

Have you heard the one about Outcome Measures being more than just a data collection exercise?

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My Knowledge of Outcome Measures

- In July 2005 appointed to 12 month position of Consumer Consultant on the Western QUATRO Project
- Not previously heard of Outcome Measures
- Quickly learned about what the following acronyms mean: ROM, Basis 32, HoNOS, LSP and AMHS Kessler 10
- I have developed an appreciation of the use and potential of the various measures

My Learning Journey

- QUATRO Project: Consultation with consumer and carer consultants, and clinicians, through forums and training workshops
- Finding a champion here and there – Ballarat example
- An ear to the clinical environment – work
- Continue to learn through existing networks i.e. GP Association re evaluation of Better Access to Mental Health Care
- Involvement with AMHOCN / other projects and consulting work

The Skunk of the Mental Health System?

Through the clinician forums conducted during the QUATRO Project and in my work in other facets of mental health, it has become apparent that Routine Outcome Measures are indeed considered the skunk of the Mental Health System. Clinicians often see them as:

- A time imposition
- A data collection exercise for the government
- An imposition to the client
- A system which adds little value to their work and is not technically well supported

Looking at OM's in a different light....

The meaningful use of Outcome Measures involves cultural change. Part of this cultural shift involves looking at their use from the perspective of all the stakeholders: consumers, carers and clinicians.

- Subjectivity – more information, more points of view!!!!
- Potential????
- For who????
- At what cost???? – example of police LEAP system

A bit about me ...

- Current age: 46
- Age at onset: 23 (1985) – work related stress
- Diagnosis: Bipolar Disorder 1 (1990)
- Psychiatric Hospital Admissions: 2 (one involuntary in 1985 and one voluntary in 2002)
- Ambulatory setting: 2 occasions
- 2008 – insight and management strategies
- Currently facilitate MHFA, Barwon Health, Victoria, and work as a consultant and trainer in mental health sector

My involvement with Routine Outcome Measures as a consumer of AMHS

- 1990 – ambulatory: nil
- 1996 – ambulatory: nil
- 2002 – acute: nil

In 1996, Barwon Health implemented the use of HoNOS whilst the Consumer Self Assessment, Basis 32, commenced in early 2000.

Involvement with Geelong Mood Support Group for 12 years – never heard OM's discussed.

History of psychotic episodes...

- First episode 3rd year into my policing career in 1985 – nervous breakdown (6 months off work)
- Two more episodes between 1985 & 1990
- Diagnosed Bipolar Disorder 1990 – 2 more episodes b/w 1990 and resigning in 1997 (5 episodes in 12 years)
- Change in work / lifestyle
- Last episode in 2002

January 2002 – psychotic episode



Leading up to this episode....



Basis 32 – January 2002

Five Domains:

- Relation to self and others? **A little**
- Daily living and role functioning? **Moderate**
- Depression and anxiety? **Moderate**
- Impulsive and addictive behaviours? **A little**
- Psychosis? **Quite a bit**

The Basis 32 consists of 32 questions which encompass the five domains listed. Again a discussion around some of the questions, for example, adjusting to major life stressors, completing tasks, managing day to day life, would have revealed a considerable degree of anxiety leading up to this episode

Kessler 10 – January 2002

1. Tired? **A little of the time**
2. Nervous? **All of the time**
3. Couldn't calm down? **Most of the time**
4. Hopeless? **Some of the time**
5. Restless? **Most of the time**
6. Couldn't sit still? **Most of the time**
7. Depressed? **A little of the time**
8. An effort? **Some of the time**
9. Cheer you up? **A little of the time**
10. Worthless? **None of the time**

Only through discussion of these responses could you form a clear picture of the stressors which have led to my admission. The answers and score (30) alone give neither of us any 'clues' as to causal factors or future management.

HoNOS – January, 2002

- Item 1 – overactive, aggressive, disruptive or agitated
- Item 5 – physical illness
- Item 6 – problems with delusions
- Item 7 – problems with depressed mood
- Item 8 – 'H' sleep
- Item 11 – Problems with living conditions

A discussion around these items would have revealed to the clinician, my partner and I that the source of my stress was to do with the fore-mentioned events. Plans for dealing with future stressors could have been discussed with us. Goal setting, identifying triggers and preparing a management plan (for me/us) could be a further 'outcome' of such discussion.

2003: Psycho-social Education Program

- Participant in a research project which looked at general education about Bipolar Disorder, triggers, warning signs, management strategies including relapse prevention.
- Limited access to program.
- Part of this program involved information about anxiety – could I have anxiety?
- Co morbidity of anxiety and bipolar.... the impact of that knowledge.

It is not just about data collection, it's about me.....

- Empowerment
- Equality
- Reducing suspicion
- Management skills
- Goal setting
- Normalising – aggregate data
- Sharing information – between 'us' & between service providers