Chapter 13

# Case Study:
## Developing Clinical Utility for Mental Health Outcome Information: A New Zealand Perspective

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## ABSTRACT

*The development of tools and the promotion of the use of the tools to electronically record mental health outcomes in New Zealand are presented. The primary utility of outcomes data is discussed as part of person centred care and recovery.*

## INTRODUCTION

This chapter will focus on addressing the issue of mental health outcome information use in the New Zealand and particularly mental health nursing context.

There is now a growing body of evidence that feeding back outcome measurement scores to service users within mental health services can itself be seen as a therapeutic activity (Anker et al 2009, Lambert et al 2005, Lambert et al 2001, Miller et al 2004, Willis et al 2009) particularly in the context of mental health nursing (Willis et al 2009). This primary use of outcome measurement has, unfortunately, not received the emphasis

and attention bestowed on the secondary uses of mental health information.

This has meant that the clinical utility of outcome measurement remains problematic with few clinicians using outcomes in the primary use sense. As a result of this t mental health nurses remain focused on interventions without being able to produce the evidence of the difference those interventions make, other than anecdotally.

While the primary use of mental health information needs to be emphasised in order to obtain clinical utility, that does not mean that the secondary uses are unimportant. The chapter will also show how some of the secondary uses of mental health information can also have clinical utility.

This increasing emphasis upon outcome measurement in New Zealand is reflected in the key performance indicator framework which identifies

two indicators based on outcome measurement (Counties Manakau District Health Board 2007).

Additionally since the publication of the Blueprint for mental health services by the mental health commission (1998) recovery has been viewed as the dominant philosophical paradigm in New Zealand. As Krieble (2003) indicated, recovery would be well served by the introduction and support of an outcomes based mental health policy to support clinical utility. This is because, as Mellsop and Smith (2009) indicated, there remains considerable clinical apathy and cynicism over the use of outcome measurement.

## Chapter Plan

The chapter will cover the following areas:

- Historical background to outcome measurement
- Mental health nursing and outcome measurement
- The national outcome collection in New Zealand
- Clinical utility of outcome information
- Tools for facilitating clinical utility

## HISTORICAL BACKGROUND

This section will explore the historical background to the current role of mental health outcome information, in particular MHINC (mental health information national collection) and MH-SMART (mental health standard measures of assessment and recovery initiative) which was part of New Zealand's Mental Health Research & Development Strategy.

Following the work of Wing et al (1998) in the UK, Australia introduced outcome measurement using a case mix approach (Buckingham et al 1998). This case mix methodology was replicated in the New Zealand context in the CAOS (mental health classification and outcome study) (Gaines et al 2003).

MHINC commenced in the year 2000 and was designed to collect basic activity data: such as who was seeing who, for how long, where were people being seen, the number of bed nights etc. This activity data has had limited utility, particularly in clinical practice. Partly for this reason, MH-SMART started in 2005 with the identification of a suite of measures, designed to focus on outcomes information that was seen as having greater clinical utility.

The MH-SMART suite of measures was intended to cover five areas:

- clinical
- functionality
- service-user self rated
- alcohol and drugs and
- Maori.

Currently only the clinical measure areas have been introduced with the HoNOS (Health of the Nation Outcome Scale) family of measures. The HoNOS family of measures includes: HoNOS (for adults) HoNOSCA (for children and adolescents) and HoNOS 65+ (for older adults). HoNOS is a simple, clinician rated 12 item measure which can be rated from no problem (rated 0) to severe problem (rated 4) and intermediate ratings. HoNOS 65+ also uses a similar 12 items whereas HoNOSCA uses 15 items. The functioning measure has not yet been determined, though the PSP (personal and social performance scale) and the CGAS (children's global assessment scale) are both recommended. These are both reliable and validated measures. The self rated measure – taku reo taku mauri ora, 'my voice my life' has not yet completed all of the research phase (Gordon 2004). The alcohol and drug measure, ADOM (alcohol and drug outcome measure), has completed the research and development phase and should be available soon. Finally, the Maori measure, Kingi (2000) called 'Hua Oranga' is still completing the research and development phase.

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