

# Australian Mental Health Outcomes and Classification Network

## Mental Health Inventory

Training Manual



A joint Australian, State and  
Territory Government Initiative

© Commonwealth of Australia 2005

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Canberra ACT 2600 or posted at <http://www.ag.gov.au/cca>

*Disclaimer*

Opinions expressed in this publication are those of the authors and do not necessarily represent any official Government position or view. The authors hold final editorial responsibility for the document and any errors that remain herein.

Compiled by Tim Coombs.

Published by the NSW Institute of Psychiatry.

First edition April 2005.

Additional copies of the report can be obtained from:  
Network Coordinator, AMHOCN, NSW Institute of Psychiatry, Locked Bag 7118,  
Parramatta BC NSW 2150. Tel: (02) 9840 3833. Fax: (02) 9840 3838.  
Email: [amhocn@mhnocc.org](mailto:amhocn@mhnocc.org) Website: [www.mhnocc.org](http://www.mhnocc.org)

## CONTENTS

1.	Acknowledgement.....	1
2.	Introduction to Manual.....	2
3.	Training Introduction and Learning Objectives.....	4
4.	Overview.....	6
5.	Offering the Mental Health Inventory.....	12
6.	Further Information.....	16
7.	Reference Material.....	17

## **1. Acknowledgement**

The following are gratefully acknowledged for their comments and suggestions: Luke Hatzipetrou, Tom Trauer, Mary Hyland, Peter Brann.

## 2. Introduction to Manual

This training manual has been developed to support training of Mental Health Clinicians in the Mental Health Inventory (MHI). It provides an overview of the measure, its history, structure and use in clinical practice.

The manual has been structured so that trainers are provided with resources to present key points regarding the Mental Health Inventory.

Some of the underlying principles, which shape this training manual, include:

- The need to utilise the principles of adult learning;
- ensuring that participants can relate the material to their work environment; and
- that participants have the opportunity to engage in the material

Before training, trainers should ensure that they have access to the following training materials:

- A copy of this manual
- Copies of the Mental Health Inventory

In this training manual, certain symbols are used to indicate certain activities that the trainer should undertake:



This symbol indicates that trainers should make explicit certain important training points.



This symbol indicates that trainers should show a particular video clip or written vignette.



This symbol indicates that trainers should encourage group discussion.



This symbol indicates that trainers should distribute specific handout materials.



This symbol indicates that trainers should be prepared with background knowledge. Trainers will be provided with additional reference material in this section.



This symbol indicates the notional time this section should take.

### 3. Training Introduction and Learning Objectives

**National Outcomes and Casemix Collection Training Workshop**

Mental Health Inventory (MHI)

**national mental health strategy**  
A joint Australian, State and Territory Government Initiative

*Sharing Information to Improve Outcomes*  
An Australian Government Funded Initiative

**AMHOCN**

This slide simply provides an introduction to the title Mental Health Inventory Training session.



Take this opportunity to undertake house keeping activities, bathrooms, messages, mobile phone etiquette.

The primary task here is the introduction of presenter and depending on group size, participants.



This introduction section should take approximately 5 minutes to complete.

## Learning Objectives

- Understanding of the background of the MHI
- Understanding the versions and structure of the MHI
- Understanding scoring and interpretation of the MHI
- Understanding offering the MHI

*Sharing Information to Improve Outcomes*  
An Australian Government Funded Initiative

2



Participants should be given a brief orientation to the content of this Mental Health Inventory session. This includes:

- A description of the Mental Health Inventory;
- The background and development of the Mental Health Inventory;
- The various versions and structure of the Mental Health Inventory;
- The scoring and interpretation of the Mental Health Inventory; and
- Offering the Mental health Inventory.



Identify the degree of experience the group has with the Mental Health Inventory or any other consumer self-report measure. Support discussion regarding the uses of these measures. Do these measures support assessment? Can they be used to monitor changes in the presentation of consumers?

## 4. Overview

### The Mental Health Inventory

- Designed as a measure general psychological distress and well-being for the general population.
- Measure includes both
  - positive aspects of well-being (such as cheerfulness, interest in and enjoyment of life)
  - negative aspects of mental health (eg, anxiety and depression).
- Used in studies to assess the mental health of consumers with a variety of disorders including HIV, ovarian cancer, heart disease and mental health outcomes.

*Sharing Information to Improve Outcomes*  
An Australian Government Funded Initiative

3



Hand out copies of the measures. If available in your local service in printed form, use this material. Alternatively, all clinical measures are available in *Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures, Version 1.50*. Department of Health and Ageing, Canberra, 2003. This document along with others can be downloaded from [www.mhnocc.org](http://www.mhnocc.org).



- The MHI was designed to measure general psychological distress and well being;
- Measures both positive and negative aspects of consumers condition; and
- Used to assess mental health of consumers with a wide variety of conditions.



Developed for the RAND Health Insurance Experiment (Veil & Ware, 1983), a study designed to estimate the effects of different

health care financing arrangements on the demand for services as well as on the health status of the patients in the study. The RAND research group developed the MHI alongside another measure (SF-36), used widely in population general health surveys. A number of questions were taken directly from the MHI to make up the mental health subscale of the SF-36. These five items have also been used as a free-standing scale in their own right, known as the MHI-5 (Berwick et al 1991).

The MHI has been used in a wide variety of studies to assess the mental health of consumers with a wide variety of disorders, including ovarian cancer (Norton et al 2004), heart disease (Barsky et al 1998) and program evaluation of mental health outcome (Kominski et al 2001).



This brief overview should take approximately 5 to 10 minutes to complete.

## The Mental Health Inventory (MHI)

- Self Rated Questionnaire
- 38 items which describe symptoms or states of mind
- Items rated in terms of frequency or intensity of symptoms or states of mind **over the past month.**
- All of the 38 MHI items, except two, are scored on a six- point scale (range 1- 6)
- Items 9 and 28 are the exception, each scored on a five- point scale (range 1- 5)

*Sharing Information to Improve Outcomes*  
An Australian Government Funded Initiative

4



This slide provides a brief introduction to the core components of the Mental Health Inventory.

The MHI is a self report questionnaire made up of 38 items which describe symptoms or states of mind.

The scoring of the MHI is quite complex given the number of subscales and the need for recoding items. Generally items are rated on a 6 point scale.

Note the measures rating period “**over the past month**”.



Have participant's review the items and show next slide.

## MHI example item structure

27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up? **(Tick one)**
- |   |   |
|---|---|
| 1 <input type="checkbox"/> Always       | 4 <input type="checkbox"/> Sometimes    |
| 2 <input type="checkbox"/> Very often   | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never        |
28. During the past month, did you think about taking your own life? **(Tick one)**
- |   |
|---|
| 1 <input type="checkbox"/> Yes, very often        |
| 2 <input type="checkbox"/> Yes, fairly often      |
| 3 <input type="checkbox"/> Yes, a couple of times |
| 4 <input type="checkbox"/> Yes, at one time       |
| 5 <input type="checkbox"/> No, never              |
29. During the past month, how much of the time have you felt restless, fidgety, or impatient? **(Tick one)**
- |   |   |
|---|---|
| 1 <input type="checkbox"/> All of the time        | 4 <input type="checkbox"/> Some of the time     |
| 2 <input type="checkbox"/> Most of the time       | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time     |
30. During the past month, how much of the time have you been moody or brooded about things? **(Tick one)**
- |   |   |
|---|---|
| 1 <input type="checkbox"/> All of the time        | 4 <input type="checkbox"/> Some of the time     |
| 2 <input type="checkbox"/> Most of the time       | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time     |

Sharing Information to Improve Outcomes  
An Australian Government Funded Initiative

5



This slide provides an example of the item structure of the Mental Health Inventory.

- Each item has an item descriptor e.g. item 29 “during the past month, how much of the time have you felt restless, fidgety or impatient?”.
- Consumers generally have 6 alternative responses from “all of the time” to “none of the time”.



Have participant’s review the items.

- Note items 2 and 9 which are rated on a 5 point scale compared to items 10 and 23.

## Interpretation of Scores

All subscales are scored so higher scores indicate more of the construct named by the subscale label

- General Positive Affect
- Emotional Ties
- Life Satisfaction

**Higher scores on these subscales indicate positive states of mental health**

- Anxiety
- Depression
- Loss of Behavioural /Emotional Control

**Higher scores on these subscales indicate negative states of mental health**

Global MHI score - high scores = *greater psychological well being and relatively less psychological distress*

*Sharing Information to Improve Outcomes*  
*An Australian Government Funded Initiative*

6



Scoring of the Mental Health Inventory is made relatively complicated by the fact that items making up the various subscales and global scales may be recoded (or reversed scored) differently, depending on the underlying construct being measured.

For example, higher scores on the on the Emotional Ties subscale indicate stronger emotional ties (a positive state), while higher scores on the Depression subscale indicate greater levels of depression (a negative state).



Have participant's review the items.

- Note item 10 is recoded so that higher scores indicate a greater positive attribute, the consumer indicating they felt loved and wanted "all of the time".
- While item 11 is recoded so that higher scores indicate a more negative state, with the consumer indicating they felt a nervous person "all of the time".

## The Mental Health Inventory (MHI)

The MHI may be aggregated into 3 types of summary scores:

- Six subscales – Anxiety, Depression, Loss of Behavioural/Emotional Control, General Positive Affect, Emotional Ties and Life Satisfaction
- Two global scales - Psychological Distress and Psychological Well-being;and
- A global Mental Health Index score

*Sharing Information to Improve Outcomes*  
*An Australian Government Funded Initiative*

7



Given the relatively complicated nature of scoring the MHI, it is often undertaken automatically by local clinical information systems.

Clinicians have access to 3 different types of summary scores. The six sub scale scores (higher scores indicating more of the construct described by the subscale name), two global scales indicating either the degree of psychological distress (higher scores indicating greater distress) or psychological wellbeing (higher scores indicating greater wellbeing), and a global mental health index score with higher scores indicating greater psychological well being and relatively less psychological distress.

## 5. Offering the Mental Health Inventory

### Consumer Self Report Measure: When not to offer

- The consumer is too unwell or distressed to complete the measure
  - Psychotic or mood disturbance prevents the consumer from understanding the measure or alternatively, completing the measure would increase their level of distress
- The consumer is unable to understand the measure
  - As a result of an organic mental disorder or a developmental disability to consumer
- Cultural or language issues make the self-report measure inappropriate

*Sharing Information to Improve Outcomes*  
An Australian Government Funded Initiative

8



The introduction of the Mental Health Inventory provides a number of potential benefits. These include:

- Supporting the process of assessment;
- Demonstrating a genuine interest in the consumers point of view;
- Encouraging dialogue between clinicians and consumers;
- Highlighting discrepancies between the consumer's and clinician's perceptions
- Involving the consumer in the process of care planning.

These benefits provide an opportunity to support the development of the therapeutic relationship between the consumer and clinician. Offering the Mental Health Inventory demonstrates a genuine attempt on the part of the clinician to better understand the consumer's perception and needs and involve them in the process of care. However, there are circumstances when the clinician should exercise clinical judgement when offering the measure. First, if the consumer is

distressed and offering the Mental Health Inventory makes them more distressed, then offering the measure is counter productive because it interferes with establishing rapport and promoting dialogue. Second, if the consumer is unable to understand the content and requirements for completing the Mental Health Inventory given their disordered or compromised mental state then it is counter productive to offer the measure and third, if there are cultural or language impediments to offering the measure to consumers, then it should not be offered.

The general rule is that clinicians should exercise clinical judgement when offering the Mental Health Inventory and be mindful of the purpose of offering the measure i.e. **engaging the consumer in care.**



When administering the Mental Health Inventory, there are some general activities or approaches to be avoided. These constitute the Don'ts of Mental Health Inventory Administration:

- Do not force or command consumers to fill out the Mental Health Inventory.
- Do not tell the consumer that treatment is dependent on their filling out the Mental Health Inventory.
- Do not minimise the importance of filling out the Mental Health Inventory.
- Do not accept an incomplete Mental Health Inventory without first encouraging the consumer to fill out unanswered questions.
- Do not paraphrase, rephrase, interpret or explain a question.
- Do not answer the question for the consumer.
- Do not tell the consumer how you feel they should answer.
- Do not allow other people to help the consumer fill out the Mental Health Inventory.
- Do not assume the consumer can do it and just doesn't want to (i.e. if a person tells you they cannot do it – accept that they are telling the truth).
- Do not tell the consumer to go home and get their family to help them.

## Offering the measure

- Why is it important to complete a consumer self rated measure?
- What happens if I refuse to complete the measure, will it effect my treatment?
- Who is going to use the information?
- What is the information going to be used for?
- Assure the consumer of privacy and confidentiality

*Sharing Information to Improve Outcomes*  
An Australian Government Funded Initiative

9



This slide identifies the types of concerns that consumers often have when offered a consumer self report measure such as the Mental Health Inventory.

When offering the Mental Health Inventory it is important to:

- Identify for consumers that the completion of the Mental Health Inventory will provide useful information for the clinician that will inform their work.
- Assure consumers that refusal to complete the Mental Health Inventory will not see them treated differently.
- Explain to consumers that the information will be available to those involved in the direct care of the consumer but also that de-identified information will be available to service managers and those involved in policy development.
- Explain that, in the first instance, the information will be used for individual treatment planning and in a de-identified form for service development and research activities.
- Assure the consumer that the Mental Health Inventory measure is subject to the same rules of confidentiality and privacy as all other information held within the medical record.



When administering the Mental Health Inventory, there are some general activities or approaches to be adopted. These are the Do's of Mental Health Inventory Administration:

- Do be warm, friendly and helpful.
- Do request and encourage consumers to fill out the Mental Health Inventory.
- Do let consumers know that you will be there to assist them if needed.
- Do tell consumers to answer a question based on what THEY think the question means.
- Do encourage consumers to answer ALL the questions.
- Do read and repeat a question verbatim for the consumer.
- Do provide definition of a single word with which a person is unfamiliar.
- Do stress there is no right or wrong answer.
- Do inform consumers that they will be asked to fill out the Mental Health Inventory again at a later date.
- Do thank consumers for filling out the Mental Health Inventory.

## 6. Further Information

**Where to find additional information**

[www.mhnocc.org](http://www.mhnocc.org)

*Sharing Information to Improve Outcomes*  
*An Australian Government Funded Initiative*

10



Discuss with trainees additional resources available, local contact people or those responsible for ongoing support.

## 7. Reference Material

Barsky, A. J., Ahern, D.K., Brener, J., Surman, O., Ring, C. and Dec, G. *Palpitations and Cardiac Awareness After Heart Transplantation*. *Psychosomatic Medicine*. 1998, 60(5):557–562

Berwick, D., Murphy, J., Goldman, P., Ware, J., Barsky, A. and Weinstein M. *Performance of a five-item mental health screening test*. *Medical Care* 1991, 29:169–176.

Kominski, G., Andersen, R., Bastani, R., Gould, R., Hackman, C., Huang, D., Jarvik, L., Maxwell, A., Moye, J., Olsen, E., Rohrbaugh, R., Rosansky, J., Taylor, S. and Van Stone, W. *UPBEAT: The Impact of a Psychogeriatric Intervention in VA Medical Centers*. *Medical Care*. 2001, 39(5):500–512

*Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures, Version 1.50*. 2003, Department of Health and Ageing: Canberra.

*Mental Health National Outcomes and Casemix Collection: Technical specification of State and Territory reporting requirements for the outcomes and casemix components of 'Agreed' Data, Version 1.50*. 2003, Department of Health and Ageing: Canberra.

*Mental Health Outcomes and Assessment Tools (MH-OAT) Facilitators Manual*. 2000, New South Wales Department of Health.

Norton, T.R., Manne, S., Rubin, S., Carlson, J., Hernandez, E., Edelson, M., Rosenblum, N., Warshal, D. and Bergman, C. *Prevalence and Predictors of Psychological Distress Among Women With Ovarian Cancer*. *Journal of Clinical Oncology*. 2004, 22(5):919–926,

*Proceedings 1st Australian Mental Health National Outcomes Training Forum*. Melbourne June 23 –26 2002.

*Proceedings 2<sup>nd</sup> Australian Mental Health National Outcomes Training Forum.* Adelaide April 7 - 8 2003.

Veit, C.T. and Ware, J.E. *The structure of psychological distress and well-being in general populations.* Journal of Consulting and Clinical Psychology, 1983, 51:730-742

More reference material is available on the Mental Health National Outcomes and Casemix Collection website [www.mhnooc.org](http://www.mhnooc.org)