

## Focus of Care

### Definitions

Focus of Care is rated retrospectively. Clinicians are asked to identify which of one of four types of care focus best describes the primary goal of care provided to a consumer over the period preceding the Collection Occasion.

- **Acute**, where the primary goal is the short term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder.
- **Functional gain**, where the primary goal is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.
- **Intensive extended**, where the primary goal is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.
- **Maintenance**, where the primary goal is to maintain the level of functioning, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently.

It is recognised that all of these aspects may be found in the mental health care of any particular consumer. But the concept here is to identify the goal that underpinned the period of care preceding the Collection Occasion.

Because the Focus of Care can change, it is necessary to define 'main' when there has been more than one Focus of Care within the period (e.g., flare up of symptoms in a consumer receiving maintenance care such that the focus is now treating the acute symptoms). In such circumstances, clinicians should choose the main Focus of Care on the basis of the goal that consumed the most treatment effort during the period being rated. For example, if the Focus of Care was 'Maintenance' for most of the episode, and 'Acute' for just a few days, the clinician would rate the main Focus of Care as 'maintenance'.

There is no provision for missing data in the Focus of Care scale as there is only one item to rate.



### Focus of Care item clarifications and elaborations

The following table is copied from training materials developed for the Victorian Mental Health Outcomes Strategy. It provides additional guidelines to assist clinicians in making Focus of Care ratings by separately considering the 'typical' clinical characteristics and service requirements associated with each Focus of Care category.

	Consumer Characteristics				Service Requirements	
	Symptoms	Functioning	Primary Goal	Indicative time to achieve Primary Goal	Indicative treatment intensity	Examples of typical documentation in care plan to support the rating
<b>Acute</b>	High & of recent onset	Low-High	Reduce symptoms	Days to weeks	Daily contact over a short period	Interventions designed to reduce the intensity of positive symptoms, (eg, reduce hallucinations and delusions, ameliorate thought disorder; reduce severity of depressive symptoms or the level of anxiety manage hostile or aggressive behaviour related to mental illness).
<b>Functional Gain</b>	Low	Low-Medium	Improve functioning	Weeks to months	Weekly contact, or more multiple attendances per week in a structured rehabilitation program	Interventions designed to result in a significant improvement in the consumers personal, social and/or occupational functioning in the short term (weeks to months). This may include the development of basic 'community survival' skills (eg, shopping, cooking), social skills (eg, conversation) or vocational skills (eg, job seeking or job maintenance).
<b>Intensive Extended</b>	High & unremitting	Low	Reduce risk that arises from symptoms and/or low functioning	Months to years	Minimum of multiple weekly contacts, more frequent as required; delivered over an indefinite period.	Inpatient- or outreach-based interventions, (the latter typically in the consumer's own environment) aimed to (1) minimise the risks and handicaps associated with the ongoing symptoms and psychosocial dysfunctions arising from a psychiatric disorder (2) strengthen the consumers capacity to use supportive professional and non-professional networks.
<b>Maintenance</b>	Low	Low-High	Improve functioning	Months to years	Scheduled weekly to monthly contact	Interventions designed to consolidate the consumer's current functioning (at least in the short-term) while working toward improvement in the long-term or planning for the consumers exit from the service.

**Table source:** Eagar K, Buckingham W, Coombs T, Trauer T, Graham C, Eagar L and Callaly T (2000) *Outcome Measurement in Adult Area Mental Health Services: Implementation Resource Manual*. Department of Human Services Victoria.