

# Asking older persons in mental health services how they're going

Information for carers about measuring outcomes

The Department of Human Services is responsible for planning and funding public mental health services across Victoria. We want to continually improve the results (or 'outcomes') for people who use these services.

In order to find out what the outcomes are, we now ask consumers to describe their mental health when they start using a service and also when they leave. By comparing the answers, we can learn about what has changed for the consumer. We call this 'outcome measurement'.

Measuring outcomes gives consumers, their families and carers an additional opportunity to participate in planning treatment and care.

Understanding what works in mental health helps the consumer's doctor and us in planning and providing quality services.

## What are outcome measures?

Outcome measures are questionnaires used to assess a person's mental health and wellbeing. These questionnaires are completed when the person your care for (called 'the consumer' here) starts using the mental health service and when treatment ends. If the consumer remains involved with the mental health service for a longer period, then the questionnaires are filled out again each time the consumer's individual service plan is reviewed. The individual service plan is the document that guides the consumer's treatment and care.

## Why measure outcomes?

By comparing questionnaire answers over time, the case manager or doctor will be able to see to what extent aspects of the consumer's mental health have improved—or in which areas further treatment or support may be required.



## Who fills out these questionnaires?

Outcome measurement questionnaires can be filled out by consumers and their doctors or case managers. A questionnaire that can be completed by carers will also be developed.

## How can I take part?

You can take part in outcome measurement by encouraging the consumer to rate his/her own mental health. The consumer can do this by using a questionnaire called the *Behaviour and Symptom Identification Scale*, or BASIS-32 for short.

The consumer will probably be offered the opportunity to complete the BASIS-32 when he/she first has contact with a mental health service. The consumer will then be offered the form again every three months or when there is a significant change in how he/she is feeling. Consumers can also request a copy of the questionnaire to complete at any other time.

## What does the BASIS-32 questionnaire ask?

The BASIS-32 covers a range of important issues, such as how the consumer felt about himself/herself or related to others in the past two weeks. Other questions ask about problems in many different areas of life. The consumer may or may not have experienced problems in these areas. For each question the consumer is asked whether they experienced any difficulty in that area.

The aim of the questionnaire is to get the best possible picture of the consumer's mental health, never to give offence.

## Do consumers have to participate?

**No.** Completing this questionnaire is voluntary. Saying 'no' will not affect treatment. The consumer can choose whether he/she wants to fill out the BASIS-32 each time it is offered.

Consumers do not have to fill out the BASIS-32. If they do complete the questionnaire, their answers will provide their doctor or case manager with important information that can be used in developing or reviewing the consumer's individual service plan.

## How do consumers complete the BASIS-32?

The consumer is asked to tick the box that best describes the degree of difficulty they experienced in each area in the past two weeks. This is not a test: there is no right or wrong answer. The consumer's views about his/her own mental health are important and will be sought on a regular basis.

## What happens to the completed form?

When the consumer has completed the BASIS-32, he/she can use their answers to discuss their difficulties or progress with the doctor or case manager. The completed questionnaire is placed on the consumer's confidential medical file. The consumer's answers are also entered into the confidential database of the mental health service, so answers can be compared over time.

## What about confidentiality?

All the BASIS-32 questionnaires that the consumer completes become part of his/her confidential medical record. They are subject to the same strict standards of privacy protection and access that apply to other personal information disclosed during treatment.

## How will the person you are caring for benefit from outcome measurement?

By telling the clinician ‘their side of the story’ consumers can make sure that their voice is heard. The questionnaires can help the consumer and yourself to discuss the consumer’s mental health and wellbeing with the doctor or case manager and focus on your concerns and those of the person you are caring for.

The consumer’s answers to the BASIS-32 will also help make sure his/her views and needs are understood. These can then be taken into account in planning or reviewing the consumer’s treatment and care, as well as any referrals to support services.

## What if I have other issues?

You can discuss this pamphlet or any broader issues with the doctor or case manager, the consumer/carer consultant or other staff at the mental health service.

### For further information about outcome measurement

Visit the website of the Department of Human Services at [www.health.vic.gov.au/mentalhealth/outcomes/index.htm](http://www.health.vic.gov.au/mentalhealth/outcomes/index.htm) or contact your local Department of Human Services office.

This brochure is also available in a range of community languages. Ask the mental health service for details or visit the above website.

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## Some useful contacts

### Consumer’s case manager/doctor:

Telephone: \_\_\_\_\_

### Consumer/Carer consultant:

Telephone: \_\_\_\_\_

### Other:

Telephone: \_\_\_\_\_