

**Australian Health Ministers' Advisory Council  
National Mental Health Working Group  
Information Strategy Committee  
Older Persons Mental Health Outcomes Expert Group**

Minutes and Action Arising

11 March 2005, Stamford Sydney Airport Hotel

**Attendance**

<b>Name</b>	<b>Representation</b>
Dr David Lie (Chair)	QLD
Prof Daniel O'Connor (Deputy Chair)	VIC
Prof Philip Burgess	AMHOCN
Mr Tim Coombs	AMHOCN
Ms Helen Kirkwood	ACT
Mr Ian Kneebone	Carer Rep
Ms Sandra Keppich Arnold	Invited Expert
Dr Rod McKay	NSW
Ms Lorna Payne	ISC
Dr Jill Pettigrew	NT
Ms Suzy Saw	Aust Govt
Ms Roslyn Street	SA
Mr David Turner	NZ
Ms Rosemary Dickson (Minutes)	AMHOCN

**Agenda Item 1: Welcome and Apologies**

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Dr David Lie noted, with sadness and regret, the recent death of OPMHOEG member Ms Madonna Stanley. He recognised her valuable contribution to the work of both the OPMHOEG and his own service. A letter of condolence had been sent on behalf of the OPMHOEG to Ms Stanley's family.

**Agenda Item 2: Minutes and Business Arising**

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In the last minutes: the titles of Mr Ian Kneebone and Ms Madonna Stanley should be corrected. The minutes were then accepted as a true and accurate record.

### **Agenda Item 3: Update on National Mental Health Performance Sub-Committee**

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Dr McKay believed that the work of the National Mental Health Performance (NMHP) Sub-Committee in the areas of Key Performance Indicators (KPIs) and benchmarking would be important. The paper on KPIs, circulated to the OPMHOEG at the October meeting, will be a key working document. Two jurisdictions have actively moved towards using KPIs while others are committed to using them.

The Expert Groups will play an important role in providing advice about the development and implementation of KPIs that relate to their particular age grouping. A separate set of indicators will not be developed for older people. The work will mainly involve developing suitable definitions relevant to older people. There will be a core set of indicators across services but the definition may vary across the age groups.

Safety is an important indicator, particularly in mental health services for older persons. The Safety and Quality Partnership Group will work on those indicators. However, OPMHOEG members noted that there was no direct Older Persons input into that Group. Ms Suzy Saw explained that the Safety and Quality Partnership Group will report back to the NMHP Sub-Committee, who will also seek OPMHOEG advice. Other experts will be co-opted as required. It may be necessary to see how the work of the Safety and Quality Partnership Group evolves – OPMHOEG members may be co-opted by the Group to provide advice on specific issues. In regard to safety, Ms Keppich Arnold noted the Victorian falls initiative in mental health and the subsequent reduction in falls that has been achieved.

Ms Saw noted the clear directive from the National Mental Health Working Group (NMHWG) that KPIs would initially be implemented according to each jurisdiction's own timetable. A more directed implementation could occur after 2008.

The formation of the Benchmarking Forums would be the first work of the NMHP Sub-Committee. Information and discussions of the Forums would remain within the Forum only and would not be disseminated further. The benchmarking work will help to draw a picture of the complexity of services.

Dr McKay encouraged OPMHOEG to examine the KPI document in some detail. A Working Group of OPMHOEG would be formed to provide advice about KPIs to feed back to the NMHP Sub-Committee. KPIs and benchmarking should continue to be on the agenda for forthcoming meetings.

#### **Action Arising:**

**A3.1** An OPMHOEG Working Group will be formed to provide further advice about KPIs to feed back to the NMHP Sub-Committee. Members of that Working Group will be:

- Dr David Lie
- Dr Rod McKay
- Ms Roslyn Street

Email addresses for those members would be sent to Dr McKay.

**A3.2** KPIs and benchmarking will continue to be on the agenda for forthcoming OPMHOEG meetings.

#### **Agenda Item 4: Consultation Liaison Psychiatry**

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Dr McKay reported that Mr Allen Morris Yates was carrying out further work on a discussion paper on the utilisation of outcome measures in the varied area of Consultation Liaison Psychiatry. The goal is not to make this work burdensome for services. Once this discussion paper has been developed, the Consultation Liaison Psychiatry Working Group would again meet.

#### **Agenda Item 5: National Mental Health Survey**

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Ms Saw said that another National Survey of Mental Health and Wellbeing has been flagged as an activity within the National Mental Health Information Priorities Framework. Ms Saw has had some preliminary discussions with the Australian Bureau of Statistics (ABS) who have lengthy lead times for the development of surveys. However, the ABS currently have a gap in their survey schedule in late 2007. Ms Saw reminded OPMHOEG that the last Survey consisted of an 80 minute interview. It had a good response rate with 10,800 people participating.

There will need to be a process to feed Older Persons issues into Survey development work, including where to cut age groups and what key information is being sought e.g. is data sought on service utilisation. Funding for the Survey does exist but, naturally, has limits. Dr Lie said that having a full understanding of the brief of the Survey is very important. The lengthy interview time can provide a huge amount of data.

A paper outlining options on moving forward with the Survey will need to be developed and sent to the National Mental Health Working Group and there will be scope for OPMHOEG to influence issues as they relate to Older People. The Mental Health Branch will pull together a small group to examine Survey options – the methodological options need to be fully articulated also. Professor Burgess said that he was involved in the design of the first Survey and that it took an intensive 2 ½ years of development work. He believed that it would be important to determine what was missing from the last Survey in relation to older people.

Members noted issues for consideration:

- mental illness and cognitive impairment
- residential care (possibly a sub-survey); and
- homeless people.

Ms Saw will advise OPMHOEG when more detailed Survey discussions begin.

#### **Agenda Item 6: National Mental Health Information Priorities 2<sup>nd</sup> edition**

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The National Information Priorities Framework provides the context within which various initiatives can proceed. OPMHOEG members' attention was drawn to initiatives specifically regarding the development of measures for older people and benchmarking activities. Mr Turner noted stronger moves in the area of mental health promotion and prevention.

Dr Lie commented on activities that may need to occur in relation to the mental health workforce. Quantification of workforce issues would be useful. Services are often small; some innovation takes place but some stagnation can also occur. Dr Pettigrew and Dr Lie noted several programs, some involving family and volunteers in exercise and physiotherapy. Workers with Certificate IV in Allied Health (Aged Care) were often useful in services. Dr

Lie reiterated that data is needed to inform discussions about workforce issues in order to suggest solutions and innovative practices.

Section 1.8 on p. 11 of the Information Priorities document describes the types of information required to support a comprehensive mental health care system: descriptive, evaluative, prescriptive and corrective. OPMHOEG members should look at these areas described in section 1.8 and identify key issues that relate to Older Persons (with a view to advocating for the collection of information on those identified issues).

Dr McKay commented that consumer measures (and possibly future carer measures) do not relate well to older consumers and carers. OPMHOEG members agreed that the needs of this older group are often not well met and should be considered in all future initiatives in mental health. Concerns were also expressed about initiatives that may see Older Persons' data lost because non-mental health services may not be included in a data collection.

**Action Arising:**

**A6.1** OPMHOEG members should look at these areas described in section 1.8 of the National Mental Health Information Priorities Framework and identify key issues that relate to older persons (with a view to advocating for the collection of information on those identified issues).

**Recommendations:**

**R6.1** OPMHOEG members would like to draw to the attention of the ISC that the needs of older consumers and carers are often not well met. OPMHOEG recommends that the needs of Older Persons are taken into account in the initiatives and projects outlined in the National Information Priorities Framework.

## **Agenda Item 7: Updates from State, Territory and New Zealand representatives**

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Full details are given in the individual reports circulated.

NSW

Dr McKay reported that there is less disparity between admission and discharge data in older persons services. Funds are being put into a centralised process to ensure information is fed back to clinicians. Area clinical coordinators for older persons services have been employed, mostly on a part-time basis. One part of their role is to examine outcomes measurement data. NSW is working on a state plan for mental health.

OPMHOEG discussed inter-rate reliability and the importance of widely disseminating information about it.

### Northern Territory

The CCIS information system has had some revisions. Compliance is still an issue. Problems also occur in the capturing of data from NGOs and using that to inform reporting and distribution of resources. Incompatibilities exist between the computer systems of some health boards and other services. Some services providing mental health care for older people exist completely outside the system – the numbers being cared for by these services are not known.

### ACT

MHAGIC information system is working well but data completeness is uncertain. There are concerns about clinicians not completing measures properly. Staff are sometimes reluctant to complete the diagnosis – they see that as the responsibility of the doctor and have some concerns about the legalities of assigning a diagnosis. A person with responsibility for outcome measures implementation has been appointed and will also sit on the ISC. ACT has ability to graph outcome measures which then allows comparisons to be done e.g. can graph current HoNOS to last HoNOS collected. There is a 50%-60% completion rate for outcome measures in older persons services. Some issues also exist with the consumer measure – the BASIS 32. Feedback is that consumers do not like it. Outcome measures are being linked to the management plan for longer-term clients.

### New Zealand

The data collection is better for HoNOS than Focus of Care. Administration staff follow up the completion of HoNOS if it is not done at admission, review and discharge. New computer hardware is being installed and will encourage the use of outcome measurement. Some duplication is occurring e.g. community teams do not discharge when a person becomes an in-patient. Retraining of staff planned for every 12 months and CD vignettes used.

Mr Turner noted that a measure for Pacific Island people is being examined and the psychometrics are being developed. This measure differs from other outcome measures in that it is based on Maori concepts e.g. spirituality.

### South Australia

Staff are awaiting the introduction of CBIS. One issue of concern is the delivery of timely reports to clinicians. Resources to implement NOCC and train staff will cease at the end of the FY and sustaining momentum after that could be problematic. Re-training for staff is taking place. Older Persons services in South Australia are doing better than Adult services in regard to the implementation of outcome measurement. While there is clinician resistance in some Older Persons services, others have 100% compliance. Completion of the consumer measure is an issue. Carer tool would be very useful.

### Victoria

Prof O'Connor commented that compliance in his service was very good but the information is not being well used. Possibly there may not be enough time available for it to be used to inform clinical management as the person may be an in-patient for only 2-3 weeks. However, in Community Mental Health the reports are being used more to inform management, but it is still patchy. Significant staff turnover means that training in outcome measurement for new staff is imperative and re-training also exists. More work needs to occur to ensure compliance. Prof O'Connor noted the existence of the group of directors of Older Persons Mental Health Services. It would be useful for that group to link to similar groups in other jurisdictions, and to work with AMHOCN, to examine the outcomes data in more detail.

### Queensland

Many people involved in the implementation of outcomes measurement in Queensland are positive and helpful, which assists in making it more accepted and sustainable. Zonal Outcome Coordinators are valuable assets. Reports on outcomes data are being fed back to staff and have created more interest in the collection of measures. There is a feeling that the accuracy of the data will improve if people know that reports are being examined.

## **Agenda Item 8: Report from the Australian Mental Health Outcomes and Classification Network**

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Mr Tim Coombs reported that Forums will be taking place in Adelaide in April, Melbourne in May, and Brisbane in October with other locations to follow. AMHOCN will also have a presence at the Health Outcomes Conference in August. AMHOCN is co-sponsoring a stream on mental health outcomes in conjunction with NZ's Mental Health Research Strategy. The World Psychiatric Association Section of Epidemiology and Public Health will be meeting in Brisbane on 5-7 July. One day (7 July) will focus on mental health services and outcomes research. Ron Manderscheid and Mike Slade will be keynote speakers. Dr McKay reported that he will be presenting a paper at the International Psychogeriatric Association regional meeting in Rotorua in April.

Mr Coombs also reported that outcome vignettes for Older People, with consensus ratings, are planned.

Mr Coombs asked if members were agreeable to having the minutes of the OPMHOEG meetings placed on the mhnocc.org website. Members agreed.

Prof Burgess drew members' attention to the AMHOCN report circulated. He noted the need for jurisdictions to improve the quality of NOCC data being collected. Some jurisdictions are doing quarterly reporting of the data, which has helped to improve quality. A Reporting Framework and a Users Guide are being developed to assist people in understanding the NOCC data. The Review of NOCC Measures was completed and some feedback has been received. The Review is available on the mhnocc.org website.

Prof Burgess then took members through the NOCC Standard Reports in more detail. He noted that, in order to satisfy everybody's needs, it is important to have a flexible reporting framework and develop a facility for user specific interrogation of the data i.e. development of a data cube is underway.

The NOCC Standard Reports are designed for people who know the NOCC protocols and the critical concepts. It is expected that users may include policy makers, team leaders, academic researchers, consumers, carers and service planners. The main aim in providing the Reports is to ultimately improve consumer outcomes. The Reports do not reflect best practice or even appropriate clinical practice. They just show what is happening at a national level. There is also no stratification of the data, time series analysis or formal significance testing and modelling.

There are three levels of reporting:

- collection occasions
- episodes of care; and
- periods of care.

There is also a key test, comprising 5 elements, that is applied to the data collected nationally:

- Who
- To Whom
- When
- Where
- Why

If one element is missing then the episode of mental health care cannot be constructed and data has to be eliminated. Work will be done on a sequence validator over the next few months. AMHOCN is also drafting a protocol on how data will be released to third parties.

Prof Burgess stressed that it is still early days in terms of the NOCC data collection and there is not yet complete coverage e.g. there is very limited collection of the consumer self report measures. Issues exist with data integrity and protocol adherence. The Reports will also change as jurisdictions update data and improve sequences.

Professor Burgess drew AMHOEG members' attention to Effect Sizes in the Reports. He noted that this demonstrated the best measure of change for individuals.

- 0 = no change
- 0.2 = small change
- 0.5 = moderate change
- 0.8> = large change

### **Action Arising**

**A8.1** AMHOCN would like feedback from OPMHOEG on the NOCC Standard Reports - specifically feedback on what is useful, what is not useful and what is missing. Feedback is best sent via the mhnocc.org forums to stimulate discussion or can be sent directly to Prof Burgess.

## **Agenda Item 9: Feedback from the Information Strategy Committee**

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Ms Saw spoke about the recent work of the ISC and drew members' attention to the agenda for the last ISC meeting (previously circulated). She noted the National Information Priorities Framework will act as a workplan for the Australian Government. However, a number of projects identified within the Framework will be led by jurisdictions. Several key areas of work are being considered:

- Review and refinement of outcome measures
- Carer outcome measures
- Consumer perceptions of care measure
- Older persons measure
- Mental health intervention codes
- Support of Emergency Department mental health care

The ISC has also discussed the work of the National Mental Health Performance Sub-Committee including the Benchmarking Forums. Jurisdictions will nominate services to be considered for inclusion in the Forums.

It was also noted that the tender for the Carer Outcome Measure will need to go to international tender and may require the formation of a Steering Committee to oversee that project.

### **Agenda Item 10: Work program for further development of clinician-based outcome measures**

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OPMHOEG discussed the future of the NOCC data collection and the possibility of its inclusion in the National Minimum Data Set. If it were to be part of the mainstream data collection, then there would need to be recommendations about the use of specific outcome measures.

Work on the HoNOS suite of measures will proceed in conjunction with New Zealand. A teleconference will shortly be held with the United Kingdom to progress this work.

In response to a question about what a work program involves, Ms Saw indicated that the initial priority would be to refine measures.

OPMHOEG discussed the possibility of creating a clinical utility within a measure that may trigger a particular action e.g. a scale of xx prompts the clinician to look at other things that may be happening for the client; or possibly a score of xx on a particular item will indicate certain action on a following admission.

It might be also useful to determine which item number is the key sub-scale from a clinical perspective or from a consumer perspective and then track changes. Some items may be more amenable to this collection of information.

### **Agenda Item 11: Next meeting**

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The next OPMHOEG meeting is set for Friday, 22 July, 2005 in Melbourne.