WAAMH
Western Australian Association for Mental Health

A Guide for Measuring Mental Health Outcomes in Western Australian Community Managed Organisations

Developed by the Mental Health Outcome Measures Consortium

The Western Australian Association for Mental Health
Mental Health Matters 2
Consumers of Mental Health WA
The Mental Health Commission of Western Australia

WAAMH
Western Australian Association for Mental Health

CoMHWA
Consumers of Mental Health WA (Inc)

A community action group.
MHM2
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The Mental Health Outcome Measures Consortium is a partnership between four organisations that have worked collaboratively to establish mental health outcome measurement activities in Western Australian community managed organisations (CMOs). The membership consists of:

- the Western Australian Association for Mental Health (WAAMH);
- Mental Health Matters 2 (MHM2);
- Consumers of Mental Health WA (CoMHWA); and
- the Mental Health Commission of Western Australia (MHC).

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Foreword

As the Chairperson of the Mental Health Outcome Measures Consortium, I am pleased to present this guide which is designed to assist Western Australian community managed organisations (CMOs) to measure mental health outcomes in their services. This guide has been developed as part of the Outcomes Measurement Project which has been funded by the Department of Finance under the Fostering Partnerships grant program. This grant program aimed to support projects that furthered the *Delivering Community Services in Partnership Policy* (Department of Finance, Government of Western Australia, 2011) reforms. The project encompasses the development of outcomes guidelines for CMOs and has been implemented through a partnership approach, steered by the Mental Health Outcome Measures Consortium which comprises of the Western Australian Association for Mental Health (WAAMH), the Mental Health Commission of Western Australia, Consumers of Mental Health WA (CoMHWA) and Mental Health Matters 2 (MHM2).

The journey towards the development of this outcomes measures guide began in 2010 with the engagement of Inclusion Matters to complete a literature and concept summary of outcomes measurement (Wilson, Jenkin and Campain, 2011). The review provided a scan of literature that was written with the aim of informing the WA community managed mental health sector of key ideas, issues, concepts and approaches. Overall the resource was to support the development of an outcome measurement process for community managed organisations who provide services to people with mental health issues.

Since 2011, the consortium (through WAAMH) has produced this guide which highlights some of the rationale behind outcome measurement (including the national and state policy context), the types of measures that may be suitable for CMOs to use, and some additional information that might be helpful for organisations to determine the type of outcome measurement system(s) that will be appropriate for their services and/or programs.

I wish to extend my thanks to everyone who has contributed to the development of this guide which I am sure will become an important resource manual for all people working in community managed organisations in Western Australia.

Rod Astbury
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Mental Health Outcome Measures Consortium
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How To Use This Guide

This guide is a resource to support Western Australian community managed organisations (CMOs) to start implementing outcome measurement in their services. Collecting outcome measures aligns directly with the national framework for developing recovery-oriented mental health services whereby people with a lived experience of mental health issues, their carers and families have greater influence and control over the services they receive (Australian Health Ministers' Advisory Council, 2013). Underpinning this approach to service delivery is the notion is that people with a lived experience need to be at the heart of everything that mental health services do. One strategy for ensuring consumers, carers and families have influence over their care is by ensuring that they also have direct input into evaluating the effectiveness and efficiency of services that are provided. Outcome measurement is a key strategy for evaluating service effectiveness and efficiency.

The purpose of this guide is to provide some instructions on how organisations may want to prepare themselves for collecting outcome measures, and which outcome measures have been suggested for use (and in some cases recommended by national and international experts).

This resource will also demonstrate to services the type of outcome measures that could be used to start demonstrating an organisation's progress towards implementing the Western Australian mental health outcome statements (Mental Health Commission, 2012) which have been developed in response to the government's strategic policy, *Mental Health 2020: Making it personal and everybody's business* (Mental Health Commission, 2010).

Below are instructions on how to use this manual and the steps involved in understanding and implementing outcome measurement in a community managed organisational setting.

STEP 1:	**REVIEW PART ONE:** **The policy context for collecting mental health outcome measures in Western Australian community managed organisations** Read this section to understand the rationale for commencing the collection of outcome measures in community managed organisations (CMOs).
STEP 2:	**READ PART TWO:** **What is outcome measurement and how is it done?** Read this section to obtain an understanding about outcome measurement and what has already been done in Australia. This section also has some tips on how to start the process of implementing outcome measures and collecting data in an organisation.
STEP 3:	**BROWSE AND EXAMINE PART THREE:** **Examples of outcome measures that can be completed by consumers** Look at some of the measures contained in this section and ascertain if any of them would be useful in measuring the personal outcomes of people who access your services.
STEP 4:	**BROWSE AND EXAMINE PART FOUR:** **Examples of outcome measures that can be completed by carers and significant others** Look at some of the measures contained in this section and ascertain if any of

them would be useful in measuring the personal outcomes of carers and family members who access your services.

STEP 5: **BROWSE AND EXAMINE PART FIVE:**

Examples of outcome measures that can be completed by service workers/clinicians

Look at some of the measures contained in this section and ascertain if any of them would be useful in measuring the outcomes you hope to achieve with individuals who access your services.

STEP 6: **REVIEW PART SIX:**

Referencing and suggested reading

This section contains links to many of the documents that are referred to in this guide. Some of these documents will provide your organisation with more information about outcome measurement and more information about the various outcome measure questionnaires that are available to help evaluate your services and/or programs. It is recommended that you download the documents that your organisation will find useful in preparing your services to start the task of collecting data that will assist in evaluating the effectiveness of your services.

Terminology and Definitions

Where ever possible, terms in this document have be used to reflect the Western Australian (WA) or Australian context.

Term	Definition
Assessment	*"Process by which the characteristics and needs of consumers, groups or situations are evaluated or determined so they can be addressed. The assessment forms the basis of a plan for services or action."* (Commonwealth of Australia, 2010: 29)
Carer	*"A person whose life is affected by virtue of close relationship with a consumer, or who has a chosen caring role with a consumer. Carer, in this document, may also refer to the consumer's identified family, including children and parents, as well as other legal guardians and people significant to the consumer."* (Commonwealth of Australia, 2010: 30)
Consumer	*"A person who is currently using, or has previously used, a mental health service."* (Commonwealth of Australia, 2010: 30)
Data	*"Information collected for analysis or reference."* (Commonwealth of Australia, 2010: 31)
Data collection	*"A store of data captured in an organised way for a defined purpose."* (Commonwealth of Australia, 2010: 31)
Evaluation	*"Judging the value of something by gathering valid information about it in a systematic way and by making a comparison. The purpose of evaluation is to help the user of the evaluation to decide what to do, or to contribute to scientific knowledge."* (Commonwealth of Australia, 2010: 33)
Family	*"The term 'family' used in this document refers to those people with whom an individual has meaningful and important relationships, and who provide freely given care and support. This can include parents, partners, grandparents, children, siblings, extended families, blended families and alternative families who are related by blood, marriage (including defacto) adoption, step or fostering families. In some cases, family is a self-identified group of people who may not be 'blood' relatives but who have very strong bonds with the person."* (Mental Health Commission, 2012: 3)
Feasibility and utility	*"Related to concepts such as ease of administration, acceptability to stakeholders etc."* (Dare et al., 2008: 8)
Outcome	*"A measurable change in the health of an individual, or group of people or population, which is attributable to interventions or services."* (Commonwealth of Australia, 2010: 37)
Policy	*"A documented statement that formalises the approach to tasks and concepts which is consistent with organisational objectives."* (Commonwealth of Australia, 2010: 38)
Procedure	*"A set of documented instructions conveying the approved and recommended steps for a particular act or sequence of acts."* (Commonwealth of Australia, 2010: 38)
Process	*" A series of actions, changes / functions that bring about an end or result."* (Commonwealth of Australia, 2010: 38)
Program	*"A part or function of the mental health service such as the rehabilitation team, health promotion unit, the crisis team, the living*

	skills centre or inpatient psychiatric unit. Some mental health services may have only one team which performs all of these functions." (Commonwealth of Australia, 2010: 39)
Quality improvement	*"Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers."* (Commonwealth of Australia, 2010: 39)
Recovery	*"being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues".* (Australian Health Ministers' Advisory Council, 2013: 2)
Reliability	*"Can be viewed as the extent to which a given instrument gives stable, consistent results, or can be considered as the inverse of the degree of error obtained from any measurement."* (Dare et al., 2008: 8)
Sensitivity to change	*"Related to both validity and reliability – an instrument that is both valid and reliable, and which demonstrates change over time, can be regarded as being sensitive to change."* (Dare et al., 2008: 8)
Staff	*"Term which includes employed, visiting, sessional, contracted or volunteer personnel."* (Commonwealth of Australia, 2010: 40)
Stakeholder	*"Individuals, organisations or groups that have an interest of share in services."* (Commonwealth of Australia, 2010: 41)
Validity	*"Refers to the extent to which the instrument measures what it intends to measure."* (Dare et al., 2008: 8)

Executive Summary

This guide has been developed as part of the Outcomes Measurement Project which has been funded by the Department of Finance under the Fostering Partnerships grant program. This grant program aimed to support projects that furthered the *Delivering Community Services in Partnership Policy* (Department of Finance, Government of Western Australia, 2011) reforms. The project encompasses the development of outcomes guidelines for community managed organisations (CMOs) and has been implemented through a partnership approach, steered by the Mental Health Outcome Measures Consortium which comprises of the Western Australian Association for Mental Health (WAAMH), the Mental Health Commission of Western Australia (MHC), Consumers of Mental Health WA (CoMHWA) and Mental Health Matters 2 (MHM2).

Over the last few years there has been numerous key policy developments that have underpinned the shift towards outcomes based procurement, and as such created the urgency for change in terms of measurement. For example:

- The *Contribution of the Not-for-Profit Sector: Research Report* (Productivity Commission, 2010) - this national report analysed the extent to which the not-for-profit sector contributed to Australian society, how this is measured, the usefulness of the measures and whether these measures could shape government policy and programs.
- The *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes Report* (Economic Audit Committee, 2009) - review of the operational and financial performance of the Western Australian public sector. The report contains significant recommendations aimed at enhancing the public sector's capability to *"achieve outcomes for Western Australians, including for the most disadvantaged, that are among the best in the nation and are continually improving."* (Economic Audit Committee, 2009: ii).
- The *Delivering Community Services in Partnership Policy* (Department of Finance, Government of Western Australia, 2011) - laid the groundwork for future procurement of community services in Western Australia, including mental health.
- The *Mental Health 2020: Making it personal and everybody's business* strategic plan (Mental Health Commission, 2010) - provides a broad vision and strategic direction for mental health services in Western Australia, individuals, support people and the wider community to work in shared partnership towards the best possible lives for people.
- The *Fourth National Mental Health Plan—An agenda for collaborative government action in mental health 2009–2014* (Commonwealth of Australia, 2009) - is the national policy document that was part of the COAG National Action Plan and specifically outlined the importance of integrating recovery approaches within the mental health sector and better measure how we do this and the outcomes achieved. This plan also specified that consumers and carers need to have access to information about the performance of services responsible for their care across the range of health quality domains and are able to compare these to national benchmarks. If organisations are to provide this information, they need to start the routine collection of outcome measures and collect information on the effectiveness of the services they provide to consumers and carers.

This guide provides some instructions on how community managed organisations (CMOs) may want to prepare themselves for the task of collecting outcome measures throughout their service and/or programs. There are six chapters:

- **PART ONE:** The policy context for collecting mental health outcome measures in Western Australian community managed organisations.
- **PART TWO:** What is outcome measurement and how is it done?
- **PART THREE:** Examples of outcome measures that can be completed by consumers.
- **PART FOUR:** Examples of outcome measures that can be completed by carers and significant others.
- **PART FIVE:** Examples of outcome measures that can be completed by service workers/clinicians.
- **PART SIX:** Referencing and suggested reading.

Part two in particular summarises some of the work done nationally by the National Community Managed Organisation Outcome Measurement (NCMOOM) Project which has examined and shortlisted outcome measures that may be useful for CMOs across the nation. Section three, four and five of this guide provides examples of many of these measures and details on how to access them in the public domain. These sections of the guide also provide a chart on the type of outcomes each measure examines, helping organisations to determine what part of the Mental Health Commission Mental Health Outcome Statements they will be measuring if they chose a particular measure.

Part six of the manual has online links to the relevant documents mentioned throughout the guide. Organisations are advised to download the documents they will need to start the change management process that will be required to begin collecting outcome measures through their services and/or programs.

Ultimately it is hoped that this guide will be a valuable resource for CMOs in assisting them to start demonstrating their progress towards implementing the Western Australian mental health outcome statements (Mental Health Commission, 2012) which have been developed in response to the government's strategic policy, *Mental Health 2020: Making it personal and everybody's business* (Mental Health Commission, 2010). This written resource will be also be supported with training workshop(s), hosted by WAAMH, in the latter part of 2015.

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Part One:

The policy context for collecting mental health outcome measures in Western Australian community managed organisations

This section summarises the various policy documents of the Western Australian and Commonwealth governments, and some local capacity building activities that provides the context for the introduction of collecting outcome measures in community managed organisations (CMOs).

National and local policy drivers

Over the last few years there has been numerous key policy developments that have underpinned the shift towards outcomes based procurement, and as such created the urgency for change in terms of measurement. For example:

- The *Contribution of the Not-for-Profit Sector: Research Report* (Productivity Commission, 2010) - this national report analysed the extent to which the not-for-profit sector contributed to Australian society, how this is measured, the usefulness of the measures and whether these measures could shape government policy and programs.
- The *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes Report* (Economic Audit Committee, 2009) - review of the operational and financial performance of the Western Australian public sector. The report contains significant recommendations aimed at enhancing the public sector's capability to *"achieve outcomes for Western Australians, including for the most disadvantaged, that are among the best in the nation and are continually improving"* (Economic Audit Committee, 2009: ii).
- The *Delivering Community Services in Partnership Policy* (Department of Finance, Government of Western Australia, 2011) - laid the groundwork for future procurement of community services in Western Australia, including mental health.
- The *Mental Health 2020: Making it personal and everybody's business* strategic plan (Mental Health Commission, 2010) - provides a broad vision and strategic direction for mental health services in Western Australia, individuals, support people and the wider community to work in shared partnership towards the best possible lives for people.
- The *Fourth National Mental Health Plan—An agenda for collaborative government action in mental health 2009–2014* (Commonwealth of Australia, 2009) - is the national policy document that was part of the COAG National Action Plan and specifically outlined the importance of integrating recovery approaches within the mental health sector and better measure how we do this and the outcomes achieved. This plan also specified that consumers and carers need to have access to information about the performance of services responsible for their care across the range of health quality domains and are able to compare these to national benchmarks. If organisations are to provide this information, they need to start the routine collection of outcome measures and collect information on the effectiveness of the services they provide to consumers and carers. The plan also states:

  > *" Consumers are the central group. They need the health organisations responsible for their care to make information available that allows them to understand treatment options, make informed decisions and participate actively in their care. This should include information about how the organisation performs in comparison to its peers on a range of health quality indicators, presented in a way that will assist the person to understand what they can expect as a consumer of the organisation.....*
  > *Beyond consumers, other stakeholders have legitimate needs for information about mental health system performance. Carers need information to be able to understand the treatment being offered to their relative or friend, and the outcomes that can be expected for the person while they receive treatment provided by the organisation. Mental health service providers also need information about how the*

treatments they provide compare with similar organisations so that they can establish evidence based treatment systems. Service managers need information about the performance of services for which they are responsible (and other similar services), in order to make operational decisions that will affect the efficiency and effectiveness of the service. Mental health policy makers and planners need a wide range of information about how the mental health system is performing to enable them to determine priorities for resource allocation, plan and pay for services, and monitor the achievement of outcomes."

(Commonwealth of Australia, 2009: 55)

All of these policies and reports set the scene for routinely collecting outcome data in community managed organisations. Measuring how well services perform is now a very important part of delivering services to people with mental health issues and their families.

The Western Australian context for measuring outcomes

The *Mental Health 2020: Making it personal and everybody's business* strategic plan (Mental Health Commission, 2010) is underpinned by five key principles, one of which is 'Quality of Life'. Underneath these principles six outcome statements were developed in conjunction with people with mental illness, their families and carers, service providers and community members to describe what people with a mental illness are seeking to achieve in their lives.

The outcome statements are as follows:

"Health, Wellbeing and Recovery - *People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about their recovery.*

A home and financial security - *People have a safe home and a stable and adequate source of income.*

Relationships - *People have enriching relationships with others that are important to them such as family, friends and peers.*

Recovery, learning and growth - *People develop life skills and abilities, and learn ways to recover that builds their confidence, self-esteem and resilience for the future.*

Rights, respect, choice and control - *People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports.*

Community belonging - *People are welcomed and have the opportunity to participate and contribute to community life.*"

(Mental Health Commission, 2012: 5)

These outcome statements serve as a guide for community managed organisations (CMOs) to assist them to build programs and services that include and support people with mental illness, their families and carers. They also provide a basis for which CMOs can start measuring their effectiveness in meeting consumer and carer/family needs.

WAAMH capacity building grants

In 2012, as part of the Outcomes Measurement Project, WAAMH launched a two-round capacity building grants program to assist CMO's to build their capacity to deliver person-centred, outcomes focussed services and supports. This grants program also helped WAAMH determine the areas of outcome measurement that really needed development in WA.

In the lead up to the first round of funding, WAAMH consulted with member agencies and other stakeholders, including rural and remote services. This helped identify areas which would assist them to respond to the new landscape. Through this process four priority areas were identified:

1. Developing partnerships with other agencies to develop innovative service delivery models and approaches.
2. Responding to individualised funding.
3. Assessing, measuring and reporting on client outcomes.
4. Engagement of people with lived experience of mental illness, consumers and carers.

Through a review of the first round process it became apparent that organisations were having difficulty identifying the outcomes they were seeking to achieve. There seemed to be a disconnect between the activities that were being proposed and the outcomes identified. In addition some services were confusing outputs with outcomes. This raised some questions for the Outcomes Measurement Project and changed the direction of the second round of capacity building grants.

When undertaking round two of the capacity building grants, guidance was sought from the literature and concept summary completed by Inclusion Matters Australia (Wilson, Jenkin and Campain, 2011) which outlined the initial steps or questions to be raised when measuring outcomes. This document recommended the process described by the Australian Bureau of Statistics:

"

1. *Deciding the desired areas of individual or community change (i.e. desired outcomes);*
2. *Defining these areas and their parameters (e.g. if 'recovery' or 'social inclusion' is important, how do we define these concepts?);*
3. *Identifying the indicators of these changes by making 'pragmatic decisions about what phenomena will provide the greatest insight into these issues';*
4. *Deciding how these phenomena can be measured; and*
5. *Combining and presenting the resulting information in a clear and informative way."*

(Australian Bureau of Statistics, 2001: chapter 1, as cited in Wilson, Jenkin and Campain, 2011: 10)

The Outcomes Measurement Project needed to make it easier for potential applicants to undertake the steps recommended above. The result was that round two of the capacity building grants focused upon how projects can deliver outcomes (which also address the Mental Health Commission's outcome statements) using a program logic model, and related theory of change framework (Department of Health, Western Australia, 2013). This enabled the successful organisations of the second round of funding to have much better

results. Essentially, if organisations were given knowledge and skills to properly identify what part of their programs they were going to measure, and how these related to the outcome statements, they were more likely to be accurately measuring their outcomes for clients and carers/families.

From a sector development perspective this has meant that a process needs to be put in place to support organisations to use a framework (such as program logic model) to map out their service delivery/program structure and then explore what type of outcome measurement tools can be used to measure client and consumer outcomes in these programs. Measurement tools cannot be chosen in isolation and must be selected within the context of each service. For community managed organisations, this means that not all tools recommended for measuring outcomes will be relevant, and selection of the most appropriate tools is a very important process, one that should be done in consultation with all stakeholders including consumers, carers, management and staff.

Part two of this guide explains more about outcome measurement and some of the considerations that services will need to take into account when selecting outcome measurement tools/questionnaires/surveys.

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Part Two:

What is outcome measurement and how is it done?

Introduction

In October 2009, the Commonwealth Minister for Families, Housing, Community Services and Indigenous Affairs stated that "*community organisations play a crucial role in combating social exclusion and enhancing the economic, social, cultural and environmental wellbeing of our society"* (Stephens and Macklin, 2009: 1). However, the Productivity Commission (2010) was quick to point out that measuring the positive impact that community organisations have had on society has been incredibly difficult. There has been insufficient data available to compare the effectiveness of organisations within a sector as well as the specific contributions of community organisations to the increased well being of individuals accessing their services. As a result, in 2009 the Productivity Commission was tasked by the Australian Government to undertake a research study on the contributions of the not-for-profit sector with a focus on improving the measurement of its contributions and on removing obstacles to maximising its contributions to society.

Measuring outcomes in mental health services has been a national focus since the introduction of the second Mental Health Plan in 1998 to 2003 (Commonwealth of Australia, 2003). In 1998, all Australian Health Ministers endorsed the Second National Mental Health Plan (1998–2003) which committed all State and Territory governments to develop strategies for collecting mental health information across the country. This plan began the process of introducing outcome measurement throughout public mental health services across Australia. In Western Australia, public mental health services (inpatient and community based services) have been collecting outcomes measures since 2003. To implement this, a major change management process was undertaken. This included a state-wide training program delivered to all services across the State (Department of Health, Western Australia, 2003). This training program detailed the changes that needed to take place, the outcome measurement tools chosen for all services to complete, the information system developed to collect the data obtained from the outcome measures, and how services could interpret the data to improve the services they provided to consumers and carers in the community.

Many lessons have been learned from introducing outcome measurement in public mental health services and these lessons have informed the fourth national mental health plan which supports the introduction of outcome measurement in community managed organisations (CMOs) (Commonwealth of Australia, 2009). As with other States and Territories, introducing outcome measurement in Western Australian (WA) CMOs will give rise to a number of challenges. In particular, the WA community based mental health sector will be required to build its capacity to engage in the development and implementation of an outcomes measurement approach (Wilson, Jenkin, and Campain, 2011). This will involve a number of complex tasks including a consideration of WA's diverse population and geographical vastness. As Wilson, Jenkin and Campain (2011) state:

> *"The WA sector is required to do [outcome measurement] in a way that is relevant to the diverse needs of its service providers and consumers, including those in rural and remote areas, those from Indigenous and culturally diverse communities, and those working with other unique populations and contexts including farming, fly-in-fly-out mining contexts, and others. This diversity of population, the scale of geographic distance, and the costs associated with service delivery in these contexts add a significant layer of complexity to the sector's task." (Wilson, Jenkin,*

and Campain, 2011: 5)

This section of the guide aims to summarise some of the main concepts and definitions used in measuring outcomes. It also provides some information on how to address some of the common problems with outcome measurement including suggestions on how to engage consumers and carer/families in the process.

In addition to providing this guide on outcome measurement, staff from community managed organisations in Western Australia will also be provided with the opportunity to attend some introductory training workshops that will help support them in undertaking the change management process that is required to begin the process of collecting outcome measures in practice. These will be held in the latter part of 2015 and hosted by WAAMH.

What is outcome measurement?

Mental health outcomes can be defined in a number of ways, but for the purpose of this guide **outcomes** is defined as "*demonstrable improvements in the lives of people*" (Western Australian Association of Mental Health, 2010: 5). Therefore, if an organisation is measuring outcomes they are measuring the improvements they are making to a person's life as a result of some type of intervention or service.

This assertion however, raises many questions. For example, how can an organisation be sure that an improvement in a person's life is directly attributable to an intervention they provided? What about external factors not related to the service a person has received, such as entering into a positive relationship? What if a person does not show improvement, but actually decompensates, is this also because of a service they accessed or is it because of some other factor? The questions go on.

So given the ambiguity around measuring improvements in people's lives, **why should organisations do it?** As highlighted by Stedman et al (1997), it is both ethical and practical to evaluate the outcomes of mental health services. While questions about what is being measured and how it might be interpreted should be subject to critical debate, good evaluation which seeks to improve the quality and effectiveness of mental health services should be main the aim (Stedman et al, 1997). Services should be continually trying to improve the services they provide to consumers and their families, and outcome measurement is one way of evaluating this.

Some other arguments supporting outcome measurement are:

- The National Standards for Mental Health 2010 (standard 6.17) state that consumers and carers need to be involved in the planning, implementation and evaluation of mental health services and that organisations need to measure the effectiveness of their service delivery (Commonwealth of Australia, 2010). It is also a requirement of the fourth national mental health plan (Commonwealth of Australia, 2009).
- Consumers support the introduction of routine outcome assessments and see the process as having potential to contribute to the treatment they receive (Graham et al, 2001).
- Consumers have the right to share their perspectives about their mental health and also have it incorporated into their care plan.
- International experience indicates that both perspectives (clinicians and consumers) are integral to outcome measurement.
- Routine outcome measurement supports the new Mental Health Commission Quality Management Framework (2014).

Outcome measurement work undertaken nationally

In March 2012, a national project (named the National Community Managed Organisation Outcome Measurement Project) was undertaken by the Mental Health Information Strategy Standing Committee that sought to describe the current status of utilising consumer outcome measures in Australian community managed organisations (CMOS) (Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia, 2013). This project also undertook an extensive review of all of the outcome measures that might be suitable for use by the mental health CMO sector and make recommendations on the information infrastructure development that would be required to introduce the reporting of consumer outcomes (from CMOs) in Australia. This project found that many CMOs in Australia are already using some form of outcome measurement in their practice, but the tools used were not unified across the sector, nor necessarily collected on a routine basis. The project also found that:

> *"1. Routine outcome measurement should occur within the CMO sector;*
>
> *2. Routine outcome measurement should include the collection of a universal measure of consumer or carer experience of service provision, and then be supplemented by specific measures depending on CMO service type and program characteristics;*
>
> *3. There should be production of a "guidebook" that builds upon the results of the current project and which outlines measures, data collection protocols and the preconditions necessary for the implementation of routine outcome measurement in the sector; and*
>
> *4. The guidebook would be used to structure discussion between CMO peak bodies, service providers, consumers, carers and funders to enable the implementation of routine outcome measurement to the sector. "*
>
> (Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia, 2013: 4)

The national guidebook mentioned above is due for completion in 2015. This Western Australian guide is designed to complement the work outlined above.

One of the tasks undertaken by the National Community Managed Organisation Outcome Measurement (NCMOOM) Project was to define domains of outcome. The Oxford English Dictionary defines a domain as a set of possible values, variables or elements. In outcome measurement this means a set of values, variables or elements that are grouped together to be measured, that may be suitable for demonstrating the outcomes of care for the different types of services offered by the mental health CMO sector (Australian Mental Health Outcomes and Classification Network, 2013). The NCMOOM project determined that there were seven outcome domains that could be part of a comprehensive measurement program. Table 1 below outlines the seven domains:

(As cited in Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia, 2013: 19)

Table 1: Outcome domains determined by the NCMOOM project						
Recovery	**Cognition and Emotion**	**Functioning**	**Social Inclusion**	**Quality of Life**	**Experience of Service**	**Multidimensional**
The personal process of individual recovery.	Individual consumer cognitive performance and emotional experience Individual carer cognitive performance and emotional experience	Simple and complex functional abilities are covered here including the ability to undertake activities of daily living consistent with developmental stage. The quantity and quality of interpersonal relationships consistent with developmental stage.	Education, employment, citizenship, stability of housing	General life satisfaction, physical health and wellbeing	Service satisfaction, consumer or carer experience of service provision, care or service co-ordination	Measures that capture information across multiple domains

As mentioned previously, one of the tasks of the NCMOOM project was to undertake an extensive review of all of the outcome measures that might be suitable for use by the mental health CMO sector. The project shortlisted 31 outcome measures across the seven domains listed above. Table 2 illustrates the 31 measures recommended by the NCMOOM project.

(As cited in Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia, 2013: 23)

Table 2: Outcome domains and the 31 outcome measures shortlisted by the NCMOOM project
Recovery (The personal process of individual recovery)
1. Recovery Assessment Scale (RAS)† 2. Recovery Process Inventory (RPI)† 3. Illness Management and Recovery (IMR)† Scales 4. Stages of Recovery Instrument (STORI)† 5. Recovery Star†
Cognition and Emotion (Individual consumer cognitive performance and emotional experience Individual carer cognitive performance and emotional experience)
6. Kessler-10 (K-10)† 7. Mental Health Inventory 38 (MHI-38)† 8. Behaviour Symptom Identification Scales (BASIS-32®)† 9. Strengths and Difficulties Questionnaire (SDQ)† 10. Involvement Evaluation Questionnaire (IEQ)† 11. Burden Assessment Scale (BAS)† 12. CarerQol-7D+VAS†
Functioning (Simple and complex functional abilities are covered here including the ability to undertake activities of daily living consistent with developmental stage. The quantity and quality of interpersonal relationships consistent with developmental stage.)
13. Life Skills Profile* 14. Work and Social Adjustment Scale*

15. The Multnomah Community Ability Scale (MCAS)* 16. Personal and Social Performance Scale (PSP)*
Social Inclusion (Education, employment, citizenship, stability of housing
17. Social and Community Opportunities Profile (SCOPE)† 18. Activity and Participation Questionnaire (APQ6)† 19. Living in the Community Questionnaire†
Quality of Life (General life satisfaction, physical health and wellbeing)
20. Satisfaction with Life Scale (SWL)† 21. Manchester Short Assessment of Quality of Life (MANSA)† 22. World Health Organisation Quality of Life –Brief, Australian Version (Australian WHOQoL-BREF)†
Experience of Service (Service satisfaction, consumer or carer experience of service provision, care or service co-ordination)
23. Consumer and Carer Experience Questionnaires (C&CES)† 24. Psychiatric Outpatient Experience Questionnaire (POPEQ)† 25. Consumers Experience of Care† 26. Carers Experience of Service Provision†
Multidimensional (Measures that capture information across multiple domains)
27. Camberwell Assessment of Need – Short Appraisal Scale (CANSAS) †* 28. Collaborative Goal Index/COMPASS† 29. Health of the Nation Outcomes Scales (HoNOS)* 30. Health of the Nation Outcomes Scales for Children and Adolescents (HoNOSCA)* 31. Health of the Nation Outcomes Scales 65+ (HoNOS 65+)*

† = client rated
* = worker rated

*(Please Note: a **client rated** outcome measure is one that is offered to the client or carer/significant other to complete; a **worker rated** outcome measure is one that is completed by the worker of the organisation)*

The NCMOOM project short listed these outcome measures after ascertaining they all met the essential selection criteria which determined if they were going to be appropriate for mental health CMOs to utilise. This section criteria was:

- "*have been developed for use or used in the mental health sector;*
- *have been developed or used in Australia, with identified potential for further development;*
- *be able to be completed by either the consumer and/or CMO employee;*
- *be brief and easy to use (time and/or number items);*
- *yield quantitative data (does not exclude instruments that also yield qualitative data);*
- *have undergone scientific scrutiny and have demonstrated strong psychometric properties (e.g., of internal consistency, validity, reliability and sensitivity to change). "*

(Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia, 2013: 22)

At the time of publishing this document, these measures were only a short list of suggested measures with the thought that more work needed to be done on the suitability of these measures.

Some of the other factors that need to be ascertained as to whether a measure is suitable includes:

- Is it free to use by the service?
- Is it easily accessible in the public domain? Or does permission to use the measure need to be sought and if so is this easy to do?
- Does the measure take into account the consumer perspective?
- Has the measure been scientifically scrutinised?
- Is the measure acceptable to consumers and carers?
- Is the language used in the measure easy to understand, will it be inclusive of people who may have literacy issues?
- Is the measure culturally appropriate for the services' consumers/carers?
- Is the measure available (i.e. been translated) in any other languages?

Since 2013, the NCMOOM project has refined the number of recommended outcome measurement questionnaires (as outlined in Table 2) to the following:

- Recovery Assessment Scale (RAS)
- Stages of Recovery Instrument (STORI)
- Kessler-10 (K-10)
- CarerQol-7D+VAS
- Work and Social Adjustment Scale
- Living in the Community Questionnaire
- World Health Organisation Quality of Life –Brief, Australian Version (Australian WHOQoL- BREF)
- Consumer and Carer Experience Questionnaires (C&CES)
- Camberwell Assessment of Need – Short Appraisal Scale (CANSAS)

These were chosen as they were the easiest to complete, access and interpret. They also addressed all of the domains and obtained feedback from consumers, carers/family members, and workers.

Outcome measures outlined in this guide

This guide contains examples of many of the questionnaires shortlisted in Table 2 above (however, some measures were not available in the public domain [i.e. were either costly to access and use, or the measure was not easily accessible without getting written permission for use]). In particular, eight of the refined recommended measures mentioned above (except for the "Consumer and Carer Experience Questionnaires"; which have not been released in the public domain at the time of creating this guide) are featured in this guide.

Although some measures are not featured in this guide, it does not prevent a CMO from choosing to use any of these measures. It is important to note that this guide is not advocating for any one measure over the other. It simply aims to inform the Western Australian CMO sector of the measures that have been recommended in the national context and those that are easily accessed in the public domain.

The outcome measures that are briefly summarised in this guide include:

Domain: Recovery	
Outcome Measure	**Who Completes the Measure**
Recovery Assessment Scale (RAS)	Consumer rated
Stages of Recovery Instrument (STORI)	Consumer rated
Recovery Process Inventory (RPI)	Consumer rated
Illness Management and Recovery (IMR) Scales	Consumer rated
Domain: Cognition & Emotion (Thoughts & Feelings)	
Outcome Measure	**Who Completes the Measure**
Kessler-10 (K10)	Consumer rated
CarerQol-7D+VAS	Carer rated
Burden Assessment Scale (BAS)	Carer rated
Mental Health Inventory (MHI)	Consumer rated
Behaviour and Symptom Identification Scale-32® (BASIS-32®)	Consumer rated
Involvement Evaluation Questionnaire (IEQ)	Carer rated
Strengths and Difficulties Questionnaires (SDQ)	Carer rated
Domain: Functioning (Daily Living & Relationships)	
Outcome Measure	**Who Completes the Measure**
Work and Social Adjustment Scale (WSAS)	Consumer rated
Life Skills Profile - 16 (LSP-16)	Worker rated
Domain: Social Inclusion	
Outcome Measure	**Who Completes the Measure**
Living in the Community Questionnaire (LCQ)	Consumer rated
Domain: Quality of Life	
Outcome Measure	**Who Completes the Measure**
WHOQoL-BREF (Australian Version)	Consumer rated
Satisfaction With Life Scale (SWL)	Consumer rated
Domain: Multidimensional	
Outcome Measure	**Who Completes the Measure**
Camberwell Assessment of Need Short Appraisal scale (CANSAS) *(Consumer questionnaire and worker questionnaire)*	Consumer rated version and worker rated version
Health of the Nation Outcome Scales (HoNOS); Health of the Nation Outcome Scales 65+ (HoNOS 65+); and Health of the Nation Outcome Scales Children and Adolescents (HoNOSCA)	Worker rated

Consumer rated measures are located in part three of this document, carer rated measures are in part four, and worker rated measures are in part five.

Unfortunately this guide does not include any examples of questionnaires that measure service satisfaction. This is due to the measures recommended by the NCMOOM project (in particular the Consumers Experience of Care and the Carers Experience of Service Provision) not being available in the public domain at the time of producing this document.

Using these measures to evaluate progress against the mental health outcome statements and the quality management framework

As mentioned in part 1 of this document, the Mental Health Outcome Statements developed by the Mental Health Commission in Western Australia consists of six key outcomes for consumers and their families/supporters:

> ***"Health, Wellbeing and Recovery -*** *People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about*

their recovery.

A home and financial security - *People have a safe home and a stable and adequate source of income.*

Relationships - *People have enriching relationships with others that are important to them such as family, friends and peers.*

Recovery, learning and growth - *People develop life skills and abilities, and learn ways to recover that builds their confidence, self-esteem and resilience for the future.*

Rights, respect, choice and control - *People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports.*

Community belonging - *People are welcomed and have the opportunity to participate and contribute to community life.*"

(Mental Health Commission, 2012: 5)

The domains chosen by the NCMOOM project adequately address all of these outcome statements. The suggested measures would help evaluate a services' progress against these outcome statements, as well as the national mental health standards (which are being evaluated by the Quality Management Framework - the Quality Management Framework can be accessed through the Mental Health Commission of Western Australia and downloaded from their website). Some of the measures are more detailed than others so may help evaluate a couple of domains in the one questionnaire. However not all organisations' will be able to use all of the questionnaires for many different reasons including suitability and cost.

So how does an organisation choose a suitable suite of measures that can help them evaluate their progress against the standards and quality management framework?

There are many things a service has to consider when choosing outcome measures, some of these are:

- Realistically what measures could be completed by staff, consumers, and carers given time available, costs, literacy, culture etc?
- What is the organisation's communication strategy to their consumers and carers to advise them of the changes to the services and why they are asking them to complete outcome measures questionnaires?
- What are the costs of using a measure including tool licensing or tool development costs, research costs, ongoing administration, evaluation, testing, and data collection information system requirements?
- What is the administrative burden for individuals required to complete multiple measures (consumers, carers and workers)? Will the person completing the measure have privacy to do this?
- What training, education and professional development needs to take place to support the outcome measures chosen? Is there training locally available and affordable?
- Ensuring accurate measurement is supported through staff education, training and development and that this is accounted for in the organisation's operational budget.

- Does the organisation need to use different outcome measures to evaluate different service programs or are there measures that are suitable for all of their programs, services, as well as all of their consumers and carers?
- Are the outcome measures chosen easy to interpret and easy to use for reporting against the standards and the framework?
- Does the Board of the organisation and other stakeholders understand the requirements of outcome measurement in relation to organisational governance and quality improvement practices?
- How does the organisation obtain the support of the staff in using outcome measures?

To answer some of these questions some of the following processes are recommended:

- Indentify a champion in the organisation that has evaluation and measurement skills that can lead the project for the organisation (this includes skills in data analysis, data interpretation and evaluation report preparation). If this is not available within the organisation obtain these skills externally if possible.
- Form a small project team to be responsible for the development of a project plan for collecting outcome measures. An organisation may already have a quality management team that oversees policy and strategic development. Outcome measurement could be made an additional task of this team. Outcome measurement is an ongoing process so it needs to be embedded into organisational practices. Outcome measurement also needs to be done routinely so determine timeframes for collecting the data (i.e. at admission into a service, at review, and/or at discharge). This will largely depend on the type of service the organisation provides.
- Ensure evaluation is built into the organisation and all services it delivers. Evaluation needs to be seen by staff as integral part of the work practices of all staff.
- Develop a clear statement of goals, objectives and outcomes (and performance indicators) that enable staff to know what needs to be measured and why.
- Choose easily accessible measures in the beginning and learn from any mistakes that are made in the process.
- To begin with, it is advisable that organisations use one consumer rated, one carer rated and one worker rated measure. In addition, services should have a consumer and carer satisfaction survey available for completion.
- Dedicate a staff member to collect the data and input it into a computer system/excel sheet that can be analysed easily.
- Ensure you have mechanisms for reporting back to staff, consumers and carers/family members on the data that has been collected. Staff have feelings of ownership over the data and would benefit to know if their interventions are assisting their clients. Consumers and carers more often than not want to know of the results so consider ways that this can be communicated within current work practices.

WAAMH
Western Australian Association for Mental Health

Part Three:

Examples of outcome measures that can be completed by consumers

Introduction

Stedman et al (1997) highlighted some of the benefits of introducing consumer rated questionnaires in the routine collection of outcome measures. The findings suggested that consumer rated questionnaires:

- increased self-awareness of one's mental health;
- improved communication between service providers and consumers;
- provided and/or improved the structure of clinical interview sessions;
- indirectly assisted increasing knowledge within the community about mental health;
- provided the Government and service providers with better information by which to target funding of mental health services;
- provide a less threatening means of communicating dissatisfaction with a service. People may be more willing to make a complaint about a service in a format such as this, rather than confronting the service provider directly; and
- allowed workers to compare their view points (ratings) with those of the consumer. Any discrepancies would be highlighted in this process.

The following pages provide examples of some outcome measures that can be completed by people accessing your services. These examples have been provided to assist your service to begin discussions around the types of questionnaires that may be suitable for your programs and consumers. It is not a definitive list and is based on the questionnaires that have been recommended by the National Community Managed Organisation Outcome Measurement (NCMOOM) Project (Australian Mental Health Outcomes and Classification Network [AMHOCN] and Community Mental Health Australia, 2013). The table below shows the measures that have been included in this section of this guide. For ease of clarification, the measures that were recommended for use by AMHOCN are highlighted separately to the measures that were shortlisted by the NCMOOM project and suggested as optional/suitable outcome measures for CMOs.

Domain	AMHOCN Status	Outcome Measure
Recovery	Recommended	Recovery Assessment Scale (RAS)
	Recommended	Stages of Recovery Instrument (STORI)
	Optional	Recovery Process Inventory (RPI)
	Optional	Illness Management and Recovery (IMR) Scales
Cognition & Emotion (Thoughts & Feelings)	Recommended	Kessler-10 (K10)
	Optional	Mental Health Inventory (MHI)
	Optional	Behaviour and Symptom Identification Scale-32® (BASIS-32®)
Functioning (Daily Living & Relationships)	Recommended	Work and Social Adjustment Scale (WSAS)
Social Inclusion	Recommended	Living in the Community Questionnaire (LCQ)
Quality of Life	Recommended	WHOQoL-BREF (Australian Version)
	Optional	Satisfaction With Life Scale (SWL)
Multidimensional	Recommended	CamberwellAssessment of Need Short Appraisal Scale (CANSAS)

Consumer Completed Measures
Recovery Domain/Outcome
Recommended Measures (by National Outcome Measurement Project)

Recovery Assessment Scale (RAS) - Short Version

The Recovery Assessment Scale (RAS) was developed in the United States in 1995 as an evaluation measure, and has been used to assess the impact of a range of programs (Burgess, Pirkis, Coombs and Rosen, 2010). It is designed to assess various aspects of recovery from the perspective of the consumer, with a particular emphasis on hope and self-determination (Giffort et al., 1995). The original instrument comprises of 41 items, but there is also a shorter version which contains 24 items. The questionnaire covers five domains:

- personal confidence and hope;
- willingness to ask for help;
- goal and success orientation;
- reliance on others; and
- no domination by symptoms.

A copy of the 41 item RAS can be accessed from the following website (Appendix 2, page 36):
http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf
(Burgess, Pirkis, Coombs and Rosen, 2010)

An example of the 41 item RAS is overleaf.

Recovery Assessment Scale (RAS) - Example:

Instructions: Below is a list of statements that describe how people sometimes feel about themselves and their lives. Please read each one carefully and circle the number to the right that best describes the extent to which you agree or disagree with the statement. Circle only one number for each statement and do not skip any items.

		Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
1.	I have a desire to succeed	1	2	3	4	5
2.	I have my own plan for how to stay or become well	1	2	3	4	5
3.	I have goals in life that I want to reach	1	2	3	4	5
4.	I believe I can meet my current personal goals	1	2	3	4	5
5.	I have a purpose in life	1	2	3	4	5
6.	Even when I don't care about myself, other people do	1	2	3	4	5
7.	I understand how to control the symptoms of my mental illness	1	2	3	4	5
8.	I can handle it if I get sick again	1	2	3	4	5
9.	I can identify what triggers the symptoms of my mental illness	1	2	3	4	5
10.	I can help myself become better	1	2	3	4	5
11.	Fear doesn't stop me from living the way I want to	1	2	3	4	5
12.	I know that there are mental health services that do help me	1	2	3	4	5
13.	There are things that I can do that help me deal with unwanted symptoms	1	2	3	4	5
14.	I can handle what happens in my life	1	2	3	4	5
15.	I like myself	1	2	3	4	5
16.	If people really knew me, they would like me	1	2	3	4	5
17.	I am a better person than before my experience with mental illness	1	2	3	4	5
18.	Although my symptoms may get worse, I know I can handle it	1	2	3	4	5
19.	If I keep trying, I will continue to get better	1	2	3	4	5
20.	I have an idea of who I want to become	1	2	3	4	5
21.	Things happen for a reason	1	2	3	4	5
22.	Something good will eventually happen	1	2	3	4	5
23.	I am the person most responsible for my own improvement	1	2	3	4	5
24.	I'm hopeful about the future	1	2	3	4	5
25.	I continue to have new interests	1	2	3	4	5
26.	It is important to have fun	1	2	3	4	5
27.	Coping with my mental illness is no longer the main focus of my life	1	2	3	4	5
28.	My symptoms interfere less and less with my life	1	2	3	4	5
29.	My symptoms seem to be a problem for shorter periods of time each time they occur	1	2	3	4	5
30.	I know when to ask for help	1	2	3	4	5
31.	I am willing to ask for help	1	2	3	4	5
32.	I ask for help, when I need it	1	2	3	4	5
33.	Being able to work is important to me	1	2	3	4	5
34.	I know what helps me get better	1	2	3	4	5
35.	I can learn from my mistakes	1	2	3	4	5
36.	I can handle stress	1	2	3	4	5
37.	I have people I can count on	1	2	3	4	5
38.	I can identify the early warning signs of becoming sick	1	2	3	4	5
39.	Even when I don't believe in myself, other people do	1	2	3	4	5
40.	It is important to have a variety of friends	1	2	3	4	5
41.	It is important to have healthy habits	1	2	3	4	5

Stages of Recovery Instrument (STORI)

The Stages of Recovery Instrument (STORI) was designed in Australia in 2006 to capture five stages of recovery (from the consumer's perspective), namely:

- *"moratorium (a time of withdrawal characterised by a profound sense of loss and hopelessness);*
- *awareness (realisation that all is not lost, and that a fulfilling life is possible);*
- *preparation (taking stock of strengths and weaknesses regarding recovery, and starting to work on developing recovery skills);*
- *rebuilding (actively working towards a positive identity, setting meaningful goals and taking control of one's life); and*
- *growth (living a full and meaningful life, characterised by self-management of the illness, resilience and a positive sense of self)."*

(Andresen, Caputi and Oades, 2006: 973)

The questionnaire consists of 50 questions that cover nine items:

- Part A: **5 stages of recovery** - Moratorium; Awareness; Preparation; Rebuilding; & Growth
- Part B: **4 recovery processes**: Hope; Responsibility; Identity; & Meaning

There is no charge for this measure, but permission to use the measure must be sought and the user must agree to acknowledge the source which is:

> Andresen, R., Caputi, P. and Oades, L. (2006): *The Stages of Recovery Instrument: Development of a measure, of recovery from serious mental illness*. Australian and New Zealand Journal of Psychiatry, 40, 972-980.

To access this measure you must first complete your details online at:
http://socialsciences.uow.edu.au/iimh/stori/index.html
The applicant needs to declare the purposes for which they will be using the tool. This is a very simple two minute process. After completion, the user will be directed to another web page that allows them to access the tool in PDF format and the scoring guide. The measure is available in the following languages: English, Spanish, French, Italian, Greek and Persian.

An example of the STORI is overleaf.

STORI

The following questionnaire asks about how you feel about your life and yourself since the illness. Some of the questions are about times when you don't feel so good. Others ask about times when you feel pretty good about life.

If you find some of the questions upsetting, and you need to talk to someone – please take a break and talk to a friend or support person.

The questions are in groups of five.
Read all five questions in a group, and then answer those five questions.
Circle the number from 0 to 5 to show how much each statement is true of you now.
Then move on to the next group.

When you choose your answer, think about **how you feel now**, not how you have felt some time in the past. For example:

Q.43 says "I am beginning to learn about mental illness and how I can help myself."
Q.44 says "I now feel reasonably confident about managing the illness."

If you are now fairly confident about managing the illness, you would give a higher score to Q.44 than you would to Q.43, which says you are just *beginning* to learn.

The questions are about how you feel about your life *on the whole* these days.
Try not to let things that might be affecting your mood just at the moment affect your answers.

STORI

Read all 5 questions in Group 1, then answer those five questions.
Circle the number from 0 to 5 that shows how much each statement is true of you *now*.
Then move on to Group 2, and so on.

When you choose your answer, think about ***how you feel now***, not how you have felt in the past.

	Group 1	*Not at all true now*					*Completely true now*
1	I don't think people with a mental illness can get better.	0	1	2	3	4	5
2	I've *only recently* found out that people with a mental illness *can* get better.	0	1	2	3	4	5
3	I am *starting* to learn how I can help myself get better.	0	1	2	3	4	5
4	I am working hard at staying well, and it will be worth it in the long run.	0	1	2	3	4	5
5	I have a sense of "inner peace" about life with the illness now.	0	1	2	3	4	5

	Group 2	*Not at all true now*					*Completely true now*
6	I feel my life has been ruined by this illness.	0	1	2	3	4	5
7	I'm *just starting* to realise my life doesn't have to be awful forever.	0	1	2	3	4	5
8	I have *recently* started to learn from people who are living well in spite of serious illness.	0	1	2	3	4	5
9	I'm starting to feel *fairly* confident about getting my life back on track.	0	1	2	3	4	5
10	My life is really good now, and the future looks bright.	0	1	2	3	4	5

	Group 3	*Not at all true now*					*Completely true now*
11	I feel like I'm nothing but a sick person now.	0	1	2	3	4	5
12	Because others believe in me, I've *just started* to think maybe I can get better.	0	1	2	3	4	5
13	I am *just beginning* to realise that illness doesn't change who I am as a person.	0	1	2	3	4	5
14	I am *now beginning* to accept the illness as part of the *whole person* that is me.	0	1	2	3	4	5
15	I am happy with who I am as a person.	0	1	2	3	4	5

	Group 4	*Not at all true now*					*Completely true now*
16	I feel as though I don't know who I am any more.	0	1	2	3	4	5
17	I have *recently begun* to recognise a part of me that is not affected by the illness.	0	1	2	3	4	5
18	I am *just starting* to realise that I *can* still be a valuable person.	0	1	2	3	4	5
19	I am learning new things about myself as I work towards recovery.	0	1	2	3	4	5
20	I think that working to overcome the illness has made me a better person.	0	1	2	3	4	5

	Group 5	*Not at all true now*					*Completely true now*
21	I'll never be the person I thought I would be.	0	1	2	3	4	5
22	I've *just begun* to accept the illness as part of my life I'll have to learn to live with.	0	1	2	3	4	5
23	I am *starting* to figure out what I am good at and what my weaknesses are.	0	1	2	3	4	5
24	I'm *starting* to feel that I am making a valuable contribution to life.	0	1	2	3	4	5
25	I am accomplishing worthwhile and satisfying things in my life.	0	1	2	3	4	5

	Group 6	*Not at all true now*					*Completely true now*
26	I am angry that this had to happen to *me*.	0	1	2	3	4	5
27	I'm just *starting* to wonder if some good could come out of this.	0	1	2	3	4	5
28	I am *starting* to think about what my special qualities are.	0	1	2	3	4	5
29	In having to deal with illness, I am learning a lot about life.	0	1	2	3	4	5
30	In overcoming the illness I have gained new values in life.	0	1	2	3	4	5

	Group 7	*Not at all true now*					*Completely true now*
31	My life seems completely pointless now.	0	1	2	3	4	5
32	I am *just starting* to think maybe I *can* do something with my life.	0	1	2	3	4	5
33	I am *trying* to think of ways I might be able to contribute in life.	0	1	2	3	4	5
34	These days I am working on some things in life that are personally important to me.	0	1	2	3	4	5
35	I am working on important projects that give me a sense of purpose in life.	0	1	2	3	4	5

	Group 8	*Not at all true now*					*Completely true now*
36	I can't do anything about my situation.	0	1	2	3	4	5
37	I'm *starting* to think I could do something to help myself.	0	1	2	3	4	5
38	I am *starting to* feel more confident about learning to live with the illness.	0	1	2	3	4	5
39	Sometimes there are setbacks, but I come back and keep trying.	0	1	2	3	4	5
40	I look forward to facing new challenges in life.	0	1	2	3	4	5

	Group 9	*Not at all true now*					*Completely true now*
41	Others know better than I do what's good for me.	0	1	2	3	4	5
42	I want to *start* learning how to look after myself properly.	0	1	2	3	4	5
43	I am *beginning* to learn about mental illness and how I can help myself.	0	1	2	3	4	5
44	I now feel *reasonably* confident about managing the illness.	0	1	2	3	4	5
45	I can manage the illness well now.	0	1	2	3	4	5

	Group 10	*Not at all true now*					*Completely true now*
46	I don't seem to have any control over my life now.	0	1	2	3	4	5
47	I want to *start* learning how to cope with the illness.	0	1	2	3	4	5
48	I am *just starting* to work towards getting my life back on track	0	1	2	3	4	5
49	I am *beginning* to feel responsible for my own life.	0	1	2	3	4	5
50	I am in control of my own life.	0	1	2	3	4	5

Thank you for completing the "STORI"

For more information about the STORI, please visit our website http://socialsciences.uow.edu.au/iimh/stori/index.html

Reference: Andresen R, Caputi P and Oades L (2006). The Stages of Recovery Instrument: Development of a measure of recovery from serious mental illness. *Australian and New Zealand Journal of Psychiatry* 2006; 40:972-980

Scoring the Stages of Recovery Instrument (STORI)

Structure of the STORI

The STORI consists of 50 items, presented in 10 groups of five.
Each group represents one of the four process components of recovery (see Andresen et al, 2003):

- Hope
- Identity
- Meaning
- Responsibility

There is more than one group for each process - either 2 or 3 groups depending on the process.
Individual items within each group represent the stage of recovery.
The 1st item in each group represents a process (e.g. 'Hope') at Stage 1 (Moratorium),
The 2nd item represents this process at ……..Stage 2 (Awareness)
The 3rd item represents this process at ……..Stage 3 (Preparation),
The 4th item represents this process at ……Stage 4 (Rebuilding)
The 5th item represents this process at ……Stage 5 (Growth) etc.

Scoring

Totalling the first items of all the groups, gives a Stage 1 subscale score; the second items in the groups total a Stage 2 subscale score, etc. That is:
Items 1, 6, 11, through to item 46 = Stage 1 subscale
Items 2, 7, 12, ……item 47 = Stage 2 subscale
Items 3, 8, 13,……..item 48 = Stage 3 subscale
Items 4, 9, 14,……item 49 = Stage 2 subscale
Items 5, 10, 15,……..item 50 = Stage 5 subscale
In our research, we took the Stage with the highest total to be the person's stage of recovery. Where the highest score was equal for two stages, we took the "highest" stage.

Note: There is no "Total" score. The way the items are constructed does not allow for a "Total" by summing all the items from the different stages. Similarly, the process components are not scored individually (i.e. there is no total "Hope" score). Nor is there a "Stage" score for individual process components (i.e. no "Stage 1 Hope"), as there are insufficient items in each cell to give a reliable total.

Alternative Interpretation Method

To render the STORI more sensitive to change, it may be possible to look at change in individual Stage subscale scores, rather than simply movement from one Stage to another. For example, an individual may improve on "Stage 4" scores, but their highest score may not yet have moved to "Stage 5". This method has not been used by the researchers, but we think it would be a more sensitive measure of change and a fruitful line of enquiry.

Andresen, R., Caputi, P., & Oades, L. (2006). The Stages of Recovery Instrument: Development of a measure of recovery from serious mental illness. *Australian & New Zealand Journal of Psychiatry, 40*, 972-980.
Andresen, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: towards an empirically-validated stage model. *Australian and New Zealand Journal of Psychiatry, 37*, 586–594

Consumer Completed Measure
Recovery Domain/Outcome
Optional Measure

Recovery Process Inventory (RPI)

The Recovery Process Inventory (RPI) was developed in the United States. Its psychometric properties were tested in a study on 459 people with a severe mental illness from public US mental health services (Jerrell, Cousins and Roberts, 2006). The questionnaire has 22 items and asks the consumer to rate their experience across six domains: anguish; connectedness to others; confidence/purpose; others care/help; living situation; and hopeful/cares for self (Burgess, Pirkis and Coombs, 2010). It also asks the consumer to answer some basic demographic questions.

A copy of the measure can be accessed in the following PDF (appendix 6 of this document):
http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf

An example of the measure is overleaf.

Recovery Process Inventory (RPI) - Example

Gender

- Male
- Female

Ethnicity

- Caucasian/White
- African American/Black
- Asian
- Native American/Indian
- Hispanic/Latino
- Other _____

Age

- 18-25
- 26-35
- 36-55
- 56-75
- 75+

What diagnosis have you received?

- Schizophrenia
- Bipolar disorder
- Schizoaffective disorder
- Dually diagnosed (substance use and mental illness)
- Major depression
- Anxiety disorder
- Other _____

Housing

- Private residence/household (lives alone, lives with family, supervised living)
- Homeless shelter
- On the street
- Jail or correctional facility
- Other residential or institutional setting (community care home, inpatient facility, nursing home)

Employment

- Employed (competitive full or part time or supportive full or part time)
- Unemployed but desiring work
- Not in workforce/not desiring to work (retired, volunteer unpaid family worker, adult student, home maker)

How long have you been receiving services from the South Carolina Department of Mental Health?

- <1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- 26+ years

Please indicate how much agreement or disagreement you have with the following statements. Your response is based on a 5 point scale with one (1) being I strongly disagree and five (5) being I strongly agree.		I strongly disagree 1	I disagree 2	I am neutral 3	I agree 4	I strongly agree 5
1.	I feel discriminated against or excluded from my community because of my mental illness.	1	2	3	4	5
2.	I feel lost and hopeless much of the time.	1	2	3	4	5
3.	I feel isolated and alone when I am with my family.	1	2	3	4	5
4.	I find places and situations where I can make friends.	1	2	3	4	5
5.	There is meaning and purpose to my life.	1	2	3	4	5
6.	I have a good, safe place to live.	1	2	3	4	5
7.	I ask for help from others when I need it.	1	2	3	4	5
8.	Fear doesn't stop me from living the way I want to.	1	2	3	4	5
9.	I feel isolated and alone much of the time.	1	2	3	4	5
10.	I am living in the kind of place I like.	1	2	3	4	5
11.	My family tries to control my treatment too much.	1	2	3	4	5
12.	I can be with people at church, temple, or a prayer meeting who understand my journey to recovery.	1	2	3	4	5
13.	I don't think that I will ever find the kind of place where I want to live.	1	2	3	4	5
14.	I have a positive outlook on life.	1	2	3	4	5
15.	No one would hire me to work for them.	1	2	3	4	5
16.	I trust myself to make good decisions and positive changes in my life.	1	2	3	4	5
17.	Even when I don't care about myself, other people do.	1	2	3	4	5
18.	I get on with my life when I have hope.	1	2	3	4	5
19.	I feel better when I know how to take care of myself.	1	2	3	4	5
20.	I feel more isolated when people around me pray for help.	1	2	3	4	5
21.	Other people are always making decisions about my life.	1	2	3	4	5
22.	I spend time with people to feel connected and better about myself.	1	2	3	4	5

Illness Management and Recovery (IMR) Scales

The Illness Management and Recovery (IMR) Scales were developed in 2004 in the United States to evaluate the IMR program which was designed to promote illness management and advancement towards personal goals (Mueser et al., 2004). This tool has a questionnaire for consumers and a questionnaire for service workers (which allows for an assessment of recovery from the perspective of the consumer as well as the service provider [clinician version]) (Burgess, Pirkis and Coombs, 2010). Both questionnaires contain 15 items that cover a number of areas including substance use, hospitalisation, use of peer support, and goal setting.

An example of the IMR consumer and service provider questionnaires are overleaf. A copy of this questionnaire can be accessed from the following document:
http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf

Illness Management and Recovery Scale: Client Self-Rating - Example

Client ID Number: _____ Date: _____

Please take a few minutes to fill out this survey. We are interested in the way things are for you, so there is no right or wrong answer. If you are not sure about a question, just answer it as best as you can.

Just circle the number of the answer that fits you best.

1. Progress towards personal goals: In the past 3 months, I have come up with…

1	2	3	4	5
No personal goals	A personal goal, but have not done anything to finish my goal.	A personal goal and made it a little way toward finishing it.	A personal goal and have gotten pretty far in finishing my goal.	A personal goal and have finished it.

2. Knowledge: How much do you feel like you know about symptoms, treatment, coping strategies (coping methods), and medication?

1	2	3	4	5
Not very much	A little	Some	Quite a bit	A great deal

3. Involvement of family and friends in my mental health treatment: How much are family members, friends, boyfriend/girlfriend, and other people who are important to you (outside your mental health agency) involved in your mental health treatment?

1	2	3	4	5
Not at all	Only when there is a serious problem	Sometimes, like when things are starting to go badly	Much of the time	A lot of the time and they really help me with my mental health

4. Contact with people outside of my family: In a normal week, how many times do you talk to someone outside of your family (like a friend, co-worker, classmate, roommate, etc.)?

1	2	3	4	5
0 times/week	1-2 times/week	3-4 times/week	6-7 times/week	8 or more times/week

5. Time in Structured Roles: How much time do you spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time do you spend in doing activities for or with another person that are expected of you? (This would not include self-care or personal home maintenance.)

1	2	3	4	5
2 hours or less/week	3-5 hours/week	6 to 15 hours/week	16-30 hours/week	More than 30 hours/week

6. Symptom distress: How much do your symptoms bother you?

1	2	3	4	5
My symptoms *really* bother me *a lot*.	My symptoms bother me *quite a bit*	My symptoms bother me *somewhat*.	My symptoms bother me *very little*.	My symptoms don't bother me *at all*.

7. Impairment of functioning: How much do your symptoms get in the way of you doing things that you would like to or need to do?

1	2	3	4	5
My symptoms *really* get in my way *a lot*.	My symptoms get in my way *quite a bit*.	My symptoms get in my way *somewhat*.	My symptoms get in my way *very little*.	My symptoms don't get in my way *at all*.

8. Relapse Prevention Planning: Which of the following would best describe what you know and what you have done in order not to have a relapse?

1	2	3	4	5
I don't know how to prevent relapses.	I know a little, but I haven't made a relapse prevention plan.	I know 1 or 2 things I can do, but I don't have a written plan	I have several things that I can do, but I don't have a written plan	I have a written plan that I have shared with others.

9. Relapse of Symptoms: When is the last time you had a relapse of symptoms (that is, when your symptoms have gotten much worse)?

1	2	3	4	5
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	I haven't had a relapse in the past year

10. Psychiatric Hospitalizations: When is the last time you have been hospitalized for mental health or substance abuse reasons?

1	2	3	4	5
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	I haven't been hospitalized in the past year

11. Coping: How well do feel like you are coping with your mental or emotional illness from day to day?

1	2	3	4	5
Not well at all	Not very well	Alright	Well	Very well

12. Involvement with self-help activities: How involved are you in consumer run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

1	2	3	4	5
I don't know about any self-help activities	I know about some self-help activities, but I'm not interested	I'm interested in self-help activities, but I have not participated in the past year	I participate in self-help activities occasionally.	I participate in self-help activities regularly.

13. Using medication effectively: (Don't answer this question if your doctor has not prescribed medication for you). How often do you take your medication as prescribed?

1	2	3	4	5
Never	Occasionally	About half the time	Most of the time	Every day

14. Functioning affected by alcohol use. Drinking can interfere with functioning when it contributes to conflict in relationships, or to money, housing and legal concerns, to difficulty showing up at appointments or paying attention during them, or to increased symptoms. Over the past 3 months, how much did drinking get in the way of your functioning?

1	2	3	4	5
Alcohol use *really* gets in my way *a lot*	Alcohol use gets in my way *quite a bit*	Alcohol use gets in my way *somewhat*	Alcohol use gets in my way *very little*	Alcohol use is *not a factor* in my functioning

15. Functioning affected by drug use: Using street drugs, and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships, or to money, housing and legal concerns, to difficulty showing up at appointments or paying attention during them, or to increased symptoms. Over the past 3 months, how much did drug use get in the way of your functioning?

1	2	3	4	5
Drug use *really* gets in my way *a lot*	Drug use gets in my way *quite a bit*	Drug use gets in my way *somewhat*	Drug use gets in my way *very little*	Drug use is *not a factor* in my functioning

Illness Management and Recovery Scale: Clinician Rating - Example

Clinician/Team Name: _____ Date:_____

Study ID#: _____

Please take a few moments to fill out the following survey regarding your perception of your client's ability to manage her or his illness, as well as her or his progress toward recovery. We are interested in the way you feel about how things are going for your client, so please answer with your honest opinion. If you are not sure about an item, just answer as best as you can.

Please circle the answer that fits your client the best.

1. Progress toward goals: In the past 3 months, s/he has come up with…

1	2	3	4	5
No personal goals	A personal goal, but has not done anything to finish the goal.	A personal goal and made it a little way toward finishing it.	A personal goal and has gotten pretty far in finishing the goal.	A personal goal and have finished it.

2. Knowledge: How much do you feel your client knows about symptoms, treatment, coping strategies (coping methods), and medication?

1	2	3	4	5
Not very much	A little	Some	Quite a bit	A great deal

3. Involvement of family and friends in my mental health treatment: How much are people like family members, friends, boyfriend/girlfriend, and other people who are important to your client (outside the mental health agency) involved in his/her mental health treatment?

1	2	3	4	5
Not at all	Only when there is a serious problem	Sometimes, like when things are starting to go badly	Much of the time	A lot of the time and they really help his/her with my mental health

4. Contact with people outside of my family: In a normal week, how many times does he/she talk to someone outside of his/her family (like a friend, co-worker, classmate, roommate, etc.)?

1	2	3	4	5
0 times/week	1-2 times/week	3-4 times/week	6-7 times/week	8 or more times/week

5. Time in Structured Roles: How much time does he/she spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time does he/she spend in doing activities for or with another person that are expected of him/her? (This would not include self-care or personal home maintenance.)

1	2	3	4	5
2 hours or less/week	3-5 hours/week	6 to 15 hours/week	16-30 hours/week	More than 30 hours/week

6. Symptom distress: How much do symptoms bother him/her?

1	2	3	4	5
Symptoms *really* bother him/her *a lot*.	Symptoms bother him/her *quite a bit*	Symptoms bother him/her *somewhat*.	Symptoms bother him/her *very little*.	Symptoms don't bother him/her *at all*.

7. Impairment of functioning: How much do symptoms get in the way of him/her doing things that he/she would like to do or needs to do?

1	2	3	4	5
Symptoms *really* get in his/her way *a lot*.	Symptoms get in his/her way *quite a bit*.	Symptoms get in his/her way *somewhat*.	Symptoms get in his/her way *very little*.	Symptoms don't get in his/her way *at all*.

8. Relapse Prevention Planning: Which of the following would best describe what s/he knows and has done in order not to have a relapse?

1	2	3	4	5
Doesn't how to prevent relapses.	Knows a little, but hasn't made a relapse prevention plan.	Knows 1 or 2 things to do, but doesn't have a written plan	Knows several things that to do, but doesn't have a written plan	Has a written plan and has shared with others.

9. Relapse of Symptoms: When is the last time s/he had a relapse of symptoms (that is, when his/her symptoms have gotten much worse)?

1	2	3	4	5
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	Hasn't had a relapse in the past year

10. Psychiatric Hospitalizations: When is the last time s/he has been hospitalized for mental health or substance abuse reasons?

1	2	3	4	5
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	No hospitalizations in the past year

11. Coping: How well do you feel like your client is coping with his/her mental or emotional illness from day to day?

1	2	3	4	5
Not well at all	Not very well	Alright	Well	Very well

12. Involvement with self-help activities: How involved is s/he in consumer run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

1	2	3	4	5
Doesn't know about any self-help activities	Knows about some self-help activities, but isn't interested	Is interested in self-help activities, but hasn't participated in the past year	Participates in self-help activities occasionally.	Participates in self-help activities regularly.

13. Using medication effectively: (Don't answer this question if his/her doctor has not prescribed medication). How often does s/he take his/her medication as prescribed?

1	2	3	4	5
Never	Occasionally	About half the time	Most of the time	Every day

14. Impairment of functioning through alcohol use. Drinking can interfere with functioning when it contributes to conflict in relationships, or to money, housing and legal concerns, to difficulty showing up at appointments or paying attention during them, or to increased symptoms. Over the past 3 months, did alcohol use get in the way of his/her functioning?

1	2	3	4	5
Alcohol use *really* gets in his/her way *a lot*	Alcohol use gets his/her way *quite a bit*	Alcohol use gets in his/her way *somewhat*	Alcohol use gets in his/her way *very little*	Alcohol use is *not a factor* in his/her functioning

15. Impairment of functioning through drug use. Using street drugs, and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships, or to money, housing and legal concerns, to difficulty showing up at appointments or paying attention during them, or to increased symptoms. Over the past 3 months, how much did drug use get in the way of his/her functioning?

1	2	3	4	5
Drug use *really* gets in his/her way *a lot*	Drug use gets in his/her way *quite a bit*	Drug use gets in his/her way *somewhat*	Drug use gets in his/her way *very little*	Drug use is *not a factor* in his/her functioning

Consumer Completed Measure
Thoughts and Feelings (Cognition and Emotion) Domain/Outcome
Recommended Measure (by National Outcome Measurement Project)

Kessler - 10 (K-10)

The Kessler - 10 consumer completed outcome measure is a 10-item self-report questionnaire intended to measure a person's "psychological distress" based on questions that ask about a person's level of anxiety and depressive symptoms over the past 4 weeks (Commonwealth of Australia, 2005).

In 2005, as part of the National mental health information development plan, the Australian Mental Health Outcomes and Classification Network published a training manual for service providers on the Kessler - 10 which is available at:
http://amhocn.org/static/files/assets/2c63fca6/Kessler_10_Manual.pdf
This manual explains the questionnaire in more details and how services might approach consumers to complete the measure.

An example of the Kessler - 10 questionnaire is overleaf. This was originally published in the Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures, 2003 and can now be sourced from the following website:
http://amhocn.org/static/files/assets/bee05b2a/Kessler_-10.pdf

The Kessler–10 (K-10)

The K-10+ LM

Instructions

The following ten questions ask about how you have been feeling in the **last four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	In the last four weeks, about how often did you feel tired out for no good reason?	O	O	O	O	O
2.	In the last four weeks, about how often did you feel nervous?	O	O	O	O	O
3.	In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	O	O	O	O	O
4.	In the last four weeks, about how often did you feel hopeless?	O	O	O	O	O
5.	In the last four weeks, about how often did you feel restless or fidgety?	O	O	O	O	O
6.	In the last four weeks, about how often did you feel so restless you could not sit still?	O	O	O	O	O
7.	In the last four weeks, about how often did you feel depressed?	O	O	O	O	O
8.	In the last four weeks, about how often did you feel that everything was an effort?	O	O	O	O	O
9.	In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	O	O	O	O	O
10.	In the last four weeks, about how often did you feel worthless?	O	O	O	O	O

The next few questions are about how these feelings may have affected you in the **last four weeks.**

You need not answer these questions if you answered 'None of the time' to all of the ten questions about your feelings

1

K10 scoring

The K10 Total score is based on the sum of K10 item 01 through 10 (range: 10-50). Items 11 through 14 are excluded from the total because they are separate measures of disability associated with the problems referred to in the preceding ten items.

The Total score is computed using the equation shown below, with the result being rounded to the nearest whole number. If any item has not been completed (that is, has not been coded 1, 2, 3, 4, 5), it is excluded from the calculation and not counted as a valid item. If more than one item is missing, the Total Score is set as missing.

$$Total\,score = \left(\frac{Sum\,of\,(item\,scores)}{N\,of\,valid\,(completed)\,Items} \right) \times Number\,of\,Items$$

Standard values must be used for coding missing item and Total scores. For individual items, the missing values are 7, 8 and 9 (ie, is coded 7 (unable to rate), 8 (Protocol exclusion) or 9 (missing data)). For the Total score, the missing value used should be 99.

Supplementary information: Kessler-6 (K6)

The Kessler-10 also exists as a briefer version, the Kessler-6 (K6). The K6 questions are a subset of those in the K10 and both a K6 and K10 score can be calculated when the K10 is used. No jurisdictions is using the K6 as its consumer self-rated outcome measure.

The K6 was adopted for the Canadian National Population Health Survey of 1994-95, where is was used in conjunction with an extensive collection of mental health measures. An adapted version based on the K6+ has recently been developed for trial use in the Indigenous Health Survey of 2004.

For further information:

Stephens T, Dulberg C, Joubert N (1999). Mental Health of the Canadian Population: A Comprehensive Analysis. *Chronic Diseases in Canada*, 20(3):118-126.

Wade T, Cairney J. (1997) Age and depression in a nationally representative sample of Canadians: a preliminary look at the National Population Health Survey. *Canadian Journal of Public Health*;88:297–302.

SOURCE: *Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures, Version 1.50*. Department of Health and Ageing, Canberra, 2003

Consumer Completed Measures
Thoughts and Feelings (Cognition and Emotion) Domain/Outcome
Optional Measures

Mental Health Inventory (MHI)

The Mental Health Inventory (MHI) was developed by Veit and Ware (1983) as part of the RAND Health Insurance Experiment (named the Medical Outcomes Study) in the United States. The MHI questionnaire was part of a much larger 116 item survey and was designed to assess the general psychological distress and wellbeing of a non-patient population.

The MHI is relatively long and has 38 questions that are categorised into six subscales:

- Anxiety: Items 3, 11, 13, 15, 25, 29, 32, 33, 35
- Depression: Items 9, 19, 30, 36
- Loss of behavioural or emotional control: Items 8, 14, 16, 18, 24, 27, 28
- General positive affect: Items 4-7, 12, 17, 26, 31, 34, 37
- Emotional ties: Items 10, 23
- Life satisfaction: Item 1

Criticisms of the MHI include the length of the questionnaire, the amount of time required to complete the tool, ambiguity around some of the wording of the questions, and the complexity in how to interpret and score the data once it has been completed.

Overleaf is an example of the MHI questionnaire. This can be accessed on the following website:
http://www.rand.org/content/dam/rand/www/external/health/surveys_tools/mos/mos_mentalhealth_survey.pdf

Instructions on how to score the MHI results can be found at:
http://www.rand.org/content/dam/rand/www/external/health/surveys_tools/mos/mos_core_scoring.pdf

More information on the MHI can be found at:
http://www.rand.org/health/surveys_tools/mos/mos_mentalhealth.html

Mental Health Inventory - Example

Instructions:
Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

1. How happy, satisfied, or pleased have you been with your personal life during the past month? ***(Tick one)***
   - 1 ☐ Extremely happy, could not have been more satisfied or pleased
   - 2 ☐ Very happy most of the time
   - 3 ☐ Generally, satisfied, pleased
   - 4 ☐ Sometimes fairly satisfied, sometimes fairly unhappy
   - 5 ☐ Generally dissatisfied, unhappy
   - 6 ☐ Very dissatisfied, unhappy most of the time

2. How much of the time have you felt lonely during the past month? ***(Tick one)***
   - 1 ☐ All of the time
   - 2 ☐ Most of the time
   - 3 ☐ A good bit of the time
   - 4 ☐ Some of the time
   - 5 ☐ A little of the time
   - 6 ☐ None of the time

3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month? ***(Tick one)***
   - 1 ☐ Always
   - 2 ☐ Very often
   - 3 ☐ Fairly often
   - 4 ☐ Sometimes
   - 5 ☐ Almost never
   - 6 ☐ Never

4. During the past month, how much of the time have you felt that the future looks hopeful and promising? ***(Tick one)***
   - 1 ☐ All of the time
   - 2 ☐ Most of the time
   - 3 ☐ A good bit of the time
   - 4 ☐ Some of the time
   - 5 ☐ A little of the time
   - 6 ☐ None of the time

5. How much of the time, during the past month, has your daily life been full of things that were interesting to you? ***(Tick one)***
   - 1 ☐ All of the time
   - 2 ☐ Most of the time
   - 3 ☐ A good bit of the time
   - 4 ☐ Some of the time
   - 5 ☐ A little of the time
   - 6 ☐ None of the time

6. How much of the time, during the past month, did you feel relaxed and free from tension? ***(Tick one)***
   - 1 ☐ All of the time
   - 2 ☐ Most of the time
   - 3 ☐ A good bit of the time
   - 4 ☐ Some of the time
   - 5 ☐ A little of the time
   - 6 ☐ None of the time

7. During the past month, how much of the time have your generally enjoyed the things you do? ***(Tick one)***
   - 1 ☐ All of the time
   - 2 ☐ Most of the time
   - 3 ☐ A good bit of the time
   - 4 ☐ Some of the time
   - 5 ☐ A little of the time
   - 6 ☐ None of the time

8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? ***(Tick one)***

1 ☐ No, not at all
2 ☐ Maybe a little
3 ☐ Yes, but not enough to be concerned or worried about
4 ☐ Yes, and I have been a little concerned
5 ☐ Yes, and I am quite concerned
6 ☐ Yes, I am very much concerned about it

9. Did you feel depressed during the past month? ***(Tick one)***

1 ☐ Yes, to the point that I did not care about anything for days at a time
2 ☐ Yes, very depressed almost every day
3 ☐ Yes, quite depressed several times
4 ☐ Yes, a little depressed now and then
5 ☐ Yes, never felt depressed at all

10. During the past month, how much of the time have you felt loved and wanted? ***(Tick one)***

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

11. How much of the time, during the past month, have you been a very nervous person? ***(Tick one)***

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

12. When you have got up in the morning, this past month, about how often did you expect to have an interesting day? ***(Tick one)***

1 ☐ Always
2 ☐ Very often
3 ☐ Fairly often
4 ☐ Sometimes
5 ☐ Almost never
6 ☐ Never

13. During the past month, how much of the time have you felt tense or "high-strung"? ***(Tick one)***

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

14. During the past month, have you been in firm control of your behaviour, thoughts, emotions or feelings? ***(Tick one)***

1 ☐ Yes, very definitely
2 ☐ Yes, for the most part
3 ☐ Yes, I guess so
4 ☐ No, not too well
5 ☐ No, and I am somewhat disturbed
6 ☐ No and I am very disturbed

15. During the past month, how often did your hands shake when you tried to do something? ***(Tick one)***

1 ☐ Always
2 ☐ Very often
3 ☐ Fairly often
4 ☐ Sometimes
5 ☐ Almost never
6 ☐ Never

16. During the past month, how often did you feel that you had nothing to look forward to? ***(Tick one)***

1 ☐	Always	4 ☐	Sometimes
2 ☐	Very often	5 ☐	Almost never
3 ☐	Fairly often	6 ☐	Never

17. How much of the time, during the past month, have you felt calm and peaceful? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

18. How much of the time, during the past month, have you felt emotionally stable? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

19. How much of the time, during the past month, have you felt downhearted and blue? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

20. How often have you felt like crying, during the past month? ***(Tick one)***

1 ☐	Always	4 ☐	Sometimes
2 ☐	Very often	5 ☐	Almost never
3 ☐	Fairly often	6 ☐	Never

21. During the past month, how often have you felt that others would be better off if you were dead? ***(Tick one)***

1 ☐	Always	4 ☐	Sometimes
2 ☐	Very often	5 ☐	Almost never
3 ☐	Fairly often	6 ☐	Never

22. How much of the time, during the past month, were you able to relax without difficulty? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

23. How much of the time, during the past month, did you feel that your love relationships, loving and being loved, were full and complete? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to? ***(Tick one)***

1 ☐	Always	4 ☐	Sometimes
2 ☐	Very often	5 ☐	Almost never
3 ☐	Fairly often	6 ☐	Never

25. How much have you been bothered by nervousness, or your "nerves" during the past month? ***(Tick one)***

1 ☐	Extremely so, to the point where I could not take care of things	4 ☐	Bothered some, enough to notice
2 ☐	Very much bothered	5 ☐	Bothered just a little by nerves
3 ☐	Bothered quite a bit by nerves	6 ☐	Not bothered at all by this

26. During the past month, how much of the time has living been a wonderful adventure for you? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up? ***(Tick one)***

1 ☐	Always	4 ☐	Sometimes
2 ☐	Very often	5 ☐	Almost never
3 ☐	Fairly often	6 ☐	Never

28. During the past month, did you think about taking your own life? ***(Tick one)***

1 ☐	Yes, very often
2 ☐	Yes, fairly often
3 ☐	Yes, a couple of times
4 ☐	Yes, at one time
5 ☐	No, never

29. During the past month, how much of the time have you felt restless, fidgety, or impatient? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

30. During the past month, how much of the time has living been moody or brooded about things? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

31. How much of the time, during the past month, have you felt cheerful, light hearted? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

32. During the past month, how often did you get rattled, upset or flustered? ***(Tick one)***

1 ☐	Always	4 ☐	Sometimes
2 ☐	Very often	5 ☐	Almost never
3 ☐	Fairly often	6 ☐	Never

33. During the past month, have you been anxious or worried? ***(Tick one)***

1 ☐ Yes, extremely to the point of being sick or almost sick
2 ☐ Yes, very much so
3 ☐ Yes, quite a bit
4 ☐ Yes, a little bit
5 ☐ No, not at all

34. During the past month, how much of the time were you a happy person? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

35. How often during the past month did you find yourself trying to calm down? ***(Tick one)***

1 ☐	Always	4 ☐	Sometimes
2 ☐	Very often	5 ☐	Almost never
3 ☐	Fairly often	6 ☐	Never

36. During the past month, how much of the time have you been in low or very low spirits? ***(Tick one)***

1 ☐	All of the time	4 ☐	Some of the time
2 ☐	Most of the time	5 ☐	A little of the time
3 ☐	A good bit of the time	6 ☐	None of the time

37. How often, during the past month, have you been waking up feeling fresh and rested? ***(Tick one)***

1 ☐	Always, every day	4 ☐	Some days, but usually not
2 ☐	Almost every day	5 ☐	Hardly ever
3 ☐	Most days	6 ☐	Never wake up feeling rested

38.. During the past month, have you been under or felt you were under any strain, stress or pressure? ***(Tick one)***

1 ☐ Yes, almost more than I could stand or bear
2 ☐ Yes, quite a bit of pressure
3 ☐ Yes, some more than usual
4 ☐ Yes, some, but about normal
5 ☐ Yes, a little bit
6 ☐ No, not at all

Behaviour and Symptom Identification Scale-32® (BASIS-32®)

The BASIS-32® was developed in the United States as a consumer-rated measure of symptoms and behavioural distress (Eisen, Grob and Klein, 1986). The measure has successfully been used in inpatient, residential and community settings as well as for research and quality improvement activities (Dare et al., 2008). The questionnaire has 32 items and is a commercial instrument and is not available in the public domain.

Copyright is held by the McLean Hospital, and there is an annual fee and site license. The BASIS-32® Site License includes an instruction manual with a copy of the survey, a set of reproduction-quality forms, a scoring algorithm, a reference list and several published papers regarding methodology, reliability and validity. For further information please see: **http://www.ebasis.org/basis32.php**

To view a complete version of the Scale with instructions on scoring please visit: **http://amhocn.org/static/files/assets/662692f0/Behavioural_and_Symptom_Identification_Scale.pdf**

An example of the BASIS-32® is overleaf.

Behaviour and Symptom Identification Scale-32® (BASIS-32®) - Example

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
1. Managing day to day life (for example, getting to places on time, handling money, making everyday decisions)	☐	☐	☐	☐	☐
2. Household responsibilities (for example, shopping, cooking, laundry, keeping room clean, other chores)	☐	☐	☐	☐	☐
3. Work (for example, completing tasks, performance level, finding/keeping a job)	☐	☐	☐	☐	☐
4. School (for example, academic performance, completing assignments, attendance)	☐	☐	☐	☐	☐
To what extent are you experiencing difficulty in the area of:					
5. Leisure time or recreational activities	☐	☐	☐	☐	☐
6. Adjusting to major life stresses (for example, separation, divorce, moving, new job, new school, a death)	☐	☐	☐	☐	☐
7. Relationships with family members	☐	☐	☐	☐	☐
8. Getting along with people outside the family	☐	☐	☐	☐	☐
9. Isolation or feelings of loneliness	☐	☐	☐	☐	☐

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
10. Being able to feel close to others	☐	☐	☐	☐	☐
11. Being realistic about yourself or others	☐	☐	☐	☐	☐
12. Recognising and expressing emotions appropriately	☐	☐	☐	☐	☐
13. Developing independence, autonomy	☐	☐	☐	☐	☐
14. Goals or direction in life	☐	☐	☐	☐	☐
15. Lack of self-confidence, feeling bad about yourself	☐	☐	☐	☐	☐
To what extent are you experiencing difficulty in the area of:					
16. Apathy, lack of interest in things	☐	☐	☐	☐	☐
17. Depression, hopelessness	☐	☐	☐	☐	☐
18. Suicidal feeling or behaviour	☐	☐	☐	☐	☐
19. Physical symptoms (for example, headaches, aches and pains, sleep disturbance, stomach aches, dizziness)	☐	☐	☐	☐	☐
20. Fear, anxiety or panic	☐	☐	☐	☐	☐

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
21. Confusion, concentration, memory	☐	☐	☐	☐	☐
22. Disturbing or unreal thoughts of beliefs	☐	☐	☐	☐	☐
23. Hearing voices, seeing things	☐	☐	☐	☐	☐
24. Manic, bizarre behaviour	☐	☐	☐	☐	☐
25. Mood swings, unstable moods	☐	☐	☐	☐	☐
26. Uncontrollable, compulsive behaviour (for example, eating disorder, hand washing, hurting yourself)	☐	☐	☐	☐	☐

Please specify:

_____

_____

_____

_____

To what extent are you experiencing difficulty in the area of:					
27. Sexual activity or preoccupation	☐	☐	☐	☐	☐
28. Drinking alcoholic beverages	☐	☐	☐	☐	☐
29. Taking/misusing illegal drugs	☐	☐	☐	☐	☐
30. Controlling temper, outbursts of anger, violence	☐	☐	☐	☐	☐
31. Impulsive, illegal or reckless behaviour	☐	☐	☐	☐	☐
32. Feeling satisfaction with your life	☐	☐	☐	☐	☐

Consumer Completed Measures
Functioning (Daily Living and Relationships) Domain/Outcome
Recommended Measure (by National Outcome Measurement Project)

Work and Social Adjustment Scale (WSAS)

The Work and Social Adjustment Scale (WSAS) was developed in the United Kingdom and is a simple five item questionnaire that measures a person's social impairment (Mundt et al., 2002). An example of the WSAS is overleaf.

The questionnaire can be used without charge but permission must be sought from:

Dr Isaac Marks at SSHC, 303 North End Road, London WI4 9NS, UK

Work and Social Adjustment Scale (WSAS) - Example

Rate each of the following questions on a 0 to 8 scale: 0 indicates no impairment at all and 8 indicates very severe impairment.

1. Because of my [disorder], my ability to work is impaired. 0 means not at all impaired and 8 means very severely impaired to the point I can't work.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

2. Because of my [disorder], my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired. 0 means not at all impaired and 8 means very severely impaired.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

3. Because of my [disorder], my social leisure activities (with other people, such as parties, bars, clubs, outings, visits, dating, home entertainment) are impaired. 0 means not at all impaired and 8 means very severely impaired.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

4. Because of my [disorder], my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired. 0 means not at all impaired and 8 means very severely impaired.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

5. Because of my [disorder], my ability to form and maintain close relationships with others, including those I live with, is impaired. 0 means not at all impaired and 8 means very severely impaired.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

Mundt, J. C., I. M. Marks, *et al.* (2002). "The Work and Social Adjustment Scale: A simple measure of impairment in functioning." *Br. J. Psychiatry* 180: 461-4. Not to be used or reproduced in any format without the permission of Professor Isaac Marks.

Consumer Completed Measures
Social Inclusion Domain/Outcome
Recommended Measure (by National Outcome Measurement Project)

Living in the Community Questionnaire (LCQ)

The Australian Mental Health Outcomes and Classification Network (AMHOCN) Training and Service Development branch has been tasked with developing a consumer self report measure that focuses on aspects of social inclusion and recovery. The measure, known as the Living in the Community Questionnaire (LCQ), has been developed. Trialing and testing of the measure has been completed and, in March 2015, the final report on the Living in the Community Questionnaire is due to be provided to the national committee overseeing its development – the Mental Health Information Strategy Standing Committee.

On the following pages is a sample of the Living in the Community Questionnaire (LCQ). The questionnaire has 38 questions that form 13 domains. The last five questions are demographic questions. The domains are:

- Social Activities
- Education
- Voluntary or unpaid work
- Caring for others
- Employment
- Looking for work
- Living situation
- Seeing a GP
- Other Health Professionals
- Physical Health
- Having you say
- Overall
- Demographics

Source: http://amhocn.org/home/post/living-in-the-community-questionnaire/
Permission to use this tool must be sought from AMHOCN.

Living in the Community Questionnaire

This questionnaire is designed to explore aspects of your life in the community including your social activities, participation in employment or study, your living situation and your physical health care.

The questionnaire is to be completed by all people aged 16 years and older.

Completion of the questionnaire is voluntary. Your personal information, including answers to this questionnaire, is covered by the privacy laws in your state or territory.

LAST WEEK

This section asks about some of the activities you did in the last week.

Social Activities

1. In the **last week**, did you do any of these social activities?
   (*Please tick all that apply*)

Activities at home with friends or family (having a chat, watching TV, having a meal, playing a game)	☐
Telephone or online interactions with friends or family (including talking, texting, Twitter, Facebook, Skype, online dating)	☐
Activities away from home with friends or family (to see a movie, have dinner, go shopping, go to a sports game, watch TV, have a chat, playing sport on a team, go to church or other religious service or an organised event or activity)	☐
Going out on your own (to see a movie, have dinner, go shopping, go to a sports game, going to a church or other religious service or an organised event or activity)	☐
Other social activities	☐
None of the above	☐

2. In the **last week**, about how much time did you spend doing all of these social activities?

Please provide your best estimate of the total number of hours you spent on these activities	_____ hours in total
Please tick if no hours spent in social activities	☐

3. In your opinion, was the amount of time you spent doing social activities **last week**...?
   (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Education

4. Are you currently enrolled in any of the following courses of study? (Please tick all that apply)

Secondary school	☐
University / Other higher education	☐
TAFE / Technical / Vocational / Registered training organisation	☐
Other courses (job preparation, adult education, hobby courses)	☐
None of the above	☐

5. In the **last week**, in total how many hours did you spend in class or studying for these courses? (*Please tick all that apply)*

Please write the approximate number of hours spent in class or studying last week	_____ hours in total
Please tick if no hours spent studying for these courses	☐

6. In your opinion, was the amount of time you spent in education in the **last week...**?
(*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Voluntary or Unpaid Work

7. In the **last week**, how much time did you spend doing voluntary or unpaid work through an organisation or group? _____ hours in total

Please tick if you did not do any voluntary work ☐

8. In your opinion, was the amount of time you spent in voluntary or unpaid work in the **last week...**?
(*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Caring for others

9. In the **last week**, were you providing unpaid care (such as personal care, support or assistance) to a family member or friend? This includes work for which you may have received a Carer Allowance or Carer Payment. (*Please write in the approximate number of hours*)

A family or friend because of disability, long term illness or old age	☐
A child under 15 years of age	☐
Other caring. Please describe the care provided _____	☐
None of the above	☐

10. In the last week, how many hours in total did you spend providing this care? (Please write in the approximate number of hours)

Please write the approximate number of hours spent providing care last week	_____ hours in total
Please tick if no hours spent providing care	☐

11. In your opinion, was the amount of time you spent caring for others in the **last week...**? (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Employment

12. Of the following employment categories, which best describes your current employment? (*Please tick one box*)

- ☐ Full-Time employee
- ☐ Part-Time employee
- ☐ Self-employed - not employing others
- ☐ Self-employed - employing others
- ☐ Employed - unpaid worker in a family business
- ☐ Unemployed - seeking full-time work **(Please go to question 14)**
- ☐ Unemployed - seeking part-time work **(Please go to question 14)**
- ☐ Not employed - not seeking employment **(Please go to question 14)**

13. **Last week**, how many hours did you work in total in these jobs? (*Please write in actual hours worked, subtract any time off, add any overtime or extra time worked*)

_____ hours

14. In your opinion, was the amount of time you spent employed **last week..**?
(*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

LAST 4 WEEKS

This section asks about some of the activities you did in the last four weeks.

Looking for work

15. In the **last four weeks**, were you actively looking for paid work at any time? This includes looking to change jobs or retired people looking for additional income. (For example, being registered with Centrelink as a job seeker; checking or registering with an employment agency; writing, telephoning or applying in person for paid employment; or advertising for employment).
(*Please tick one box)*

- ☐ No, I did not look for work
- ☐ Yes, I looked for full-time work
- ☐ Yes, I looked for part-time work

Living situation

16. In the **last four weeks**, in what type of accommodation were you living?
(*Please tick all the boxes that apply*)

- ☐ Public rented house or unit
- ☐ Privately rented house or unit
- ☐ Own home or unit (with or without mortgage)
- ☐ Family home or unit (with or without board)
- ☐ Group home / Supported accommodation
- ☐ Boarding house / Rooming house / Hostel
- ☐ Caravan
- ☐ Hospital / Rehabilitation / Other health services
- ☐ Residential aged care facility / Nursing home
- ☐ Crisis accommodation / Shelter / Refuge
- ☐ Homeless
- ☐ Other (*Please specify*)_____

17. Who were you living with in the **last four weeks**?
(*Please tick all the boxes that apply*)

- ☐ By yourself
- ☐ Family (including wife, husband, son, daughter, brother or sister)
- ☐ Friends
- ☐ Share house
- ☐ Other (*please specify*) _____

18. How would you rate your current living situation overall (thinking about cost, location, security and space?)
(*Please tick one box only*)

Poor	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

LAST 12 MONTHS

This section asks about some things about services you have used in the last 12 months.

Seeing a GP

19. In the **last 12 months**, how many times did you see a general practitioner?
(*Please write your best estimate*)

_____ Number of times you saw a general practitioner

Other health professionals

20. In the **last 12 months**, did you see any of the following health professionals?
(*Please tick all that apply*)

- ☐ Psychiatrist (public or private)
- ☐ Psychologist (public / private)
- ☐ Mental health nurse
- ☐ Social worker or occupational therapist
- ☐ Complementary or alternative therapist
- ☐ Case worker / Support worker
- ☐ Other (*please specify*) _____

Now

This section asks about some things that you are feeling or experiencing now.

Physical health

21. In general, how is your physical health?
(*Please tick one box only*)

Poor	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

Having your say

How would you rate your confidence to do the following?
(*Please tick one box for each statement*)

	Poor	Fair	Good	Very good	Excellent
22. Control your life in general	☐	☐	☐	☐	☐
23. Have your say within the community on issues that are important to you	☐	☐	☐	☐	☐
24. Have your say with the person or agency involved in your care	☐	☐	☐	☐	☐
25. Have your say among family and friends about issues that are important to you	☐	☐	☐	☐	☐
26. Have your opinions respected when having your say	☐	☐	☐	☐	☐

27. Would you like some help from this service with any of the things asked about in this questionnaire? This includes with social activities, education, volunteering, work, housing and physical health?

☐No

☐Yes *(Please specify)*_____

Overall

Please rate the following how you feel in each of the following areas.
(*Please tick one box for each statement*)

	Poor	Fair	Good	Very good	Excellent
28. Your hopefulness for the future	☐	☐	☐	☐	☐
29. Your happiness with your life	☐	☐	☐	☐	☐
30. Your ability to achieve the things that are important to you	☐	☐	☐	☐	☐
31. Your sense of being part of a group or community	☐	☐	☐	☐	☐
32. Your ability to get support from family or friends when you need it	☐	☐	☐	☐	☐
33. Your overall well-being	☐	☐	☐	☐	☐

Demographics

34.	What is your gender? (*Please select one box*)	☐ Male ☐ Female ☐ Other
35.	What is the main language you speak at home? (*Please select one box*)	☐ English ☐ Other *(Please specify)* _____
36.	Are you of Aboriginal and/or Torres Strait Island origin? (*Please select one box*)	☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal and Torres Strait Islander ☐ No
37.	What is your age? (*Please select one box*)	☐ 16 to 24 years ☐ 25 to 34 years ☐ 35 to 44 years ☐ 45 to 54 years ☐ 55 to 64 years ☐ 65 years and over
38.	Where do you live? (Please select one box)	☐ Melbourne ☐ Rural Western Australia ☐ Hobart ☐ Rural Tasmania ☐ ACT ☐ Northern Territory ☐ Rural Victoria ☐ Sydney ☐ Rural NSW ☐ Brisbane ☐ Rural Queensland ☐ Adelaide ☐ Rural South Australia ☐ Perth

Thank you for taking the time to complete this questionnaire.

Consumer Completed Measures
Quality of Life Domain/Outcome
Recommended Measure (by National Outcome Measurement Project)

The World Health Organisation Quality of Life - Brief, Australian Version (Australian WHOQOL - BREF)

The WHOQOL-BREF was developed by the World Health Organisation as a shorter version of the WHOQOL-100. It was recognised that a balance needed to be struck between the amount of detailed information being collected, and the amount of time it would take to complete the questionnaire. As such trials to shorten the questionnaire were undertaken and today there are 30 language versions of the WHOQOL-BREF questionnaire, one of these being an Australian version.

Services wanting to use this questionnaire **MUST** seek permission from the World Health Organisation beforehand. Their email address is: WHOQOL@who.int

The organisation has produced a manual on how to use and score the WHOQOL measures and this can be accessed at:

http://apps.who.int/iris/bitstream/10665/77932/1/WHO_HIS_HSI_Rev.2012.03_eng.pdf?ua=1

The questionnaire has 26 questions which cover six domains:

- Domain 1: Physical Capacity
- Domain 2: Psychological
- Domain 3: Level of Independence
- Domain 4: Social Relationships
- Domain 5: Environment
- Domain 6: Spirituality/Religion/ Personal Beliefs

The WHOQOL-BREF should be self-administered if respondents have sufficient reading ability; otherwise, interviewer-assisted or interview-administered forms should be used.

An example of the WHOQOL-BREF Australian Version is overleaf.

WHOQoL-BREF (Australian Version) - Example

ABOUT YOU I.D. number ☐☐☐☐

Before you begin we would like to ask you to answer a few general questions about yourself: by circling the correct answer or by filling in the space provided.

What is your **gender**? Male Female

What is your **date of birth**? _____ / _____ / _____
Day / Month / Year

What is the highest **education** you received?
None at all
Primary school
Secondary school
Tertiary

What is your **marital status**?
Single Separated
Married Divorced
Living as married Widowed

Are you currently **ill**? Yes No

If something is wrong with your health what do you think it is?_____

Instructions

This assessment asks how you feel about your quality of life, health, or other areas of your life. **Please answer all the questions.** If you are unsure about which response to give to a question, **please choose the one** that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last two weeks.** For example, thinking about the last two weeks, a question might ask:

	Do you get the kind of support from others that you need?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others as follows.

	Do you get the kind of support from others that you need?	Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks. Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

THE WHOQOL-BREF

		Very poor	Poor	Neither poor nor good	Good	Very good
1 (G1)	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	To what extent do you feel that (physical) pain prevents you from doing what you need to do?	1	2	3	4	5
4 (F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5 (F4.1)	How much do you enjoy life?	1	2	3	4	5
6 (F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7 (F5.3)	How well are you able to concentrate?	1	2	3	4	5
8 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
9 (F22.1)	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
11 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your	1	2	3	4	5

(F18.1)	needs?					
13 (F20.1)	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15 (F9.1)	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5
17 (F10.3)	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18 (F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
19 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
20 (F13.3)	How satisfied are you with your personal relationships?	1	2	3	4	5
21 (F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
22 (F14.4)	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23 (F17.3)	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24 (F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
25 (F23.3)	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Did someone help you to fill out this form?.....

How long did it take to fill this form out?.....

Do you have any comments about the assessment?

……

…

……

…

THANK YOU FOR YOUR HELP

Consumer Completed Measures
Quality of Life Domain/Outcome
Optional Measures

Satisfaction With Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) is a short 5-item questionnaire which was developed to assess a person's satisfaction with their life as a whole (Diener, Emmons and Griffin, 1985). The scale only takes a minute or two to complete and is available in various translations that can be accessed online at.

http://internal.psychology.illinois.edu/~ediener/SWLS.html

The questionnaire is copyrighted but is free to use without permission or charge (by all professionals including researchers and practitioners) as long as credit to the authors is given. Acknowledgment should be cited as:

Developed by Ed Diener, Robert A. Emmons, Randy J. Larsen and Sharon Griffin as noted in the 1985 article in the ***Journal of Personality Assessment*.**

Ed Diener also wrote a document entitled "Understanding Scores on the Satisfaction with Life Scale" which provides guidelines on how to interpret the results of the questionnaire. An example of this document is provided over page with a copy of the questionnaire. The document can be sourced from the following website:

http://internal.psychology.illinois.edu/~ediener/Documents/Understanding%20SWLS%20Scores.pdf

Satisfaction With Life Scale - Example

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.

____ The conditions of my life are excellent.

____ I am satisfied with my life.

____ So far I have gotten the important things I want in life.

____ If I could live my life over, I would change almost nothing.

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied
- 5 - 9 Extremely dissatisfied

Developed by Ed Diener, Robert A. Emmons, Randy J. Larsen and Sharon Griffin as noted in the 1985 article in the *Journal of Personality Assessment*.
Source: http://internal.psychology.illinois.edu/~ediener/SWLS.html

Understanding Scores on the Satisfaction with Life Scale

Ed Diener

Note: If we divide by the number of questions, rather than use the summed aggregate score, then the cut-offs below instead should be:
6-7
5-6
4-5
3-4
2-3
1-2

30 - 35 Very high score; highly satisfied

Respondents who score in this range love their lives and feel that things are going very well. Their lives are not perfect, but they feel that things are about as good as lives get. Furthermore, just because the person is satisfied does not mean she or he is complacent. In fact, growth and challenge might be part of the reason the respondent is satisfied. For most people in this high-scoring range, life is enjoyable, and the major domains of life are going well – work or school, family, friends, leisure, and personal development.

25 - 29 High score

Individuals who score in this range like their lives and feel that things are going well. Of course their lives are not perfect, but they feel that things are mostly good. Furthermore, just because the person is satisfied does not mean she or he is complacent. In fact, growth and challenge might be part of the reason the respondent is satisfied. For most people in this high-scoring range, life is enjoyable, and the major domains of life are going well – work or school, family, friends, leisure, and personal development. The person may draw motivation from the areas of dissatisfaction.

20 - 24 Average score

The average of life satisfaction in economically developed nations is in this range – the majority of people are generally satisfied, but have some areas where they very much would like some improvement. Some individuals score in this range because they are mostly satisfied with most areas of their lives but see the need for some improvement in each area. Other respondents score in this range because they are satisfied with most domains of their lives, but have one or two areas where they would like to see large improvements. A person scoring in this range is normal in that they have areas of their lives that need improvement. However, an individual in this range would usually like to move to a higher level by making some life changes.

15 - 19 Slightly below average in life satisfaction

People who score in this range usually have small but significant problems in several areas of their lives, or have many areas that are doing fine but one area that represents a substantial problem for them. If a person has moved temporarily into this level of life satisfaction from a higher level because of some recent event, things will usually improve over time and satisfaction will generally move back up. On the other hand, if a person is chronically slightly dissatisfied with many areas of life, some changes might be in order. Sometimes the person is simply expecting too much, and sometimes life changes are needed. Thus, although temporary dissatisfaction is common and normal, a chronic level of dissatisfaction across a number of areas of life calls for reflection. Some people can gain motivation from a small level of dissatisfaction, but often dissatisfaction across a number of life domains is a distraction, and unpleasant as well.

10 - 14 Dissatisfied

People who score in this range are substantially dissatisfied with their lives. People in this range may have a number of domains that are not going well, or one or two domains that are going very badly. If life dissatisfaction is a response to a recent event such as bereavement, divorce, or a significant problem at work, the person will probably return over time to his or her former level of higher satisfaction. However, if low levels of life satisfaction have been chronic for the person,

some changes are in order – both in attitudes and patterns of thinking, and probably in life activities as well. Low levels of life satisfaction in this range, if they persist, can indicate that things are going badly and life alterations are needed. Furthermore, a person with low life satisfaction in this range is sometimes not functioning well because their unhappiness serves as a distraction. Talking to a friend, member of the clergy, counsellor, or other specialist can often help the person get moving in the right direction, although positive change will be up the person.

5 - 9 Extremely Dissatisfied

Individuals who score in this range are usually extremely unhappy with their current life. In some cases this is in reaction to some recent bad event such as widowhood or unemployment. In other cases, it is a response to a chronic problem such as alcoholism or addiction. In yet other cases the extreme dissatisfaction is a reaction due to something bad in life such as recently having lost a loved one. However, dissatisfaction at this level is often due to dissatisfaction in multiple areas of life. Whatever the reason for the low level of life satisfaction, it may be that the help of others are needed – a friend or family member, counselling with a member of the clergy, or help from a psychologist or other counsellor. If the dissatisfaction is chronic, the person needs to change, and often others can help.

Part that is common to each category

To understand life satisfaction scores, it is helpful to understand some of the components that go into most people's experience of satisfaction. One of the most important influences on happiness is social relationships. People who score high on life satisfaction tend to have close and supportive family and friends, whereas those who do not have close friends and family are more likely to be dissatisfied. Of course the loss of a close friend or family member can cause dissatisfaction with life, and it may take quite a time for the person to bounce back from the loss.

Another factor that influences the life satisfaction of most people is work or school, or performance in an important role such as homemaker or grandparent. When the person enjoys his or her work, whether it is paid or unpaid work, and feels that it is meaningful and important, this contributes to life satisfaction. When work is going poorly because of bad circumstances or a poor fit with the person's strengths, this can lower life satisfaction. When a person has important goals, and is failing to make adequate progress toward them, this too can lead to life dissatisfaction.

A third factor that influences the life satisfaction of most people is personal – satisfaction with the self, religious or spiritual life, learning and growth, and leisure. For many people these are sources of satisfaction. However, when these sources of personal worth are frustrated, they can be powerful sources of dissatisfaction. Of course there are additional sources of satisfaction and dissatisfaction – some that are common to most people such as health, and others that are unique to each individual. Most people know the factors that lead to their satisfaction or dissatisfaction, although a person's temperament – a general tendency to be happy or unhappy – can colour their responses.

There is no one key to life satisfaction, but rather a recipe that includes a number of ingredients. With time and persistent work, people's life satisfaction usually goes up when they are dissatisfied. People who have had a loss recover over time. People who have a dissatisfying relationship or work often make changes over time that will increase their dissatisfaction. One key ingredient to happiness, as mentioned above, is social relationships, and another key ingredient is to have important goals that derive from one's values, and to make progress toward those goals. For many people it is important to feel a connection to something larger than oneself. When a person tends to be chronically dissatisfied, they should look within themselves and ask whether they need to develop more positive attitudes to life and the world.

Source:
http://internal.psychology.illinois.edu/~ediener/Documents/Understanding%20SWLS%20Scores.pdf

Consumer Completed Measures
Multidimensional Domain/Outcome
Recommended Measure (by National Outcome Measurement Project)

Camberwell Assessment of Need Short Appraisal Schedule (CANSAS)

This questionnaire was developed in the Institute of Psychiatry King's College in London and can be completed by a consumer and/or a worker. The aim of the tool is to identify, and open up a discussion, about a person's needs. The questionnaire can be used a part of routine clinical practice and research, as well as a component of service evaluation (Dobrzyńska, Rymaszewska and Kiejna A, 2008). It assesses a person's needs over the last month in 22 health and social domains.

Overleaf is an example of one of the versions of the CANSAS. This was obtained from the following website:

http://www.researchintorecovery.com/files/CANSAS-P.pdf

Other versions of the tool can be found on the internet. Acknowledgement of the developers of the tool can be stated as follows:

Slade, Graham Thornicroft and others at the Health Service and Population Research Department, Institute of Psychiatry, King's College London, London, UK. CANSAS-P was adapted from the adult CAN by Mike Slade and evaluated by Glen Tobias and Tom Trauer. Further information from www.iop.kcl.ac.uk/prism/can.

Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) - Example

CANSAS-P – Self-rated version of the Camberwell Assessment of Need

Name:
Other identifying information (*e.g.* date of birth):
Date of completion:

Instructions – please tick one box in each row (22 in total)

No need = this area is not a serious problem for me at all
Met need = this area is not a serious problem for me because of help I am given
Unmet need = this area remains a serious problem for me despite any help I am given

	No need	*Met need*	*Unmet need*	*I don't want to answer*
1. Accommodation *What kind of place do you live in?*	☐	☐	☐	○
2. Food *Do you get enough to eat?*	☐	☐	☐	○
3. Looking after the home *Are you able to look after your home?*	☐	☐	☐	○
4. Self-Care *Do you have problems keeping clean and tidy?*	☐	☐	☐	○
5. Daytime activities *How do you spend your day?*	☐	☐	☐	○
6. Physical Health *How well do you feel physically?*	☐	☐	☐	○
7. Psychotic symptoms *Do you ever hear voices or have problems with your thoughts?*	☐	☐	☐	○
8. Information on condition and treatment *Have you been given clear information about your medication?*	☐	☐	☐	○
9. Psychological distress *Have you recently felt very sad or low?*	☐	☐	☐	○
10. Safety to self *Do you ever have thoughts of harming yourself?*	☐	☐	☐	○
11. Safety to others *Do you think you could be a danger to other people's safety?*	☐	☐	☐	○

No need = this area is not a serious problem for me at all
Met need = this area is not a serious problem for me because of help I am given
Unmet need = this area remains a serious problem for me despite any help I am given

	No need	Met need	Unmet need	I don't want to answer
12. Alcohol *Does drinking cause you any problems?*	☐	☐	☐	○
13. Drugs *Do you take any drugs that aren't prescribed?*	☐	☐	☐	○
14. Company *Are you happy with your social life?*	☐	☐	☐	○
15. Intimate relationships *Do you have a partner?*	☐	☐	☐	○
16. Sexual Expression *How is your sex life?*	☐	☐	☐	○
17. Child Care *Do you have any children under 18?*	☐	☐	☐	○
18. Basic Education *Any difficulty in reading, writing or understanding English.*	☐	☐	☐	○
19. Telephone *Do you know how to use a telephone?*	☐	☐	☐	○
20. Transport *How do you find using the bus, tram or train?*	☐	☐	☐	○
21. Money *How do you find budgeting your money?*	☐	☐	☐	○
22. Benefits *Are you getting all the money you are entitled to?*	☐	☐	☐	○

Many thanks for completing the CANSAS-P

WAAMH
Western Australian Association for Mental Health

Part Four:

Examples of outcome measures that can be completed by carers and significant others

Introduction

In 2008, the Australian Mental Health Outcomes and Classification Network (AMHOCN) was commissioned to undertake a scoping project which was designed to explore the context within which carer outcome measurement might be introduced into mental health services in Australia (Dare et al., 2008). This project was also tasked with identifying any instruments that might be suitable in the Australian context. One thing that was ascertained is that carers and significant others should be key partners in the mental health service delivery system and to date they have not received adequate acknowledgement of their role.

The scoping project recommended the development of an Australian specific measure but in the meantime recognised that the CarerQol-7D+VAS and the BAS should be explored as measures for further development. In addition, they felt that outcome measurement questionnaires for carers of children/adolescents and older persons should also be examined, and examining other aspects of the carer experience, such as their perceptions of services (Dare et al., 2008).

The Fourth National Mental Health Plan specifies that the development of quality improvements initiatives that capture the experiences and perceptions of carers is a priority. Currently, however, there is no nationally consistent tool for measuring carer experiences of mental health service provision across Australia. The Australian Mental Health Information Strategy Sub Committee (MHISS) has agreed that a carer experiences measure was a priority area for information development and AMHOCN was asked to support an initiative to progress this activity. AMHOCN undertook a literature review which identified the Victorian Consumer and Carer Experiences Questionnaires (C&CEQ) – Carer Version as having potential for trialling but also requiring additional modification. AMHOCN have undertaken a series of consultations in various jurisdictions to obtain feedback on the items and areas covered by the measure with further work occurring in 2015.

In the meantime, the following pages provide examples of some outcome measures that can be completed by carers and/or significant others . These examples have been provided to assist your service to begin discussions around the types of questionnaires that may be suitable for your programs and carers/significant others. It is not a definitive list and is based on the questionnaires that have been recommended by the National Community Managed Organisation Outcome Measurement (NCMOOM) Project (Australian Mental Health Outcomes and Classification Network [AMHOCN] and Community Mental Health Australia, 2013). The table below shows the measures that have been included in this section of this guide. For ease of clarification, the measures that were recommended for use by AMHOCN are highlighted separately to the measures that were shortlisted by the NCMOOM project and suggested as optional/suitable outcome measures for CMOs.

Domain	AMHOCN Status	Outcome Measure
Recovery	Nil	No highly recommended measure for carers/significant others at this point in time
Cognition & Emotion (Thoughts & Feelings)	Recommended	CarerQol-7D+VAS
	Recommended	Burden Assessment Scale (BAS)
	Optional	Involvement Evaluation Questionnaire (IEQ)
	Optional	Strengths and Difficulties Questionnaires (SDQ)
Functioning (Daily Living & Relationships)	Nil	No highly recommended measure for carers/significant others at this point in time
Social Inclusion	Nil	No highly recommended measure for carers/significant others at this point in time
Quality of Life	Nil	No highly recommended measure for carers/significant others at this point in time
Multidimensional	Nil	No highly recommended measure for carers/significant others at this point in time

Carer/Significant Other Completed Measures
Thoughts and Feelings (Cognition and Emotion) Domain/Outcome
Recommended Measures (by National Outcome Measurement Project)

CarerQol-7D+VAS

The CarerQol was developed by Brouwer et al (2006) in the Netherlands and was adapted from a range of care-related burden instruments. It is a relatively new instrument and has only been tested once on a Dutch sample of carers. The questionnaire was originally only available in Dutch but has since been translated into English.

The questionnaire is completed by the carer/significant other and has seven questions with an additional scale of 1 - 10 that measures happiness. The study conducted by Dare et al (2008) found that this was the most accepted available outcome measure for carers, mainly due to its brevity and simplicity.

The instrument is available from the following document:

http://amhocn.org/static/files/assets/a30d390d/Carer_Outcome_Measurement_Final_Report_20080924.pdf

An example of the CarerQol is overleaf. Permission to use the instrument can be obtained from the developers:

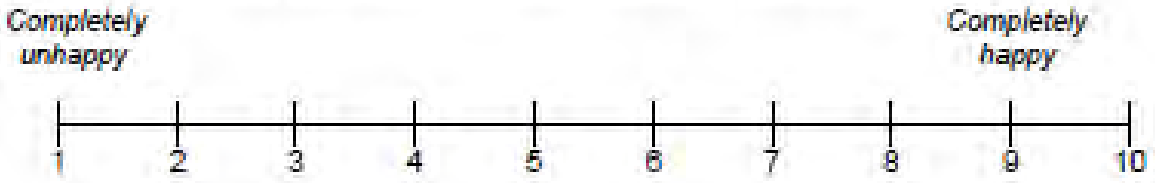
Brouwer, W. B. F., van Exel, N. J. A., van Gorp, B., and Redekop, W. K. (2006*): The CarerQol instrument: A new instrument to measure carer-related quality of life of informal caregivers for use in economic evaluations*. Quality of Life Research, 15, 1005-1021.

Carers' Quality of Life-7D + Visual Analogue Scale (CarerQol-7D+VAS)- Example

Please draw an X to indicate which description best fits your current care giving situation

	no	some	a lot of	
a. I have	☐	☐	☐	fulfilment with carrying out my care tasks
b. I have	☐	☐	☐	relational problems with the care received *(e.g., he/she is very demanding; he/she behaves differently, we have communication problems).*
c. I have	☐	☐	☐	problems with my own mental health *(e.g., stress, fear, gloominess, depression, concern about the future)*
d. I have	☐	☐	☐	problems combining my care tasks with my daily activities *(e.g., household activities, work, study, family and leisure activities)*
e. I have	☐	☐	☐	financial problems because of my care tasks
f. I have	☐	☐	☐	support with carrying out my care tasks, when I need it *(e.g., from family, friends, neighbours, acquaintances)*
g. I have	☐	☐	☐	problems with my own physical health *(e.g., more often sick, tiredness, physical stress)*

Please draw an X on the scale below to indicate how happy you feel currently



Burden Assessment Scale (BAS)

The Burden Assessment Scale (BAS) was developed in the United States of America to measure the consequences of providing ongoing care to people with severe mental illness, in particular schizophrenia (Reinhard et al., 1994). The questionnaire consists of 19 questions and predominately focuses on "burden of care" rather than the wellness or strengths of a caregiver. This has been one of the main criticisms of the tool (Dare et al., 2008).

The questionnaire can be completed by the carer/significant other or administered by a clinician/service worker. The advantage with the latter is that it may encourage further dialogue about the issues most affecting the carer/significant other (Dare et al., 2008). Questions are asked over the previous four weeks and are grouped into the following categories:

- Disrupted activities (Items 3, 4, 5, 6, 7 and 8)
- Personal distress (Items 10, 11, 14 and 15)
- Time perspective (Items 16, 18 and 19)
- Guilt (Items 12, 13 and 17)
- Basic social functioning / Worry (Items 2 and 9).

The instrument is available from the following document:

http://amhocn.org/static/files/assets/a30d390d/Carer_Outcome_Measurement_Final_Report_20080924.pdf

An example of the BAS is overleaf. Permission to use the instrument can be obtained from the developers:

Reinhard, S. C., Gubman, G. D., Horwitz, A.V., and Minsky S. (1994): *Burden Assessment Scale for families of the seriously mentally ill.* Evaluation and Program Planning, 17(3), 261-269.

Burden Assessment Scale (BAS) - Example

Name: _____ Date _____

	Have you, in the last four weeks:	N/A	Not at all	A little	Some	A lot
1.	Had financial problems	0	1	2	3	4
2.	Missed days at work (or school)	0	1	2	3	4
3.	Found it difficult to concentrate on your own activities	0	1	2	3	4
4.	Had to change your personal plans like taking a new job, or going on a holiday	0	1	2	3	4
5.	Cut down on leisure time	0	1	2	3	4
6.	Found the household routine was upset	0	1	2	3	4
7.	Had less time to spend with friends	0	1	2	3	4
8.	Neglected other family members' needs	0	1	2	3	4
9.	Experienced family friction and arguments	0	1	2	3	4
10.	Experienced friction with neighbours	0	1	2	3	4
11.	Become embarrassed because of his/her behaviour	0	1	2	3	4
12.	Felt guilty because you were not doing enough to help	0	1	2	3	4
13.	Felt guilty because you felt responsible for causing his/her problem	0	1	2	3	4
14.	Felt resentful because he/she made too many demands on you	0	1	2	3	4
15.	Felt trapped by your care giving role	0	1	2	3	4
16	Were upset about how much he/she had changed from their former self	0	1	2	3	4
17.	Worried about how your behaviour with him/her might make the illness worse	0	1	2	3	4
18.	Worried about what the future holds for him/her	0	1	2	3	4
19.	Found the stigma of the illness upsetting	0	1	2	3	4

Carer/Significant Other Completed Measures
Thoughts and Feelings (Cognition and Emotion) Domain/Outcome
Optional Measures

Involvement Evaluation Questionnaire (IEQ)

The Involvement Evaluation Questionnaire (IEQ) was originally designed for four Dutch studies that sought to measure the consequences for carers of various consumer situations. It was trialled in a number of different psychiatric settings (including inpatient and community settings) and was finalised in 1992 (Dare et al., 2008; Schene and van Winjgaarden, 1992). The questionnaire was designed to measure levels of burden and distress among family carers of people with a severe mental illness. The tool consists of 33 questions and has been translated into several languages.

The IEQ is completed by the carer/significant other and asks them to consider the previous four weeks in their answers. The four categories assessed are:

- Tension
- Supervision
- Worrying
- Urging (prompting)

The study conducted by Dare et al. in 2008 found that this questionnaire was mostly accepted by Australian carers, however there were some limitations including the length of the tool, intrusiveness, insensitivity, and outmoded terminology (Dare et al., 2008). The instrument is available from the following document:

http://amhocn.org/static/files/assets/a30d390d/Carer_Outcome_Measurement_Final_Report_20080924.pdf

An example of the IEQ is overleaf. Permission to use the instrument can be obtained from the developers:

Schene, A. H. and , van Winjgaarden B. (1992): *The Involvement Evaluation Questionnaire. (*Amsterdam: Department of Psychiatry, University of Amsterdam)

Involvement Evaluation Questionnaire (IEQ) - Example

Tension sub-scale

How often during the past 4 weeks:		Never	Sometimes	Regularly	Often	Always
1.	has your relative/friend disturbed your sleep?	☐	☐	☐	☐	☐
2.	has the atmosphere been strained between you both, as a result of your relative/friend's behaviour?	☐	☐	☐	☐	☐
3.	has your relative/friend caused a quarrel?	☐	☐	☐	☐	☐
4.	have you been annoyed by your relative/friend's behaviour?	☐	☐	☐	☐	☐
5.	have you heard from others that they have been annoyed by your relative/friend's behaviour?	☐	☐	☐	☐	☐
6.	have you felt threatened by your relative/friend?	☐	☐	☐	☐	☐
7.	have you thought of moving out, as a result of your relative/friend's behaviour?	☐	☐	☐	☐	☐
8.	have you worried about your own future? C8	☐	☐	☐	☐	☐
9.	have your relative/friend's mental health problems been a burden to you?	☐	☐	☐	☐	☐

Supervision sub-scale

How often during the past 4 weeks:		Never	Sometimes	Regularly	Often	Always
1.	have you guarded your relative/friend from committing dangerous acts?	☐	☐	☐	☐	☐
2.	have you guarded your relative/friend from self-inflicted harm?	☐	☐	☐	☐	☐
3.	have you ensured that your relative/friend received sufficient sleep?	☐	☐	☐	☐	☐
4.	have you guarded your relative/friend from drinking too much alcohol?	☐	☐	☐	☐	☐
5.	have you guarded your relative/friend from taking illegal drugs?	☐	☐	☐	☐	☐
6.	has your relative/friend disturbed your sleep?	☐	☐	☐	☐	☐

Worrying sub-scale

How often during he past 4 weeks:		Never	Sometimes	Regularly	Often	Always
1.	have you worried about your relative/friend's safety?	☐	☐	☐	☐	☐
2.	have you worried about the kind of help/treatment your relative/friend is receiving?	☐	☐	☐	☐	☐
3.	have you worried about your relative/friend's general health?	☐	☐	☐	☐	☐
4.	have you worried about how your relative/friend would manage financially if you were no longer able to help?	☐	☐	☐	☐	☐
5.	have you worried about your relative/friend's future?	☐	☐	☐	☐	☐
6.	have your relative/friend's mental health problems been a burden to you?	☐	☐	☐	☐	☐

Urging sub-scale

How often during the past 4 weeks:		Never	Sometimes	Regularly	Often	Always
1.	have you encouraged your relative/friend to take proper care of her/himself?	☐	☐	☐	☐	☐
2.	have you helped your relative/friend take proper care of her/himself?	☐	☐	☐	☐	☐
3.	have you encouraged your relative/friend to eat enough?	☐	☐	☐	☐	☐
4.	have you encouraged your relative/friend to undertake some kind of activity?	☐	☐	☐	☐	☐
5.	have you accompanied your relative/friend on some kind of outside activity, because he/she did not dare to go alone?	☐	☐	☐	☐	☐
6.	have you ensured that your relative/friend has taken the required medicine?	☐	☐	☐	☐	☐
7.	have you carried out tasks normally done by your relative/friend?	☐	☐	☐	☐	☐
8.	have you encouraged your relative/friend to get up in the morning?	☐	☐	☐	☐	☐

Items not included in a sub-scale

		Never	Sometimes	Regularly	Often	Always
1.	How often during the past 4 weeks have you been able to pursue your own activities and interests?	☐	☐	☐	☐	☐
2.	Have you got used to your relative/friend's mental problems?	☐	☐	☐	☐	☐
3.	How often have you felt able to cope with your relative/friend's mental health problems?	☐	☐	☐	☐	☐
4.	Has your relationship with your relative/friend changed since the onset of the mental health problems?	☐	☐	☐	☐	☐

Strengths and Difficulties Questionnaires (SDQ)

The SDQ is a brief behavioural screening questionnaire about 4-17 year-olds developed by Professor Robert Goodman, Institute of Psychiatry, King's College, London (Goodman, 1997). It exists in several versions to meet the needs of researchers, clinicians and educationalists. Each version includes between one and three of the following components:

Each version includes the following components:

a) 25 Items Divided into Five Clinical Scales:

- Emotional Symptoms (5 items)
- Conduct Problems (5 items)
- Hyperactivity / Inattention (5 items)
- Peer Relationship Problems (5 items)
- Pro-social (Positive Behaviours) (5 items)

These items are all listed on the front page of the SDQ questionnaire. This section of the questionnaire takes approximately 5 minutes to complete.

b) An Impact Supplement:

The Impact Supplement is located on the back of the SDQ questionnaire. This part of the questionnaire asks the parent or young person the following question:

"Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?"

If answered 'Yes' the questionnaire enquires further about problems related to chronicity (how long the problem has been present), distress, social impairment, and burden to others. If the person's answers 'No' to this question, the respondent is not required to answer any further questions. This supplement provides useful additional information for clinicians with an interest in psychosocial caseness and the determinants of service use (Goodman, 1999; Mathai, J., Anderson, P. & Bourne, A., 2002).

c) Follow-Up Questions:

The follow-up versions of the SDQ include not only the 25 basic items and the impact supplement questions, but also two additional follow-up questions for use after an intervention.
To increase the chance of detecting change, the follow-up versions of the SDQ ask about 'the last month', as opposed to 'the last six months', which is the reference period for the standard versions. Follow-up versions also omit the question about the chronicity of problems.

Parents and teachers of 4 to 17 year olds complete the SDQ. A questionnaire for self-completion by young people aged between 11 to 17 years is also available. The SDQ takes only five minutes to complete, and scoring is straightforward with more specific details available from the SDQ website.

The Strengths and Difficulties Questionnaires are copyright documents that are not in the public domain. As such, they may not be modified in any way (e.g. changing the wording of questions, adding questions or administering only subsets of questions). Paper versions may be downloaded and subsequently photocopied without charge by individuals or non-profit organisations provided they are not making any charge to families.

Overleaf is an example of the SDQ for 11 - 17 yr olds to complete and a version of the parent questionnaire for 4 - 10 year olds. All versions and scoring sheets can be download from the SDQ website at:

http://www.sdqinfo.com/

Strengths and Difficulties Questionnaire

P 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

Your child's name ..... Male/Female

Date of birth .....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example toys, treats, pencils	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees chores or homework through to the end	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

• Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

• Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

• Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Signature ..... Date .....

Mother/Father/Other (please specify:)

Thank you very much for your help

WAAMH
Western Australian Association for Mental Health

Part Five:

Examples of outcome measures that can be completed by service workers/clinicians

Introduction

As mentioned in part one and part two of this guide, since the inception of the National Mental Health Strategy, Australia has shown its commitment to quality improvement through the implementation of routine outcome measurement in mental health services. This begun in Western Australia in 2003 and has required mental health workers in public mental health services to complete outcome measures on consumers for the past 12 years.

The Fourth National Mental Health Plan sets the scene for community managed organisations to start collecting outcome measures to help them report against that National Standards for Mental health Services (2010).

The following pages provide examples of some outcome measures that can be completed by service workers. These examples have been provided to assist your service to begin discussions around the types of questionnaires that may be suitable for your programs and workers. It is not a definitive list and is based on the questionnaires that have been recommended by the National Community Managed Organisation Outcome Measurement (NCMOOM) Project (Australian Mental Health Outcomes and Classification Network [AMHOCN] and Community Mental Health Australia, 2013). The table below shows the measures that have been included in this section of this guide.

Domain	AMHOCN Status	Outcome Measure
Recovery	Nil	No highly recommended measure for workers/clinicians in this domain
Cognition & Emotion (Thoughts & Feelings)	Nil	No highly recommended measure for workers/clinicians in this domain
Functioning (Daily Living & Relationships)	Recommended	Life Skills Profile - 16 (LSP-16)
Social Inclusion	Nil	No highly recommended measure for workers/clinicians in this domain
Quality of Life	Nil	No highly recommended measure for workers/clinicians in this domain
Multidimensional	Recommended	Camberwell Assessment of Need Short Appraisal Scale (CANSAS)
	Recommended	Health of the Nation Outcome Scales (HoNOS); Health of the Nation Outcome Scales 65+ (HoNOS 65+); and Health of the Nation Outcome Scales Children and Adolescents (HoNOSCA)

Worker/Clinician Completed Measure
Functioning (Daily Living and Relationships) Domain/Outcome
Recommended Measure (by National Outcome Measurement Project)

The Life Skills Profile 16 (LSP-16)

The LSP-16 is the short version of the Life Skills Profile (LSP). This was developed by a team of clinical researchers in Sydney (Rosen et al 1989, Parker et al 1991) and is widely used in Australia as well as several other countries. The LSP was developed to assess a consumer's abilities with respect to basic life skills. Its focus is on the consumer's general functioning and disability rather than their clinical symptoms – that is, how the person functions in terms of social relationships, ability to do day-to-day tasks and so forth. When combined with the HoNOS, which requires ratings of the most serious problem encountered, the LSP contributes towards gaining a more comprehensive understanding of the consumer.

The original form of the LSP consists of 39 scales but work undertaken by the Australian Mental Health Classification and Service Cost (MH-CASC) study saw the 39 scales reduced to 16 (Buckingham et al, 1998). Reducing the length of the scale reduced the rating burden on clinicians when the measure is used in conjunction with the HoNOS. The final 16 scales selected cover four broad domains:

- Withdrawal.
- Antisocial behaviour.
- Self-care.
- Compliance.

The questionnaire takes approximately 5 minutes to complete after an assessment of the consumer has been made. The clinician is required to rate the consumer's overall situation over the past three months.
The LSP-16 is free to use and can be accessed on pages 37 - 39 of the following document:

http://amhocn.org/static/files/assets/962d409f/MHNOCC_Overview_DOHA.pdf

Abbreviated Life Skills Profile 16 (LSP-16) - Example

Source: http://amhocn.org/static/files/assets/4faf5807/Life_Skills_Profile_with_notes.pdf

Assess the patient's general functioning over the past three months, taking into account their age, social and cultural context. Do not assess functioning during crises when the patient was ill or becoming ill. Answer all 16 items by circling the appropriate response.

	0	**1**	**2**	**3**	**4**
1	Does this person generally have any difficulty with initiating and responding to conversation?	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty
2	Does this person generally withdraw from social contact?	Does not withdraw at all	Withdraws slightly	Withdraws moderately	Withdraws totally or near totally
3	Does this person generally show warmth to others?	Considerable warmth	Moderate warmth	Slight warmth	No warmth at all
4	Is this person generally well groomed (eg, neatly dressed, hair combed)?	Well groomed	Moderately well groomed	Poorly groomed	Extremely poorly groomed
5	Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	Maintains cleanliness of clothes	Moderate cleanliness of clothes	Poor cleanliness of clothes	Very poor cleanliness of clothes
6	Does this person generally neglect her or his physical health?	No neglect	Slight neglect of physical problems	Moderate neglect of physical problems	Extreme neglect of physical problems
7	Is this person violent to others?	Not at all	Rarely	Occasionally	Often
8	Does this person generally make and/or keep up friendships?	Friendships made or kept up well	Friendships made or kept up with slight difficulty	Friendships made or kept up with considerable difficulty	No friendships made or none kept
9	Does this person generally maintain an adequate diet?	No problem	Slight problem	Moderate problem	Extreme problem
10	Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?	Reliable with medication	Slightly unreliable	Moderately unreliable	Extremely unreliable
11	Is this person willing to take psychiatric medication when prescribed by a doctor?	Always	Usually	Rarely	Never
12	Does this person co-operate with health services (eg, doctors and/or other health workers)?	Always	Usually	Rarely	Never
13	Does this person generally have problems (eg, friction, avoidance) living with others in the household?	No obvious problem	Slight problems	Moderate problems	Extreme problems
14	Does this person behave offensively (includes sexual behaviour)?	Not at all	Rarely	Occasionally	Often
15	Does this person behave irresponsibly?	Not at all	Rarely	Occasionally	Often
16	What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	Capable of full time work	Capable of part time work	Capable only of sheltered work	Totally incapable of work

LSP-16 item elaboration and clarification

The following item clarifications were developed as part of the training materials for the Victorian Mental Health Outcomes Strategy and are offered as a useful adjunct to the basic LSP-16.

1 Does the person generally have difficulty with initiating and responding to conversation? Measures the ability to begin and maintain social interaction, ensuring the flow of conversation; taking turns in conversation, silence as appropriate.

2 Does the person generally withdraw from social contact? Does the person isolate themselves when part of a group? Does the person participate in leisure activities with others? Spend long hours alone watching TV or videos?

3 Does the person generally show warmth to others? Does the individual demonstrate affection, concern or understanding of situation of others?

4 Is this person generally well groomed (eg, neatly dressed, hair combed)? Does the person use soap when washing, shave as appropriate/ use make-up appropriately, use shampoo?

5 Does this person wear clean clothes generally, or ensure that they are cleaned if dirty? Does the person recognise the need to change clothes on a regular basis? Are clothes grimy, are collars and cuffs marked, are there food stains?

6 Does this person generally neglect her or his physical health? Does the person have a medical condition for which they are not receiving appropriate treatment? Does the person lead a generally healthy lifestyle? Does the person neglect their dental health?

7 Is this person violent to others? Does the person display verbal and physical aggression to others?

8 Does this person generally make or keep friendships? Does the person identify individuals as friends? Do others identify the person as a friend? Does the person express a desire to continue to interact with others?

9 Does this person generally maintain an adequate diet? Does the person eat a variety of nutritious foods regularly? Do they watch their fat and fibre intake?

10 Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding? Does the person adhere to their medication regimen as prescribed? The right amount at the right time on a regular basis? Does the person need prompting or reinforcement to adhere to their medication regimen?

11 Is this person willing to take prescribed medication when prescribed by a doctor? Does the person express an unwillingness to take medication as prescribed, bargain or inappropriately question the need for continuing medication?

12 Does this person cooperate with health services (eg, doctors and/or other health workers)? Is the person deliberately obstructive in relation to treatment plans? Do they

attend appointments, undertake therapeutic homework activities?
13 Does this person generally have problems (eg friction, avoidance) living with others in the household? Is the person identified as „difficult to live with"? Do they have difficulty establishing or keeping to "house rules" or are they always having arguments about domestic duties?

14 Does this person behave offensively (includes sexual behaviour)? Does the person behave in a socially inept or unacceptable way demonstrating inappropriate social or sexual behaviours or communication?

15 Does this person behave irresponsibly? Does the person act deliberately in ways that are likely to inconvenience, irritate or hurt others? Does the person neglect basic social obligations?

16 What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)? What level of assistance/guidance does the individual require to undertake occupational activities?

Worker/Clinician Completed Measure
Multidimensional Domain/Outcome
Recommended Measure (by National Outcome Measurement Project)

Camberwell Assessment of Need Short Appraisal Schedule (CANSAS)

This questionnaire was developed in the Institute of Psychiatry King's College in London and can be completed by a consumer and/or a worker. The aim of the tool is to identify, and open up a discussion, about a person's needs. The questionnaire can be used as part of routine clinical practice and research, as well as a component of service evaluation (Dobrzyńska, Rymaszewska and Kiejna A, 2008). It assesses a person's needs over the last month in 22 health and social domains.

Overleaf is an example of one of the versions of the CANSAS. This was obtained from the following website:

http://www.researchintorecovery.com/files/CANSAS-P.pdf

Other versions of the tool can be found on the internet. Acknowledgement of the developers of the tool can be stated as follows:

> *Slade, Graham Thornicroft and others at the Health Service and Population Research Department, Institute of Psychiatry, King's College London, London, UK. CANSAS-P was adapted from the adult CAN by Mike Slade and evaluated by Glen Tobias and Tom Trauer. Further information from www.iop.kcl.ac.uk/prism/can.*

Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) - Example

CANSAS-P – Self-rated version of the Camberwell Assessment of Need

Name:
Other identifying information (*e.g.* date of birth):
Date of completion:

Instructions – please tick one box in each row (22 in total)

No need = this area is not a serious problem for me at all
Met need = this area is not a serious problem for me because of help I am given
Unmet need = this area remains a serious problem for me despite any help I am given

	No need	*Met need*	*Unmet need*	*I don't want to answer*
1. Accommodation *What kind of place do you live in?*	☐	☐	☐	○
2. Food *Do you get enough to eat?*	☐	☐	☐	○
3. Looking after the home *Are you able to look after your home?*	☐	☐	☐	○
4. Self-Care *Do you have problems keeping clean and tidy?*	☐	☐	☐	○
5. Daytime activities *How do you spend your day?*	☐	☐	☐	○
6. Physical Health *How well do you feel physically?*	☐	☐	☐	○
7. Psychotic symptoms *Do you ever hear voices or have problems with your thoughts?*	☐	☐	☐	○
8. Information on condition and treatment *Have you been given clear information about your medication?*	☐	☐	☐	○
9. Psychological distress *Have you recently felt very sad or low?*	☐	☐	☐	○
10. Safety to self *Do you ever have thoughts of harming yourself?*	☐	☐	☐	○
11. Safety to others *Do you think you could be a danger to other people's safety?*	☐	☐	☐	○

No need = this area is not a serious problem for me at all
Met need = this area is not a serious problem for me because of help I am given
Unmet need = this area remains a serious problem for me despite any help I am given

	No need	Met need	Unmet need	I don't want to answer
12. Alcohol *Does drinking cause you any problems?*	☐	☐	☐	○
13. Drugs *Do you take any drugs that aren't prescribed?*	☐	☐	☐	○
14. Company *Are you happy with your social life?*	☐	☐	☐	○
15. Intimate relationships *Do you have a partner?*	☐	☐	☐	○
16. Sexual Expression *How is your sex life?*	☐	☐	☐	○
17. Child Care *Do you have any children under 18?*	☐	☐	☐	○
18. Basic Education *Any difficulty in reading, writing or understanding English.*	☐	☐	☐	○
19. Telephone *Do you know how to use a telephone?*	☐	☐	☐	○
20. Transport *How do you find using the bus, tram or train?*	☐	☐	☐	○
21. Money *How do you find budgeting your money?*	☐	☐	☐	○
22. Benefits *Are you getting all the money you are entitled to?*	☐	☐	☐	○

Many thanks for completing the CANSAS-P

Health of the Nation Outcome Scales (HoNOS)

The following extract has been taken directly from the following training manual:

Department of Health, Western Australia (2003): *Western Australia's Clinician's Guide to Outcome Measurement: Adult and Older Persons* (Perth: Office of Mental Health, Department of Health)
Section 5: Adult Outcome Measures – HoNOS, page 3

> *"The Health of the Nation Outcome Scales (HoNOS) was developed by the Royal College of Psychiatrists in the United Kingdom as a tool to be used by clinicians in their routine clinical practice to measure consumer outcomes. It was designed specifically for use with adults (18 – 64 years) with a mental illness and is best considered as a general measure of severity of mental health disorder (Wing, Curtis & Beevor, 1996).*
>
> *The focus of the HoNOS is on health status and severity of symptoms. It consists of 12 items that cover the sorts of problems that may be experienced by people with a significant mental illness, such as behaviour, impairment, symptoms and social functioning.*
>
> *The scales were developed using stringent testing for acceptability, usability, sensitivity, reliability and validity. Although developed in the United Kingdom, Australia has now acquired more experience on this measure than any other country. Both hospital and community-based mental health services have found that the measure performs well, and that clinicians are able to learn how to use the measure with minimal training.*
>
> *It has been shown that data obtained from the HoNOS is helpful in developing treatment plans for individual consumers and in monitoring progress. It is capable of being condensed to give an overall summary picture of the caseload complexity of consumers treated by an agency and in comparing agencies."*
>
> (Section 5: Adult Outcome Measures – HoNOS, page 3)

This manual was developed for Western Australian public mental health services in 2003 to assist them to implement the collection of outcome measures across the State. There is no online version of this resource available.

There are three versions of the HoNOS, one for adults (HoNOS), one for persons over the age of 65 (HoNOS 65+), and one for children/adolescents (HoNOSCA).

Training in the use of these tools can be accessed online at:
http://amhocn.org/training-service-development/online-training

- Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) © Royal College of Psychiatrists 1999

An example of the HoNOS scoring sheet and the accompanying notes and glossary on using this tool in clinical practice are on the following pages. This information has be taken directly from the manual:

> Department of Health, Western Australia (2003): *Western Australia's Clinician's Guide to Outcome Measurement: Adult and Older Persons* (Perth: Office of Mental Health, Department of Health)
> *Section 5: Adult Outcome Measures – HoNOS, page 5 - 13*

Copies of the HoNOS, HoNOSCA and HoNOS 65+ can be accessed at:

http://amhocn.org/static/files/assets/962d409f/MHNOCC_Overview_DOHA.pdf

HoNOS scoring sheet - Example

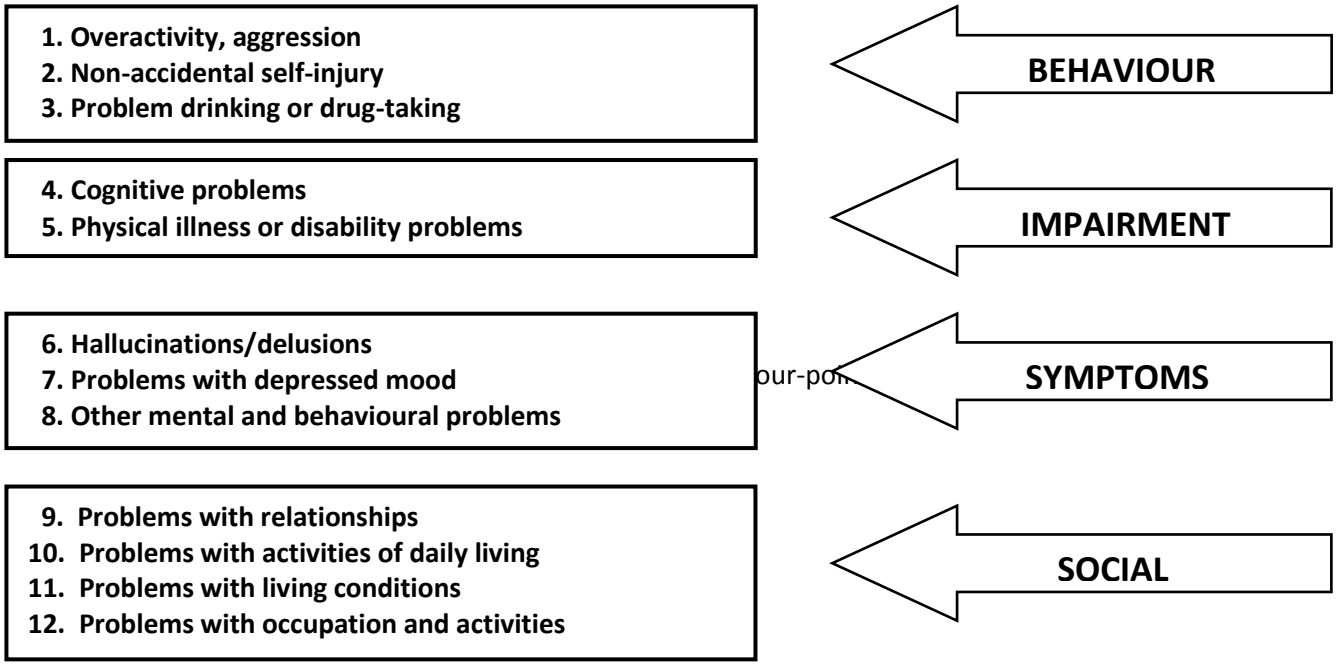
		No Problem	Minor Problem	Mild Problem	Moderately Severe Problem	Severe to Very Severe Problem	Not Known	SCORE
1.	Overactive, aggressive, disruptive or agitated	0	1	2	3	4	9	
2.	Non-accidental self-injury	0	1	2	3	4	9	
3.	Problem drinking or drug-taking	0	1	2	3	4	9	
4.	Cognitive problems	0	1	2	3	4	9	
5.	Physical illness or disability problems	0	1	2	3	4	9	
6.	Problems with hallucinations and delusions	0	1	2	3	4	9	
7.	Problems with depressed mood	0	1	2	3	4	9	
8.	Other mental and behavioural problems	0	1	2	3	4	9	
	Specify problem or disorder A Phobia B Anxiety C Obsessive - Compulsive D Stress E Dissociative F Somatoform G Eating H Sleeping I Sexual J Other_____					Code		
9.	Problems with relationships	0	1	2	3	4	9	
10.	Problems with activities of daily living	0	1	2	3	4	9	
11.	Problems with living conditions	0	1	2	3	4	9	
12.	Problems with occupation and activities	0	1	2	3	4	9	

TOTAL SCORE

Source: Department of Health, Western Australia (2003): Western Australia's Clinician's Guide to Outcome Measurement: Adult and Older Persons (Perth: Office of Mental Health, Department of Health) Section 5: Adult Outcome Measures – HoNOS, page 5 - 13

HoNOS subscales

The 12 HoNOS items can be aggregated into four sub-scales as shown in below.



Item clarifications and elaborations

If the Glossary confuses you when scoring, remember – the HoNOS is an ordinal scale. See Chart below as a guide.

				Monitor	Active Treatment or Management Plan?
Not Clinically Significant	**0**	No problem	Problem not present.	×	×
	1	Minor problem	Requires no formal action. May or may not be recorded in clinical file.	***Maybe***	×
Clinically Significant	**2**	**Mild problem**	**May or may not be incorporated in care plan.**	✓	**Maybe**
	3	**Moderate problem**	**Should be incorporated in care plan.**	✓	✓
	4	**Severe to very severe problem**	**Most severe category for patient's with this problem. Should be incorporated in care plan.** ***Note – patient can get worse.***	✓	✓

Source: Department of Health, Western Australia (2003): Western Australia's Clinician's Guide to Outcome Measurement: Adult and Older Persons (Perth: Office of Mental Health, Department of Health) Section 5: Adult Outcome Measures – HoNOS, page 5 - 13

Source: Department of Health, Western Australia (2003): Western Australia's Clinician's Guide to Outcome Measurement: Adult and Older Persons (Perth: Office of Mental Health, Department of Health)
Section 5: Adult Outcome Measures – HoNOS, page 5 - 13

HoNOS glossary

1	**Overactive, Aggressive, Disruptive or Agitated Behaviour** *Include such behaviour due to any cause, e.g. drugs, alcohol, dementia, psychosis, depression, etc.* *Do not include bizarre behaviour, rated at Item 6.* *Guide to Rating Item 1* 0 No problems of this kind during the period rated. 1 Irritability, quarrels, restlessness, etc. Not requiring action. 2 Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (e.g. broken cup, window); marked overactivity or agitation. 3 Physically aggressive to others or animals (short of rating 4); threatening manner; more serious overactivity or destruction of property. 4 At least one serious physical attack on others or on animals; destruction of property (e.g. fire-setting); serious intimidation or obscene behaviour. *Additional Notes for Item 1* This item is concerned with a spectrum of behaviours. The short title is "Aggression", for convenience, but the full title is broader and more accurate. All four types of behaviour are included, whether or not there is intention, insight or awareness. However, the context must be considered since disagreement, for example, can be expressed more vigorously, but still acceptably, in some social contexts than in others. Possible causes of the behaviour are not considered in the rating and diagnosis is not taken into account. For example, the severity of disruptive behaviour by someone with dementia or learning disability is rated here, as is aggressive overactivity associated with mania, or agitation associated with severe depression, or violence associated with hallucinations or personality problems. Bizarre behaviour is rated at Item 6.
2	**Non-Accidental Self-Injury** *Do not include accidental self-injury (due e.g. to dementia or severe learning disability); the cognitive problem is rated at Item 4 and the injury at Item 5.* *Do not include illness or injury as a direct consequence of drug/alcohol use rated at Item 3 (e.g. cirrhosis of the liver or injury resulting from drunk driving are rated at Item 5).* *Guide to Rating Item 2* 0 No problem of this kind during the period rated. 1 Fleeting thoughts about ending it all but little risk during the period rated; no self-harm. 2 Mild risk during period; includes non-hazardous self-harm, e.g. wrist-scratching. 3 Moderate to serious risk of deliberate self-harm during the period rated; includes preparatory acts, e.g. collecting tablets. 4 Serious suicidal attempt and/or serious deliberate self-injury during period. *Additional Notes for Item 2* This item deals with ideas or acts of self-harm in terms of their severity or impact. As in the clinical situation, the issue of intent during the period, though sometimes difficult to assess (e.g. when consumer is slowed by depression), is part of the current risk assessment. Thus, severe harm caused

	by an impulsive overdose could be rated at severity point 4, even though the clinician judged that the consumer had not intended more than a moderate demonstration. In the absence of strong evidence to the contrary, clinicians should assume that the results of self-harm were all intended. Risk of future self-harm is not part of this rating; although it should be part of the wider clinical assessment.
3	**Problem Drinking or Drug-Taking** *Do <u>not</u> include aggressive/destructive behaviour due to alcohol or drug use, rated at Item 1.* *Do <u>not</u> include physical illness or disability due to alcohol or drug use, rated at Item 5.* *Guide to Rating Item 3* 0 No problem of this kind during the period rated. 1 Some over-indulgence but within social norm. 2 Loss of control of drinking or drug-taking; but not seriously addicted. 3 Marked craving or dependence on alcohol or drugs with frequent loss of control, risk taking under influence (e.g. drunk driving), etc. 4 Incapacitated by alcohol or drug problems. *Additional Notes for Item 3* Consider characteristics such as craving or tolerance for alcohol or drugs, priority over other activities given to their acquisition and use, impaired capacity to control the quantity taken, frequency of intoxication, and drunk driving or other risk-taking. Temporary effects such as hangovers should also be included here. Longer-term cognitive effects such as loss of memory are rated at Item 4, physical disability (e.g. from accidents) or disease (e.g. liver damage) at Item 5, mental effects at Items 6, 7 and 8, problems with relationships at Item 9.
4	**Cognitive Problems** *<u>Include</u> problems of memory, orientation and understanding associated with any disorder: learning disability, dementia, schizophrenia, etc.* *Do <u>not</u> include temporary problems (e.g. hangovers) resulting from drug/alcohol use, rated at Item 3.* *Guide to Rating Item 4* 0 No problem of this kind during the period rated. 1 Minor problems with memory or understanding e.g. forgets names occasionally. 2 Mild but definite problems, e.g. has lost way in a familiar place or failed to recognise a familiar person; sometimes mixed up about simple decisions. 3 Marked disorientation in time, place or person, bewildered by everyday events; speech is sometimes incoherent; mental slowing. 4 Severe disorientation, e.g. unable to recognise relatives, at risk of accidents, speech incomprehensible, clouding or stupor. *Additional Notes for Item 4* Intellectual and memory problems associated with any disorder, including dementia, learning disability, schizophrenia, very severe depression, etc., are taken into account, e.g. problems in naming or recognising familiar people or pets or objects; not knowing the day, date or time; difficulties in understanding or using speech (in own language); failure to remember important matters; not recognising common dangers (gas taps, ovens, crossing busy roads); clouding of consciousness and stupor.

5	**Physical Illness or Disability Problems** *Include illness or disability from any cause that limits or prevents movement, or impairs sight or hearing, or otherwise interferes with personal functioning.* *Include side-effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drunk driving etc.* *Do not include mental or behavioural problems rated at Item 8.* *Guide to Rating Item 5* 0 No physical health problem during the period rated. 1 Minor health problem during the period (e.g. cold, non-serious fall, etc.). 2 Physical health problem imposes mild restriction on mobility and activity. 3 Moderate degree of restriction on activity due to physical health problem. 4 Severe or complete incapacity due to physical health problem. *Additional Notes for Item 5* Consider the impact of physical disability or disease on the consumer in the recent past. Problems likely to clear up fairly rapidly, without longer term consequences (e.g. a cold or bruising from a fall), are rated at point 0 or 1. A consumer in remission from a possibly long-term illness is rated on the worst state in the period, not on the prospective level. The rating at points 2-4 is made in terms of degree of restriction on activities, irrespective of the type of physical problem. Include impairments of the senses, unwanted side effects of medication, limitations on movement from whatever cause, injuries associated with the effects of drugs or alcohol, etc. The physical results of accidents or self-injury in the context of severe cognitive problems should also be rated here.
6	**Problems Associated With Hallucinations and Delusions** *Include hallucinations and delusions irrespective of diagnosis.* *Include odd and bizarre behaviour associated with hallucinations or delusions.* *Do not include aggressive, destructive or overactive behaviours attributed to hallucinations or delusions, rated at Item 1.* *Guide to Rating Item 6* 0 No evidence of hallucinations or delusions during the period rated. 1 Somewhat odd or eccentric beliefs not in keeping with cultural norms. 2 Delusions or hallucinations (e.g. voices, visions) are present, but there is little distress to consumer or manifestation in bizarre behaviour, i.e. clinically present but mild. 3 Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour, i.e. moderately severe clinical problem. 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on consumer. *Additional Notes for Item 6* Rate such phenomena irrespective of diagnosis. Rating point 1 is reserved for harmless eccentricity or oddness. If a consumer has a delusional conviction of royal descent but does not act accordingly and is not distressed, the rating is at point 2. If the consumer is distressed, or behaves bizarrely in accordance with the delusion (e.g. acting in a grandiose manner, running up large debts, dressing the part, expecting to be admitted to a royal palace, etc.) the rating is at points 3 or 4. Any violent, overactive and disruptive behaviour, however, has already been rated at Item 1 and should not be included again. Similar considerations apply to other kinds of delusions and hallucinations.
7	**Problems With Depressed Mood** *Do not include overactivity or agitation, rated at Item 1.* *Do not include suicidal ideation or attempts, rated at Item 2.* *Do not include delusions or hallucinations, rated at Item 6.*

	Guide to Rating Item 7 0 No problems associated with depressed mood during the period rated. 1 Gloomy; or minor changes in mood. 2 Mild but definite depression and distress: e.g. feelings of guilt; loss of self-esteem. 3 Depression with marked physical or mental slowing, inappropriate self-blame, preoccupied with feelings of guilt. 4 Severe or very severe depression, with guilt or self-accusation. *Additional Notes for Item 7* Depressed mood and symptoms closely associated with it often occur in disorders other than depression. Consider symptoms only: e.g. loss of self-esteem and guilt. These are rated at Item 7 irrespective of diagnosis. The more such symptoms there are the more severe the problems tend to be. Overactivity and agitation are rated at Item 1; self-harm at Item 2; stupor at Item 4; delusions and hallucinations at Item 6. Note that the rule is followed that symptoms, not diagnoses, are rated. Sleep and appetite problems are rated separately at Item 8.
8	**Other Mental and Behavioural Problems** *<u>Rate</u> only the most severe clinical problem <u>not</u> considered at Items 6 and 7 as follows: specify the type of problem by entering the appropriate letter: **A** phobic; **B** anxiety; **C** obsessive-compulsive; **D** stress; **E** dissociative; **F** somatoform; **G** eating; **H** sleep; **I** sexual; **J** other specified problem.* *Guide to Rating Item 8* 0 No evidence of any of these problems during period rated. 1 Minor non-clinical problems. 2 A problem is clinically present at a mild level, e.g. consumer/client has a degree of control. 3 Occasional severe attack or distress, with loss of control (e.g. has to avoid anxiety provoking situations altogether, call in a neighbour to help, etc.) i.e. moderately severe level of problem. 4 Severe problem dominates most activities. *Additional Notes for Item 8* This item provides an opportunity to rate symptoms not included in the previous clinical items. Several types of problem are specified, distinguished by the capital letters A-J, as specified below. Only the single most severe problem occurring during the period is rated. This procedure is repeated at the next *Collection Occasion*. In this way, the most severe problem is always rated for each *Collection Occasion*. A Phobias – including fear of leaving home, crowds, public places, travelling, social phobias and specific phobias B Anxiety and panics C Obsessional and compulsive problems D Reactions to severely stressful events and traumas E Dissociative (‘conversion’) problems F Somatisation – persisting physical complaints in spite of full investigation and reassurance that no disease is present G Problems with appetite, over- or under-eating H Sleep problems I Sexual problems J Problems not specified elsewhere including expansive or elated mood.

9	**Problems With Relationships** *Rate the consumer's most severe problem associated with active or passive withdrawal from social relationships, and/or non-supportive, destructive or self-damaging relationships.* *Guide to Rating Item 9* 0 No significant problems during the period. 1 Minor non-clinical problems. 2 Definite problems in making or sustaining supportive relationships: consumer complains and/or problems are evident to others. 3 Persisting major problems due to active or passive withdrawal from social relationships, and/or to relationships that provide little or no comfort or support. 4 Severe and distressing social isolation due to inability to communicate socially and/or withdrawal from social relationships. *Additional Notes for Item 9* This item concerns the quality as well as the quantity of consumers' communications and social relationships with others. Both active and passive relationships are considered, as are problems arising from consumers' own intrusive or withdrawn behaviour. Take into account the wider social environment as well as the family or residential scene. Is the consumer able to gain emotional support from others? If consumers with dementia or learning disability (including the autistic spectrum) are over-friendly, or unable to interpret or use language (including body language) effectively, communication and relationships are likely to be affected. People with personality problems (rated independently of diagnosis) can find it difficult to retain supportive friendships or make useful allies. If the consumer is rather solitary, but self-sufficient, competent when with others, and satisfied with the level of social interaction, the rating would be 1. Near-total isolation (whether because the consumer withdraws, or is shunned by others, or both) is rated 4. Take the degree of the consumer's distress about personal relationships, as well as degree of withdrawal or difficulty, into account when deciding between points 2 & 3. Aggressive behaviour by the consumer towards another person is rated at Item 1.
10	**Problems With Activities of Daily Living** *Rate the overall level of functioning in activities of daily living (ADL): e.g. problems with <u>basic activities of self-care</u> such as eating, washing, dressing, toilet; also <u>complex skills</u> such as budgeting, organising where to live, occupation and recreation, mobility and use of transport, shopping, self-development, etc.* *<u>Include</u> any lack of motivation for using self-help opportunities, since this contributes to a lower level of functioning.* *Do <u>not</u> include lack of opportunities for exercising intact abilities and skills, rated at Items 11-12.* *Guide to Rating Item 10* 0 No problems during period rated; good ability to function in all areas. 1 Minor problems only e.g. untidy, disorganised. 2 Self-care adequate, but major lack of performance of one or more complex skills (see above). 3 Major problems in one or more areas of self-care (eating, washing, dressing, toilet) as well as major inability to perform several complex skills. 4 Severe disability or incapacity in all or nearly all areas of self-care and complex skills. *Additional Notes for Item 10* Consider the overall level of functioning achieved by the consumer during the period rated. Rate the level of actual performance, not potential competence. The rating is based on the assessment of three kinds of problem: • First, a summary of the effects on personal and social functioning of the problems rated at Items

	1-9. • Second, a lack of opportunities in the environment to use and develop intact skills. • Third, a lack of motivation or encouragement to use opportunities that are available. The overall level of performance rated may therefore be due to lack of competence, to lack of opportunities in the environment, to lack of motivation, or to a combination of all these. Two levels of functioning are considered when deciding the severity of problems: • The *basic level* includes self-care activities such as eating, washing, dressing, toileting and simple occupations. If performance is moderately or seriously low, rate 3 or 4. • The *complex level* includes the use of higher level skills and abilities in occupational and recreational activities, money management, household shopping, child care, etc., as appropriate to the consumer's circumstances. If these are normal or as adequate as they can be, rate 0 or 1. Ratings 2 and 3 are intermediate.
11	**Problems With Living Conditions** *Rate the overall severity of problems with the quality of living conditions and daily domestic routine.* *Are the basic necessities met (heat, light, hygiene)? If so, is there help to cope with disabilities and a choice of opportunities to use skills and develop new ones?* *Do not rate the level of functional disability itself, rated at Item 10.* *N.B. Rate the consumer's usual accommodation. If in acute ward, rate the home accommodation. If information is not obtainable, rate 9.* *Guide to Rating Item 11* 0 Accommodation and living conditions are acceptable; helpful in keeping any disability rated at Item 10 to the lowest level possible, and supportive of self-help. 1 Accommodation is reasonably acceptable although there are mild or transient problems (e.g. not ideal location, not preferred option, doesn't like food, etc.). 2 Significant problems with one or more aspects of the accommodation and/or regime: e.g. restricted choice; staff or household have little understanding of how to limit disability, or how to help develop new or intact skills. 3 Distressing multiple problems with accommodation; e.g. some basic necessities absent; housing has minimal or no facilities to improve consumer's independence. 4 Accommodation is unacceptable: e.g. lack of basic necessities, consumer is at risk of eviction, or 'roofless', or living conditions are otherwise intolerable making consumer's problems worse. *Additional Notes for Item 11* This item requires a knowledge of the consumer's usual domestic environment during the period rated, whether at home or in some other residential setting. If this information is not available, rate 9 (not known). Consider the overall level of performance this consumer could reasonably be expected to achieve given appropriate help in an appropriate domestic environment. Take into account the balance of skills and disabilities. How far does the environment restrict, or support, the consumer's optimal performance and quality of life? Do staff know (as they should) what the consumer's capacities are? The rating must be realistic, taking into account the overall problem level during the period, ratings on Items 1-10, and information on the following points: • Are the basics provided for – heat, light, food, money, clothes, security and dignity? If the basic level conditions are not met, rate 4. • Consider the quality and training of staff; relationships with staff or with relatives or friends at home; degree of opportunity and encouragement to improve motivation and maximise skills, including: interpersonal problems; provision for privacy and indoor recreation; problems with other residents; helpfulness of neighbours. Is the atmosphere welcoming? Are there opportunities to demonstrate and use skills: e.g. to cook, manage money, exercise talents and

	choice, and maintain individuality? • If full autonomy has been achieved, i.e. the environment does not restrict optimum performance overall, rate as 0. A less full, but adequate regime is rated 1. Between these poles, an overall judgement is required as to how far the environment restricts achievable autonomy during the period. A 2 indicates moderate restriction and 3 substantial restriction.
12	**Problems With Occupation and Activities** *Rate the overall level of problems with quality of day-time environment. Is there help to cope with disabilities, and opportunities for maintaining or improving occupational and recreational skills and activities? Consider factors such as stigma, lack of qualified staff, access to supportive facilities, e.g. staffing and equipment of day centres, workshops, social clubs, etc.* *Do not rate the level of functional disability itself, rated at Item 10.* *N.B. Rate the consumer's usual situation. If in acute ward, rate activities during period before admission. If information not obtainable, rate 9.* *Guide to Rating Item 12* 0 Consumer's day-time environment is acceptable; helpful in keeping any disability rated at Item 10 to the lowest level possible, and supportive of self-help. 1 Minor or temporary problems e.g. late pension cheques, reasonable facilities available but not always at desired times etc. 2 Limited choice of activities; e.g. there is a lack of reasonable tolerance (e.g. unfairly refused entry to public library or baths etc.); or handicapped by lack of a permanent address; or insufficient carer or professional support; or helpful day setting available but for very limited hours. 3 Marked deficiency in skilled services available to help minimise level of existing disability; no opportunities to use intact skills or add new ones; unskilled care difficult to access. 4 Lack of opportunity for daytime activities makes consumer's problems worse. *Additional Notes for Item 12* The principles considered at Item 11 also apply to the outside environment. Consider arrangements for encouraging activities such as: shopping; using local transport; amenities such as libraries; understanding local geography; possible physical risks in some areas; use of recreational facilities. Take into account accessibility, hours of availability, and suitability of the occupational environment provided for the consumer at day hospital, drop-in or day centre, sheltered workshop, etc. Are specific (e.g. educational) courses available to correct deficits or provide new skills and interests? Is a sheltered outside space available if the consumer is vulnerable in public (e.g. because of odd mannerisms, talking to self, etc.)? For how long is the consumer unoccupied during the day? Do staff know what the consumer's capacities are? The rating is based on an overall assessment of the extent to which the daytime environment brings out the best abilities of the consumer during the period rated, whatever the level of disability rated at Item 10. This requires a judgement as to how far changing the environment is likely to improve performance and quality of life and whether any lack of motivation can be overcome. • If the level of autonomy in daytime activities is not restricted, rate 0. A less full but adequate regime is rated 1. • If minimal conditions for daytime activities are not met (with the consumer severely neglected and/or with virtually nothing constructive to do), rate 4. • Between these poles, a judgement is required as to how far the environment restricts achievable autonomy; 2 indicates moderate restriction and 3 indicates substantial restriction.

WAAMH
Western Australian Association for Mental Health

Part Six:

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Source: http://www.pc.gov.au/inquiries/completed/not-for-profit/report

Relevant state policy documents

Department of Finance, Government of Western Australia (2011): *Delivering Community Services in Partnership Policy: a policy to achive better outcomes for Western Australian thorugh the funding and contracting of community services* (Perth: Government of Western Australia)
Source:

http://www.finance.wa.gov.au/cms/uploadedFiles/Government_Procurement/Policies/dcspp.pdf?n=1765

Economic Audit Committee (2009): *Putting the public first: partnering with the community and business to deliver outcomes (* Perth: Government of Western Australia)
Source:
http://www.dpc.wa.gov.au/Publications/EconomicAuditReport/Documents/eac_final_report.pdf

Mental Health Commission (2014): *Quality Management Framework: information for community managed organisations* (Perth: Government of Western Australia)

Mental Health Commission (2012): *Mental Health Outcome Statements.* (Perth: Government of Western Australia).
Source:
http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Outcomes_Statements_1.sflb.ashx

Mental Health Commission (2010): *Mental health 2020: making it personal and everybody's business.* (Perth: Government of Western Australia).
Source:
http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx

Wilson, E., Jenkin, E. & Campain, R. (2011): *Outcome Measurement of community based mental health services in Western Australia: literature and concept summary (*Melbourne: Inclusion Matters).
Source: http://waamh.org.au/assets/documents/reports/waamh-literature-and-concept-summary.pdf

Outcome Measurement Tools and Questionnaires

Below is a quick reference guide to some of the outcome measures that HAVE been included in this guide.

Carer Outcome Measures and Tools

Dare, A., Hardy, J., Burgess, P., Coombs, T., Williamson, M., and Pirkis, J. (2008): *Carer outcome measurement in mental health services: scoping the field (*Sydney, New South Wales: Australian Mental Health Outcomes and Classification Network)
Source:
http://amhocn.org/static/files/assets/a30d390d/Carer_Outcome_Measurement_Final_Report_20080924.pdf

Recovery Outcome Measures

Burgess P., Pirkis J., Coombs T., and Rosen A.(2010): *Review of recovery measures, Version 1.01 (*Sydney, New South Wales: Australian Mental Health Outcomes and Classification Network)
Source: http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf

Ralph R., Kidder K., Muskie, E., and Phillips D. (2000): *Can we measure recovery? A compendium of recovery and recovery-related instruments, Vol 1. (*Cambridge, MA: The Evaluation Centre at HRSI).

Source:
*http://www.hsri.org/publication/Can_We_Measure_Recovery_A_Compendium_of_Recovery_and_Recovery-Related_*

Stages of Recovery Instrument (STORI)
http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1218&context=hbspapers&sei-redir=1&referer=http%3A%2F%2Fwww.bing.com%2Fsearch%3Fq%3DAndresen%2BR%2C%2BCaputi%2BP%2C%2BOades%2BL.%2BStages%2Bof%2Brecovery%2Binstrument%253A%2BDevelopment%2Bof%2Ba%2Bmeasure%2Bof%2Brecovery%2Bfrom%2Bserious%2Bmental%2Billness.%2BAustralian%2Band%2BNew%2BZealand%2BJournal%2Bof%2BPsychiatry%2B2006%253B40%253A972-980.%26form%3DIE11TR%26src%3DIE11TR%26pc%3DDCJB#search=%22Andresen%20R%2C%20Caputi%20P%2C%20Oades%20L.%20Stages%20recovery%20instrument%3A%20Development%20measure%20recovery%20from%20serious%20mental%20illness.%20Australian%20New%20Zealand%20Journal%20Psychiatry%202006%3B40%3A972-980.%22

Thoughts and Feelings (Cognition and Emotion) Outcome Measures
Commonwealth of Australia (2005): *Kessler - 10 training manual* (*(*Sydney, New South Wales: Australian Mental Health Outcomes and Classification Network, NSW Institute of Psychiatry)
Source: http://amhocn.org/static/files/assets/2c63fca6/Kessler_10_Manual.pdf

Behaviour and Symptom Identification Scale-32® (BASIS-32®)
http://ebasis.org/

Mental Health Inventory
http://www.rand.org/health/surveys_tools/mos/mos_mentalhealth.html

Quality of Life Outcome Measures
World Health Organisation (1998): *WHOQOL user manual* (Geneva: World Health Organisation)
Source:
http://apps.who.int/iris/bitstream/10665/77932/1/WHO_HIS_HSI_Rev.2012.03_eng.pdf?ua=1

Multidimensional Outcome Measures
Commonwealth of Australia *(*2003): *Mental Health National Outcomes and Casemix Collection: overview of clinician-rated and consumer self-report measures, Version 1.50*., (Canberra: Department of Health and Ageing)
Source: http://www.health.vic.gov.au/mentalhealth/outcomes/nocc_clin.pdf

Dobrzyńska, E, Rymaszewska J, and Kiejna A (2008): *CANSAS--Camberwell Assessment of Need Short Appraisal Schedule and other needs of persons with mental disorders assessment tools.* Psychiatria Polska, 42, vol 4, 525-32.
Source: http://www.ncbi.nlm.nih.gov/pubmed/19189597

Online HoNOS training:
Source: http://amhocn.org/training-service-development/online-training

Access to the HoNOS, HoNOS 65+ and HoNOSCA glossaries and tools
Source: http://amhocn.org/static/files/assets/962d409f/MHNOCC_Overview_DOHA.pdf

Additional Consumer Completed Outcome Measures

Below is a quick reference guide to some ADDITIONAL outcome measures that HAVE NOT been included in this guide.

Peer Outcomes Protocol Questionnaire
http://www.cmhsrp.uic.edu/download/POP.Questionnaire.pdf
Permission from the authors to use and reproduce this tool is required.
Summary**:** This is a 41 page document that has seven modules and uses 17 different scales.
Modules include: Demographics, service use, employment, community life, quality of life, well-being, program satisfaction.

Personal Vision of Recovery Questionnaire
http://www.hsri.org/publication/Can_We_Measure_Recovery_A_Compendium_of_Recovery_and_Recovery-Related_
Summary: This measure is designed to assess consumers' beliefs about their own recovery. It is part of a larger resource called: *Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments, Vol 1.* (Kidder, Muskie and Phillips, 2000*)* which can be downloaded at the website above. The questionnaire contains 24 questions.