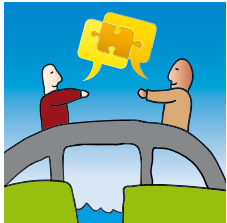


Strengthening consumer participation in self-assessment

Communiqué



Completed activities

1. Detachable information sheet and re-formatted BASIS-32® questionnaire

The aim was for a user-friendly, easy-to-understand form that was inviting for consumers to complete. The form was developed in collaboration with health information managers (mental health) and consumer and carer consultants.

Phase 1: Initial consultation process (October 2008 – March 2009)

Initial consultations were undertaken with the Mental Health Special Interest Group (health information managers) to ensure that the re-designed form met documentation standards required for filing medical records. Consultations were also undertaken with a graphic designer and medical records printer.

A draft information leaflet including the re-formatted BASIS-32® was subsequently developed and emailed to 45 consumer consultants and 28 carer consultants on 18 December 2008; feedback was sought by the 13 January 2009.

Thirteen consumer consultants (and one consumer group of 10 members) and nine carer consultants replied. Sixteen respondents indicated they liked the image, six were not that keen. Design had positive response in terms of 'ease of understanding' (8), 'layout' (6), 'colour' (11) and the graduated colour coding was considered very appropriate. However, some members of the consumer group familiar with research felt that the red (for 'extreme difficulty') might influence people not to mark the columns on the right and proposed colouring from the left – green, yellow, light orange and moderate orange. Similar issues related to the use of green, so a compromise was to use graded shades of orange.

Phase 2: Selected sites participate in promotion, form trial and focus groups (April–May 2009)

A three-week promotional period was followed by a six-week (1/4/09 – 15/5/09) trial and focus group consultations (18/5/09 – 29/5/09) with the following:

- Community Forensic Mental Health Service
- Mid West Continuing Care Team
- Mid West Mobile Support Team
- North West Continuing Care Unit
- Casey Continuing Care Team

During the trial period 141 forms were offered and 102 were completed. One-hour focus groups were held with 47 staff (one group at each site) and one and a half hour focus groups were held with 18 consumers (one at Community Forensic Mental Health Service, North West Continuing Care Unit and another with the Casey Continuing Care Team). Consumers were reimbursed for their time to participate in the focus group.

The feedback during the trial was considerably positive with most changes suggested able to be incorporated. There was agreement that the information sheet should remain detachable with the form rather than stand-alone. Feedback comments and suggestions are detailed in the appendix.

As expected there was considerable discussion about the BASIS-32® questionnaire. Following the form trial and focus group, contact with the authors of the BASIS-32® was made. The authors have responded that the suggestions for modifying the instructions and adding a 'not applicable' rating option cannot be accommodated. A range of other issues identified with proposed advice for an information sheet are with the authors for consideration including the following listed on the next page.



Australian Government



Question	Area for consideration/advice
27-32	Lack of clarity for why a clinician would want to know this information. These items are regularly reported by consumers to be invasive and offensive. Clinicians find them difficult to discuss.
1, 2, 7	Most clinicians and consumers don't readily identify the children of a parent with a mental illness in these items.
4	Most adult and all aged consumers don't identify with the term 'school'.
13	Clarify the meaning of 'autonomy'.
19	Physical symptoms are identified as a major issue affecting consumers and it would be good to be able to select which symptom they are experiencing.
27	Lack of clarity in what to include here and an obvious absence of examples for sexual activity. Does it include compulsions, lack of desire, lack of opportunity, sexual dysfunction, masturbation and so on?

Phase 3: Official release of the BASIS-32® form (12 June 2009)

Changes were incorporated and the final information sheet and detachable form was released at the Make measures matter forum. There are 200,000 forms available for ordering online by licensed services at <www.health.vic.gov.au/mentalhealth/publications/ordering>.

2. Engagement of consumer and carer consultants

OM consumer and carer consultant working group

The Mental Health and Drugs Division (MHD) convened a number of working groups during March-June 2009, which included the consumer and carer consultant group.

This group was facilitated by divisional staff Anna Crowley and Keir Saltmarsh (consumer and carer portfolio holders) and Angie Hunter (OM coordinator). Invited members who attended one or more of the sessions included:

- Allan Tucker (Gippsland)
- Darren Dorey (South West Healthcare)
- David Guthrie (Barwon Health)
- Eila Lyon (South West Healthcare)
- Evan Bichara (Victorian Transcultural Psychiatry Unit)
- John Kroschel (Alfred)

- Jon Langford (Austin)
- Liam Buckley (St Vincent's Mental Health Program)
- Mark Lacey (Grampians Psychiatric Services)
- Mishka McIntosh (Barwon Health)
- Vrinda Edan (Southern Health).

These sessions provided an opportunity to support each other in what can sometimes be a challenging role due to the ongoing resistance by some clinical directors, clinicians and managers to incorporate OM into clinical practice and service delivery. This group focused on the development of plain-English resources for consumers, carers and clinicians, specifically the:

- re-designed information sheet and detachable BASIS-32®
- *About BASIS-32® Behaviour and Symptom Identification Scale questionnaire brochure*
- factsheets:
 - 1. *What does it mean for me?*
 - 2. *What measures are used?*
 - 3. *What happens to the ratings?*

Forum

The forum provided space for all mental health staff including consumer and carer consultants to meet, mingle and engage. The variety of perspectives did, as anticipated, provide a depth, sensitivity and genuine consideration for how we can really *make measures matter* for staff, consumers and carers.

In recognition of the fact that most consumer and carer consultants work part time and find it difficult to get to workforce development activities, the division provided funding for those employed by mental health services attending outside of their usual working hours.

Of the 160 registered participants of the forum 15 per cent were consumer and carer consultants (including advocate/family workers). Of the 70 completed feedback forms 20 per cent were completed by consumer and carer consultants.

All presenters and working group members received a copy of Will Elliott's recently released *Strange Places: A memoir of mental illness*.

3. Development of a range of resources

There has been a commitment and an investment in consolidating the knowledge in the sector and in the division into developing and publishing a range of resources. An OM publication guide is available at <www.health.vic.gov.au/mentalhealth/outcomes>.

Consumer awareness and knowledge about OM is reliant on the clinician. The skills, knowledge and attitudes of the clinician, and the time dedicated all influence the quality, frequency and usefulness of the information provided. Unfortunately a considerable number of consumers (and carers) remain unaware of the self-assessment measure and process and even less are aware of the measures completed by the clinician as part of the National Outcomes and Casemix Collection (NOCC).

To redress this issue a range of resources have been developed for consumers (and carers), clinicians and mental health staff (including consumer and carer consultants). The aim and intent of these resources is to:

- provide consistent, positive and encouraging information that is not dependent on the skills, knowledge and attitudes of the clinician
- raise consumer (and carer) awareness and expectations regarding OM
- promote and encourage dialogue between the consumer, carer and clinician
- ensure that OM are used in clinical practice and inform treatment and support decision making
- positively reframe the opportunities that routine outcome measurement can provide.

Activity on the horizon

4. Trial touch screen technology for consumer completion of the BASIS-32®

We are in the process of engaging a provider to develop the software and provide the technology for this trial. The trial will take place over six weeks during July and August 2009 and involve:

- seven adult mental health services in Victoria (two rural and five metro)
- promotional materials about the trial at the sites leading up to the trial
- an evaluation report to inform future directions for using this technology.

Appendix

Phase 2

Positive comments

- more inviting
- better use of space, wasn't overwhelming or too complex; neater
- simple language, good explanation and clearer
- visually striking and peaked interest quicker
- image friendly and promoted discussion; focus on discussion reduced negativity
- the information sheet has to remain attached to the form – important that information is provided; hides answers
- consumers were aware that they could refuse or leave some items blank and the explanation provided was important even though they did complete it
- one service reported a consumer who has always refused to complete a BASIS-32® completing the new form and handing it in.

Negative comments

- wasn't clear that the information sheet was to be detached and kept – most handed it back in with the form
- participation with the new form was consistent with the old form
 - doing it to keep case manager happy
 - doing it because they were on a CTO; duress to complete
 - previous refusers
 - issues with attention/concentration, literacy, motivation
- comprehension support needed; more to read; thought information sheet was another activity to complete before tool
- concern with image
- no space to write their name, leave comments or to sign
- issues with the questionnaire included terminology and ambiguity of questions, lack of a not applicable option and question-specific issues.

The majority of the suggestions by both staff and consumers were fantastic and very helpful. The following were incorporated.

Information sheet

- on the front page the single dialogue bubble was split into two and a response inserted
- bottom banner wording was modified to include the message from the back of the form
- moved the question (retained bold) into the response box
- ran question one from the left-hand side, question two from the right-hand side and continued alternating
- tense for the first four questions was corrected
- wording for answer to question one was changed and the rating timeframe highlighted
- answer to question five was simplified into a sentence and dot points deleted
- directions/instructions to read through the complete form first were included
- highlighted perforation to encourage consumers to detach.

Questionnaire

- spelled out the instrument name along the right-hand side
- deleted 'of rating' from beside the date line
- inserted a space to write a name in the client label box
- made all text the same colour – dark orange
- moved shading (graded to be consistent with the circles) to above the text
- the rating options all include the term 'difficulty' so only bolded the point that is different 'no', 'a little', 'moderate', 'quite a bit of' and 'extreme'
- deleted the thank you text box
- inserted a blank comments box
- inserted a signature line.