A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 1. PROCESS ELEMENTS

OUTCOME MEASURES[1]

Outcome measures are the means by which questions can be asked about the effectiveness of an intervention in altering the health status of people with mental health problems.

Service Element	Description of Need	Ways in Which Services May Respond
Services which can produce the maximum possible benefit from the resources available.	Clinicians, direct care staff, people who receive services, those who care for them and commissioners want to know that the care being delivered is working, and, if not, to have the information required to make changes.	• Clarity that the change in the well being of the person receiving the service is solely due to the care received. • Measures which can take note of the different perspective, eg : - people who receive a service; - those who care for them; - professionals; and - commissioners. • Measures which are robust enough to be taken out of service delivery into the planning context.
A reliable set of perspectives through which to assess outcomes.	The **clinical** outcome: • as perceived by the people who receive services; • as perceived by the clinical staff. The **functional** outcome in terms of quality of life and return to normal social activity. Satisfaction with the **process** of care: • as perceived by the people who receive services; • as measured against objective standards.	• Measures which are: - valid; - reliable; - meaningful and important to the people who receive services; and - "handy" enough to be used routinely. • Care staff ticking boxes to indicate that components of the care package have been delivered, while desirable for other purposes, is not enough to give an adequate measure of outcome.
Existing Outcome Indicators		Existing measures such as: • suicide rate by health board standardised by population demography; • mortality within one year of discharge from a psychiatric inpatient unit or hospital by health board; and • mortality from suicide within one year of discharge are of little relevance to most people who receive a service and do not address their personal satisfaction.

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[1] Report of the Sub Group on Outcome Measures in Acute Psychiatry (1996) CRAG Working Group on Mental Illness NHSiS

OUTCOME MEASURES (continued)

Service Element	Description of Need	Ways in Which Services May Respond
The User Generated Scale	Initial assessment identifies the individual's major problems and hence the goals of treatment. Progress towards achievement of these goals is monitored over time. Progress is measured by a simple 3 point scale: 1 goal not achieved 2 goal partially achieved 3 goal achieved. The accumulated information provides a "profile" of progress and links in well with the Care Programme Approach. Three areas: • clinical outcome (eg loss of symptoms); • functional outcome (eg social activity and quality of life); • satisfaction with the process of care (eg involvement, information, respect); and a possible fourth • unexpected consequences of intervention (eg drug side effects, impact on benefit entitlement).	Consistent with needs led care planning. Encourages dialogue between people who receive services and clinical staff. Realistic goals established. A basis in negotiation between the person(s) providing the service and the person using the service will engage both in a better working relationship. Should help focus the activities of the multi-disciplinary care team. Promotes a better climate for mental health care based on the individual. Will help foster alliances between partner agencies with the focus on individual need.
Recent initiatives	**The Health of the Nation Outcome Scale (HONOS)[2]** • measures twelve dimensions of acute mental health problems; • still too early to recommend for widespread use. **The Camberwell Assessment of Need Scale[3]**: • measures need; • generates information on the extent needs have been met over time or within a geographical area as a result of interventions.	• To be used by health care professionals, eg on the basis of judgements made through a clinical perception of the person receiving the service. • Requires training and standardisation of approach. • Useable by all health care professions. • Can be entered onto an electronic database. • To be used by healthcare professionals on the basis of discussion with people who receive services. • Requires training. • Useable by healthcare and social care professions.

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[2] Royal College of Psychiatrists Research Unit (1995)

[3] British Journal of Psychiatry (1995) 589-595

OUTCOME MEASURES (continued)

Service Element	Description of Need	Ways in Which Services May Respond
Recent initiatives (continued)		• Can be entered onto an electronic database. • Aggregated data forms a powerful planning tool.
	Measure Yourself Medical Outcome Profile[4] (MYMOP) Measures 4 “user” defined items: • the two most important symptoms related to a clinical problem; • a daily activity that the individual defines as disrupted; • a general item related to well being. an optional fifth for any symptom.	• Focus on the individual who receives the service; • Responsive to change; • Suitable for use in a primary care setting; • Graphical presentation facilitates communication.
	Clinical Outcome and Response Monitoring[5] (CORM) • designed to measure outcomes of both physical and psychological therapies; • items to be measured derived by agreement with the person receiving the treatment; • applicable to a range of mental health problems by specifying goals to reduce difficulties; • software packages available; • number of items to be measured variable upwards depending on individual’s problems.	• Focus on the individual who receives the service; • Responsive to change; • Can be used for clinical audit purposes; • Can be use to manage resource utilisation.
	Lancashire Quality of Life Profile[6] • combines both objective and subjective approaches to measuring quality of life; • considers 12 different aspects of life eg work, leisure, safety, family and self esteem;	• Focus on the individual who receives the service; • Suitable for use in social care settings.

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[4] British Medical Journal (1996) 312 1016-1026

[5] Prof. Isaac Marks, Institute of Psychiatry, London

[6] Oliver M et al (1995) Quality of Life and Mental Health Services. Routledge, London

OUTCOME MEASURES (continued)

Service Element	Description of Need	Ways in Which Services May Respond
Recent initiatives (continued)	a database of findings from a large sample of mental health clients in Lancashire is available, allowing comparisons to be drawn. **General Satisfaction Questionnaire**[7] • developed as an operational tool for health and social care workers in mental health; • different versions available for various settings.	
Areas within a service which should have priority for outcome assessment	The CRAG sub-group survey: much interest widely expressed in the need for indicators in a range of settings. Five areas where outcomes are important: • day care • Community Mental Health Teams • Alcohol and/or drug problems • Community Psychiatric Nurses • Psychological therapies/counselling The Working Group report on "Services for people affected by schizophrenia" (1995). Recommended indicators: • lag times from GP referral to specialist assessment; • numbers of individual users of the service who are lost to follow-up; • admission and re-admission rates; • duration of inpatient stay; • sudden death while on medication; and • prevalence of homelessness.	• Pilot studies urgently needed to demonstrate best practice, guided by a local coalition or interest group comprising people who receive services, people who care for them, service providers and commissioners. These do not assess whether the treatment of the individual was effective in terms of what he/she expected, but comprise “hard data” which may be of use in national outcome studies or in a clinical audit process.

[7] Mental Health Social Work Research Unit, Dept of Psychiatry, University of Manchester