

The Importance of the Consumer's Perspective

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One Consumer's View of Routine Outcome Measures

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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 2000)
- Ambulatory setting: 2 occasions
- 2008 – insight and management strategies

What is a ROM?

- In June, 2005, applied for Consumer Consultant position on a project with Barwon Health, Geelong, Victorian (QUATRO Project)
- Introduced to acronyms – since first sighting these letters I have developed an appreciation of their use and potential hence my presence at this forum

ROM

HoNOS

LSP

Basis 32

AMHS

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.

The Learning Process

- Project consultation with consumer and carer consultants
- Interaction with clinicians through forums and training workshops
- Finding a champion here and there – Ballarat example
- An ear to the clinical environment
- Continue to learn through existing networks i.e. GP Association re evaluation of Better Access to Mental Health Care

The Skunk of the Mental Health System?

The meaningful use of Outcome Measures involves cultural change. Part of this cultural shift involves looking at the 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????

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 1990 – 3 more episodes b/w 1990 and resigning in 1997 (6 episodes in 12 years)
- Change in work / lifestyle
- Last episode in 2002

January 2002 – psychotic episode



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?
- Comorbidity of anxiety and bipolar.... the impact of that knowledge.

It's about me.....

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