



Australian Government
Department of Health

Living in the Community

Questionnaire Summary (LCQ-S)

A brief measure of social participation

A guide to the use and technical specifications of the LCQ-S
for organisations seeking to use the instrument

Version 1.0
June 2020



Document version history

Release Version	Date	Description
1.0	10 June 2020	Final version

Acknowledgements

The *Living in the Community Questionnaire - Summary (LCQ-S)* was developed through funding from the Australian Government Department of Health and led by the Australian Mental Health Outcomes and Classification Network under the guidance of the national Mental Health Information Strategy Standing Committee (MHISSC).

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1 FOREWORD

This document has been prepared to provide guidance to mental health service organisations planning to introduce the *Living in the Community Questionnaire – Summary (LCQ-S)*. The document:

- provides background information on the survey, covering why and how it was developed, content and structure;
- outlines the arrangements in place for organisations to obtain approval to use the survey, along with conditions attached to the approval;
- discusses the main design issues that need to be addressed by organisations considering implementation of the survey;
- describes the recommended protocol for using the survey with individual mental health consumers; and
- outlines the recommended approach to scoring and interpreting survey results.

2 BACKGROUND

2.1 Origin of the Living in the Community Questionnaire

The Fourth National Mental Health Plan (the Fourth Plan) (Department of Health and Ageing, 2009) set an agenda for collaborative government action in mental health across a framework of five key priority areas, the first of which was 'social inclusion and recovery'.

A range of actions was identified to achieve change in the social inclusion and recovery area, as well as in the other priority areas. Progress would be measured against a set of indicators, with several indicators aiming to specifically monitor the social inclusion of consumers in the following five areas:

- participation in employment by people with mental illness of working age;
- participation in education and employment by people aged 16-30 who have a mental illness;
- community participation more broadly;
- stability of housing; and
- access to a GP.

The Mental Health Information Strategy Standing Committee (MHISSC) recommended that a project be undertaken to develop a measure that addressed the social inclusion outcomes for consumers identified in the relevant Fourth Plan indicators. The underlying constructs of such a measure were more specific than, but closely linked to, the concept of recovery. It was recognised that people with mental illness often face problems associated with social and economic marginalisation, therefore monitoring the extent to which a consumer has positive social inclusion outcomes would add essential information about his/her overall recovery and would complement the clinical outcome data that are currently collected through the National Outcomes and Casemix Collection (NOCC).

MHISSC considered that the collection of this information would greatly assist clinicians and services in the provision of recovery oriented practice, particularly when considered alongside the information gathered from the NOCC measures, and would provide a holistic view of a person's life situation and support personal recovery. This would offer the opportunity for more integrated care across the broader mental health sector, particularly supporting collaboration with psychosocial and other recovery support services.

2.2 The Living in the Community Questionnaire project 2011-2014

The Australian Mental Health Outcomes and Classification Network (AMHOCN) was given the task of undertaking a project to develop a measure of the social inclusion aspects of recovery. The initial focus of this project was on developing an instrument that could be used to monitor the extent to which consumers engage in meaningful vocational and community activity, have stable and affordable housing, and have a GP to look after their general medical needs. However, it was anticipated that other aspects of social inclusion that are important elements of a person's recovery might also be identified during the project. The project was designed to identify these and make recommendations about the desirability and feasibility of incorporating these additional social inclusion outcome areas into a new consumer self-report measure. Several principles underpinned the project. Firstly, any measure must be meaningful to consumers who would ultimately have to complete it. Secondly, there was recognition that social inclusion measures should

have immediate relevance for services and should encourage them to consider their current clinical practices and develop pathways that support community participation and minimise the risk of social exclusion. Thirdly, although the current project was not about implementation, there was an acknowledgement that the development of the new measure would need to recognise the role and contribution made by existing consumer-level NOCC measures, and would need to augment rather than duplicate these.

A review of the literature was not able to identify a suitable individual-level measure of social inclusion which had comprehensively established psychometric properties. Each measure had its relative strengths and weaknesses and no single measure emerged as being immediately appropriate for use with mental health service users. However, an existing measure (the Activity and Participation Questionnaire 6 (APQ 6), developed by New South Wales Health, was identified as fulfilling some of the requirements needed as it assesses consumers' involvement in a range of social and vocational activities. The APQ-6 therefore became the starting point for the development of a new measure.

The national work, led by AMHOCN and guided by MHISSC, built a survey known as the Living in the Community Questionnaire that met the basic criteria and performed well in the psychometric testing (Coombs, Reed, & Rosen, 2016). The survey was released for use by organisations that enter a licensing agreement which specifies conditions aimed at promoting consistency of use and reducing the risk of multiple variants of the tool emerging.

3 DEVELOPMENT OF THE LIVING IN THE COMMUNITY QUESTIONNAIRE - SUMMARY

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) (Australian Government Department of Health, 2017) was endorsed by the Council of Australian Government's Health Council on 4 August 2017. Like its forerunner, the Fifth Plan has also identified improving social inclusion for mental health consumers as a key priority. The Fifth Plan includes specific performance indicators on employment, housing, connectedness, meaning in life and social and community participation. Measures are available for these topics from national population surveys. However, it was identified that there was no current source of this data for consumers of specialist mental health services, who may experience the greatest barriers to social inclusion. In particular, no specific data source existed for the Fifth Plan indicators *PI 8 Connectedness and meaning in life* and *PI 9 Proportion of mental health consumers in suitable housing*.

The LCQ was identified as a measure that may be suitable for the reporting of Fifth Plan indicators. The full LCQ includes 33 questions with scales to measure both subjective and objective social inclusion. This approach, while thorough, increased the length and cognitive burden of the measure.

AMHOCN was tasked by the MHISSC with the creation of a summary form of the LCQ (the LCQ-S) suitable for reporting indicators within the Fifth Plan, including:

- PI 8. Connectedness and meaning in life; and
- PI 9. Rate of social/community/family participation amongst people with mental illness
- PI 12. Proportion of mental health consumers in suitable housing

The LCQ-S was developed based on a review of the work undertaken to develop the LCQ followed by a review of the measure itself. This review identified 15 items (plus six demographic items that could be used for testing purposes). To provide a simple summary form, the response scales from the LCQ were revised so that both subjective and objective experience of social inclusion could be captured. The LCQ asked for estimations of the amount of time spent on social activities, education or work. In creating the LCQ-S, these questions were modified so that the consumer is simply asked if they have been involved in any of these activities, creating a simple Yes/No format.

Some items of the original LCQ that aimed to understand the degree to which the consumer can influence decisions that affect them, were slightly modified for the LCQ-S but retained the original performance scale (poor, fair, good, very good, excellent) rating. Additional items were included that look at the consumer's sense of being part of a group, hopefulness for the future and overall wellbeing. Unlike the LCQ, the summary version has one consistent rating period of four weeks.

4 TECHNICAL SPECIFICATIONS OF THE LCQ-S

The LCQ-S released for licensed organisations incorporates a number of changes that were identified as desirable from both the trials of the tool and the psychometric analysis, and included amendments to the wording to make the intent clearer. This section describes the release version of the LCQ-S, shown in Appendix A.

4.1 Naming of the LCQ-S

Assigning a national name to identify a measure used by a range of services and organisations is considered essential to promote consistent use. A condition of the license arrangement for the LCQ-S is that it includes the requirement that the title be used in all local versions of the measure. The use of the term *Summary* signifies that the information gathered about a consumer's social activities, employment and educational participation, housing situation, physical health and being part of a group or community are indeed presented in a summary form and could be used to promote consumer-clinician dialogue.

4.2 Introductory wording to be added to LCQ-S forms

Alongside the requirement for the questionnaire to be named consistently, a set of standard words should be used on all forms to orient the consumer to the measure's aims and conditions. These are shown below.

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

The questionnaire is to be completed by people aged 16 years and older. Completion of the questionnaire is voluntary. Your personal information, including answers to this questionnaire, is covered by the privacy laws in your state or territory.

4.3 Number and sequencing of items

4.3.1 LCQ-S Items

The LCQ-S is 15 items long (See Table 1). Questions 1 to 6 gather information on the objective experience of social inclusion, Questions 7 to 15 gather information on the subjective experience of social inclusion. This distinction between subjective and objective experience of social inclusion is not a clear-cut distinction and interpretation can be subject to contextual issues. The LCQ-S uses a Yes/No format for Questions 1 to 9, gathering information on social participation, education and employment. Questions 10 to 15 use a Likert response scale (poor to excellent), gathering information on the consumer's physical health and ability to influence decisions on matters that are important to them; their sense of being part of a group, hopefulness for the future and overall wellbeing. The final 3 questions of the LCQ-S can be viewed as the subjective outcomes of social inclusion.

4.3.2 Service-specific items

The LCQ-S licence allows for additional questions to be included at the discretion of the local service organisation. These additional questions might cover areas of interest not covered by the existing items. These additional questions would be inserted at the end of the LCQ-S. Insertion of the additional questions at this point means that there is no order effect on the core question group. It is recommended that the number of service-specific items be kept to a minimum to reduce overall response burden. Significantly, increasing the number of questions can impact upon the response rate i.e. fewer consumers will start and complete the questionnaire.

There is no set format for these additional items but it is recommended that, rather than introduce another set of response options, the approach used might adopt one of the two measurement scales used within the measure (i.e. dichotomous scale of Yes/No or performance scale of Poor to Excellent). If a new set of response options is used, the preamble to the items should be designed to highlight the change.

4.3.3 Demographic items

Six additional demographic questions were used in the testing of the questionnaire. If the LCQ-S is used as part of routine clinical practice, this information would already be included in the consumer's medical record and therefore does not need to be collected again.

However, should any services decide to use the LCQ-S as a snapshot census view of all their consumers or of a sample of consumers, then the demographic items would be included at the very end of the LCQ-S. A table of the demographic items appears in Table 2.

Table 1: LCQ- S questions

Item sequence	Technical reference # ¹	Question	Objective/subjective question
1	LS-1	Did you do any activities with family or friends?	Objective
2	LS-2	Did you do any activities with community groups or clubs?	Objective
3	LS-3	Did you participate in any paid employment (including if you were on leave)?	Objective
4	LS-4	Did you participate in any organised volunteer work?	Objective
5	LS-5	Were you enrolled in a training or education course?	Objective
6	LS-6	Did you provide care (such as personal care, support or assistance) to a family member or friend? This includes work for which you may have received a Carer Allowance or Carer payment.	Objective
7	LS-7	Did you have adequate accommodation?	Subjective
8	LS-8	Did you feel lonely?	Subjective
9	LS-9	Did you have enough money to pay your bills?	Subjective
10	LS-10	Your physical health	Subjective
11	LS-11	Your ability to get support from family or friends when you need it	Subjective
12	LS-12	Your confidence to have your say about issues that are important to you	Subjective
13	LS-13	Your sense of being part of a group or community	Subjective
14	LS-14	Your hopefulness for the future	Subjective
15	LS-15	Your overall wellbeing	Subjective

¹ For technical reference purposes, these items are referred to as LS-1 to LS-15. These questions should be positioned as the first 15 items with any service specific items following. Technical reference numbers assigned to each item of the survey are intended for 'behind the scenes' use and not for display on printed or on-screen versions of the survey. To assist in managing this process, the technical reference numbers are designed to allow cross-mapping of items between versions.

Table 2: LCQ-S Demographic questions

Item sequence	Technical reference #²	Question	Response options
D1	LSD-1	What is your gender?	1. Male 2. Female 98. Other
D2	LSD-2	What is the main language you speak at home?	1. English 98. Other (Please specify)
D3	LSD-3	Are you of Aboriginal and/or Torres Strait Island origin?	1. Yes, Aboriginal 2. Yes, Torres Strait Islander 3. Yes, Aboriginal and Torres Strait Islander 4. No
D4	LSD-4	What is your age?	1. Under 18 years 2. 18 to 24 years 3. 25 to 34 years 4. 35 to 44 years 5. 45 to 54 years 6. 55 to 64 years 7. 65 years and over
D5	LSD-5	Are you a qualified health professional?	1. No 2. Yes - Nurse 3. Yes - General practitioner 4. Yes – Psychiatrist 5. Yes - Psychologist 6. Yes – Social worker 7. Yes – Disability support worker 8. Yes – Allied health professional 9. Yes - Other health professional (Specify) 10. Don't know

² For technical reference purposes, these items are referred to as LSD-1 to LSD-6. If used, these questions should be positioned following the first 15 questions and any additional service specific questions. To assist in managing this process, the technical reference numbers are designed to allow cross-mapping of items between versions.

Item sequence	Technical reference # ²	Question	Response options
D6		Have you seen a health professional because of concerns about your mental health in the last 12 months?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Prefer not to answer 4. Don't know

4.4 Rating scales used for recording consumers' responses to the LCQ-S

The LCQ-S uses two rating scales for consumers to record their response to the individual items:

- a dichotomous scale (Yes / No) which is linked to questions that cover areas such as a person's social participation, education, employment and living situation; and
- a performance scale (Poor, Fair, Good, Very Good, Excellent) which aims to gather information about a person's perception of some key issues linked to participating and being included in the community e.g. physical health, being part of a group or community, hopefulness and overall wellbeing. The performance scale is positively weighted and consists of five points (three positive points, two negative points).

The scales are presented in the LCQ-S in a semantic rather than numeric form – that is, the response options offered to the consumer use only words as anchor points rather than assign numbers to any rating category. This was designed to ensure that consumers are asked to respond to well understood concepts, rather than just 'ticking a number'.

4.5 LCQ-S questions

The questions for the original LCQ were developed to broadly encompass policy-relevant areas from the Fourth National Mental Health Plan. A summary form of the LCQ was seen as one approach to collecting information for Fifth National Mental Health and Suicide Prevention Plan indicators. The LCQ-S was developed mindful of existing policy initiatives and the need for reporting indicators under the Fifth Plan. The questions covered by the LCQ-S can be mapped to the policy initiatives a shown in Table 3.

Table 3: Mapping of the LCQ-S questions to national policy initiatives

LCQ-S questions	National Statement of Rights and Responsibilities	National Standards for Mental Health Services	Fourth National Mental Health Plan	National Framework for Recovery Oriented Service Delivery	Fifth National Mental Health and Suicide Prevention Plan Indicators
Social activities	✓	✓	✗	✓	PI 9: Rate of social/community/family participation amongst people with mental illness
Employment	✓	✓	✓	✓	
Voluntary work	✓	✓	✗	✓	
Education	✓	✓	✗	✓	
Caring for others	✓	✓	✗	✓	
Accommodation	✓	✓	✓	✓	PI 12: Proportion of mental health consumers in suitable housing
Physical and emotional health	✓	✓	✓	✓	
Having your say	✓	✓	✓	✓	PI 8: Connectedness and meaning in life
Social inclusion and recovery	✓	✓	✓	✓	PI 9: Rate of social/community/family participation amongst people with mental illness

Key: ✓ Domain is noted in policy document, ✓ Some elements of the domain are noted in policy document, ✗ Domain is not noted in policy document

4.6 Implementing the LCQ-S

This section of the document covers the range of design issues organisations will need to address when considering a planned implementation of the LCQ-S within services under their management control. There are multiple aspects to designing an appropriate approach, including what services should be in scope, the approach to sampling, the period over which data collection occurs, the mode of administration, the frequency of data collection and whether any additional content will be added to the 'standard' LCQ-S questions. Each of these is considered below.

The issues canvassed are not intended to be comprehensive, nor are the approaches outlined intended to be prescriptive. Organisations will need to develop solutions to each of the issues that suit their circumstances and meet the objectives they are pursuing through use of the LCQ-S.

4.6.1 What services should offer the LCQ-S

Organisations need to consider which services under their management control are in scope for implementing the LCQ-S. In determining scope and eligibility, organisations need to be mindful that the release version of the LCQ-S is based on a national project that aimed to develop a tool for monitoring consumers' social inclusion. The tool was primarily developed with adults so its applicability to other age groups will need to be the subject of further research. Organisations considering implementing the LCQ-S will need to assess the suitability of the measure within their own environments and decide whether it is fit for the purposes intended.

The LCQ-S was designed for use in all service settings – inpatient and ambulatory. However, its suitability for use in all inpatient facilities needs to be the subject of further research.

4.6.2 When to offer the LCQ-S

The LCQ-S was developed to support discussions between the consumer and the clinician about issues that are important to consumers such as employment, education and social participation. The by-product of these discussions is information that can be aggregated (e.g. quarterly or annually) to provide data that the organisation can use to support clinical practice improvement and service development.

The LCQ-S can therefore be offered as part of routine clinical practice (e.g. on admission, review and discharge) or it could be offered on an annual census basis. The census-based approach could try to capture the LCQ-S for every consumer of the service or it could adopt a random sampling approach (e.g. 1 in every 10 consumers).

The data collection protocol options are numerous but it is important that the approach adopted ensures clinicians have access to informant to support their work with consumers, the consumers completing the LCQ-S are representative of the population under care, and the approach adopted is sustainable over time and is not an excessive burden to consumers or clinicians.

4.6.3 How to offer the LCQ-S

The LCQ-S was designed to be visually presented to the consumer by paper-based forms or electronic means through the use of a computer tablet or other on-screen format.

4.6.4 Is formal consent required

Formal consent is not required where health service organisations use the LCQ-S for local clinical purposes or quality improvement initiatives.

4.6.5 Should a fact sheet be prepared for consumers?

Good practice dictates that a summary statement of the aims the LCQ-S be prepared for all consumers invited to participate which also addresses the basic issues of confidentiality, the voluntary nature of participation, and where to seek any additional information.

A draft consumer information sheet is provided at Appendix C that can be used by organisations as a basis for their local fact sheets.

4.7 Reporting the results of the LCQ-S

This section provides general guidance on how organisations can use the information collected from the LCQ-S to explore patterns, compare performance to similar organisations or identify trends in local service performance over time.

4.7.1 Individual item analysis

The most basic use of the LCQ-S data is to undertake analysis at the individual item level. Analysis of individual items can assist organisations in focusing on specific areas of service delivery that are perceived as problematic by consumers. This involves examining aggregate responses to each item, usually based on simple frequencies and percentages. For questions measured on the dichotomous Yes/No scale, simple reporting of the proportion of consumers responding yes or no could be undertaken as shown in Table 4.

Table 4: Example of how the LCQ-S dichotomous scale could be reported

Item	Question	Percent consumers responding 'yes'	Percent consumers responding 'no'
LS-2	Did you do any activities with community groups or clubs	30%	70%
LS-8	Did you feel lonely	45%	55%

The performance scale of the LCQ-S can have numerical values assigned as outline below in Table 5.

Table 5: Assigning numeric values to the Frequency and Performance scales

		Numeric value to be assigned				
Scale	Item Group	1	2	3	4	5
Performance scale	Outcome and recovery	Poor	Fair	Good	Very Good	Excellent

Those items of the LCQ-S using the performance scale could be reported by summing top-two and bottom-two responses as shown on Table 6.

Table 6: Example of how the LCQ-S performance scale could be reported

Item	Question	Percent consumers responding 'excellent' or 'very good'	Percent consumers responding 'poor' or 'fair'
LS-11	Your ability to get support from family or friends when you need it	55%	35%
LS-15	Your overall well-being	65%	20%

4.8 Options for national reporting of the LCQ-S

The LCQ-S was developed with two aims:

- create a brief measure of social inclusion and recovery which could be used in clinical practice; and
- develop the capability to report nationally agreed Fifth Plan indicators:
 - PI 8: Connectedness and meaning in life;
 - PI 9: Rate of social/community/family amongst people with a mental illness;
 - PI 10: Proportion of people with a mental illness in employment, education or training; and
 - PI 12: Proportion of mental health consumers in suitable housing

Each of the options outlined below has their advantages and disadvantages and work will be undertaken nationally to choose the most appropriate approach.

PI 8. Connectedness and meaning in life

An indicator for *Connectedness and meaning in life*, could be developed from the question *sense of being part of a group or community*. This could be constructed in a number of ways. Firstly, the indicator could be constructed by taking the average of available ratings and multiplying by 20, to give you an index out of 100. Alternatively, the indicator could be developed by calculating the proportion of available ratings that were scored in the very good to excellent range.

PI 9. Rate of social/community/ family participation amongst people with mental illness

An indicator for *social/community/family participation* is the proportion of consumers with a mental illness reporting participation with family, social and community groups. The questions *did you do any activities with family or friends or did you do any activities with community groups or clubs* could be used to construct an indicator. A simple indicator could be the proportion of available ratings that checked yes to both questions.

PI 12. Proportion of mental health consumers in suitable housing

An indicator for *suitable housing* could be developed from the question *did you have adequate accommodation*. A simple indicator could be the proportion of available ratings that checked yes to this question.

The construction of indicators and the reporting of the LCQ-S will benefit from the collection of additional data. This will enable the construction of more nuanced and sophisticated indicators.

5 USING THE LCQ-S IN CLINICAL PRACTICE

5.1 Introduction

Some service providers have found that using a measure like the LCQ-S can support a more structured approach to assessment and promote a discussion between the person receiving services and the staff that work for that service. When offered again, however, the LCQ-S becomes a measure of outcome.

Collecting data from the consumer at different points in time, and then comparing the data collected over time enables consumers and clinicians to see if there has been a change. The LCQ-S can be used to look at specific areas of the consumer's life that may be important for recovery and also have practical implications for working with the consumer to help them achieve their goals. This includes areas such as social activities, education, voluntary work, caring for others, employment, accommodation and sense of being part of a group or community. This can give an overall impression of the person's recovery.

Using the LCQ-S as part of clinical practice can support collaborative care planning. It enables the identification of patterns of significance to the consumer and the clinician. This means the LCQ-S can be used to focus attention on particular issues, providing additional information to that captured within other measures, such as those comprising the National Outcomes and Casemix Collection (NOCC). The LCQ-S can support discussion about development of a person-centred care plan and aid in the identification, monitoring and understanding of change in a variety of areas of potential importance to the consumer's recovery.

All measures have strengths and limitations and the LCQ-S is no different. It should be remembered that no measure has perfect reliability. Some variation in the way the consumer completes the measure may be the result of chance as much as real change in the consumer and their circumstances. Like any measure, for the LCQ-S, some items are more reliable than others; but even given some variation in reliability, there are still benefits for the consumer and clinician in engaging with the LCQ-S.

5.2 The benefits of the LCQ for the consumer and clinician

The benefits to completing the LCQ-S for the consumer and clinician include:

- supporting the process of assessment;
- demonstrating a genuine interest in the individual's point of view;
- encouraging dialogue between the clinicians and the consumer
- exploring differences between the consumer and the clinician perspectives; and
- involving the consumer in the process of care planning.

These benefits provide an opportunity to support the development of the therapeutic relationship between the clinician and the consumer.

Offering the LCQ-S demonstrates a genuine attempt on the part of the clinician to better understand the individual's perceptions and needs, and involve them in the process of care. However, there are circumstances when, as a clinician, you should exercise clinical judgement when offering the measure.

5.3 Temporary contraindications or general exclusions

Organisations should aim to offer the LCQ-S to as many consumers as possible, recognising that care should always be exercised to not cause distress. A small number of circumstances have been identified where offering the LCQ-S may be contraindicated. These are:

- Consumers who are too distressed or unwell at the time the LCQ-S would be offered (temporary contraindication).
- Consumers who are too cognitively impaired to be able to complete the LCQ-S (general exclusion).

Clinicians will need to exercise their judgement when offering the LCQ-S to consumers to determine whether either of these circumstances applies. It is important to note that, even if a consumer may be too distressed to complete the LCQ-S at one point in time, it doesn't necessarily mean that they will be unable to complete the measure at some other time.

5.4 Introducing the LCQ-S to the consumer

Sometimes it is worthwhile to prepare a standard set of words that can be used when introducing the LCQ-S to consumers. The words used will depend on individual consumers, clinicians and circumstance. The brief script below is simply a guide and the language is somewhat formal. However, as you become more familiar with what needs to be said, it is expected that you will be able to convey the essential points convincingly in your own way. You could begin by saying:

"I'd like to invite you to complete a short questionnaire that asks important questions about your life in the community. It's called the Living in the Community Questionnaire - Summary or LCQ-S for short. It's a new tool that is probably not very different from the things we usually talk about. But it's more structured so we can get a clearer understanding over time of the things you are doing, so we can focus on the areas that are a priority for you from now. It can also help us improve our service for you and other people, for example, by making sure we are providing the services you want or have the partner agencies you need in your recovery. It only takes a few minutes. It's voluntary and completely confidential."

It is likely that some consumers will ask more detailed questions about the LCQ-S and what is done with it once they have completed it. It is important that when offering the LCQ-S you are familiar with the aims, and in a position to answer any questions asked.

Assistance can be provided to consumers to complete the LCQ-S. Assistance should be limited to reading out the questions, explaining words unfamiliar to consumers and/or writing consumer's responses. In many cases, it will be found that simply hearing the question read out loud can help the consumer form a clear understanding of what is meant with no further comment being needed.

5.5 Engage in a conversation

The following issues should be considered when having a conversation with the consumer about the LCQ-S:

- put the LCQ-S on the therapeutic agenda and explain that its completion is part of routine practice;
- provide an explanation of the LCQ-S to the consumer and how it fits into the assessment and therapy process;
- clarify that the LCQ-S will be discussed in the future;
- explain the LCQ-S with an adequate level of detail - the use of language is important in building confidence;
- explain the LCQ-S, how it is completed and clarify individual items if necessary;
- clarify items on the measures without biasing;
- use an appropriate time to introduce the LCQ-S so as to not distress the consumer;
- build a person's confidence in the use of the measures;
- encourage the consumer to have personal ownership and responsibility of the information that they provide when completing the LCQ-S;
- encourage ownership of the process of change and how the LCQ-S fits into that process;
- be understanding about an individual's reluctance to complete the self-assessment. It may be useful to:
 - identify/explore why they may be reluctant to complete the measure, or has not done so (e.g. lack of understanding), and if required, provide additional information; and
 - offer alternative ways for the consumer to complete the assessment (e.g. start during session, take home, complete in next visit); and
- address concerns and explain who has access to the information to alleviate concerns, such as how the information will be used, privacy and confidentiality.

5.6 Differences in perspective

It is unrealistic to expect that consumers and clinicians will always have the same perspective. By virtue of your clinical experience, knowledge, training and values clinicians will have different explanations on attribution, expectations and outcomes as well as having different priorities and goals. The LCQ-S is an opportunity for the consumer to rate how they think they are going. This process complements and enriches the clinician's assessment and their interaction with the consumer. It supports the consumer to reflect on how they see themselves and are seen by others through discussion of their perspective and the perspective of the clinician. Disagreement can be healthy and can form the basis for exploring the differences in perspectives thereby providing opportunities for a genuine and effective therapeutic relationship.

5.7 Discussing change in the LCQ-S

Completing the LCQ-S again, enables the consumer and clinician to discuss change and why this may be occurring. When discussing changes in the LCQ-S remember to:

- keep the discussion recovery orientated and outcome focused;
- be aware of interpretation and determine whether changes in the LCQ-S are reliable or personally significant for the consumer or clinically significant for you;
- revisit previous completions of the LCQ-S and discuss what has changed and what has remained the same;
- explain the changes in the LCQ-S with appropriate language and an appropriate level of detail;
- think about how you will address deterioration of scores; and
- think about how to use feedback to reinforce positive change.

Comparison of one measure across multiple time points identifies areas of improvement or deterioration and provides evidence for continuing with a current treatment or therapy, or application of alternative or additional supports.

6 USING THE LCQ-S FOR SERVICE DEVELOPMENT

Once the LCQ-S is in place and information is being collected, service managers are able to use the information collected to understand the performance of their service compared to other services.

Benchmarking is the process of comparing organisational performance to improve the quality of service provision.

Clinical leaders and service managers may use the LCQ-S data to help guide decisions at a broader service level. This includes comparisons between 'like' groups of consumers - comparing and benchmarking overall achievements with those of other 'peer' services, or within a service over time. Through a focus on improvement, the information can be used to create opportunities to identify and explore differences, with a view to determining whether particular clinical practices are associated with variation in outcomes.

McKay et al 2013 found that routine outcome measurement data can be used in a variety of ways to support mental health benchmarking. However, it requires the art of clinical practice, balanced by the rigour of science to actively engage participants:

The **science** includes:

- the development of data extraction techniques from information systems;
- ensuring appropriate data cleaning, analysis and presentation techniques are applied;
- being aware of the strengths and limitations of measures like the LCQ; and
- ensuring that benchmarking facilitators use this information during forum activities.

The **art** is in:

- assisting clinicians and managers participating in benchmarking to relate 'data' from measure like the LCQ to service and clinical issues in which they are interested;
- facilitating the interaction of LCQ data, other data (such as diagnostic data) and participant's knowledge of their services. Each source of information has gaps, and unique advantages. The art lies in using all this information to explore current practice and identify areas of improvement. More can be achieved by putting data together than simply looking at one source.

The use of the LCQ-S provides an exciting opportunity to enable services to compare their performance in areas that are important to consumers. Services implementing the LCQ-S are encouraged to use the information gathered as a by-product of service provision for the purposes of quality improvement and service development.

7 REFERENCES

Australian Government Department of Health. (2017). *Fifth National Mental Health and Suicide Prevention Plan*. Canberra: Department of Health.

Coombs, T., Reed, C., & Rosen, A. (2016). Developing the Living in the Community Questionnaire: Reporting the social outcomes of mental health care. *Asia Pacific Journal of Social Work and Development*, 26, 178-183.

Department of Health and Ageing. (2009). *Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009-2024*. Canberra: Commonwealth Department of Health and Ageing.

APPENDIX A: LIVING IN THE COMMUNITY QUESTIONNAIRE - SUMMARY

Living in the Community Questionnaire – Summary

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

The questionnaire is to be completed by people aged 16 years and older. Completion of the questionnaire is voluntary. Your personal information, including answers to this questionnaire, is covered by the privacy laws in your state or territory.

(Please select one response for each statement)

In the last four weeks...	YES	NO
1. Did you do any activities with family or friends?		
2. Did you do any activities with community groups or clubs?		
3. Did you participate in any paid employment (including if you were on leave)?		
4. Did you participate in any organised volunteer work?		
5. Were you enrolled in a training or education course?		
6. Did you provide care (such as personal care, support or assistance) to a family member or friend? This includes work for which you may have received a Carer Allowance or Carer payment.		
7. Did you have adequate accommodation?		
8. Did you feel lonely?		
9. Did you have enough money to pay your bills?		

In general, how would you rate...	Poor	Fair	Good	Very good	Excellent
10. Your physical health	1	2	3	4	5
11. Your ability to get support from family or friends when you need it	1	2	3	4	5
12. Your confidence to have your say about issues that are important to you	1	2	3	4	5
13. Your sense of being part of a group or community	1	2	3	4	5
14. Your hopefulness for the future	1	2	3	4	5
15. Your overall wellbeing	1	2	3	4	5

APPENDIX B: DEMOGRAPHIC ITEMS

D1.	What is your gender? (Please select one response)	3. Male 4. Female 98. Other
D2.	What is the main language you speak at home? (Please select one response)	1. English 98. Other (Please specify)
D3.	Are you of Aboriginal and/or Torres Strait Island origin? (Please select one response)	1. Yes, Aboriginal 2. Yes, Torres Strait Islander 3. Yes, Aboriginal and Torres Strait Islander 4. No
D4	What is your age? (Please select one response)	1. Under 18 years 2. 18 to 24 years 3. 25 to 34 years 4. 35 to 44 years 5. 45 to 54 years 6. 55 to 64 years 7. 65 years and over
D5	Are you a qualified health professional? (Select all that apply)	1. No 2. Yes - Nurse 3. Yes - General practitioner 4. Yes – Psychiatrist 5. Yes - Psychologist 6. Yes – Social worker 7. Yes – Disability support worker 8. Yes – Allied health professional 9. Yes - Other health professional (Specify) 10. Don't know
D6	Have you seen a health professional because of concerns about your mental health in the last 12 months? (Please select one response)	1. Yes 2. No 3. Prefer not to answer 4. Don't know

APPENDIX C: SUGGESTED WORDING FOR CONSUMER INFORMATION SHEET FOR LCQ-S

Living in the Community Questionnaire - Summary (LCQ-S)

1. What is the Living in the Community Questionnaire - Summary?

The *Fifth National Mental Health and Suicide Prevention Plan* clearly sets out a plan to support improvements in social inclusion and recovery mental health consumers. The LCQ-S has been developed to support discussions between consumers and clinicians as well as monitoring improvements in the quality of service provision.

The LCQ-S is designed to gather information that provides a more holistic view of a person's life situation. Information about a person's participation in social activities, education, employment, the suitability of their housing, their health status and their sense of being part of a community. This will support a recovery-focused discussion between consumers and their service providers.

The LCQ-S can also assist in the provision of more integrated care across the broader mental health sector, particularly supporting mental health service collaboration with psychosocial and other recovery support services.

2. What choice do I have about completing the LCQ-S?

The decision to complete the LCQ-S is voluntary and yours to make. If you decide not to complete the LCQ-S, the care you receive from this service will not be affected. The questionnaire, like all the records we keep, are subject to privacy and confidentiality safeguards.

3. What is the LCQ-S used for?

In the first instance, the LCQ-S is an opportunity for you to explain to your clinician or caseworker what is going on in your life. This provides you with an opportunity to talk about the things that are important to you. Completing the LCQ-S is a good way for you and your clinician or caseworker to get to know each other. The results of the LCQ-S, when de-identified, can provide an opportunity for services to support quality improvement and service development activities that better meet the needs of the community.

4. What do I do with my LCQ-S when I have finished?

The service that has given you a copy of the LCQ-S to complete will provide you with details about returning it to them. For some services this may mean giving it back to your clinician or caseworker, while for other services, a different may be adopted. (*Service specific wording to be included*)

(Insert relevant details for your organisation or state and territory)

APPENDIX D: LICENSING ARRANGEMENTS

A licensing process has been set up to enable mental health service organisations to use the LCQ for specified purposes. These arrangements were developed in recognition that there is considerable interest across the Australian mental health sector in using the LCQ-S. The arrangements are designed to promote consistency of use and discourage unnecessary modification to the tool. The latter is necessary to minimise the risk that multiple and varied versions with no comparability are produced following public release. The licence also aims to prevent use of the LCQ-S for profit.

To download the LCQ-S users just to need to provide some basic information and agree to the Terms and Conditions for Use. Access to the LCQ-S is available at: <http://www.amhcn.org/special-projects/living-community-questionnaire-lcq> . There is no charge for use of the LCQ-S.