

# It's not that bad: the views of consumers and carers about routine outcome measurement in mental health

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## Abstract

The mandatory use of routine outcome measurement (ROM) has been introduced into all public sector mental health services in Australia over the past 6 years. Qualitative processes were used to engage consumers and carers in suggesting how the measures can be used in clinical practice. The project involved an audit by survey, followed by a range of interactive workshops designed to elicit the views of consumers, carers and clinicians, as well as to involve all parties in dialogue about ROM. In addition, there was engagement of consumers and carers in the training of clinicians in the clinical use of ROM, and in the production of promotional materials aimed at informing consumers and carers about ROM. When consumers and carers have had an opportunity to be involved in ROM they have found it a useful experience, and those who had not been involved can see the potential. Consumers and carers indicated that they believe the greatest opportunity arising from the suite of measures is the use of the consumer self-assessment measure the Behaviour and Symptom Identification Scale (BASIS-32).

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ROUTINE OUTCOME MEASUREMENT (ROM) has been introduced into all states and territories in Australia as part of the National Mental Health Strategy.<sup>1</sup> Under the National Outcomes and Casemix Collection a suite of standard measures has been introduced as well as a protocol for their use.<sup>2</sup> These have included clinician-rated measures such as the Health of the Nation Outcome Scales (HoNOS)<sup>3</sup> and the Life Skills Profile (LSP),<sup>4</sup> as well as consumer self-report measures such as the Behaviour and Symptom Identification Scale (BASIS-32).<sup>5</sup> A standard data collection protocol means that clinicians complete relevant clinician-rated measures at regular

## What is known about the topic?

Routine outcome measurement (ROM) has been introduced into all public sector mental health services in Australia, with mixed reviews on the efficacy of the process.

## What does this paper add?

This paper details the results of a project aimed at eliciting consumer and carer attitudes towards ROM and engaging consumers and carers in the implementation of ROM.

## What are the implications for practitioners?

The consumers and carers saw the benefit of ROM and believed that the suite of measures could be used to enhance dialogue between the consumer, carer and clinician.

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intervals and are required to offer the self-assessment to consumers being cared for in the community at entry to the service, at review every three months while the consumer continues to receive the service, and at discharge from the service setting.

Trauer et al identified a range of concerns that clinicians express in relation to ROM, including barriers presented by information technology, the instruments themselves, the time burden, suspicion of management and government, and competence and confidence in using the resulting data.<sup>6</sup> Lakeman has argued ROM does not add meaningful information to clinical practice. He suggests that nurses, in particular, are being asked to engage in a process that many service users find oppressive and which is ethically questionable. He suggests that it is the quality of the relationship between clinician and consumer that makes the difference.<sup>7</sup> Callaly et al found that given 2 years' experience using the measures, clinicians value the consumer self-report measure as a way of developing the relationship with the consumer, improving dialogue and supporting care planning. They also suggest that an ability to do this requires commitment and resources from management. Further, they found that all observations offered by clinicians as to whether the consumer-rated measure was clinically of value reflected a positive attitude to its clinical use.<sup>8</sup>

Although the attitudes and concerns of clinicians with regard to ROM have been well documented, the views of consumers and carers are less well known. Graham et al found that consumers support the introduction of ROM and see it as having potential to contribute to the treatment they receive. However, they expressed reservations around the suitability of the BASIS-32 to meet their needs and the capacity of mental health services to engage in "good processes" in relation to using the consumer self-report measures.<sup>9</sup>

More recently, in a consumer-led study of the attitudes of 40 consumers who were offered the BASIS-32, Guthrie et al found that consumers see the benefit of routine outcome measurement and believe it leads to improved care.<sup>10</sup>

## The project

In 2004 the Victorian Department of Human Services (DHS) set up the Quality Through Outcomes Network (QUATRO) to consolidate the routine use of outcome measurement data in public mental health services. The objective of QUATRO was to promote the integration of ROM within a quality improvement framework, becoming part of the organisational culture of mental health services. Three 18-month QUATRO Projects were set up in mid 2005, dividing Victoria into three geographical areas with a lead agency for each project.

Barwon Mental Health Services has been a key player in relation to ROM since the mid 1990s.<sup>11</sup> Barwon secured the role of lead agency for the Western Cluster QUATRO Network involving 11 Area Mental Health Services including their adult, aged care and child and adolescent services. The design of the Western Cluster QUATRO project was based on the premise that sustainable implementation of ROM is only possible with the active involvement of consumers and carers. The objectives of the project were to encourage consumer completion of the self-rating measure across all age groups, foster the use of OM data (clinician and consumer self-rated measures) constructively in clinical practice such as case planning, case review and discharge planning, and to foster integration of OM within a quality improvement framework.

The project worked to engage consumers and carers in the belief that their involvement was essential to the project objectives. A number of methods were used. The first involved the completion of a non-identifiable questionnaire by consumers of adult mental health services. This questionnaire served a number of purposes: engaging employed consumer and carer consultants in the project, raising the profile of the project within participant organisations, as well as gauging the attitudes and awareness of ROM by consumers of the services. The second approach involved a workshop for consumer and carer consultants (paid employees of the 11 Area Mental Health Services), to seek their views on ROM and their suggestions of strategies to

**Consumer experience of routine outcome measurement**

Question	Responses	
	Total	Affirmative [n (%)]
Have you been offered a BASIS-32?	67	51 (76%)
If it was offered did you complete it?	51	47 (92%)
When completed did you find it easy to follow?	47	39 (83%)
Did you complete it with your case manager?	47	26 (55%)
Did your case manager discuss the responses with you?	47	29 (62%)
Do you believe that completing the BASIS-32 helped your case manager understand you better?	47	38 (81%)
Do you believe completing the BASIS-32 led to better care?	47	33 (70%)
Were you afraid to answer any questions?	47	17 (36%)
Are you aware that your case manager completes an HoNOS and LSP?	67	23 (34%)
Those who were aware of HoNOS and LSP had results discussed with them	23	12 (52%)
Having the discussion re HoNOS and LSP was seen as useful	12	11 (92%)

HoNOS = Health of the Nation Outcome Scales.<sup>3</sup> LSP = Life Skills Profile.<sup>4</sup>

increase the awareness and involvement of consumers and carers in ROM in the Western Cluster. Thirdly, consumers and carers were brought together with clinicians in a range of forums around the cluster to discuss differing views. Finally, training and promotional materials were developed, rolled out and evaluated within the cluster.

This paper describes the Western QUATRO Project process for gathering consumers' and carers' views of ROM and their recommendations for how ROM can be utilised in clinical practice.

**The questionnaire**

As part of the quality improvement approach adopted for the project a questionnaire was designed to determine consumer experiences of ROM and explore ways this information is used clinically. A total of 67 surveys were collected from consumers of adult mental health services in the agencies participating in the Western Cluster. Each service was asked to return 10 completed questionnaires which were gathered at the discretion of the service. In this way the questionnaire not only gathered information, but engaged potential stakeholders in the project. The results

of the survey showed that when BASIS-32 was offered, consumers were very likely to engage with the process. At least half had discussed the results with their case manager and felt this was a beneficial process which led to better care. It is concerning that very few consumers even knew that the HoNOS and LSP were completed, but when the clinician engaged in discussion about these measures the majority found it a useful process. The specific responses are outlined in the Box.

**The workshop**

Thirteen consumer and six carer consultants, representing all 11 Area Mental Health Services in the Western Cluster of Victoria, attended a 2-day workshop aimed at eliciting the views of consumers and carers about ROM. Although the workshop provided an introduction and background to ROM in mental health services, the primary focus of the workshop was on developing strategies to support the involvement of consumers and carers in ROM and identifying processes that would support its use in practice. As part of the workshop, participants were asked to form small groups and provide feedback to the larger group

on a number of questions. In particular, “How can ROM be made more useful?” and “How can ROM be used in care planning?” This feedback was provided on flip-chart paper, which was later reviewed for common themes and responses ordered accordingly.

### ***1. Engagement of consumers and carers in the treatment planning process***

Participants felt that ROM could be used to support the engagement and assessment process as well as ensure that consumers and carers were made a part of the care/treatment-planning process. Participants preferred to think of the BASIS-32 as part of a broader process of “consumer self-assessment” which describes the nature of the information sought by the clinician in using the measure. Although participants identified inadequacies with BASIS-32, there was general agreement that the process of self-assessment was valuable and the usefulness of the measure could be enhanced by actively encouraging the opportunity for self-assessment by consumers. Participants felt that by using the measure in this way the opportunities for personal ownership and responsibility in the process of recovery could be developed.

BASIS-32 used as a vehicle in the consumer’s journey. Use to discuss goal setting, to assist in evaluating the service being received and to assess when to move on.

Evaluate own wellbeing and needs. Consumers determine what level of support is required.

### ***2. Valuing all views***

Participants indicated that ROM could be used to support a concept they coined as the “triad” of care (ie, consumers, carers and clinicians working together). Here participants believed that ROM could be used to improve communication, give consumers and carers an opportunity to formally contribute to care planning in a way that values all views, and increases the clinician’s understanding of the concerns and goals of the individual, as well as those of the carer.

Participants felt that ROM, and in particular the offering and completion of a consumer self-assessment measure, actively encouraged structured discussion between consumers, carers and clinicians. They felt the formal requirements of the data collection protocol, which requires the measure to be offered at regular intervals, ensures regular opportunities to hear the views of consumers.

Workshop participants felt that ROM could be used to highlight and discuss differences in opinion within the “triad” of care. This process had been experienced by a consumer and his carer, who indicated that it led to greater understanding of the consumer’s issues and personal goals.

Triad relationship — the consumer is the centre but the problem/area of focus sits in the middle to be the focus of discussion. All people in the triad have an equal power base and the focus is on human rights.

What consumers say will be listened to and valued — clinician change of attitude.

### ***3. Mapping recovery***

Participants felt that outcome measures could be used to map the process of recovery for consumers and carers. Used in this way, ROM provides an opportunity for the consumer, carer and clinician to reflect on care plans and identify success or setbacks.

### ***4. Physical evidence of progress***

Participants believed that ROM could be made more useful by ensuring that they had access to graphs or reports on the completed outcome measures. These could be used to support discussion and reflection, especially if this is seen as a collaborative process with the consumer completing a self-assessment and the clinician discussing both the results of the self-assessment and the clinician-rated measures with the consumer. Used in this way, participants felt that ROM could be used to provide some basis for when consumers are unwell, providing a framework within which early warning signs and individual goals may be discussed and plans made.

Revisit it — compare, contrast, discuss.

Graphs — something to take away/sit on the fridge for a while.

Openness of procedure — share results — discuss.

### **Evaluation of the workshop**

Formal evaluation of the workshop revealed that over half the consumer and carer consultants who worked within the services had basic or no understanding of ROM before attending. By the end of the workshop, 100 percent indicated that their knowledge and understanding had improved. The majority believed that they could envisage a role for themselves within their organisations raising awareness among consumers, carers and clinicians.

### **Sharing consumer and carer views with clinicians**

Six workshops were held where managers and senior clinicians were invited to engage in a dialogue with consumer and carer consultants and share views regarding ROM. Opposing views were evident, which led to open hostility and the need to engage in debriefing of consumer and carer consultants after some of the forums.

The views of clinicians were similar to the previous research outlined, including questioning of clinical usefulness, lack of resources, lack of training on using the measures in clinical practice, lack of leadership and a need for culture change around the general negative attitude towards ROM.

Three of these workshops were for Adult Mental Health Services and 95 staff attended in total. Of these, 63 evaluations were returned and 64% of participants believed that the workshop had enhanced their knowledge of the potential clinical use of ROM. Despite some initial hostility, 82 percent indicated that they were able to use the workshop to plan joint strategies. This feedback was consistent in the Aged and Child and Adolescent Mental Health settings. Many staff indicated that although confronting, understanding the positive views of consumers and carers regarding the use of ROM was difficult to ignore.

### **Training materials**

The Western QUATRO Project joined with the Australian Mental Health Outcomes Classification Network to develop ROM training materials specifically looking at clinical utility and the consumer and carer perspective. Consumer and carer consultants assisted in the roll-out of these training materials across the cluster, alongside dissemination nationally.

Feedback was gathered from consumer and carer consultants about their involvement in the training via a survey and within a workshop setting:

- Opinion was divided about whether their involvement had an impact, with some feeling that the training had been a difficult experience due to the ongoing resistance of clinicians to the process.
- One service indicated their positive response was due to positive support from management.
- Many indicated that involvement in training had enhanced their profile within the service.

Feedback from 16 clinicians with regard to the impact of understanding the views of consumers and carers was collated at one of the training sessions. A consumer and a carer consultant were involved in the presentation of this material. Eighty-one percent of the clinicians indicated that as a result of this training they better understood how the measures could be used in clinical practice. Eighty-seven percent of participants agreed that they had learned something they didn't realise about ROM during the session.

### **Promotional materials**

Consumer and carer consultants within the Western Cluster of Victoria contributed to the production of national promotional materials which outlined the consumers' and carers' views that were uncovered throughout the project. The evaluation of these materials provided further evidence of the level of wider engagement of consumers and carers with ROM. One-hundred and fifteen evaluation surveys were returned, including 38% consumers, 20% carers, 37% clinicians and 5% others. It was revealing that only 27% of the consumers had heard of ROM before

reading the brochures; and more concerning was that only 4% of carers had any knowledge of ROM. Only 84% of clinicians had prior knowledge of ROM, which leads to the conclusion that, although mandatory, some clinicians are not engaged in the process at all.

It was not surprising that 52% of consumers and 57% of carers indicated that the promotional materials motivated them to be more involved in the process, suggesting an interest in engaging in the ROM process. The more surprising element was that 60% of clinicians felt that they would be more motivated to be involved after reading the promotional materials, again adding weight to the positive impact on understanding the views of consumers and carers.

## Conclusions

The findings suggest that consumers and carers have positive views about the potential for the use of ROM and believe that the tools could be used to enhance relationships between consumers, carers and clinicians. Indeed, the overwhelming view was that ROM, and in particular the completion of the consumer self-assessment measure, if used appropriately, provides an opportunity for consumers and carers to be more involved in the care and treatment-planning process. Consumers and carers were enthusiastic about the potential of collaboration with clinicians to develop a more rounded view of the consumer as a person, using a recovery approach, rather than focusing on illness and medication. Given that clinicians are required to offer the self-assessment on a regular basis, consumers and carers felt that this formalised something they consistently call for, namely greater involvement and collaboration with service providers.<sup>12</sup>

Consumers and carers identified that ROM provides an opportunity for increased dialogue with clinicians and a structured way for them to personally keep track of progress and receive feedback on their recovery. Consumers and carers also identified that ROM has a place in mapping the process of recovery and that they can encour-

age this process, if used in a manner which supports personal ownership and responsibility.

The overwhelming lesson from the experience of the Western QUATRO Project is that the major barrier to completion of the measures is not the consumers' willingness to engage, but the continued resistance of clinicians to embrace the measures in their clinical practice. The project went some way to identifying that when clinicians understand the views of consumers and carers there is potential to change these attitudes. Consumers acknowledged that the single most important factor in their treatment is the relationship they have with their clinician. They see ROM as one way of valuing their input to the treatment process, thereby strengthening this relationship. The biggest challenge is to work with clinicians on how they present the self-assessment to consumers, and how they use the information they gather through the suite of measures to work with the consumer and their families to inform the treatment-planning process.

Since their initial involvement in the Western Cluster QUATRO Project, the consumer and carer consultants have been enthusiastic and committed to the process of improving the way in which ROM is used in clinical practice. The promotional and training materials are regularly used nationally, thereby highlighting the views of consumers and carers to clinician groups around the country.

Although the project revealed that resistance among clinicians to the ROM process remains strong, it is clear that bringing the views of consumers and carers to the discussion table can have a positive impact on the views of some clinicians.

The project demonstrates how effective collaboration can create valuable opportunities for meeting the needs of consumers and carers as active participants in the delivery of mental health services.

## Competing interests

The authors declare that they have no competing interests.

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