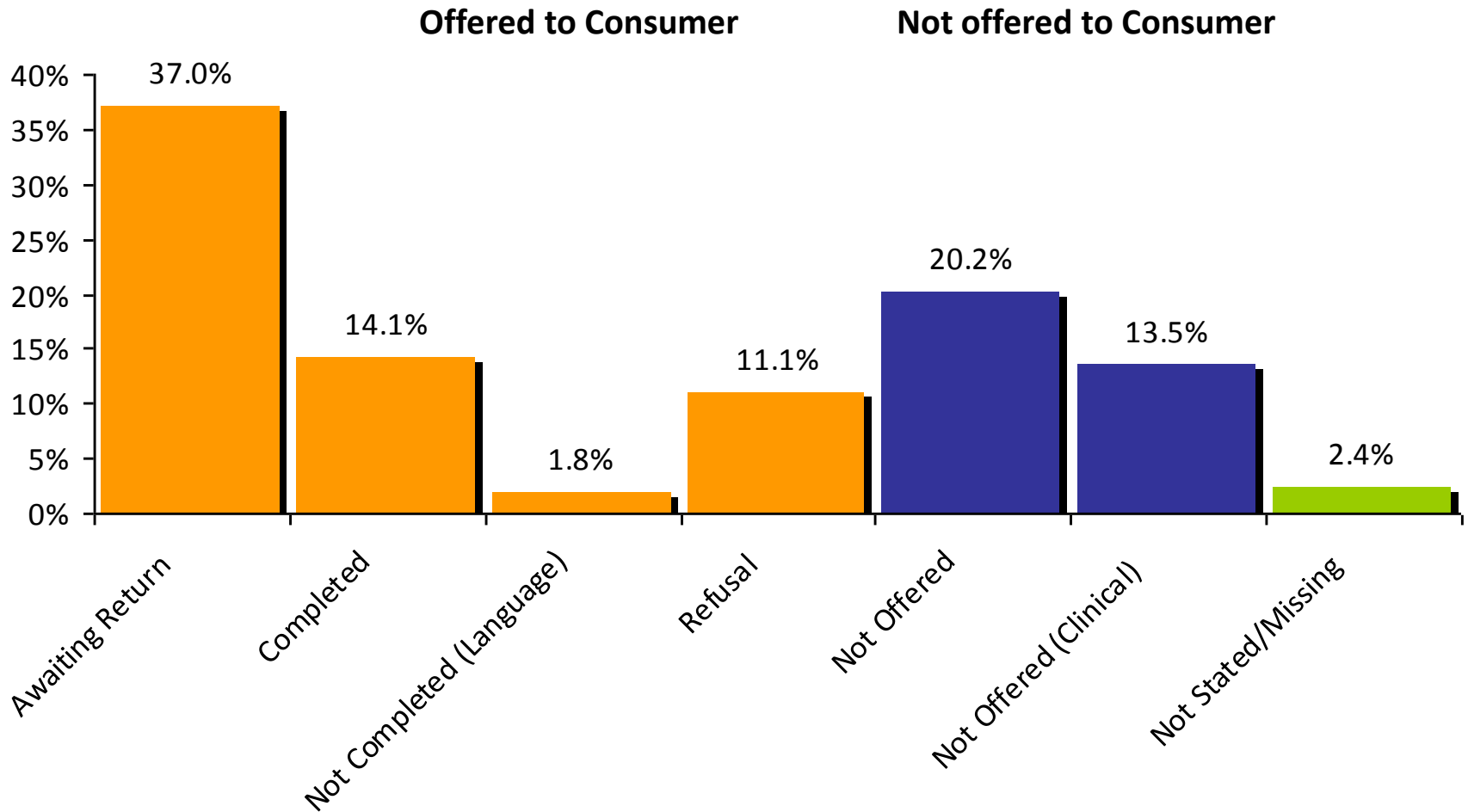
Not stated/missing

# VARIABLE SUCCESS

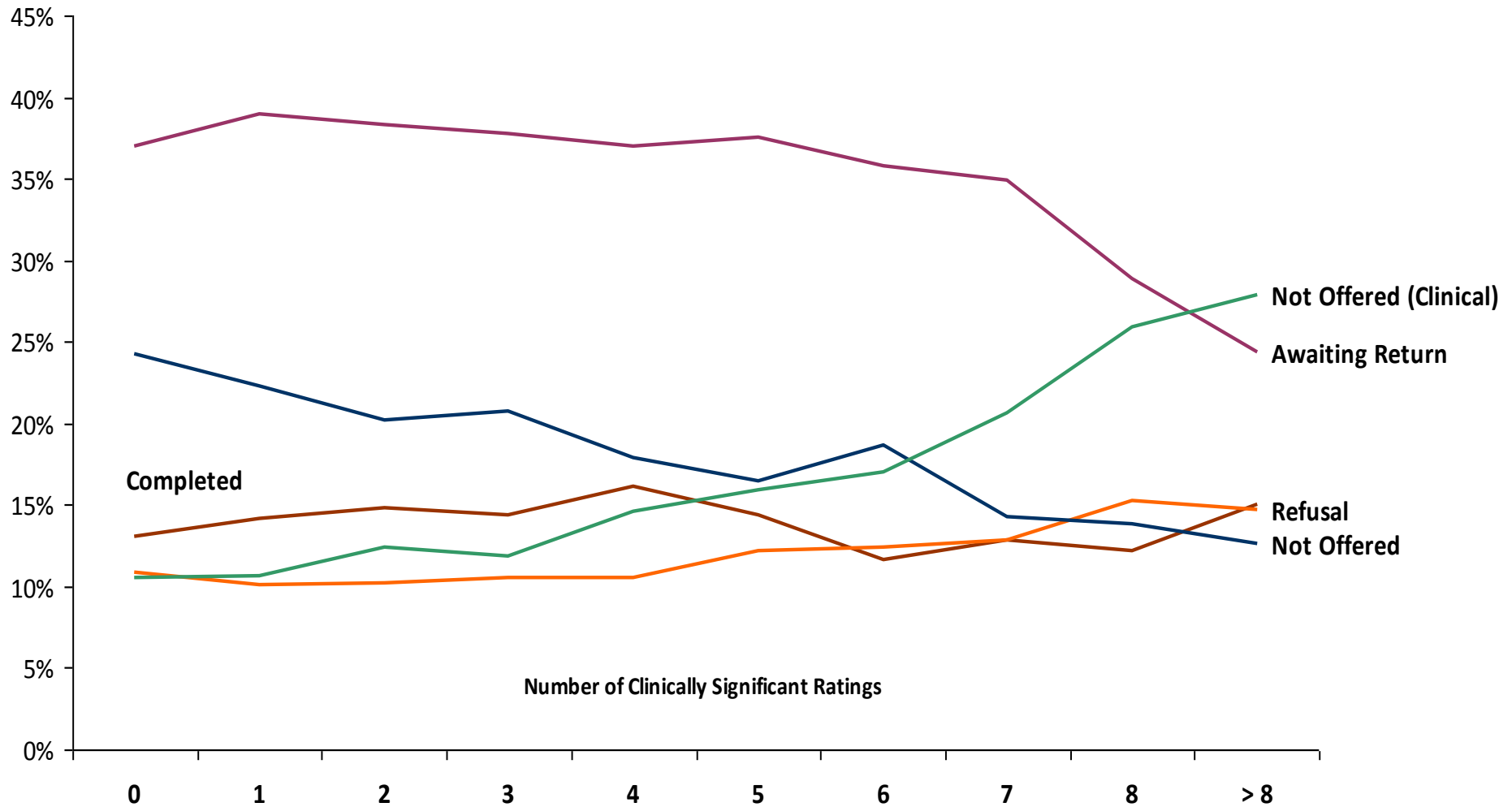
## Rates of offering the MHI by MH Network



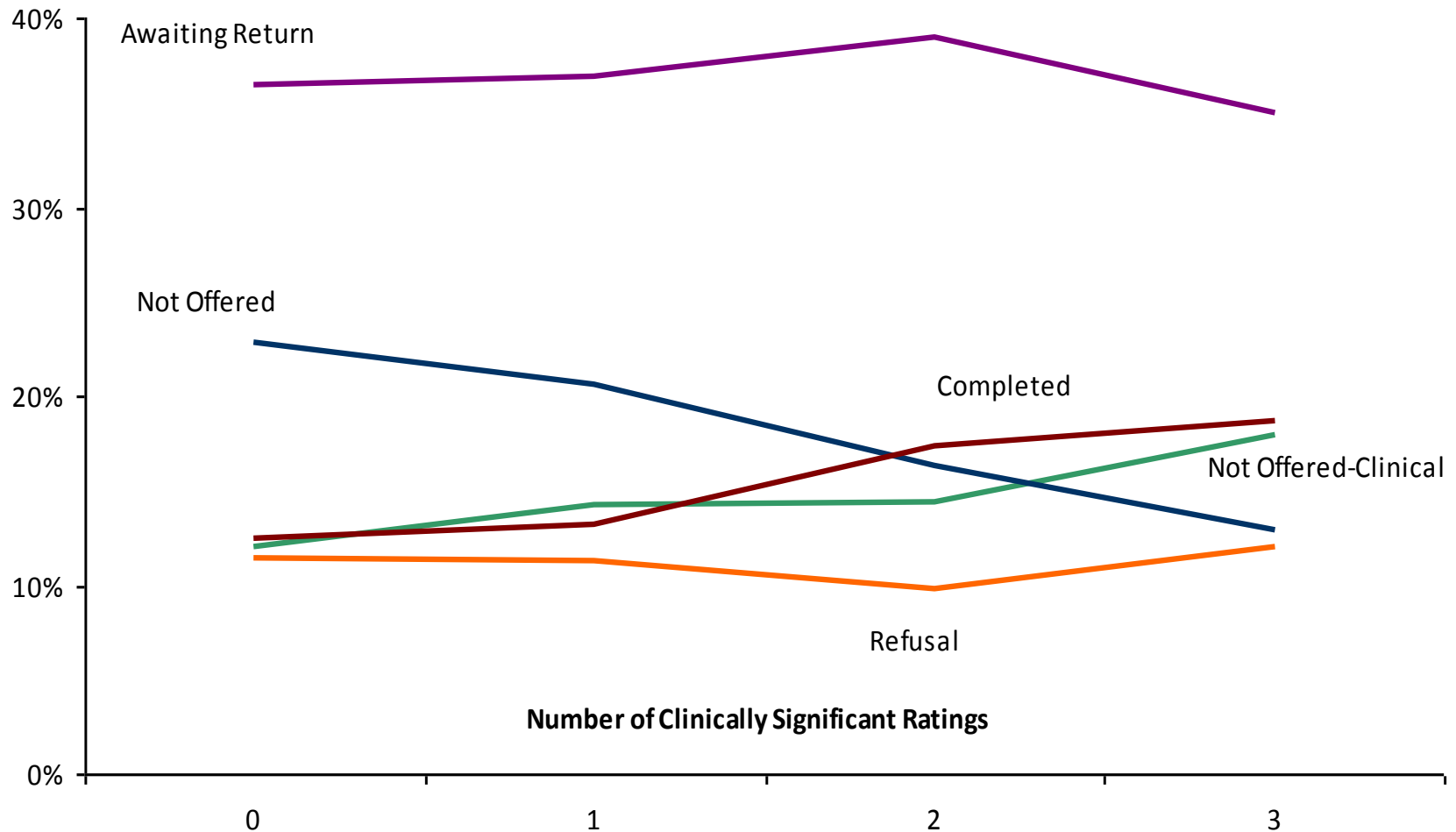
# MHI Collection Status



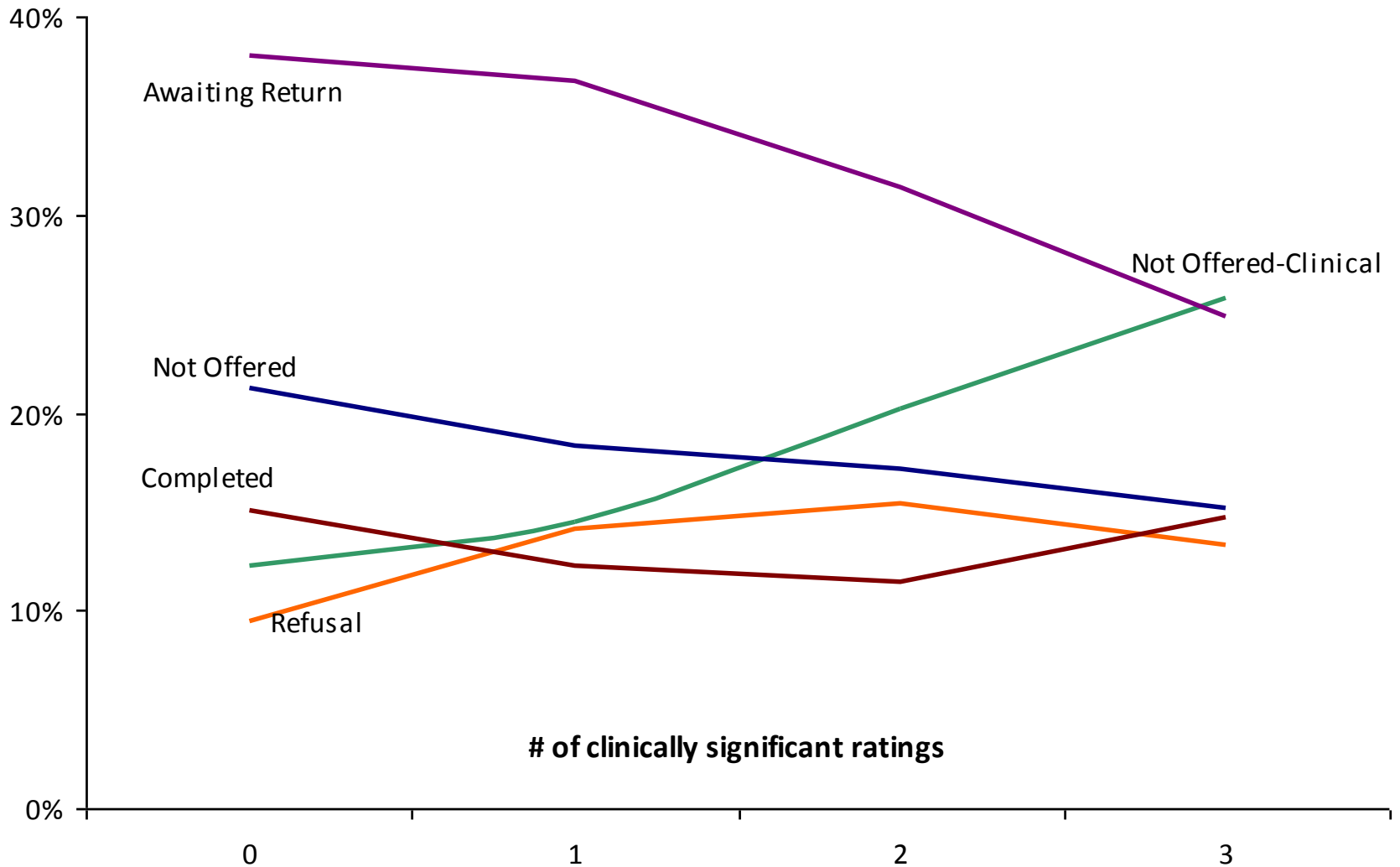
# HoNOS Clinically Significant Ratings and MHI Collection Status



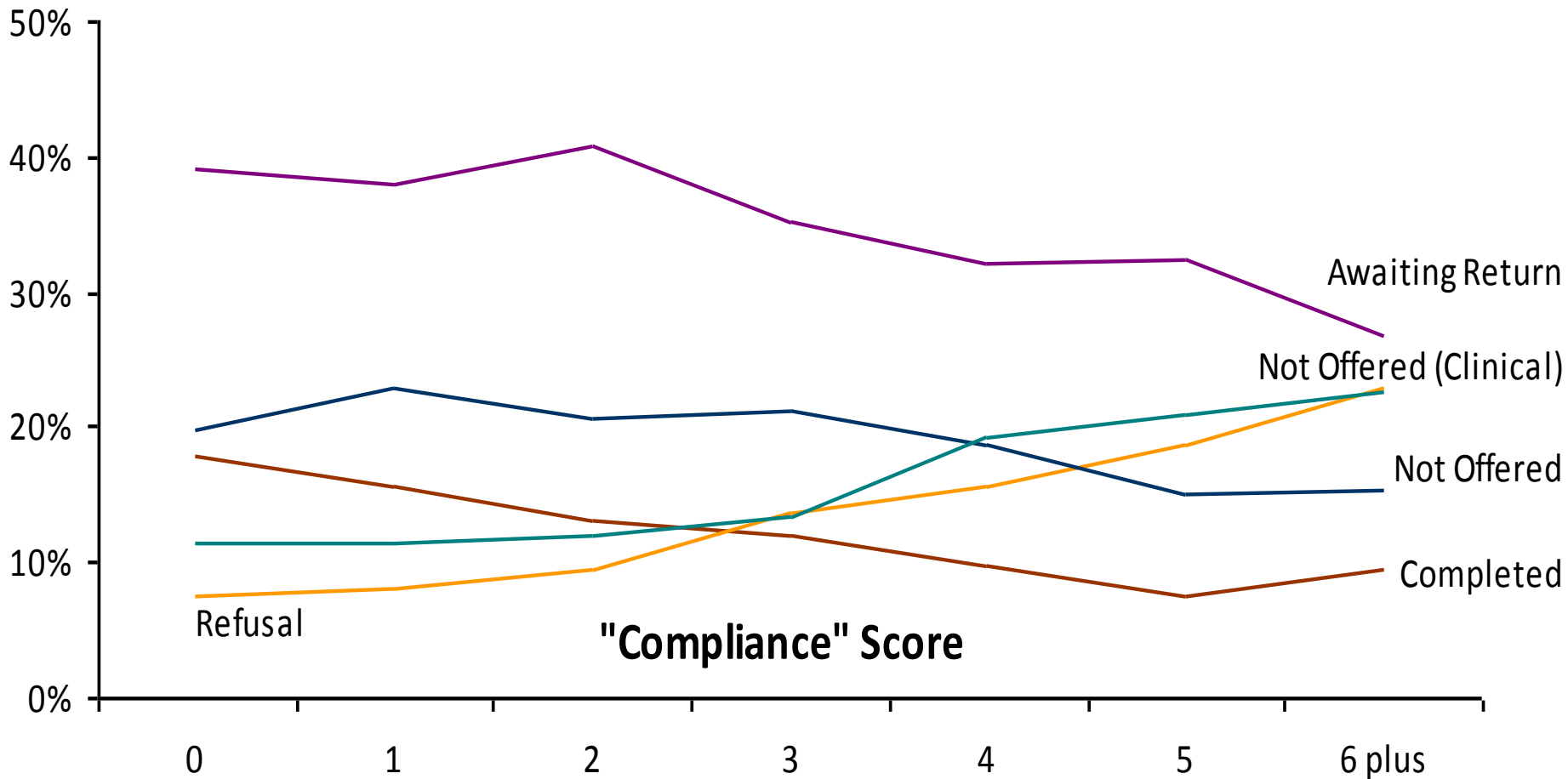
# HoNOS Symptom Subscale Ratings and MHI Collection Status



# HoNOS Behaviour Subscale Ratings and MHI Collection Status

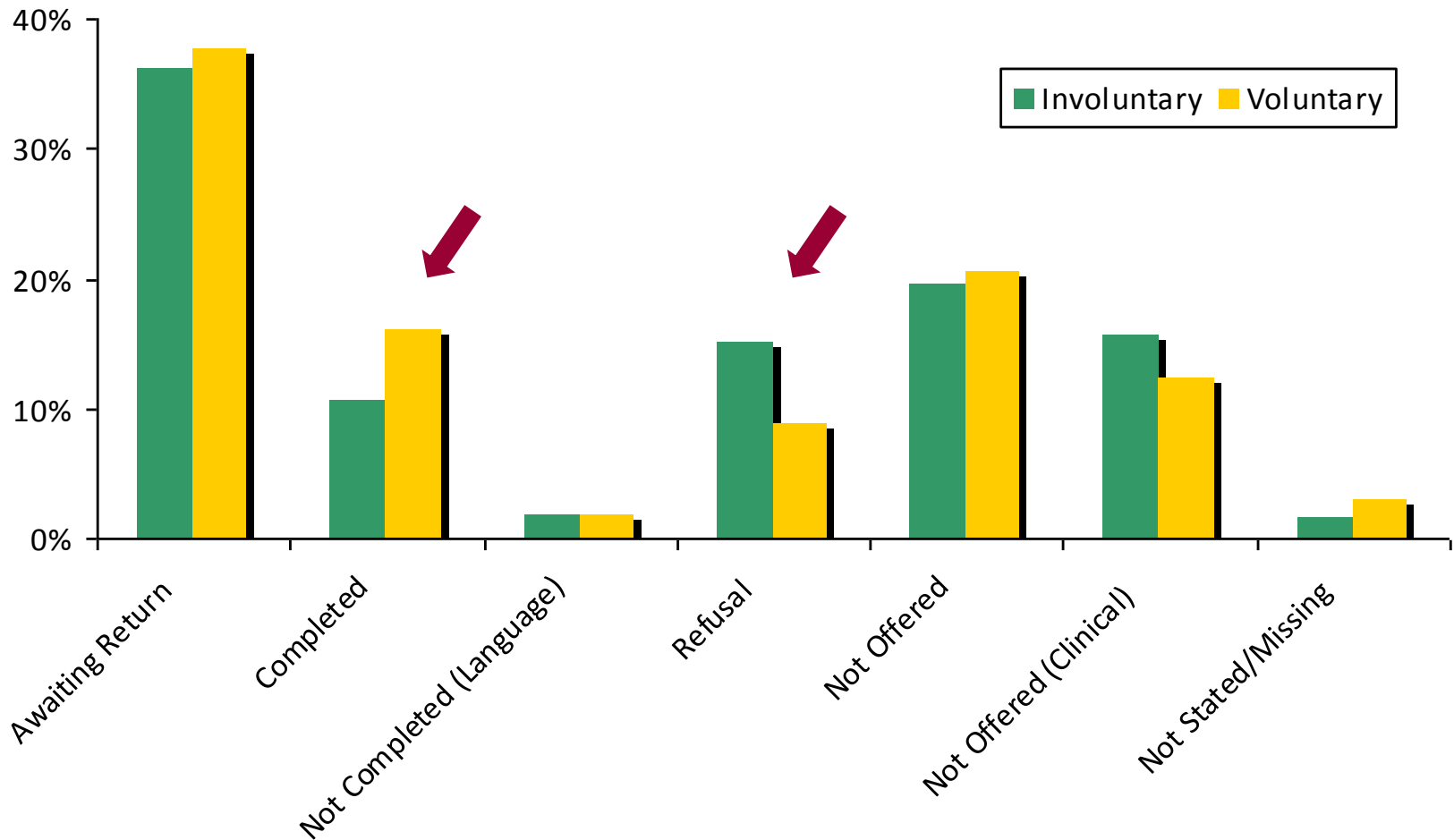


# LSP Subscale "Compliance" Scores and MHI Collection Status



# MHA Legal Status as Proxy Measure for Case Complexity

MHA Legal Status and MHI Collection Status

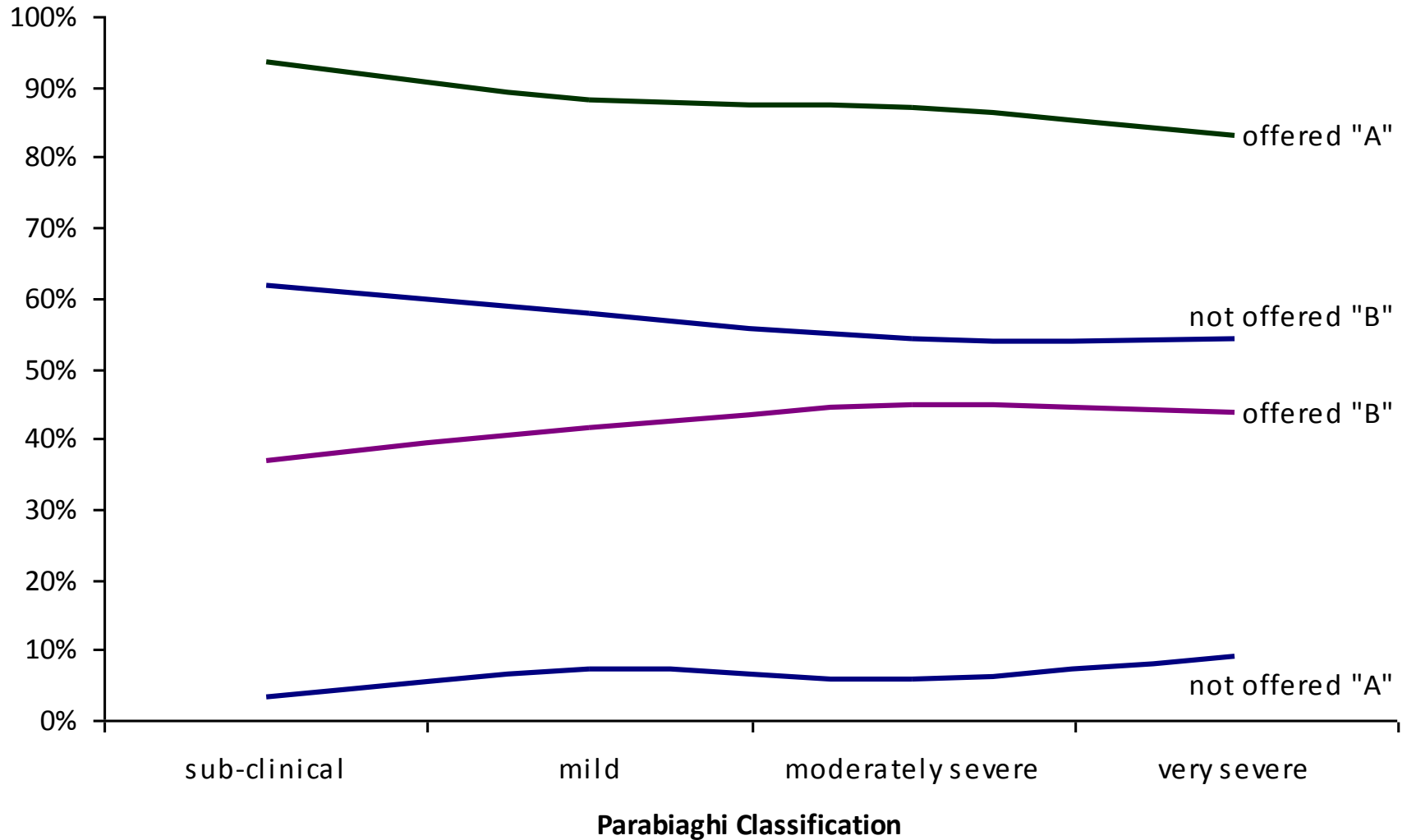




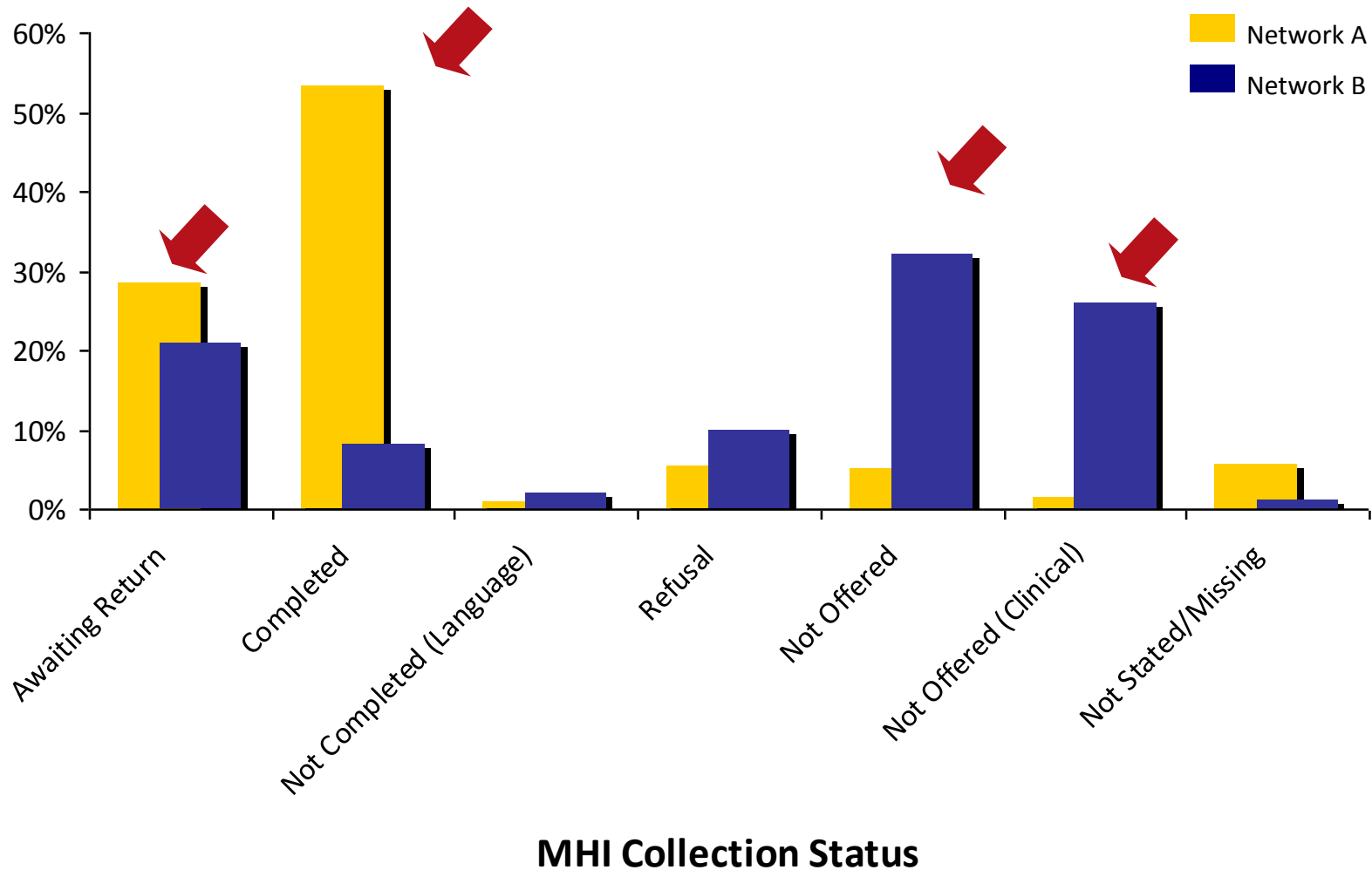
# **A Tale of Two Networks**

Comparison of two regional  
networks with similar structure and  
consumer groups

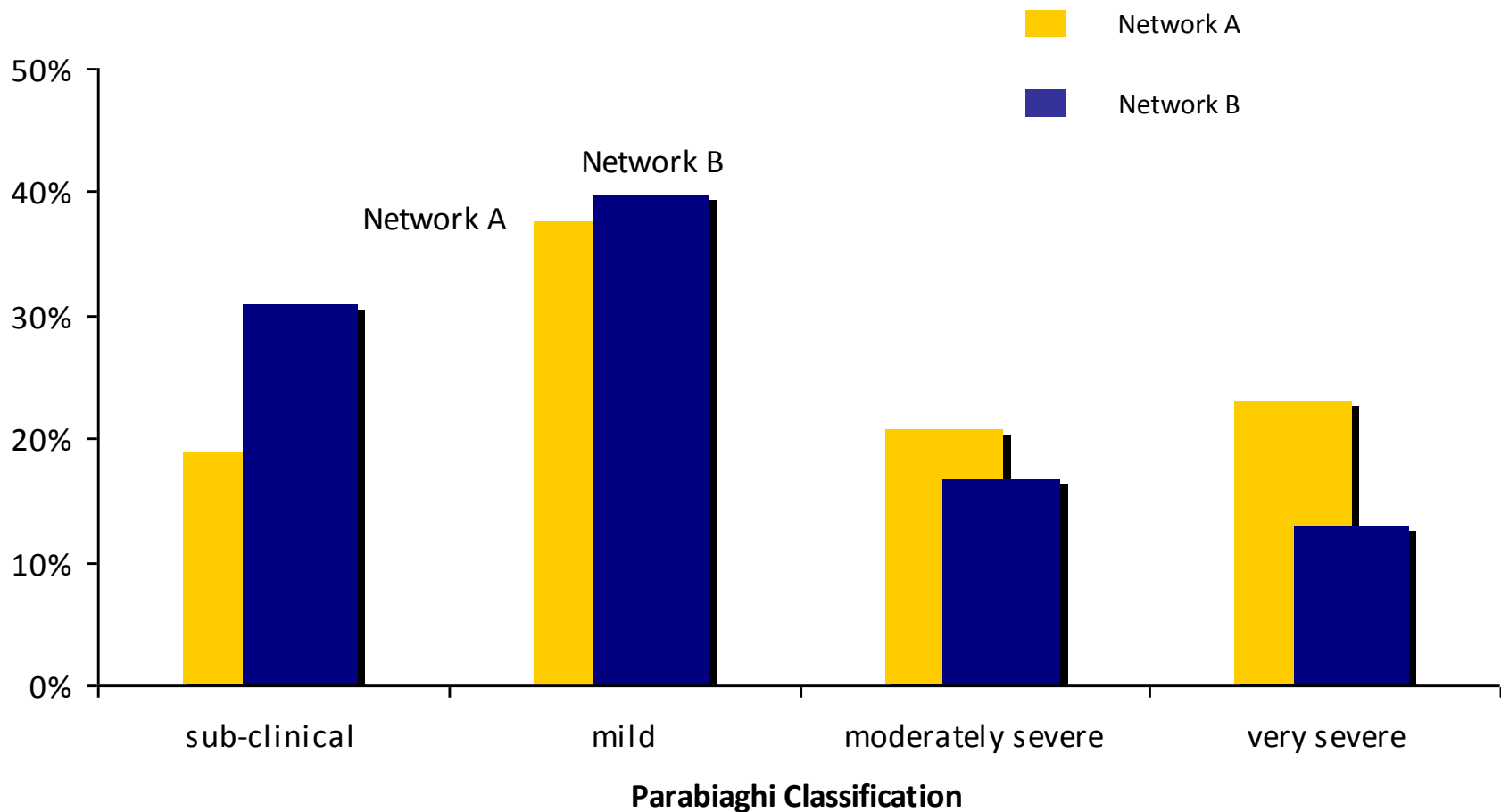
# Symptom Severity and Use of the MHI



# MHI Collection Status by Network

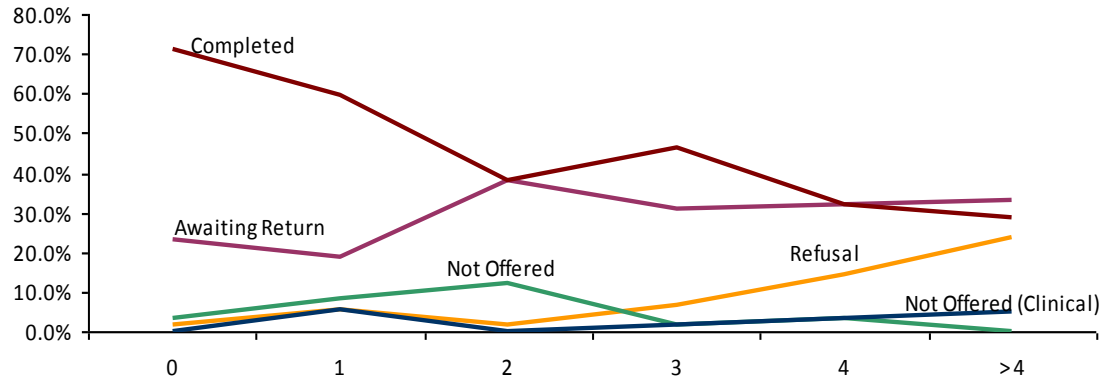


# Symptom Severity by Network

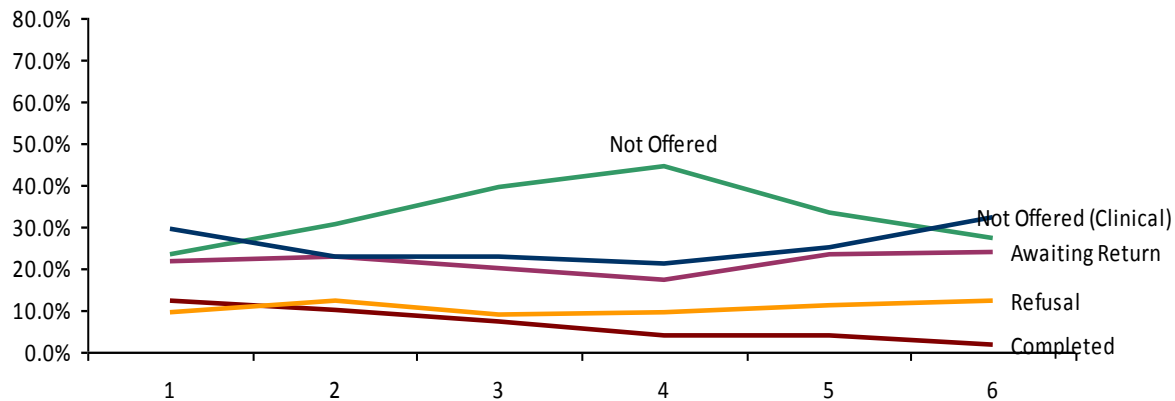


# LSP "Compliance" and MHI Collection Status

Network A

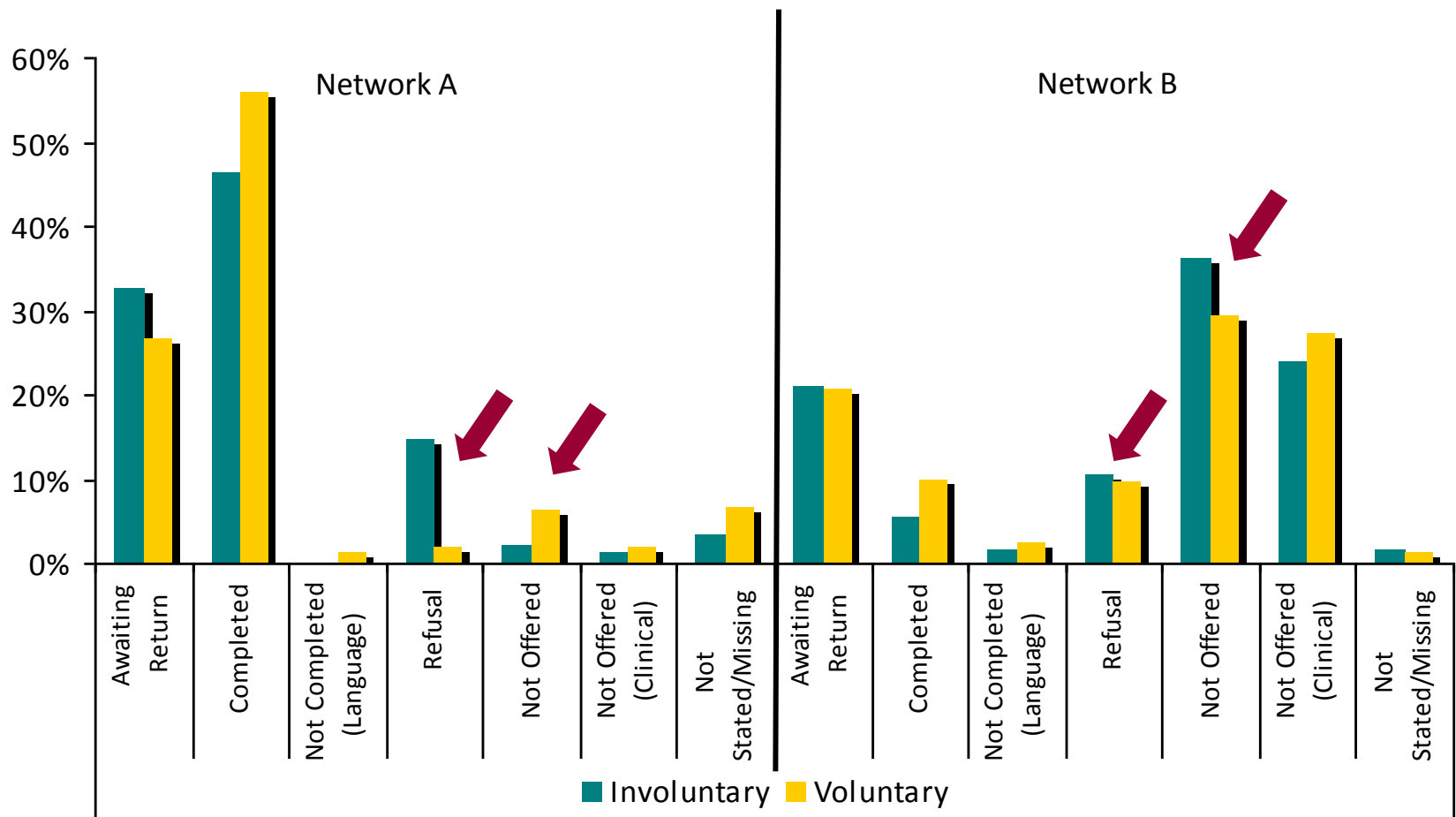


Network B



# MHA Legal Status as proxy measure for case complexity

MHA Legal Status and MHI Collection Status



# What did we learn so far?

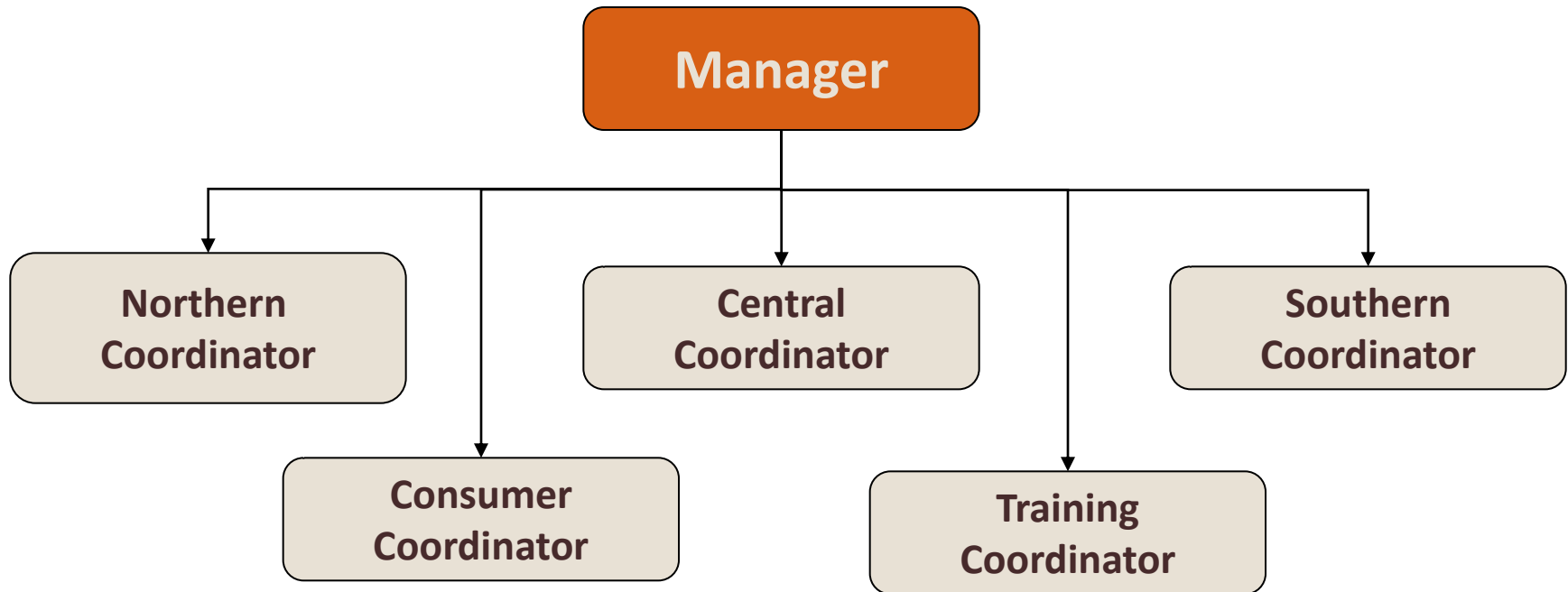


- There is a wide variability across networks in offering the MHI
  - Pockets of excellence and room for improvement
- Severity and case complexity are less related to the completion rate of consumers than to the offering behaviour of clinicians
- Differences between networks is not explained by severity,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

# The Future

- Support clinicians to not just collect but use effectively in practice → DVD resource
- Have consumers understand the measures, use them & request opportunity to complete → CSRMM 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

# Clinical Improvement Team



**Closing the information loop.....supporting services to use information to understand AND demonstrate what they do, with whom they do it and what difference it makes.**

# Acknowledgments

- James Eales and Tracey Butler, Systems and Collections Team
- Ralph Nichols, Performance, Evaluation and Analysis Team
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