

AHMAC HEALTH POLICY PRIORITIES PRINCIPAL COMMITTEE
MENTAL HEALTH STANDING COMMITTEE
MENTAL HEALTH INFORMATION STRATEGY SUBCOMMITTEE

NATIONAL MENTAL HEALTH INFORMATION DEVELOPMENT EXPERT ADVISORY PANEL
5TH MEETING
10:00AM – 4:00PM, FRIDAY 17 JUNE 2011, MELBOURNE

COMMUNIQUÉ No. 1

1. NOCC Review

The Mental Health National Outcomes and Casemix Collection (NOCC) has been implemented progressively by states and territories since 1992. The National Mental Health Information Strategy Subcommittee (MHISS) endorsed the undertaking of a review of NOCC to be completed in the period of the 4th National Mental Health Plan (2009-14), with the goal to use the review to set directions for the next stage of development over the next 10 year period. MHISS referred the question to NMHIDEAP of how best to undertake the NOCC review.

At its 5th meeting, NMHIDEAP discussed the scope and process for the review, agreeing that it would also include a stocktake. It is envisaged that both these activities would occur simultaneously, be overseen by NMHIDEAP, supported by the Australian Mental Health Outcomes and Classification Network (AMHOCN) and completed within two years. The stocktake would principally be a descriptive exercise to document the progress of the implementation of NOCC, taking into account both national-level developments and any state-level evaluations. The review would consider issues, priorities and options to build upon and improve the NOCC collection for the next 10 year period. MHISS will consider the recommendations from the NMHIDEAP to then determine next steps.

2. Expert Panel Research

Each of the four target population specific panels – Adult, Child and Adolescent, Older Persons and Forensic – is undertaking a research project focusing on an area of interest to their specialty. Upon completion of this work, the results from each of the projects will be presented to the National Panel and then made more broadly available.

The Forensic Expert Panel has collaborated with Forensicare in Victoria on a literature review to identify measures that would be more suitable for forensic mental health consumers. The research so far appears to indicate that no one measure meets all needs but several have been identified that meet relevant criteria and have good psychometric properties. The panel is developing recommendations to forward to NMHIDEAP on the utility of the measures that have been identified.

The Child and Adolescent Expert Panel has been undertaking a project to examine how the HoNOS and HoNOSCA relate to each other. Little research has been done in this area and it is anticipated that this will inform the future development of outcome protocols for youth mental health.

The Adult Expert Panel has collaborated with the Child and Adolescent Expert Panel on the HoNOS and HONOSCA work and is also looking at the data and information available through the linkage of the Community Mental Health Care (CMHC) and the NOCC, to better understand the variability outcomes within adult mental health.

The Older Persons Expert Panel has also undertaken analysis of the data set available through linkage of the CMHC and the NOCC. Of particular interest is investigating whether those with NOCC data are representative of people seen within the larger CMHC and what might be the predictors of outcome.

3. Potentially preventable hospitalizations

Reporting at the national level currently includes an indicator on potentially preventable hospitalisations i.e. admissions to hospital that could have potentially been prevented through the provision of appropriate non-hospital health services. Advice was sought from MHISS in regard to the inclusion of mental disorders within this indicator. MHISS subsequently sought advice from the Expert Panels. The Adult, Child and Adolescent, Older Persons and Forensic Panels each discussed this issue in relation to their target population and provided recommendations which were then considered by NMHIDEAP. NMHIDEAP agreed that some mental disorders could be considered in an indicator for potentially preventable hospitalisations; the population specific panels individually identified various relevant disorders. The recommendations from the panels will be forwarded to MHISS for consideration.

4. Knowing the People Planning

NMHIDEAP were given a presentation by Dr Mark Smith, New Zealand representative, on the Knowing the People Planning (KPP) initiative which was introduced in New Zealand in 2002. The KPP is a tool, used voluntarily by mental health organisations, that is designed to help services assess how well they provide the key elements of good service provision, as identified by consumers, their families and clinicians. The 10 key features of KPP are:

- Prompt access to services when needed;
- Treatment leading to discharge and self-management;
- Personal assessment and treatment plans;
- Relapse prevention plans;
- Continuity of care;
- Health treatment and advice;
- Social support;
- Service accountability;
- Coordination of services; and
- Service evaluation.

Further information on the KPP can be obtained from the Te Pou website:

<http://www.tepou.co.nz/page/708-welcome> .