

## **304: CONSUMER SELF RATED OUTCOME MEASUREMENT IN MENTAL HEALTH SERVICES**

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### **Objective:**

To explore consumer and carer views of outcome measurement in mental health services and to assess the appropriateness of currently available measures.

### **Methods:**

Phase 1: Literature review: A review of the literature to determine international best practice in the field of consumer-self rating.

Phase 2: An evaluation framework was developed on the basis of wide-ranging formal consultation across Australia with consumers, clinicians and services providers in both public and private sector mental health services. The framework was then applied in a comparative analysis of consumer self-rating outcome measures: MHI, K10+, K6, K10, SF36, SF12, BASIS-32, GHQ, DASS, DASS 21, WHOQOL-BREF, MANSA, QOLI, RAS. Emergent measures: in less detail: MHSIT, MCAS-SR, CASIG, SFS, QOLI-F, SCL-90/10/6, BSI-53, SCL-90R; Hopkins Symptom Checklist, SRQ.

### **Results:**

There is clear support for the inclusion of consumer self rated outcome measures in the suite of measures that are necessary in an accountable mental health system that is focused on consumers and their families and carers. The support comes from several sources: academic literature on the management of health care systems; research on the impact of consumer and carer participation on outcomes, and on the reputation and standing of health care providers and facilities; Australian clinicians; and most importantly, from the consumers themselves and their families and carers.

There is substantial consensus among consumers, families and carers, and clinicians in the mental health system in Australia about the range of purposes for which consumer self rated outcome measurement can and should be used. This consensus has implications not only for outcome measurement, but also for the culture, workforce, and goals of the mental health system.

In order of priority for consumers and carers, the purposes for which consumer self-rated outcome measures can or should be used encompass:

- increasing the person's capacity to self-monitor progress over time,
- increasing the quality and appropriateness of the relationship between consumer and practitioner, and the focus of treatment and support interventions,
- informing the planning and direction of the amount and nature of service to meet client and family/ carer needs better,
- informing the evaluation and review of the individual's management, and
- informing the evaluation and review of the management of the service system over all.

There is a high level of consensus amongst consumers, families and carers about the domains of life the system should be interested in knowing about in relation to consumer outcomes. There is substantial overlap between what consumers think are the relevant and important domains, and what clinicians think. In particular, consumers and their families or carers are keen that consumer self rated outcome measures focus the attention of both the individual and the system on tracking resilience and coping skills in the face of what are mainly chronic relapsing disorders. We met no consumers or carers who thought a focus on symptoms and distress was an adequate basis of judging outcomes for individuals or the system.

### **Conclusions:**

The adoption of measures that are more holistic is seen as a necessary but not sufficient step in culture change necessary in the mental health system to bring it in line with changes in the general health and aged care systems. In particular, families and carers, and consumers themselves, experience a stark contrast in how they are treated as a valuable unit in the management of other acute or chronic conditions in the mainstream, and how families and carers are excluded or pathologised in the mental health system.

This disparity argues strongly for developing a collateral family/carer outcome measure. Ideally, in tracking consumer outcome, the literature and most stakeholders agree that in the mental health field, owing to intermittent losses of capacity and insight, there should be a nested set of measures for consumers, carers, and clinicians that would have some elements in common, and some that only the particular actor can validly answer from experience and expertise.

Predictably, the extent to which the existing measures reviewed in this project performed in relation the evaluation framework varies from one measure to the next. None of the available measures covers all the criteria for measurement that are important to consumers and carers, and all the other criteria in the evaluation framework. A proposal for the development of a set of parallel consumer, carer and clinician measure is outlined.