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## **Routine Measurement of Mental Health Outcomes: Taking Stock and Moving Forward Nationally.**

### **Abstract**

#### *Taking Stock*

After a decade of development effort under Australia's National Mental Health Strategy there is now national agreement on the routine collection of consumer outcome measures and measures of case complexity. Australian public sector mental health services, and mental health services in private hospitals, are implementing the routine collection of clinician and consumer rated outcome measures as a key activity to improve the safety and quality of mental health services. Outcome measures are being used at client assessment, review and discharge. This is an international 'first' and some comparison with mental health outcomes initiatives in other countries will be provided.

At its heart the national initiative is less about data and more about industry development focusing on the use of data to drive a stronger focus on service quality and outcomes. The implementation of routine consumer outcome measurement has involved, and continues to involve, major initiatives in clinical workforce training, practice, cultural change, and the development of local clinical information systems and related information infrastructure. National agreement on routinely collected outcome measures has been possible because stakeholders have been willing to work together collaboratively.

The consumer outcomes data jurisdictions provide for national reporting and is forming part of the National Outcomes and Casemix Collection (NOCC). The NOCC data set will be the focus of extensive research and development over the next three to five years. The Australian Mental Health National Outcomes and Classification Network (AMHOCN) being established by the Commonwealth will support the outcomes initiative overall. It will provide a focal point for national leadership in the development of outcomes and casemix concepts in mental health.

#### *Moving Forward*

The Second National Mental Health Plan and the Australian Health Care Agreements end in 2003. An overview of national intentions regarding support for outcomes measurement into the future will be provided, including links to other national safety and quality activity.

Issues such as: creating a lasting culture of outcomes measurement in all mental health services; national reporting of benchmark data; and embedding outcomes data into a sustainable ongoing data collection for mental health care will be addressed.

It is well recognised that the data collected need to remain useful to, and used by, clinicians, consumers and carers, service planners, policymakers and researchers if sustainability is to be achieved. It will be important to be able to understand the multiple perspectives of stakeholders and incorporate them, while at the same time maintaining nationally coherent protocols. Ensuring an adequate feedback loop will be particularly important. AMHOCN, along with stakeholders, will have an important role in providing leadership on such issues and ensuring that meaning can be extracted from variations in the data.

Key questions for exploration in the research and development stage are likely to include: What are meaningful benchmarks? Is it possible to have expected levels of improvement for specific consumers with specific conditions? What outcomes can consumers reasonably expect of their mental health care?

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