Outcome measurement in clinical mental health services

Program management circular

Key message

DHS requires all clinical mental health services to collect outcome measures using the protocol outlined in this circular.

Services are responsible for ensuring the integrity, quality and timeliness of outcome measurement (OM) data.

It is expected that OM ratings and data will be used at an individual level in dialogue with consumers and carers to inform clinical decisions and at service level for quality improvement.

Routinely offering and encouraging consumers to complete self-assessment measures is an integral part of the OM process.

Purpose

The measurement of consumer outcomes in public mental health services is a key mental health priority for both State and Commonwealth Governments. Reporting of outcomes data to the Commonwealth is a requirement of the Australian Health Care Agreement.

The Department of Human Services is committed to improving the quality, clinical usefulness and accessibility of information on consumer outcomes for consumers, carers, clinicians and service managers. This is being done through a range of initiatives, including improved, regular reporting to services, the development of interactive web-based reports and reports that consumers may find useful.

Enhanced reporting needs to be underpinned by data that is as consistent as possible in its compilation. This circular has been developed in collaboration with sector representatives and provides guidance to the sector on DHS requirements for outcome measurement (OM).

National Outcomes and Casemix Collection (NOCC) protocol

The NOCC protocol explains the key concepts underpinning the collection protocol, presents an overview of the data required and provides detailed technical specifications for the collection of OM. A summary of the principles underpinning the national protocol is outlined here:

Principles underpinning the national OM protocol

1. The Mental Health sector is divided into three types of **service setting**:
   a. **Acute Inpatient** (admitted overnight)
   b. **Community Residential** (staffed 24 hours)
   c. **Ambulatory** (community treatment teams)

   *NB: A consumer can move between **Ambulatory** teams within a service without triggering a change of setting. *Appendix 1 outlines Victorian service types and the applicable setting for each one.*
2. There are **two fundamental business rules**:
   a. One episode at a time
   b. A change of setting = a new episode

A Victorian Government initiative

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Principles underpinning the national OM protocol

Continued

3. Outcome Measurement **collection occasions**:
   a. 'intake'
   b. 'discharge'
   c. '91-day review' (formerly 'ISP review')
   d. 'discretionary review' (formerly 'review other')
4. Different measures are collected for different **age groups (CAMHS, Adult, Aged)**. *Appendix 2 outlines which measures are required per collection occasion for each age group.*

Protocol application in Victoria

The key general protocol principles and service-specific protocol requirements are outlined here. More information can be found in *Technical specification of state and territory reporting requirements for the outcomes and casemix components of 'Agreed data'* Version 1.50.

1. Compliance with NOCC protocol

1.1 The Department of Human Services requires all clinical mental health services in Victoria to comply with the National OM protocol.

a. Compliance requires the completion of all measures specified for each service setting and reason for collection (refer to Appendix 2).

i. It involves the completion of relevant clinician-rated measures as well as the offering of the relevant consumer self-assessment measure and the carer version of the consumer self-assessment measure in child and adolescent or youth services.

b. Clinicians are required to offer the self-assessment measure (BASIS-32®) at 'admission/intake', 'review' and 'discharge' in **Ambulatory** and **Community Residential** settings, unless contra-indicated.

c. It is essential that accurate ratings are entered onto the Client Management Interface (CMI) in a timely manner (refer to Appendix 3).

2. OM Reviews – '91-day review' and 'discretionary review'

2.1 The Department of Human Services requires all consumers who remain continuously in an **Inpatient**, **Ambulatory** and **Community Residential** setting in public clinical mental health services, to have OM reviews completed at least every 91 days. The '91-day review' requirement is consistent with the National Standards for Mental Health Services, which require consumers of public clinical mental health services to have a comprehensive clinical review by a multi-disciplinary team at least every three months. This requirement is not intended to restrict more frequent OM reviews.

2.2 A 'discretionary review' allows for review ratings before 91 days have elapsed, for example, when clinical factors indicate that a review is necessary.

2.3 Both '91-day' and 'discretionary' OM reviews require the full suite of measures for a review collection occasion for the relevant age group (refer to Appendix 2).

3. Consumer movement between setting

3.1 As a general rule, the setting dictates the choice of measures (CAMHS, Adult or Aged). Outcome measures are collected in *matched pairs*, so when:

a. An exiting CAMHS consumer is referred to an Adult service, both 'discharge' CAMHS measures and 'intake/admission' Adult measures need to be completed;

b. An exiting Adult consumer is referred to an Aged service, both 'discharge' Adult measures and 'intake/admission' Aged measures need to be completed.

Youth Services are an exception to this rule – refer: 'Service-specific protocol requirements' item 5. Youth Service/Youth Early Psychosis.

3.2 When an existing **Ambulatory** consumer transfers between **Ambulatory** teams in the same health service, OM is not required because there is no change in setting. However, if services wish to track ratings at transfer points, the relevant suite of measures can be completed as a 'discretionary review'.

3.3 The table below outlines OM requirements relevant for particular setting changes:

Requirements if:	**OM required:**
Ambulatory consumer is admitted to an **Acute Inpatient** unit	**Ambulatory** 'discharge' OM and **Inpatient** 'admission' OM
Ambulatory consumer is admitted to a **Community Residential** unit	**Ambulatory** 'discharge' OM and **Community Residential** 'admission' OM
Consumer is discharged from an **Inpatient** unit to return to an **Ambulatory** team	**Inpatient** 'discharge' OM and **Ambulatory** 'intake' OM
Consumer is discharged from **Inpatient** unit and admitted to a **Community Residential** unit	**Inpatient** 'discharge' OM and **Community Residential** 'admission' OM
Consumer is discharged from a **Community Residential** unit and admitted to an **Inpatient** unit	**Community Residential** 'discharge' OM and **Inpatient** 'admission' OM
Consumer is discharged from **Community Residential** unit and returns to an **Ambulatory** team	**Community Residential** 'discharge' OM and **Ambulatory** 'intake' OM
Consumer is discharged from a service (and has no further service setting involvement)	**Inpatient**, **Community Residential** or **Ambulatory** 'discharge' OM (from either, as appropriate)
PMHEI or youth services **Ambulatory** consumer turns 18 during their period of care	At next review: CAMHS **Ambulatory** 'discharge' OM and Adult **Ambulatory** 'intake' OM
PMHEI **Ambulatory** consumer turns 65 during their period of care	At next review: Adult **Ambulatory** 'discharge' OM and Aged **Ambulatory** 'intake' OM
Existing **Ambulatory** consumer ceases case management and is referred to Clozapine co-ordinator	**Ambulatory** 'discharge' OM

3.4 The Department of Human Services does not support the practice of *deeming* and will not support CMI changes to facilitate this. Deeming refers to the practice of entering the same rating twice for contiguous episodes, for example the discharge HoNOS from an **Inpatient** unit cannot also be entered as the 'intake' HoNOS to an **Ambulatory** setting.

4. Assessment-only and Consultation and Liaison Psychiatry

4.1 OM is not required for *assessment-only* situations. *Assessment-only* involves one or a number of assessments or follow up activities (including brief interventions) but excludes the commencement of treatment (refer to Appendix 1).

a. However, OM should be completed if the circumstances warrant the opening of a case (refer to Case Commencement program management circular).

b. Enhanced Crisis Assessment Treatment Teams (ECATT) are not required to complete OM as their primary function is *assessment-only*. However, clinicians working with integrated ECATT and Crisis Assessment and Treatment Team (CATT) services will need to refer to local business rules to clarify who is responsible for completing OM.

c. Screening, referral and consultation services provided by primary mental health early intervention teams are out of scope for collection of OM.

d. Consultation and liaison psychiatry is also out of scope for OM.

5. Local business rules

The National and Victorian protocols indicate which measures are required and when they are required. Local services need to determine who is responsible for completing OM at specific service junctures, particularly where there are multiple teams involved within the same setting.

Services also need to determine and communicate local business rules detailing who is responsible for data entry (refer to Appendix 3).

Service-specific protocol requirements

1. Crisis Assessment and Treatment Team (CATT)

CATT must collect OM using the **Ambulatory** protocol.

2. Secure Extended Care Units (SECU)

Secure Extended Care should follow the **Community Residential** protocol. Services at Forensicare are assigned as either subacute or acute units, so acute units should follow the **Inpatient** protocol and subacute units should follow the **Community Residential** protocol.

3. Primary Mental Health and Early Intervention Teams (PMHEI)

Where there is a decision to treat an individual consumer, PMHEI services are to follow the **Ambulatory** protocol using the CAMHS suite of measures for consumers aged 15–18 years, the Adult suite of measures for consumers aged 18–65 years and the Aged suite of measures for consumers aged 65+ years. This includes the self-assessment measures, Strengths and Difficulties Questionnaire (SDQ) for child and adolescent consumers and the BASIS-32 for adult and aged consumers. The K-10 is not supported in Victoria.

OM is collected in matched pairs – this means that if a consumer turns:

- 18 during a period of care, both the 'discharge' ratings for the child and adolescent measures and the 'intake' ratings for the adult measures need to be completed at the next OM collection occasion
- 65 during a period of care, both the 'discharge' ratings for the adult measures and the 'intake' ratings for the aged measures need to be completed at the next OM collection occasion. (Refer to Table 3.3 on page 3)

4. Prevention And Recovery Care (PARC)

PARC services should follow the **Inpatient** protocol.

5. Youth services/Youth Early Psychosis (YEP)

Generally the choice of measures follows the service setting except for youth services. Youth services should utilise the CAMHS suite of measures for consumers aged 15–18 years, and the Adult suite of measures for consumers aged 18+ years.

OM is collected in *matched pairs* – this means that if a consumer turns 18 during a period of care, both the 'discharge' ratings for the child and adolescent measures and the 'intake' ratings for the adult measures need to be completed at the next OM collection occasion. (Refer to Table 3.3 on page 3)

6. Clozapine-only consumers

Consumers of Clozapine program who are not receiving case management are "out of scope" for OM. To ensure that Clozapine-only consumers are excluded from protocol requirements and subsequent OM compliance reports they must be allocated to the local Clozapine subcentre.

If an existing **Ambulatory** consumer (CATT, Mobile Support Team, Continuing Care Team) is transferred to the Clozapine co-ordinator with no further **Ambulatory** case management, 'discharge' **Ambulatory** OM would be required. However, if a consumer in an open case continues to receive case management follow-up in addition to contact with the Clozapine co-ordinator then the relevant **Ambulatory** team responsible for managing the

consumer will continue as per protocol. "Who" completes the relevant outcome measurements is determined by local business rules.

As a result of the 2007 CMI release, services can utilise the Screening Registration rather than episode creation for Clozapine only clients.

7. Emerging service types/programs

As the mental health sector responds to emerging needs with new program approaches, additional program types will develop. The Department of Human Services will provide clarification and direction on the application of outcome measures for emerging program types in public clinical mental health services.

8. Psychiatric Disability Rehabilitation and Support (PDRS) services

Generally PDRS services are out of scope. Where clinical in-reach is provided in PDRS services by area mental health services, clinical service staff will be responsible for completing the required OM (refer to Appendix 1).

Use of Outcome Measurement data

Clinical application of individual OM data

Each suite of measures can be used to facilitate and inform the dialogue between clinicians, consumers and carers, and to assist decision making on treatment and care. Regular outcomes assessment in public sector clinical mental health services will augment clinical practice and provide valuable information for quality assurance activities. At each collection occasion it is important to review all relevant measures together, including mental health act status and diagnosis, in addition to other relevant information about a consumer. Data entered onto CMI can be used to generate individual consumer reports. These reports represent change over time and can be helpful in reviewing outcomes with consumers and carers as well as with peers (for example, clinical review).

Application of aggregate (team/service level) OM data

The ultimate aim of collecting OM is to apply the information to improve and enhance mental health services for consumers. Aggregated OM data provides invaluable information for managers to consider when making decisions about service profiling or reviewing service or program effectiveness. The data collected can be used to better identify and understand differences between groups of consumers. OM data can also be used to review the relative effectiveness of different services, service components or models.

The Department of Human Services will generate a range of reports, with each mental health service receiving reports for the three service settings (**Inpatient**, **Ambulatory** and **Community Residential**) and for each age grouping (CAMHS, Adult, Aged).

Clinician responsibilities

OM rating

The collection of OM is fundamentally a clinical activity that supports clinical decision making, and enhances the planning, implementation and review of care plans.

Ensuring the reliability of data collected

All clinicians completing OM, or offering self-assessment measures to consumers, require training in both rating the individual measures and offering the relevant self-assessment measure. When rating the measures, clinicians should refer to the relevant glossary or rating rules for each measure bearing in mind that:

- Outcome measures have different prescribed rating periods for particular settings (refer Appendix 4, Table 3).
- In teams where a number of staff members are familiar with an individual consumer, a comparison of different clinicians' ratings for that consumer can be a useful refresher activity. Similarly, discussion of ratings in the course of clinical reviews and between teams can also assist with rating consistency (inter-rater reliability).

Data entry

Clinicians must comply with their local business rules for the accurate and timely entry of OM data.

Consumer self-assessment

Consumer self-assessment is an integral component of the OM process in mental health. Offering a self-assessment measure can be useful for engagement as well as collaboration between consumers, carers and clinicians. Also, discussion of self-assessment ratings with consumers (and where appropriate with carers) can enrich treatment and care planning. Self-assessment provides the opportunity for consumers, carers and clinicians to track progress through comparison of ratings over time. The incremental nature of progress can sometimes be difficult to monitor without measurement tools.

As a general rule, the consumer self-assessment measure should always be offered according to the protocol unless contra-indications are present. The offering of the consumer self-assessment measure must be recorded on the CMI (refer Appendix 3). **Completion by the consumer is always voluntary**. Clinicians need to consider how they will explain OM concepts to consumers and carers, as well as how they will provide specific feedback. There are a number of training materials available to assist clinicians with this process. Clinicians need to be familiar with the consumer self-rated measures. When offering the consumer self-assessment, it is important to explain why it is being offered and how the information will be used.

The Department of Human Services has commissioned translations of BASIS-32 into a number of community languages. Clinicians should also consider using interpreters to assist culturally and linguistically diverse consumers to complete the BASIS 32. The translated copies cannot be posted on the Department of Human Services website due to licensing requirements, however, translations on CDs have been provided to all adult services and may be available on your local intranet.

Consumers and their families should be provided with verbal and written information on OM to enable them to make an informed decision on whether to participate. Information brochures are available from www.health.vic.gov.au/mentalhealth/outcomes. These have also been translated into many community languages.

Privacy and confidentiality

OM is governed by the same legislation and considerations as other clinical activities; including privacy and confidentiality of medical records and personal information and freedom of information.

Appendix 1

Compliance encompasses application of all measures required within the national protocol for that age group, service setting and the reason for collection, including the completion of relevant clinician-rated measures and offering of relevant consumer self assessment measure (and carer measure in child and adolescent services).

Table 1: "In Scope" Victorian teams/programs and corresponding national age grouping and setting

National age group	Victorian team/program	National setting
Child and adolescent (0–18 years)	- Acute Mental Health Inpatient Units - Statewide services	**Inpatient**
	- Community teams (case management) - Day programs **Youth (15–18 years)** - Primary Mental Health and Early Intervention Services* - Youth Access Team (YAT) - Early Psychosis Prevention and Intervention Centre (EPPIC) outpatient case management - Youthscope - Youth Early Psychosis (YEP) - Intensive Mobile Youth Outreach Service (IMYOS)	**Ambulatory**
Adult (18–65 years)	- Acute Inpatient units (including PICU) - Forensicare acute beds - Statewide services (including parent/infant unit) - Eating Disorders units - Veteran psychiatry unit - Prevention and Recovery Centres (PARC)	**Inpatient**
	Youth (18–25 years) - Primary Mental Health and Early Intervention Services* - Youth Access Team (YAT) - Early Psychosis Prevention and Intervention Centre (EPPIC) outpatient case management - Youthscope - Youth Early Psychosis (YEP) - Intensive Mobile Youth Outreach Service (IMYOS) **Adult** - Primary Mental Health and Early Intervention Services* - Integrated Community Teams - Crisis Assessment and Treatment Teams (CATT) - Continuing Care Teams (CCT) - Mobile Support and Treatment services (MST) - Eating disorders outpatient services - Day programs - Veteran psychiatry	**Ambulatory**
	- Community Care Units/Community Residential Care Units	**Community Residential**
	- Secure Extended Units (including AMHRU, Forensicare subacute beds)	**Community Residential**
Aged (65+ years)	- Acute Inpatient units (including Forensicare acute beds)	**Inpatient**
	- Primary Mental Health and Early Intervention Services* - Aged Persons Assessment and Treatment Teams (APATT) - Behavioural disturbance assessment and treatment services - Hospital substitution teams	**Ambulatory**

Note: *Only consumers with an open case who are receiving treatment are "in scope", **not** *assessment-only* consumers.

Victorian public clinical mental health services that are **"out of scope"**:

- Consultation and Liaison psychiatry services
- Secondary consults provided to a consumer currently receiving treatment from an area mental health service (out of area as well as in the same service). OM would be completed by the consumers' primary treatment service.
- ECATT services
- Community residential for child and adolescent services and aged services
- Generally PDRSS sector are out of scope except where clinical in-reach is provided by area mental health services. In these instances clinical staff will complete the required OM.
- Consumers of Clozapine program who are not receiving case management are "out of scope" for OM. To ensure that Clozapine-only consumers are excluded from protocol requirements and subsequent OM compliance reports they must be allocated to the local Clozapine subcentre.

Appendix 2

Table 2: Overview of data collection occasions for each measure (NOCC protocol)

Age Group ↓	Mental health service setting →		Inpatient			Community Residential			Ambulatory		
	Collection occasion →		A	R*	D	A	R*	D	A	R*	D
	Measure	**Purpose**									
Children and adolescents	HoNOSCA	Symptoms	✓	✓	✓	Not applicable in Victoria			✓	✓	✓
	CGAS	Functioning	✓	✓	-				✓	✓	-
	FIHS	Contextual info	-	✓	✓				-	✓	✓
	SDQ	Consumer self rating	✓	-	✓				✓	✓	✓
	Principal & add. diagnoses	Contextual info	-	✓	✓				-	✓	✓
	MH legal status	Contextual info	-	✓	✓				-	✓	✓
Adults	HoNOS	Symptoms	✓	✓	✓	✓	✓	✓	✓	✓	✓
	LSP-16	Functioning	-	-	-	✓	✓	✓	-	✓	✓
	BASIS-32	Consumer self rating	-	-	-	✓	✓	✓	✓	✓	✓
	Focus of Care	Contextual info	-	✓	✓	-	✓	✓	-	✓	✓
	Principal & add. diagnoses	Contextual info	-	✓	✓	-	✓	✓	-	✓	✓
	MH legal status	Contextual info	-	✓	✓	-	✓	✓	-	✓	✓
Aged	HoNOS 65+	Symptoms	✓	✓	✓	Not applicable in Victoria			✓	✓	✓
	LSP-16	Functioning	-	-	-				-	✓	✓
	RUG-ADL	Dependency	✓	✓					-	-	-
	BASIS-32	Consumer self rating	-	-	-				✓	✓	✓
	Focus of Care	Contextual info	-	✓	✓				-	✓	✓
	Principal & add. diagnoses	Contextual info	-	✓	✓				-	✓	✓
	MH legal status	Contextual info	-	✓	✓				-	✓	✓

Legend	
	A= Includes 'admission' for **Inpatient** and **Community Residential** and 'intake' for **Ambulatory**
	R*= Includes '91-day review' and 'discretionary review'
	D= 'discharge' refers to a change of setting as defined under national OM collection protocol, specifically 'discharge' from an **Inpatient** or **Community Residential** unit or from an **Ambulatory** setting (consumer either exits ambulatory service or changes setting e.g. admitted to an *Inpatient* or *Community Residential* unit)
	✓ **=** Collection of data on this occasion is mandatory (to be interpreted as 'to be offered' unless contra-indicated in the case of consumer self-rating)
	- = No collection requirements apply

Appendix 3
Client Management Interface (CMI) details

Wellbeing (OM) screen changes

Initially, services were encouraged to link OM ratings to existing clinical processes such as the ISP review. Given the variation and timing of ISP reviews, and the required '91-day' OM review, the Mental Health Branch has undertaken a number of Wellbeing (OM) CMI screen changes to more accurately reflect the reason for collection; specifically the change of 'ISP review' to '91-day review' as well as the change from 'review other' to 'discretionary review'. Further changes will be made to CMI during 2008 to enforce the national protocol and link service setting, age group and reason for collection with the relevant measures.

BASIS-32 entry

Clinicians are required to offer the self-assessment measure (BASIS-32) at 'admission/intake', 'review' and 'discharge' in **Ambulatory** and **Community Residential** unless contra-indicated. It is important that they are entered onto CMI. The BASIS-32 requires selection of offered – completed/refused or not offered. In the Wellbeing screen, select "add" and "BASIS-32":

- Defaults to "offered", enabling scores from a completed form to be entered against each individual item
- If the BASIS-32 was offered and refused, the refused box must be ticked
- If the BASIS-32 is not offered on the grounds of exclusion criteria the offer box should be clicked – this removes the tick - and one of the four following reasons selected:

1. Burden to consumer
2. Cognitive functioning
3. Illness acuity
4. Language*.

*Note that the BASIS-32 has been translated into a number of community languages and, where the translated versions are completed, ratings should be entered into CMI in the usual way as the translations all follow the same scale and ordering.

Local business rules

Local areas may wish to extend the code descriptions linked to the mandatory Victorian collection occasions. It is the responsibility of the local service to set local business rules for these and adjust the CMI set-ups as well as to notify MHB of any code set additions. Local code sets must map to the DHS mandatory codes.

Appendix 4

Table 3: Overview of measures and rating periods

(Rating periods by measure at each required collection occasion)

Items in orange are self-rating measures
Items in green are not outcome measures as such, but are important for the interpretation of outcome data.

Age grouping	Name of measure	Description of measure	Rating period	
			Usual rating period	Exceptions
Child and adolescent mental health services	**Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)**	Child and adolescent equivalent to the HoNOS. Contains 15 items.	Previous two weeks	Previous 72 hours on 'discharge' from **Inpatient** psychiatric care
	Children's Global Assessment Scale (CGAS)	A single global measure of level of functioning, rated 0–100 in order of improved functioning.	Previous two weeks	No exceptions
	Factors Influencing Health Status (FIHS)	Checklist of 'psychosocial complications' based on ICD–10 Factors Influencing Health Status.	Preceding period*	No exceptions
	Strengths and Difficulties Questionnaire (SDQ)	A parent and adolescent-completed brief behavioural questionnaire administered on admission and follow up to health services for 4–17 year olds. It includes 25 items on psychological attributes for five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. It also includes items on the impact of these attributes.	At 'admission/intake' to a service, the previous six months At 'review' and 'discharge', the previous one month	No exceptions
Adult mental health services	**Health of the Nation Outcome Scales (HoNOS)**	An instrument developed in the UK for use by clinicians in routine clinical work to measure consumer outcomes. Contains 12 items across four outcome domains: behaviour, impairment, symptoms and social.	Previous two weeks	Previous 72 hours on 'discharge' from **Inpatient** psychiatric care
	Life Skills Profile (LSP-16)	A clinician-completed rating scale designed to assess abilities with respect to basic life skills over the preceding three months.	Previous three months	No exceptions
	Focus of Care (FOC)	A single-item clinician-rating scale describing the primary focus of the care provided to the consumer in the period since the last data collection occasion.	Preceding period*	No exceptions
	The Behaviour and Symptom Identification Scale (BASIS-32)	Thirty-two questions that assess the extent to which consumers are experiencing difficulties in relation to managing day-to-day life; relating to other people; self-esteem; motivation; clinical symptoms; drug and alcohol use; and level of satisfaction with life.	Previous two weeks	No exceptions

Age grouping	Name of measure	Description of measure	Rating period	
			Usual rating period	Exceptions
Aged persons mental health services	**Health of the Nation Outcome Scales for Older People (HoNOS 65+)**	A modified version of the HoNOS for people 65+.	Previous two weeks	Previous 72 hours on 'discharge' from **Inpatient** psychiatric care
	Life Skills Profile (LSP-16)	A clinician-completed rating scale designed to assess abilities with respect to basic life skills over the preceding three months.	Previous three months	No exceptions
	Resource Utilisation Groups—Activities of Daily Living (RUG–ADL)	An instrument for measuring nursing dependency in skilled nursing facilities. Measures the consumer's need for assistance in activities of daily living (bed mobility, toileting, transfer and eating).	Current status	No exceptions
	Focus of Care (FOC)	A single-item clinician-rating scale describing the primary focus of the care provided to the consumer in the period since the last data collection occasion.	Preceding period*	No exceptions
	The Behaviour and Symptom Identification Scale (BASIS-32)	Thirty-two questions that assess the extent to which consumers are experiencing difficulties in relation to managing day-to-day life; relating to other people; self-esteem; motivation; clinical symptoms; drug and alcohol use; and level of satisfaction with life.	Previous two weeks	No exceptions
All Age Groups	**Principal and additional diagnoses**	The principal diagnosis' is the diagnosis established after study to be chiefly responsible for occasioning the patient or client's care in the period of care preceding the *Collection O*ccasion. Additional diagnoses identify main secondary diagnoses that affect the person's care during the period in terms of requiring therapeutic intervention, clinical evaluation, extended management or increased care or monitoring. Up to two additional diagnoses may be recorded.	Preceding period*	No exceptions
	Mental health legal status	This item is used to indicate where the person was treated on an involuntary basis under the relevant State or Territory mental health legislation, at some point during the period preceding the *Collection* Occasion.	Preceding period*	No exceptions

Source: 2003, Victorian Outcome Measurement Training Manual, 2nd edition, page 18-19 (modified version)

Note: *In accordance with the NOCC protocol, the 'preceding period' refers to 'the period of care bound by the current Collection Occasion and the preceding Collection Occasion.' (NOCC Technical Specifications, Version 1.50, page 34).

About program management circulars

The information in this program management circular is intended as general information and not as legal advice. Staff should develop a working knowledge of the relevant provisions in the *Mental Health Act 1986*. If staff have queries about their obligations under these acts, they should seek independent legal advice.

Further information

OM is an integral part of any quality framework and quality managers in area mental health services can be valuable resources. Each area mental health service has a nominated OM contact and a number of OM trainers.

Further information about outcome measurement can be obtained from the Mental Health Branch (03) 9096 7571.

References

Department of Health and Ageing, Compiled by Quality and Effectiveness Section, Mental Health and Suicide Prevention Branch December 2003. *Overview of clinician-rated and consumer self-report measures*, Version 1.50.

Pirkis, J., Burgess, P., Kirk, P., Dodson, S. and Coombs, T., NSW Institute of Psychiatry, May 2005, *Review of standardized measures used in the National Outcomes and Casemix Collection (NOCC)*, Version 1.2.

Prepared by Technical Specifications Drafting Group, Information Strategy Committee, Australian Health Ministers Advisory Council, December 2003, *Technical specification of State and Territory reporting requirements for the outcomes and casemix components of 'Agreed Data'* Version 1.50.

Department of Human Services, August 2003, *Measuring consumer outcomes in clinical mental health services: A training manual for services in Victoria,* 2nd edition.

Useful websites

www.health.vic.gov.au/mentalhealth/outcomes

www.mhnocc.org

http://wdst.mhnocc.org (Decision-support tool)

www.health.gov.au/mentalhealth

www.aihw.gov.au

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