



Australian Mental Health Outcomes and Classification Network

Sharing Information to Improve Outcomes

**Rater and Clinical Utility
Training Manual**

OLDER PERSON

Acknowledgements

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of Australia. We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of AMHOCN resources.

Acknowledgment of Lived Experience

We would like to recognise those with lived experience of mental health conditions in Australia. We acknowledge that we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities. We acknowledge their contribution to the development of AMHOCN resources.

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1. Introduction to the manual

This training manual has been developed as part of a training package designed to provide rater and clinical utility training. It has been structured so that it provides the contents of a one day training workshop which not only covers refresher training but also includes resources to assist mental health staff explore the clinical utility of the measures introduced under the National Outcomes and Casemix Collection (NOCC).

Some of the underlying principles, which shape this training manual, include:

- the need to utilise the principles of adult learning;
- ensuring that participants can relate the material to their work environment; and
- giving participants the opportunity to engage with the material.

Before commencing training, trainers should have a good understanding of the measures introduced under NOCC and their clinical application. Additionally, trainers should possess knowledge and/or experience in the use of aggregate reports in service development and/or improvement activities.

Before commencing training, trainers should ensure that they have access to the following training materials:

- Older Person Rater and Clinical Utility Training Manual (this document);
- Older Person self report measure appropriate to jurisdiction;
- PowerPoint projector and laptop;
- Materials to support discussion e.g., white board, flip chart, markers;
- Vignette material (Video, written material); and
- Example service reports of outcome measures.

In this training manual symbols are used to indicate activities that the trainer should undertake:



This symbol indicates that trainers should make explicit certain important training points.



This symbol indicates that trainers should show a particular video clip or written vignette.



This symbol indicates that trainers should encourage group discussion.



This symbol indicates that trainers should distribute specific handout materials.




This symbol indicates the notional time each section should take.

2. Workshop timetable

This is a notional timetable as groups will vary in size and knowledge of the measures. Given this potential variation and its impact on the amount of discussion that takes place during activities, the timing of each activity may vary. The optimum group size is 15. This enables the creation of 3 teams of 5 people and 5 groups of 3 for individual activities. These notional timings are based on 15 participants.

Approximate Timing	Content
10 minutes	Introduction <ul style="list-style-type: none"> Objectives of workshop
90 minutes	Refresher HoNOS65+ rating <ul style="list-style-type: none"> Overview of rating the HoNOS65+ Practice rating - vignette HoNOS65+ feedback/discussion of ratings Clarification of rating rules
	Morning tea
10 Minutes	LSP-16
15 Minutes	Review other measures <ul style="list-style-type: none"> Mental Health Phase of Care Diagnosis Mental Health Legal Status Resource Utilisation Groups – Activities of Daily Living
90 minutes	Consumer self assessment <ul style="list-style-type: none"> Measure overview and offering Activity - Consumer Self Assessment Fidelity Checklist Discussion
	Lunch
15 minutes	Making sense of the numbers <ul style="list-style-type: none"> Exploring reference material
45 minutes	Care and treatment planning <ul style="list-style-type: none"> Preparation, action and expectations
30 minutes	Understanding variation across teams <ul style="list-style-type: none"> What additional information is required?
	Afternoon tea / Close



NOCC Rater and Clinical Utility Training

Older Person Services



This slide simply provides an introduction to the title of the workshop.



Acknowledgment of Country

I begin today by acknowledging the Traditional Custodians of the land on which we all gather today and the Aboriginal and Torres Strait Islander people participating in this meeting. I pay my respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of Australia.


Acknowledgment of Lived Experience

We would like to recognise those with lived experience of mental health conditions in Australia. We acknowledge that we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities.

Take this opportunity to have acknowledgement of country, recognition of lived experience, highlight housekeeping activities e.g., fire and evacuation procedures, bathrooms, messages, mobile

phone etiquette. Introduce presenter and, depending on group size, participants.

3. Training introduction and learning objectives



Objectives of the workshop

- Provide an opportunity for clarification of the rating rules of the measures which make up the National Outcomes and Casemix Collection (NOCC).
- Provide an opportunity to explore the clinical utility of the measures which make up NOCC including;
 - Using the consumer self assessment to support the assessment process, the process of engagement with the consumer, along with consumer empowerment.
 - Using the clinician rated measures and the consumer self assessment measure to support clinical practice.
- Provide an opportunity to explore and discuss the clinical reference material produced by AMHOCN.
- Provide an opportunity to explore the use of NOCC and additional information collected in mental health to better understand variation between service providers.



Trainers should identify the objectives of the workshop:

- Provide an opportunity for clarification of the rating rules of the measures which make up the National Outcomes and Casemix Collection (NOCC).
- Provide an opportunity to explore the clinical utility of the measures which make up NOCC including:
 - Using the consumer self assessment to support, the assessment process, the process of engagement with the consumer along with consumer empowerment; and
 - Using the clinician rated measures and the consumer self assessment measure to support clinical practice.
- Provide an opportunity to explore and discuss the clinical reference material being produced by AMHOCN.
- Provide an opportunity to explore the use of NOCC and additional information collected in mental health to better understand variation between service providers.




This section should take approximately 10 minutes to complete.

4. HoNOS65+ refresher training

The slides that follow are simply an opportunity to provide refresher training in relation to the measures introduced under the NOCC.

HoNOS65+ revision



- Key measure of severity
- Brief; 5 minutes to rate
- Acceptable and useful to clinicians
- Specifically broad spectrum
- Satisfactory inter-rater reliability
- Change in scores correlate with independent clinical ratings of change
- Training required



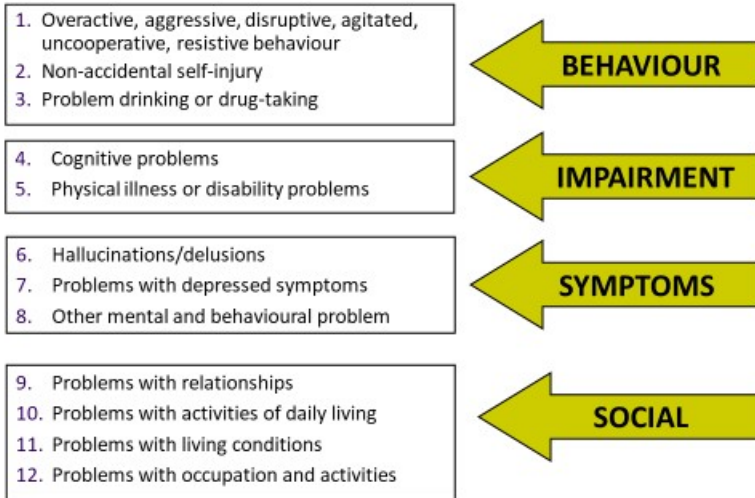
The HoNOS65+ is not a diagnostic or screening tool but was specifically designed to be a broad-spectrum measure of the severity of the consumer's problems over the past two weeks. It does display adequate psychometric properties.

Refer participants to the HoNOS65+ Glossary and note that the HoNOS65+:

- is a key measure of severity;
- is brief – approximately 5 minutes to rate;
- is acceptable and useful to clinicians - specifically broad spectrum;
- has satisfactory inter-rater reliability;
- change in scores correlate with independent clinical ratings of change; and
- training required.

The HoNOS65+ 12 Scales

Clinician Rated from "0" No Problem to "4" Severe Problem within the last two weeks



The 12 scales of the HoNOS65+ can be broken down into 4 sub-scales:

- Behaviour;
- Impairment;
- Symptom; and
- Social

Reports on the measure can be generated at the scale, sub-scale and total score. Check your local systems for the current reports. You can also go to the [AMHOCN web Decision Support Tool \(wDST\)](#) or [AMHOCN Reports Portal](#) to view national or jurisdictional aggregated reports of the NOCC measures collected across states and territories.

Rating the HoNOS65+



			Monitor ?	Active treatment or management plan ?	
Clinically Significant	4	Severe to very severe problem	Most severe category for patient's with this problem. Warrants recording in clinical file. Should be incorporated in care plan. <i>Note – patient can get worse.</i>	✓	✓
	3	Moderate problem	Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	2	Mild problem	Warrants recording in clinical notes. May or not be incorporated in care plan.	✓	✓
Not Clinically Significant	1	Minor problem	Requires no formal action. May or may not be recorded in clinical file.	Maybe	✗
	0	No problem	Problem not present.	✗	✗



Note that the HoNOS65+ is scored on a 5-point scale from 0 to 4 as below:

- 0 = no problem
- 1 = sub-clinical problem
- 2 = mild problem
- 3 = moderate problem
- 4 = severe problem
- 9 = not known

Trainees should be encouraged to avoid rating a “9” as much as possible, because:

- the HoNOS65+ is completed following an assessment, allowing the clinician to make some judgement about the severity of the consumer’s problems; and
- the provision of a rating provides a point of reference for subsequent ratings. Without this reference point, valuable opportunities for reflection are lost.

The HoNOS65+ is completed after a comprehensive assessment at admission, review or discharge. Following assessment, the clinician is able to make a judgement on the clinical significance of the problems experienced by the consumer. In this context clinical significance is seen as a problem that is monitored by the clinician and there are documented interventions.

If clinically significant, a rating of 2, 3 or 4 is appropriate and the clinician should refer to the glossary to determine specific ratings. If not clinically significant then a rating of 0 or 1 is more appropriate.

It is important to reinforce that the completion of the HoNOS65+ is an overt judgement by the clinician of the severity of the consumer’s problems in a particular domain. Later activities in this

workshop rely on clinicians' reflections on the significance of ratings and possible interventions.

Sources of Information



- The measures are not clinical interviews. Information should be gathered from:
 - The consumer
 - Direct observation
 - Information in the medical record
 - Information provided by other staff
 - Information provided by family and friends
 - Information provided by other agencies including general practitioner, housing, police and ambulance staff



The HoNOS65+ is not a clinical interview. Information should be gathered from:

- the consumer;
- direct observation;
- information in the medical record;
- information provided by other staff;
- information provided by family and friends; and
- information provided by other agencies including general practitioner, housing, police or ambulance staff.

Whatever information the clinician has available to make a clinical judgement on the severity of the consumer's problems is the information used to guide the rating of the HoNOS65+.

HoNOS65+ rating rules



- Rate each item in order from 1 to 12
- Do not include information rated in an earlier item, i.e. minimal item overlap
- Rate the most severe problem that has occurred over the previous two weeks
- Consider both the **impact on behaviour** and/or the **degree of distress** it causes
- When in doubt read the glossary



This slide outlines the basic rating rules of the HoNOS65+.

It is important to avoid overlapping ratings when completing the HoNOS65+. The HoNOS65+ is a collection of 12 scales and, as such, to get as clear an impression of the unique presentation of the consumer, it is important to ensure that only problem areas for that consumer are identified. Therefore, once a problem has been rated, the severity of that rating should not influence subsequent ratings.

For example, consider the consumer who has been intoxicated once in the past two weeks but while intoxicated hits someone. This behaviour would score high on Scale 1 as a result of the assault, but may not score high on Scale 3, “drug and alcohol use” given that alcohol has only been consumed once in the past two weeks. Ratings are made on the worst manifestation of the problem over the preceding two weeks.

Ratings are based on the degree of distress the consumer is experiencing and/or the frequency or intensity of behaviour associated with the problem.



Activity - Rate the HoNOS65+

- Read the vignette
- Watch video
- Rate HoNOS65+ - refer to the glossary!



The practice rating of the HoNOS65+ is a useful training activity where:

- Participants read a written vignette or watch a video vignette.
- Participants practice rating the HoNOS65+, referring to the glossary.
- Participants share their ratings and compare and contrast their ratings to the provided consensus ratings.

Trainers should have a good knowledge of the vignette, the HoNOS65+ and its rating rules.



Distribute copies of the written vignette material, the Health of the Nation Outcomes Scale 65+ (HoNOS65+) Glossary and a blank rating sheet. The HoNOS65+ Glossary and blank rating sheet are available in Section 11.4 of this manual. Written and video vignettes are available from the [AMHOCN website](#).

Participants should then rate the HoNOS65+.

Feedback on rating

- Have the group share their HoNOS65+ ratings
- Why are there differences in ratings?



Participants share their ratings.

An essential component of training is promoting discussion around reasons for particular ratings. This discussion cannot be overlooked as it provides a valuable opportunity to clarify the rating rules of the measures.

As this is refresher training, trainers should not spend excessive time in discussing variation - it is to be expected. However, when there is wide variation in the ratings for scales, take the time to discuss.

It is important to note:

- Perfect inter-rater reliability has never been demonstrated.
- Poor inter-rater reliability can be the result of misapplication of the rating rules on any measure.
- Inter-rater reliability can be affected by the quality of assessment or lack of information between raters.
- Note that the instrument usually demonstrates satisfactory inter-rater reliability during training.




This section should take approximately 90 minutes to complete.

Trainers should now take the opportunity to provide a brief recap of the other measures introduced under the NOCC.

5. LSP-16 refresher training

LSP-16 Rating Rules



- Use all available information, from any source
- The LSP-16 is not a clinical interview
- Rate **the general level of functioning** over the last 3 months
- Four Subscales
 - Withdrawal;
 - Antisocial behaviour;
 - Self-care; and
 - Compliance.



Inform participants about two important aspects of the Life Skills Profile 16 (LSP-16) that are commonly misunderstood:

- It is based on the general or average level of functioning over the last 3 months.
- The clinician attempts to rate each item according to what the client would do without assistance or prompting.

When combined with the HoNOS65+, which requires ratings of the most serious problem encountered, the LSP contributes towards gaining a more comprehensive understanding of the consumer.

For each item, higher scores reflect higher levels of disability, as is the case for the HoNOS65+. The 16 items cover four broad domains:

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

Reinforce to clinicians that they are not scoring the quality of care and assistance a consumer receives. They should score what the consumer would do without assistance or prompting.

The 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.

The clinician is required to rate the consumer's overall situation over the past three months. This differs from the HoNOS65+ because it is necessary to take a longer-range view to make a proper assessment in these areas, rather than be swayed by the temporary ups and downs that may occur in a person's day-to-day functioning.



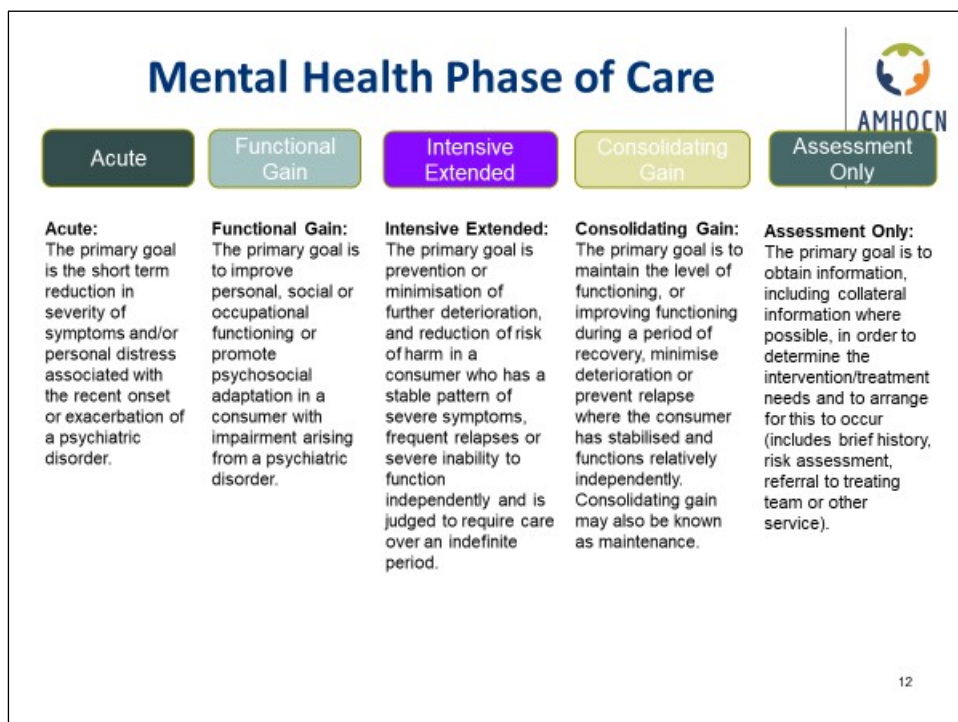
Distribute copies of the LSP-16 to workshop participants.



This section should take approximately 10 minutes to complete.

6. Other measures

6.1 Mental Health Phase of Care






The Phase of Care is rated by the clinician and requires judgement about the consumer's primary goal of care and the duration and intensity of expected care.

The clinician selects one of 5 phases on admission and the consumer stays within that phase until there is a substantial and sustained change in the consumer's presentation prompting a change in care. The appropriate phase that reflects the new duration and intensity of care is then selected.

6.2 Diagnosis



Diagnosis

- **Principal Diagnosis**

The Principal Diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the consumer's care during the preceding *Period of Care*.
- **Additional Diagnoses**

Identify main secondary diagnoses that affected the consumer's care during the period in terms of requiring therapeutic intervention, clinical evaluation, extended management, or increased care or monitoring. Up to two *Additional Diagnoses* may be recorded.




Principal diagnosis is only collected on review and discharge and may be different to the diagnosis identified on admission.

For example, a consumer who has a diagnosis of schizophrenia is admitted to an inpatient unit. Over the course of admission, it is clear that the consumer is suffering a severe depression. Although the admission diagnosis is "schizophrenia" (F20) the principal diagnosis is (F32.2) "severe depressive episode without psychotic symptoms".

The collection of Principal Diagnosis can be a contentious issue during training. Some clinicians feel uncomfortable attaching a diagnostic label to consumers. Others feel that legally only a medical practitioner can make a diagnosis; while others feel that, as a result of their educational preparation, they are more than capable of making a diagnosis and collecting this information.

6.3 Mental Health Legal Status

Mental Health Legal Status



- Was the person treated on an involuntary basis (under the relevant mental health legislation) at some point during the preceding *Period of Care*?



The Mental Health Legal Status is a retrospective indicator and is only collected on review and discharge. The consumer only has to have one episode of involuntary care during their episode of care for this indicator to be positive.

6.4 Resource Utilisation Groups – Activities of Daily Living

Resource Utilisation Groups – Activities of Daily Living



- Used to measure physical dependency in the aged - only used for those over 65 years
- 4 items only:
 - bed mobility
 - toileting
 - transfer
 - eating
- Record what the person actually does, not what they are capable of doing i.e. record the poorest performance of the assessment period.
- Do not leave any spaces blank.
- It is essential that the rater knows what behaviours and/or tasks are contained within each scale and has a 'working knowledge' of the scale.



Give a brief overview of the Resource Utilisation Groups – Activities of Daily Living (RUG-ADL).

The RUG-ADL is not collected in ambulatory settings, only in inpatient and community residential settings. The RUG-ADL measures ability with respect to what are called 'late loss' activities – those activities that are likely to be lost last in life (e.g., eating, mobility). 'Early loss' activities (such as dressing and grooming) are included in the LSP.

To complete the RUG-ADL, clinicians are asked to rate the consumer's needs for assistance in four activities of daily living: bed mobility; toileting; transfer; and eating. The instrument is simple to use, taking only a few minutes to complete.

Clinicians record what the person actually does, not what they are capable of doing i.e., they record the poorest performance of the assessment period. All items should be completed. It is essential that the rater knows what behaviours and/or tasks are contained within each scale and has a 'working knowledge' of the scale.



This section should take approximately 15 minutes to complete.

7. Consumer self assessment in clinical practice

7.1 About the consumer self assessment measure

Consumer Self Assessment Measure



The consumer self assessment measure:

- supports the process of assessment;
- encourages dialogue between clinicians and consumers;
- demonstrates a genuine interest in the consumers point of view;
- highlights discrepancies between the consumer's and clinician's perceptions; and
- involves the consumer in the process of care planning.



The introduction of a consumer self report measure provides a number of potential benefits. These include:

- supporting the process of assessment;
- demonstrating a genuine interest in the consumers point of view;
- encouraging dialogue between clinicians and consumers;
- highlighting discrepancies between the consumer's and clinician's perceptions; and
- involving consumer in the process of care planning.

These benefits provide an opportunity to support the development of the therapeutic relationship between the clinician and consumer. Offering the consumer self assessment measure demonstrates a genuine attempt on the part of the clinician to better understand the consumer's perceptions and needs and involve him or her in the process of care.

The Consumer Self Assessment Measure – Consumer Questions



- Why is it important to complete a consumer self assessment measure?
- What happens if the consumer refuses to complete the measure, will it effect their treatment?
- Who is going to use the information?
- What is the information going to be used for?
- Assure the consumer of privacy and confidentiality.



This slide identifies the types of concerns that consumers often have when offered a consumer self assessment measure. Therefore, when offering the measure it is important to:

- identify for consumers that the completion of the consumer self assessment measure will provide useful information for the clinician that will inform their work;
- assure consumers that refusal to complete the consumer self assessment measure will not see them treated differently;
- explain to consumers that the information will be available to those involved in the direct care of the consumer but also that de-identified information will be available to service managers and those involved in policy development;
- explain that, in the first instance, the information will be used for individual treatment planning and in a de-identified form for service development and research activities; and
- assure consumers that the consumer self assessment measure is subject to the same rules of confidentiality and privacy as all other information held within the medical record.

When offering the consumer self assessment measure, there are some general activities or approaches to be adopted i.e., the “Do’s”:

- do be warm, friendly and helpful;
- do request and encourage carers and consumers to fill out the consumer self assessment measure;
- do let consumers and carers know that you will be there to assist them if needed;
- do tell carers and consumers to answer a question based on what THEY think the question

means;

- do encourage consumers and carers to answer ALL the questions;
- do read and repeat a question verbatim for the consumer or carer if necessary;
- do provide definition of a single word with which a person is unfamiliar;
- do stress there is no right or wrong answer;
- do inform carers and consumers that they will be asked to fill out the consumer self assessment measure again at a later date; and
- do thank carers and consumers for filling out the consumer self assessment measure.

When Not to Offer the Consumer Self Assessment



- The consumer is too unwell or distressed to complete the measure
 - Psychotic or mood disturbance prevents the consumer from understanding the measure or alternatively, completing the measure would increase their level of distress
- The consumer is unable to understand the measure
 - As a result of an organic mental disorder or a developmental disability to consumer
- Cultural or language issues make the self assessment measure inappropriate

However, there are circumstances when the clinician should exercise clinical judgement when offering the measure.

First, if the consumer is distressed and offering the consumer self report measure makes them more distressed, then offering the measure is counter-productive because it interferes with establishing rapport and promoting dialogue. Second, if the consumer is unable to understand the content and requirements for completing the consumer self report measure given their disordered or compromised mental state, then it is counter-productive to offer the measure. Third, if there are cultural or language impediments to offering the measure to consumers, then it should not be offered.

The general rule is that clinicians should exercise clinical judgement when offering the consumer self report measure and be mindful of the purpose of offering the measure i.e., to engage the consumer in their care.

When administering the consumer self assessment measure, there are some general activities or

approaches to be avoided. These constitute the Don'ts of consumer self report measure administration:


- do not force or command consumers or carers to fill out the consumer self report measure;
- do not tell the consumer or carer that treatment is dependent on their filling out the consumer self report measure;
- do not minimise the importance of filling out the consumer self report measure;
- do not accept an incomplete consumer self report measure without first encouraging the consumer or carer to fill out unanswered questions;
- do not paraphrase, rephrase, interpret or explain a question;
- do not answer the question for the consumer or carer;
- do not tell the consumer or carer how you feel they should answer;
- do not allow other people to help the consumer or carer fill out the consumer self report measure; and
- do not assume the consumer or carer can do it and just doesn't want to (i.e., if a person tells you they cannot do it - accept that).



Trainers should hand out copies of the jurisdiction specific consumer self assessment measure.

7.2 Consumer Self Assessment Measure - Activity

Consumer Self Assessment Measure
- Activity



- Part One
 - Offering the consumer self assessment.
- Part Two
 - Providing feedback on the consumer self assessment.



The aim of this two part activity, which includes role play, is to provide participants with an opportunity to better understand the clinical utility of the consumer self assessment measure and practice offering the measure. This activity will show:

- how the consumer self assessment can be used to facilitate consumer and clinician engagement; and
- how the act of offering the consumer self assessment can be used to support the process of care and treatment planning.

Trainers should be prepared for this activity by:

- being familiar with the consumer self assessment and its interpretation;
- having copies of the measure used in their jurisdiction available to assist in the training activity; and
- having sample reports for completed consumer self assessments (showing Time 1 and Time 2 completions) that can be generated from local clinical information systems.

Activity - Part 1

In Part 1 of the activity, participants form into groups of three where they will practice offering the consumer self assessment:

- Participant one plays the consumer and has a copy of the Consumer Character Information sheet (See a copy in Section 11.1).
- Participant two plays the clinician and has a copy of the consumer self assessment to offer.
- Participant three is the observer and holds a copy of Part A of the Consumer Self Assessment Fidelity Checklist to guide observation of consumer clinician interaction (See a copy in Section 11.2)

The activity involves:

- The clinician offering the consumer self assessment to the consumer.
- The consumer completing the measure based on the character information.
- During the offering and completion of the measure, the observer looks for fidelity with Part A of the Consumer Self Assessment Fidelity Checklist.
- Once the measure has been offered and completed, the observer gives feedback in relation to the fidelity checklist

Encourage participants playing the consumer or holding the Consumer Self Assessment Fidelity Checklist not to share this information with the person playing the clinician.

Encourage those playing the consumer to not “over play” the role exaggerating the consumer characteristics that prevent the consumer completing the measure. Part One of the activity does not end until the consumer self assessment has been completed.

Indicate to those playing the clinician that they are offering the measure on admission to ambulatory

services.



Once all observers have given feedback, facilitate a general group discussion on the opportunities and challenges that face clinicians and consumers in completing the consumer self assessment. Reinforce the clinical skills necessary to integrate the consumer self assessment into clinical practice.

Activity - Part 2

Part 2 of this activity involves providing feedback to the consumer on the results from completing the consumer self assessment, using available sample reports.

Regardless of how the consumer self assessment measure is offered, it is important that there is some discussion with the consumer about the results on completion of the measure. Part Two of this activity involves workshop participants exploring the process of providing feedback to the consumer on the issues and information that can be explored as a result of completion of the consumer self assessment.

During this activity, participants swap roles:

- The consumer now becomes the clinician.
- The clinician now becomes the observer.
- The observer now becomes the consumer.

Distribute the appropriate sample report on the consumer assessment measure from your jurisdiction or service to the participant now playing the clinician. This report should include at least two collection occasions so that clinicians are able to discuss change between two collection occasions.

- The person now playing the clinician has access to both the completed measure (having completed the measure in part one of the activity) along with an example report.
- The clinician provides feedback to the consumer on how the measure has been completed, and what has or has not changed from the consumer's perspective.
- During the feedback, the observer looks for fidelity with "Part B: Reviewing and Providing Feedback" of the Consumer Self Assessment Fidelity Checklist (See a copy in Section 11.2).



The trainer facilitates a general discussion around the clinical skills required to integrate this type of feedback into clinical practice noting that the consumer self assessment process:

- is an opportunity to support and demonstrate a genuine commitment on the part of mental health service providers to engage the consumer in the care/treatment planning process;
- can be used as a basis for discussion and exploration of differences in opinion;

- can also be used to support consumer empowerment, which includes:
 - the right to make decisions;
 - access to information and resources;
 - having choice and options;
 - listening and being listened to;
 - real people with 'real' lives – respect and recognition;
 - opportunity to effect change; and
 - reclaiming hope.




This section should take approximately 90 minutes to complete.

8. The measures and care / treatment planning

Making Sense of the Numbers

- Compare and contrast the consumer's presentation with available reference material





Given the reporting of national aggregate material by the Australian Mental Health Outcomes and Classification Network (AMHOCN), clinical reference material is increasingly available for the measures that make up the NOCC.



Trainers should generate reports on the outcomes of care from their local information systems or from the [AMHOCN web Decision Support Tool](#) which shows national aggregated data or jurisdictional aggregated data.


The purpose of this activity is to have participants begin to reflect on the use of clinical reference material to support or inform decision making in clinical practice. Trainers should facilitate a discussion around comparison of the consumer's presentation with the available clinical reference material:

- How does the case study HoNOS65+ score compare to the clinical reference material?
- If there is a difference, what does that tell you about the consumer's presentation?
- How would this information impact upon treatment/care planning for this case?



This section should take approximately 15 minutes to complete.

Care / Treatment Planning



- What would you do before seeing the consumer and/or carer again?
- During your next session, what would you do?
- What would you expect as the outcome of this next session? How would you know if it was a success?

This activity aims to have participants understand how the measures can be used to inform the process of care or treatment planning.



Distribute butcher's paper and pens. Participants to remain in their teams.

You are a part of a multi- disciplinary team where the assessment of a consumer is presented. Using the HoNOS65+ ratings and completed consumer/carer self assessment (as available), discuss the following:

- What would you do before seeing the consumer and/or carer again?

- During your next session what would you do?
- What would you expect as the outcome of this next session?
- How would you know if it was a success?

Trainer facilitates discussion around team feedback and then uses above questions to promote further discussion about good clinical practice. Teams are asked to address the three questions outlined in the slide. The teams' responses on the butcher's paper should be posted on walls in room.

The trainer should expect teams to provide information about a treatment plan, processes to engage the consumer, processes to feedback information and reflection of good clinical practice.

During the course of the feedback, participants should be asked to reflect upon the activity and address the following questions:

- Does involving the consumer in the care planning process enhance the therapeutic alliance?
- Have you considered using the HoNOS65+ and the consumer self assessment in this way in clinical practice?
- What other information would you require to enhance this process?
- How would this process impact upon clinician behaviour?



This section should take approximately 45 minutes to complete.

9. Understanding variation between teams

Understanding variation in teams



- Which unit provides services to consumers with more severe psychotic phenomena?
- Which unit provides services to consumers with less severe problems in relation to self harm?
- How might this data be used by Team 1 to plan programs or improvements?
- How might this data be used by Team 3 to plan programs or improvements?
- What additional information is required to better understand variation between service units?



Distribute copies of the “Aggregate Report: Team Variation” found in Section 11.3 of this manual and additional butcher’s paper.

Review the service profile reports for each of the three services, answer the questions on the handout material and feedback using butcher’s paper. The trainer facilitates discussion of each the teams’ deliberations. The slide should remain on the screen for the duration of the activity.

The table displays the percentage of clinically significant HoNOS65+ scores (2 or higher) for three different services. For example, 85% of consumers of Team 2 have clinically significant problems associated with hallucinations and delusions. Trainers should be aware that additional information might be required to provide an understanding of the reasons for variation between service units. The trainer should highlight the potential utilisation of HoNOS65+ aggregate data to inform and support service level activities such as service review and evaluation, quality improvement and service initiatives.



This section should take approximately 30 minutes to complete.

10. Other information



- For information and other resources, go to the AMHOCN website at:
<https://www.amhocn.org/>
- For online training, go to the AMHOCN online training website at:
<https://learning.amhocn.org/>

Discuss with trainees the availability of additional resources, local contact people or those responsible for ongoing support.

11. Materials used during training

11.1 Consumer Character Information

The consumer is willing to complete the measure however they are initially unsure about the reasons for completing a consumer self assessment. The consumer is hesitant during the completion of the measure and requires clarification of the meaning of some items on the measure. The consumer is reluctant to complete one item. The consumer is anxious and stressed but is willing to complete the measure. The consumer has a good supportive family network. The consumer has had no thoughts of self harm and does not use drugs or alcohol. Note: the consumer you are playing does respond, is not illiterate and does not have an acute paranoid delusion relating to the consumer self assessment.

11.2 Consumer Self Assessment Fidelity Checklist

PART A: Offering the Consumer Self Assessment

Observer instructions: Tick each item as you observe the clinician display that behaviour. Make notes on those clinician activities that supported completion of the self assessment and those that may have hindered completion or biased the responses.

- Clinician presents consumer self assessment as positive experience and genuine attempt to engage the consumer in treatment planning.
- Clinician assesses for potential difficulties the consumer may have in completing the self assessment.
- Clinician presents rationale for completion of the consumer self assessment including:
 - Genuine attempt to understand consumer perspective.
 - Genuine attempt to involve consumer in assessment and care planning.
 - Tool for clinician to monitor progress.
 - Tool for consumer to monitor progress.
 - Information can be used for service development and quality improvement processes.
- Clinician reinforces consumer ownership and personal responsibility for completion of self assessment, promoting personal responsibility for illness self-management.
- Clinician explains the self assessment is part of the medical record and subject to the same protections of privacy and confidentiality.
- Clinician supports and encourages the consumer's completion of the self assessment in an appropriate manner.
- Provides appropriate assistance and prompting during completion of the measure.
- Clinician provides positive reinforcement for completion of the measure.
- Clinician offers appropriate assistance if consumer becomes distressed or cannot complete the measure.

Comments/Feedback:

PART B: Reviewing and Providing Feedback on the Completed Self Assessment

Observer instructions: Tick each item as you observe the clinician display that behaviour. Make notes on those clinician activities that supported the review process of the self assessment and those that may have hindered review or obstructed collaboration.

- Clinician explores reasons why items are not completed.
- Clinician seeks clarification of responses to individual items as required.
- Clinician provides opportunities for consumer to discuss items in more detail.
- Clinician provides summary of consumer self assessment.
- Clinician explains graphical report to consumer.
- Clinician provides clarification of graphical report to consumer as required.
- Clinician discusses any change in the presentation of the consumer and its relationship to interventions or personal activities promoting recovery.
- Clinician discusses consumer self assessment in the context of goal setting.
- Clinician links summary to collaborative goal setting.
- Clinician discusses future review of consumer self assessment.
- Clinician offers the consumer a copy of the self assessment.

Comments/Feedback:

11.3 Aggregate Report: Team Variation

Comparison Consumer Variation Between Services: Percentage of all HoNOS65+ item scores 2 or greater

HoNOS65+ Scale	Team 1 (% scores 2>)	Team 2 (% scores 2>)	Team 3 (% scores 2>)
Overactive, aggressive, disruptive, agitated, uncooperative or resistive behaviour	30	67	12
Non-accidental self injury	75	55	13
Problem drinking or drug taking	20	78	24
Cognitive problems	10	24	67
Physical illness or disability problems	5	33	65
Problems associated with hallucinations and delusions	14	85	21
Problem with depressive symptoms	70	30	22
Other mental and behavioural problems	80	34	14
Problems with relationships	65	44	42
Problems with activities of daily living	40	23	82
Problems with living conditions	20	66	13
Problems with occupation and activities	23	71	14

- Which unit provides services to consumers with more severe psychotic phenomena?
- Which unit provides services to consumers with less severe problems in relation to self harm?
- How might this data be used by Team 1 to plan programs or improvements?
- How might this data be used by Team 3 to plan programs or improvements?
- What additional information is required to better understand variation between service units?

11.4 Health of the Nation Outcome Scales 65+ (HoNOS65+) Glossary and Sample Rating Sheet

Health of the Nation Outcome Scales 65+ Glossary

HoNOS 65+ rating guidelines

- Rate items in order from 1 to 12.
- Use all available information in making your rating.
- Do not include information already rated in an earlier item.
- Consider both the degree of distress the problem causes and the effect it has on behaviour.
- Rate the most severe problem that occurred in the period rated.
- The rating period is generally the preceding two weeks, except at discharge from inpatient care, when it is the previous three days.
- Each item is rated on a five-point item of severity (0 to 4) as follows:
 - 0 No problem.
 - 1 Minor problem requiring no formal action.
 - 2 Mild problem.
 - 3 Problem of moderate severity.
 - 4 Severe to very severe problem.
 - 9 Not known or not applicable.
- As far as possible, the use of rating point 9 should be avoided, because missing data make scores less comparable over time or between settings.
- Specific information on how to rate each point on each item is provided in the Glossary.

HoNOS 65+ Glossary

1 **Behavioural disturbance (eg, overactive, aggressive, disruptive or agitated behaviour, uncooperative or resistive behaviour)**

Include such behaviour due to any cause, eg, dementia, drugs, alcohol, psychosis, depression, etc.

Do not include bizarre behaviour, rated at Scale 6.

- 0 No problems of this kind during the period rated.
- 1 Occasional irritability, quarrels, restlessness etc., but generally calm and co-operative and not requiring any specific action.
- 2 Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (eg, broken cup, window); significant over-activity or agitation; intermittent restlessness or wandering (day or night); uncooperative at times, requiring encouragement and persuasion.
- 3 Physically aggressive to others or animals (short of rating 4); more serious damage to, or destruction of, property; frequently threatening manner, more serious or persistent over-activity or agitation; frequent restlessness or wandering; significant problems with co-operation, largely resistant to help or assistance.
- 4 At least one serious physical attack on others (over and above rating of 3); major or

persistent destructive activity (eg, fire-setting); persistent and threatening behaviour; severe over-activity or agitation; sexually disinhibited or other inappropriate behaviour (eg, deliberate inappropriate urination or defecation); virtually constant restlessness or wandering; severe problems related to non-compliant or resistive behaviour.

2 Non-accidental self-injury

Do not include accidental self-injury (due eg, to dementia or severe learning disability); any cognitive problem is rated at Scale 4 and the injury at Scale 5.

Do not include illness or injury as a direct consequence of drug or alcohol use rated at Scale 3, (eg, cirrhosis of the liver or injury resulting from drunk-driving are rated at Scale 5).

- 0 No problem of this kind during the period rated.
- 1 Fleeting thoughts of self-harm or suicide; but little or no risk during the period rated.
- 2 Mild risk during period; includes more frequent thoughts or talking about self-harm or suicide (including 'passive' ideas of self-harm such as not taking avoiding action in a potentially life-threatening situation, eg, while crossing a road).
- 3 Moderate to serious risk of deliberate self-harm during the period rated; includes frequent or persistent thoughts or talking about self-harm; includes preparatory behaviours, eg, collecting tablets.
- 4 Suicidal attempt or deliberate self-injury during period.

3 Problem drinking or drug-taking

Do not include aggressive or destructive behaviour due to alcohol or drug use, rated at Scale 1.

Do not include physical illness or disability due to alcohol or drug use, rated at Scale 5.

- 0 No problem of this kind during the period rated.
- 1 Some over-indulgence but within social norm.
- 2 Occasional loss of control of drinking or drug-taking; but not a serious problem.
- 3 Marked craving or dependence on alcohol or drug use with frequent loss of control, drunkenness, etc.
- 4 Major adverse consequences or incapacitated due to alcohol or drug problems.

4 Cognitive problems

Include problems of orientation, memory, and language associated with any disorder: dementia, learning disability, schizophrenia, etc.

Do not include temporary problems (eg, hangovers) which are clearly associated with alcohol, drug or medication use, rated at Scale 3.

- 0 No problem of this kind during the period rated.
- 1 Minor problems with orientation (eg, some difficulty with orientation to time) or memory (eg, a degree of forgetfulness but still able to learn new information), no apparent difficulties with the use of language.
- 2 Mild problems with orientation (eg, frequently disorientated to time) or memory (eg,

definite problems learning new information such as names, recollection of recent events; deficit interferes with everyday activities); difficulty finding way in new or unfamiliar surroundings; able to deal with simple verbal information but some difficulties with understanding or expression of more complex language.

- 3 Moderate problems with orientation (eg, usually disorientated to time, often place) or memory (eg, new material rapidly lost, only highly learned material retained, occasional failure to recognise familiar individuals); has lost the way in a familiar place; major difficulties with language (expressive or receptive).
- 4 Severe disorientation (eg, consistently disorientated to time and place, and sometimes to person) or memory impairment (eg, only fragments remain, loss of distant as well as recent information, unable to effectively learn any new information, consistently unable to recognise or to name close friends or relatives); no effective communication possible through language or inaccessible to speech.

5 Physical illness or disability problems

Include illness or disability from any cause that limits mobility, impairs sight or hearing, or otherwise interferes with personal functioning (eg, pain).

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 Scale 4.

- 0 No physical health, disability or mobility problems during the period rated.
- 1 Minor health problem during the period (eg, cold); some impairment of sight or hearing (but still able to function effectively with the aid of glasses or hearing aid).
- 2 Physical health problem associated with mild restriction of activities or mobility (eg, restricted walking distance, some degree of loss of independence); moderate impairment of sight or hearing (with functional impairment despite the appropriate use of glasses or hearing aid); some degree of risk of falling, but low and no episodes to date; problems associated with mild degree of pain.
- 3 Physical health problem associated with moderate restriction of activities or mobility (eg, mobile only with an aid – stick or zimmer frame – or with help); more severe impairment of sight or hearing (short of rating 4); significant risk of falling (one or more falls); problems associated with a moderate degree of pain.
- 4 Major physical health problem associated with severe restriction of activities or mobility (eg, chair or bed bound); severe impairment of sight or hearing (eg, registered blind or deaf); high risk of falling (one or more falls) because of physical illness or disability; problems associated with severe pain; presence of impaired level of consciousness.

6 Problems associated with hallucinations and delusions

Include hallucinations and delusions (or false beliefs) irrespective of diagnosis.

Include odd and bizarre behaviour associated with hallucinations or delusions (or false beliefs).

Do not include aggressive, destructive or overactive behaviours attributed to hallucinations, delusions or false beliefs, rated at Scale 1.

- 0 No evidence of delusions or hallucinations during the period rated.

- 1 Somewhat odd or eccentric beliefs not in keeping with cultural norms.
- 2 Delusions or hallucinations (eg, voices, visions) are present, but there is little distress to patient or manifestation in bizarre behaviour, that is, a present, but mild clinical problem.
- 3 Marked preoccupation with delusions or hallucinations, causing significant distress or manifested in obviously bizarre behaviour, that is, moderately severe clinical problem.
- 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with a major impact on patient or others.

7 Problems with depressive symptoms

Do not include over-activity or agitation, rated at Scale 1.

Do not include suicidal ideation or attempts, rated at Scale 2.

Do not include delusions or hallucinations, rated at Scale 6.

Rate associated problems (eg, changes in sleep, appetite or weight; anxiety symptoms) at Scale 8.

- 0 No problems associated with depression during the period rated.
- 1 Gloomy; or minor changes in mood only.
- 2 Mild but definite depression on subjective or objective measures (eg, loss of interest or pleasure, lack of energy, loss of self-esteem, feelings of guilt).
- 3 Moderate depression on subjective or objective measures (depressive symptoms more marked).
- 4 Severe depression on subjective or objective grounds (eg, profound loss of interest or pleasure, preoccupation with ideas of guilt or worthlessness).

8 Other mental and behavioural problems

Rate only the most severe clinical problem not considered at Scales 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, specify.*

- 0 No evidence of any of these problems during period rated.
- 1 Minor non-clinical problems.
- 2 A problem is clinically present, but at a mild level, for example the problem is intermittent, the patient maintains a degree of control or is not unduly distressed.
- 3 Moderately severe clinical problem, for example, more frequent, more distressing or more marked symptoms.
- 4 Severe persistent problems which dominates or seriously affects most activities.

9 Problems with relationships

Problems associated with social relationships, identified by the patient or apparent to carers or others. Rate the patient's most severe problem associated with active or passive withdrawal from, or tendency to dominate, social relationships or non-supportive, destructive or self-damaging relationships.

- 0 No significant problems during the period.
- 1 Minor non-clinical problems.
- 2 Definite problems in making, sustaining or adapting to supportive relationships (eg, because of controlling manner, or arising out of difficult, exploitative or abusive relationships), definite but mild difficulties reported by patient or evident to carers or others.
- 3 Persisting significant problems with relationships; moderately severe conflicts or problems identified within the relationship by the patient or evident to carers or others.
- 4 Severe difficulties associated with social relationships (eg, isolation, withdrawal, conflict, abuse); major tensions and stresses (eg, threatening breaking down of relationship).

10 Problems with activities of daily living

Rate the overall level of functioning in activities of daily living (ADL): eg, problems with basic activities of self-care such as eating, washing, dressing, toilet; also complex skills such as budgeting, recreation and use of transport, etc.

Include any lack of motivation for using self-help opportunities, since this contributes to a lower overall level of functioning.

Do not include lack of opportunities for exercising intact abilities and skills, rated at Scales 11 and Scale 12.

- 0 No problems during period rated; good ability to function effectively in all basic activities (eg, continent – or able to manage incontinence appropriately, able to feed self and dress) and complex skills (eg, driving or able to make use of transport facilities, able to handle financial affairs appropriately).
- 1 Minor problems only without significantly adverse consequences, for example, untidy, mildly disorganised, some evidence to suggest minor difficulty with complex skills but still able to cope effectively.
- 2 Self-care and basic activities adequate (though some prompting may be required), but difficulty with more complex skills (eg, problem organising and making a drink or meal, deterioration in personal interest especially outside the home situation, problems with driving, transport or financial judgements).
- 3 Problems evident in one or more areas of self-care activities (eg, needs some supervision with dressing and eating, occasional urinary incontinence or continent only if toileted) as well as inability to perform several complex skills.
- 4 Severe disability or incapacity in all or nearly all areas of basic and complex skills (eg, full supervision required with dressing and eating, frequent urinary or faecal incontinence).

11 Problems with living conditions

Rate the overall severity of problems with the quality of living conditions, accommodation and daily domestic routine, taking into account the patient's preferences and degree of satisfaction with circumstances.

Are the basic necessities met (heat, light, hygiene)? If so, does the physical environment contribute to maximising independence and minimising risk, and provide a choice of opportunities to facilitate the use of existing skills and develop new ones?

Do not rate the level of functional disability itself, rated at Scale 10.

NB: Rate patient's usual accommodation. If in acute ward, rate the home accommodation. If information not obtainable, rate 9.

- 0 Accommodation and living conditions are acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible and minimising any risk, and supportive of self-help; the patient is satisfied with their accommodation.
- 1 Accommodation is reasonably acceptable with only minor or transient problems related primarily to the patient's preferences rather than any significant problems or risks associated with their environment (eg, not ideal location, not preferred option, doesn't like food).
- 2 Basics are met but significant problems with one or more aspects of the accommodation or regime (eg, lack of proper adaptation to optimise function relating for instance to stairs, lifts or other problems of access); may be associated with risk to patient (eg, injury) which would otherwise be reduced.
- 3 Distressing multiple problems with accommodation; eg, some basic necessities are absent (unsatisfactory or unreliable heating, lack of proper cooking facilities, inadequate sanitation); clear elements of risk to the patient resulting from aspects of the physical environment.
- 4 Accommodation is unacceptable: eg, lack of basic necessities, insecure, or living conditions are otherwise intolerable, contributing adversely to the patient's condition or placing them at high risk of injury or other adverse consequences.

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, lack of access to supportive facilities, eg, staffing and equipment of day centres, social clubs, etc.

Do not rate the level of functional disability itself, rated at Scale 10.

NB: Rate the patient's usual situation. If in acute ward, rate activities during period before admission. If information not available, rate 9.

- 0 Patient's day-time environment is acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible, and maximising autonomy.
- 1 Minor or temporary problems, eg, good facilities available but not always at appropriate times for the patient.
- 2 Limited choice of activities; eg, insufficient carer or professional support, useful day setting available but for very limited hours.
- 3 Marked deficiency in skilled services and support available to help optimise activity level and autonomy, little opportunity to use skills or to develop new ones; unskilled care difficult to access.
- 4 Lack of any effective opportunity for daytime activities makes the patient's problems worse or patient refuses services offered which might improve their situation.

HoNOS65+- Sample rating sheet

Enter the severity rating for each item in the corresponding item box to the right of the item. Rate 9 if Not Known or Not Applicable.

1	Overactive, aggressive, disruptive, agitated, uncooperative or resistive behaviour	0	1	2	3	4	<input type="text"/>
2	Non-accidental self-injury	0	1	2	3	4	<input type="text"/>
3	Problem drinking or drug-taking	0	1	2	3	4	<input type="text"/>
4	Cognitive problems	0	1	2	3	4	<input type="text"/>
5	Physical illness or disability problems	0	1	2	3	4	<input type="text"/>
6	Problems with hallucinations and delusions	0	1	2	3	4	<input type="text"/>
7	Problems with depressive symptoms	0	1	2	3	4	<input type="text"/>
8	Other mental and behavioural problems	0	1	2	3	4	<input type="text"/>
	(specify disorder A, B, C, D, E, F, G, H, I, or J)						<input type="text"/>
9	Problems with relationships	0	1	2	3	4	<input type="text"/>
10	Problems with activities of daily living	0	1	2	3	4	<input type="text"/>
11	Problems with living conditions	0	1	2	3	4	<input type="text"/>
12	Problems with occupation and activities	0	1	2	3	4	<input type="text"/>

Key for Item 8

- 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.

11.5 Abbreviated Life Skills Profile (LSP-16)

LSP-16

	0	1	2	3
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

11.6 Mental Health Phase of Care (MH-PoC)

Phase of Care

Definition: The mental health phase of care is defined as the prospective primary goal of treatment within the episode of care in terms of the recognised phases of mental health care. Whilst it is recognised that there may be aspects of each mental health phase of care represented in the consumer's mental health plan, the mental health phase of care is intended to identify the main goal or aim that will underpin the next period of care. The mental health phase of care is independent of both the treatment setting and the designation of the treating service, and does not reflect service unit type.

Domain:

- 1 – Acute
- 2 – Functional Gain
- 3 – Intensive Extended
- 4 – Consolidating Gain
- 5 – Assessment Only
- 9 – Not stated/inadequately described

Acute

The primary goal of care is the short term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder.

Functional Gain

The primary goal of care is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.

Intensive Extended

The primary goal of care is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.

Consolidating gain

The primary goal of care is to maintain the level of functioning, or improving functioning during a period of recovery, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently. Consolidating gain may also be known as maintenance.

Assessment only

The primary goal of care is to obtain information, including collateral information where possible, in order to determine the intervention/treatment needs and to arrange for this to occur (includes brief history, risk assessment, referral to treating team or other service).

11.7 Resource Utilisation Groups – Activities of Daily Living (RUG-ADL)

Rating guidelines

- *Record what the person actually does, not what they are capable of doing. That is, record their poorest performance during the period rated.*
- *Do not omit any ratings.*
- *It is essential that the rater knows what behaviours and tasks are contained within each scale and has a “working knowledge” of the scale.*

Glossary

1 Bed mobility

Ability to move in bed after the transfer into bed has been completed.

- 1 Independent/supervision: Is able to readjust position in bed, and perform own pressure area relief, through spontaneous movement around bed or with prompting from carer. No hands-on assistance is required. May be independent with the use of a device.
- 3 Limited assistance: Is able to readjust position in bed, and perform own pressure area relief, with the assistance of one person.
- 4 Other than two-person: Requires use of a hoist or other assisting device to readjust position in bed and physical assist pressure relief. Still requires the assistance of only one person for task.
- 5 Two-person physical assist: Requires two assistants to readjust position and perform own pressure area relief.

(note: a rating of 2 is not included in the domain of valid ratings)

2 Toileting

Includes mobilising to the toilet, adjustment of clothing before and after toileting and maintaining perineal hygiene without the incidence of incontinence or soiling of clothes.

If the person cares for the catheter or other device independently and is independent on all other tasks, rate 1.

- 1 Independent/supervision: Is able to mobilise to the toilet, adjust clothing, cleans self, has no incontinence or soiling of clothing. All tasks performed independently or with prompting from carer. No hands-on assistance required. May be independent with the use of device.
- 3 Limited assistance: Requires hands-on assistance of one person for one or more of the tasks.
- 4 Other than two-person: Requires the use of a catheter, uridome or urinal, or a colostomy, bedpan or commode chair, or insertion of enema or suppository. Requires the assistance of one person for the management of the device.
- 5 Two-person physical assist: Requires two assistants to perform any step of the task.

(note: a rating of 2 is not included in the domain of valid ratings)

3 Transfer

Includes the transfer in and out of bed, bed to chair, in and out of shower or tub.

- 1 Independent/supervision: Is able to perform all transfers independently or with prompting from carer. No hands-on assistance required. May be independent with the use of a device.
- 3 Limited assistance: Requires hands-on assistance of one person to perform any transfer of the day or night.
- 4 Other than two-person: Requires the use of a device for any of the transfers performed in the day or night.
- 5 Two-person physical assist: Requires two person to perform any transfer of the day or night.

(note: a rating of 2 is not included in the domain of valid ratings)

4 Eating

Includes the tasks of cutting food, bringing food to the mouth and the chewing and swallowing of food. Does not include preparation of the meal.

- 1 Independent/supervision: Is able to cut, chew and swallow food, independently or with supervision, once meal has been presented in the customary fashion. No hands-on assistance required. If individual relies on parenteral or gastrostomy feeding which he or she administers him or her self then rate 1.
- 2 Limited assistance: Requires hands on assistance of one person to set-up or assist in bringing food to mouth, or requires food to be modified (soft or staged diet).
- 3 Extensive assistance/total dependence/tube fed: Person needs to fed meal by assistant, or if the individual does not eat or drink full meals by mouth but relies on parenteral or gastrostomy feeding and does not administer feeds by him or her self.

11.8 Consumer self assessment measures:- K-10+, BASIS-32, MHI-38

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.

The following ten questions ask about how you have been feeling in the past 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 past four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	In the past four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	In the past four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	In the past four weeks, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	In the past four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	In the past four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		None of the time	A little of the time	Some of the time	Most of the time	All of the time
7.	In the past four weeks, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	In the past four weeks, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	In the past four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	In the past four weeks, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The next few questions are about how these feelings may have affected you in the past four weeks . You need not answer these questions if you answered 'None of the time' to all of the ten questions about your feelings						
11.	In the past four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	_____ (Number of days)				

12.	[Aside from those days], in the past 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	_____ (Number of days)				
13.	In the past 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	_____ (Number of consultations)				
		None of the time	A little of the time	Some of the time	Most of the time	All of the time
14.	In the past 4 weeks, how often have physical health problems been the main cause of these feelings?	○	○	○	○	○

Ref: Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population Archives of General Psychiatry. 60(2), 184-189.

K10L3D

The following ten questions ask about how you have been feeling in the past three days . 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 past three days, about how often did you feel tired out for no good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		None of the time	A little of the time	Some of the time	Most of the time	All of the time
2.	In the past three days, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	In the past three days, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	In the past three days, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	In the past three days, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	In the past three days, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	In the past three days, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	In the past three days, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	In the past three days, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	In the past three days, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE: The K10 and K10+ forms displayed above are the generic forms.

K10 versions

The version referred to in the NOCC specification as K10LM, is also referred to as the K10+ because it contains four additional questions (items 11-14) that assess variables relevant to distress. The label “LM” stands for Last Month, because the rating period is the last four weeks. The version referred to as ‘K10L3D’ contains only the ten psychological distress items and has the label ‘L3D’ because consumers are instructed to base their ratings on the last three days. This version is only for use at discharge from brief episodes of care where the ‘standard’ 4-week rating period would overlap with the ratings made at the beginning of the episode.

Mental Health Inventory (MHI-38)

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 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> 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 <input type="checkbox"/> Always	4 <input type="checkbox"/> Sometimes
2 <input type="checkbox"/> Very often	5 <input type="checkbox"/> Almost never
3 <input type="checkbox"/> Fairly often	6 <input type="checkbox"/> Never
4. During the past month, how much of the time have you felt that the future looks hopeful and promising? **(Tick one)**

1 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> 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 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> 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 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> None of the time
7. During the past month, how much of the time have you generally enjoyed the things you do? **(Tick one)**

1 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> 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 No, 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 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
17. How much of the time, during the past month, have you felt calm and peaceful? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
18. How much of the time, during the past month, have you felt emotionally stable? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
19. How much of the time, during the past month, have you felt downhearted and blue? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
20. How often have you felt like crying, during the past month? **(Tick one)**
- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
21. During the past month, how often have you felt that others would be better off if you were dead? **(Tick one)**
- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
22. How much of the time, during the past month, were you able to relax without difficulty? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |

25. How much have you been bothered by nervousness, or your “nerves”, during the past month? **(Tick one)**
- | | | | |
|----------------------------|--|----------------------------|----------------------------------|
| 1 <input type="checkbox"/> | Extremely so, to the point where I could not take care of things | 4 <input type="checkbox"/> | Bothered some, enough to notice |
| 2 <input type="checkbox"/> | Very much bothered | 5 <input type="checkbox"/> | Bothered just a little by nerves |
| 3 <input type="checkbox"/> | Bothered quite a bit by nerves | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
28. During the past month, did you think about taking your own life? **(Tick one)**
- | | |
|----------------------------|------------------------|
| 1 <input type="checkbox"/> | Yes, very often |
| 2 <input type="checkbox"/> | Yes, fairly often |
| 3 <input type="checkbox"/> | Yes, a couple of times |
| 4 <input type="checkbox"/> | Yes, at one time |
| 5 <input type="checkbox"/> | No, never |
29. During the past month, how much of the time have you felt restless, fidgety, or impatient? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
30. During the past month, how much of the time have you been moody or brooded about things? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
31. How much of the time, during the past month, have you felt cheerful, lighthearted? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
32. During the past month, how often did you get rattled, upset or flustered? **(Tick one)**
- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | 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, some, enough to bother me
 5 Yes, a little bit
 6 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
 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
- 35.** How often during the past month did you find yourself trying to calm down? *(Tick one)*
- 1 Always
 2 Very often
 3 Fairly often
 4 Sometimes
 5 Almost never
 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
 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
- 37.** How often, during the past month, have you been waking up feeling fresh and rested? *(Tick one)*
- 1 Always, every day
 2 Almost every day
 3 Most days
 4 Some days, but usually not
 5 Hardly ever
 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

Behavior and Symptom Identification Scale (BASIS-32)

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