

Using the National Outcomes and  
Casemix Collection in team reviews  
and case presentation

# Child and Adolescent



Sharing Information to Improve Outcomes  
An Australian Government Funded Initiative



## Contents

Introducing outcomes and casemix measures into team reviews.....	4
Rating the measures - HoNOSCA.....	5
Getting started in using measures in team reviews .....	6
Embedding the measures in team reviews.....	7
Activity 1 – Case presentation .....	8
Using the measures in team reviews.....	14
Activity 2 – Case presentation and care plans .....	15
Summary .....	16
Handouts for child and adolescent case studies using the SDQ.....	17
Video resources.....	24

### **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.

### **Acknowledgement 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.

### **Acknowledgements**

AMHOCN wishes to acknowledge and thank the following people in the production of these training materials:

Tim Allen, Marcia Bennett, Jennifer Black, Peter Brann, Lauren Clark, Georgina Connor, Tim Coombs, Rosemary Dickson, Nino Di Pasquale, Sandra Keppich Arnold, Roderick McKay, Nicholas Mims, Ross Nicholls, Gabrielle Pitt, Julie Porter and Terena Slattery.

### **Suggested citation for this document**

Australian Mental Health Outcomes and Classification Network. (2023). Using the National Outcomes and Casemix Collection in team reviews and case presentation: Child and Adolescent. Rev. ed. Sydney: Australian Mental Health Outcomes and Classification Network.

## Instructions of Use of Training Materials

This manual includes copies of a PowerPoint presentation, links to videos (on Vimeo platform) and vignettes for use within the training session. The instructions accompanying the PowerPoint indicate what the facilitator should say or highlight, when to play the video, when to give out the appropriate handouts and when activities should be completed. The appendix section includes all the handouts and are divided into sections for the corresponding consumer self assessments used in the different states and territories.

## Facilitator Instruction Legend

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.



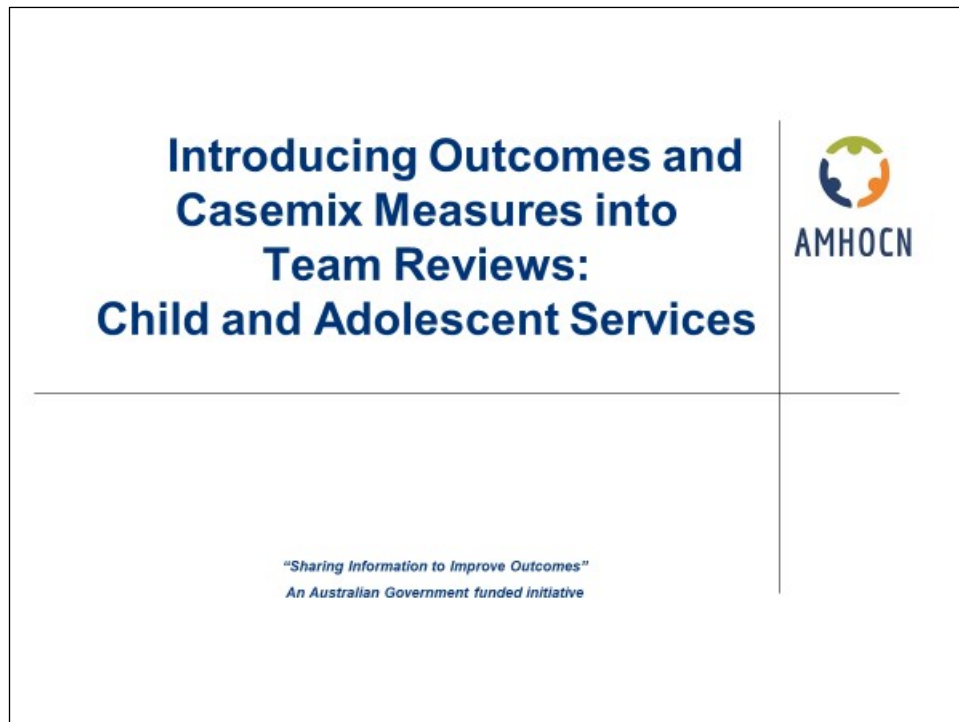
This symbol indicates that trainers should encourage group discussion.



This symbol indicates that trainers should distribute specific handout materials.



This symbol indicates that trainers should be prepared with background knowledge. Trainers will be provided with additional reference material in this section.



## Introducing outcomes and casemix measures into team reviews

- This is the introductory slide and a reminder to provide an orientation to your session. Give and Acknowledgement of Country and an Acknowledgement of Lived Experience.
- Undertake housekeeping duties, point out toilets, emergency exits and ask people to turn off or switch mobile phones to silent as a courtesy to others.



- Reinforce that the outcomes and casemix material is being used by a whole range of stakeholders and that this session is about exploring the use of the measures in clinical practice.
- Remind people that there is other training material available for using the measures to support consumer recovery, e.g., "Whose Outcome Is It Anyway?" This material outlines the benefits of offering the consumer self report measure and discussing all the measures with consumers and their families.
- Training is also available for team leaders and managers and demonstrates the use of aggregate data for service planning.
- It is important to note that the quality of the data will have a crucial impact on the utility of the information being used in team reviews. Using the measures in team reviews is one way of ensuring the quality of the data.

## Rating the HoNOSCA



			Monitor ?	Active treatment or management plan ?	
Clinically Significant	4	Severe to very severe problem	Most severe category for patients with this problem. Warrants recording in clinical file. Should be incorporated in care plan. Note – patient can get worse.	✓	✓
	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.	✗	✗



## Rating the measures - HoNOSCA

- Remind participants about the rating rules of the HoNOSCA and the other measures that make up the National Outcomes and Casemix Collection.
- Emphasise that these measures make over the clinical assessment. Their utility lies in identifying specific areas where the consumer will require support and determining key areas of strength which can be harnessed to support consumer recovery.
- Reinforce that the measures can be used to support care planning and monitoring change over time.

# Outcome measures in team reviews: Getting started



## Getting started in using measures in team reviews

Facilitator should play Video 1 – Outcome Measures in Team Reviews:

<https://vimeo.com/user187821404/teamreviews01?share=copy>



Use the following prompts to engage the group in discussion:

- Why do we have team reviews?
- What is their purpose?
- How can the outcome measures be used to support the process?
- What is your current system for team reviews?
- Does anyone have any experience of using the measures in team reviews?
- What would you need in your organisation to get started in using the measures in clinical review?
- What practical things could you do to get the discussion of the National Outcomes and Casemix Collection measures started in your team reviews?



## Embedding the measures in team reviews



- Staff have received adequate training in relation to NOCC
- The use of outcome measurement is documented in appropriate policy and procedures
- A system for regular review of all consumers via team reviews is established
- Prior to team reviews, case managers are informed which consumers are due for review
- Case managers ensure the NOCC measures are completed prior to review
- NOCC reports are available during team reviews

4



## Embedding the measures in team reviews

- When talking about getting started, it is important to agree and discuss with the team exactly how the measures are going to be incorporated and discussed as part of the team review process. This should include expectations of team members when preparing for the specific review.
- Note that having access to information technology may be helpful in accessing local clinical information systems and then displaying this during team reviews, incorporating this material into the process. However, note that it is not essential to getting started. Paper based reports can be used just as effectively.
- Teams that have introduced the use of these measures into reviews have found that it improves the efficiency and focus of the team by providing a framework for the case presentation. Teams who use the measures feel that it is more effective because it introduces a broad range of domains into the review discussions, rather than focusing on symptoms.

## Activity 1

### Case presentation

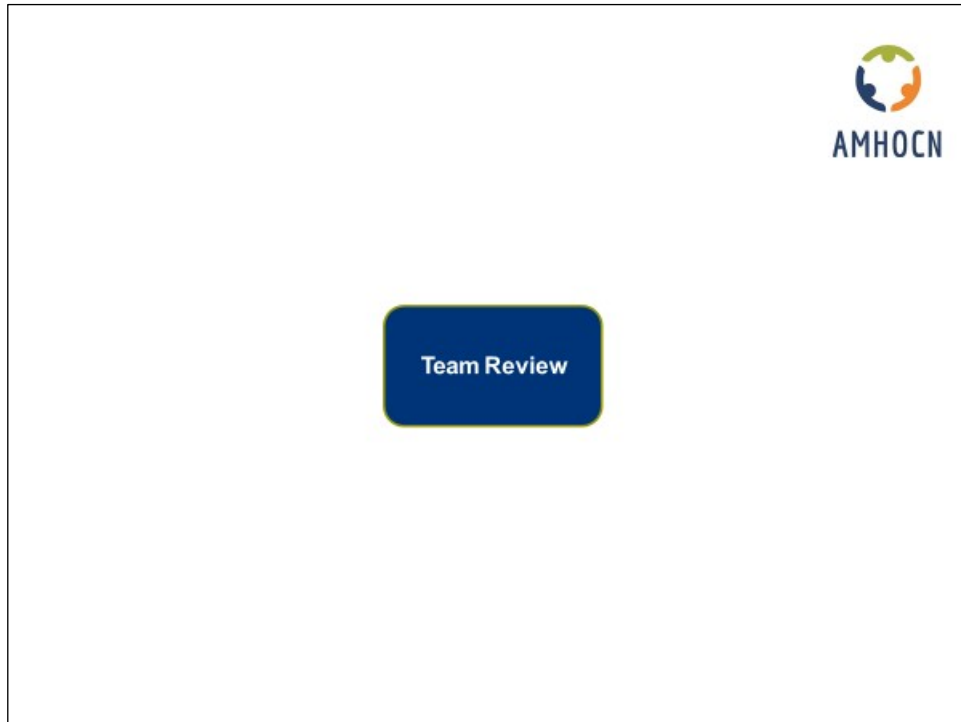
- Small groups
- Discuss case presentation during team review meetings
- Use the ratings on measures to identify key issues for the consumer and options for interventions



## Activity 1 – Case presentation

### Small group work

- Have workshop participants break into small groups. Distribute the case studies in the appendix of this manual to each of the groups. Have participants focus on the Skye case study.
- The facilitator uses the case study of Skye to demonstrate and model how a case presentation during team reviews can be undertaken.
- The facilitator should model a case presentation during the team review process. Use the information and graphs presented for Skye to engage the group in discussion about her presentation and options for intervention.



### Consumer self assessment

- Having a completed consumer self assessment measure may be an indication of the degree of engagement the consumer has in the assessment and therapy process.
- Emphasise the importance of having completed the consumer self assessment measure as a way of bringing the voice of the consumer and/or family into case presentations as part of team reviews.



## Workshop discussion

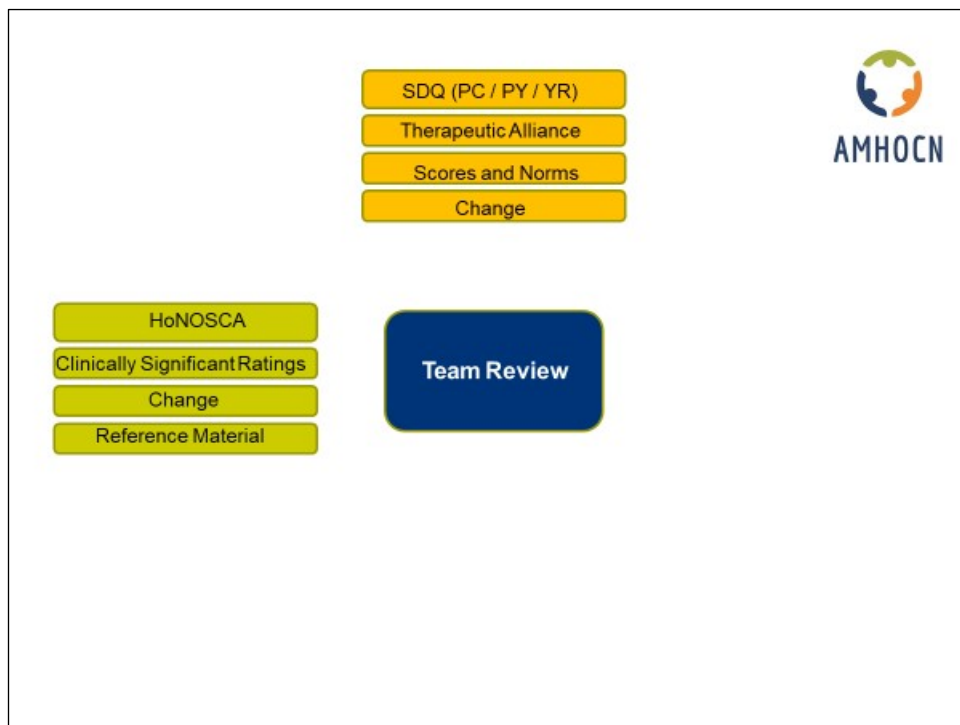
Note that Skye has completed the self report measure.

- Ask the group what the results indicate?

Questions that should be asked in regard to the consumer self assessment measure include:

- How is the measure completed? Is it as the clinician expects?
- Is it the same as last time the measure was completed? Has there been change?
- How does this measure compare to the others in the suite?
- How does it compare with available reference material? Are the scores higher or lower?

The clinician has some engagement with Skye as she is willing to complete the SDQ. Skye provides a total score of 9. This score would indicate that she has no difficulties. Indeed, available reference material indicates that, compared to the general population, she is unlikely to have clinically significant problems. Skye indicates, with the way she completes the SDQ, that she displays many prosocial behaviours. These results are, however, at odds with the measures completed by the clinician.



## Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)

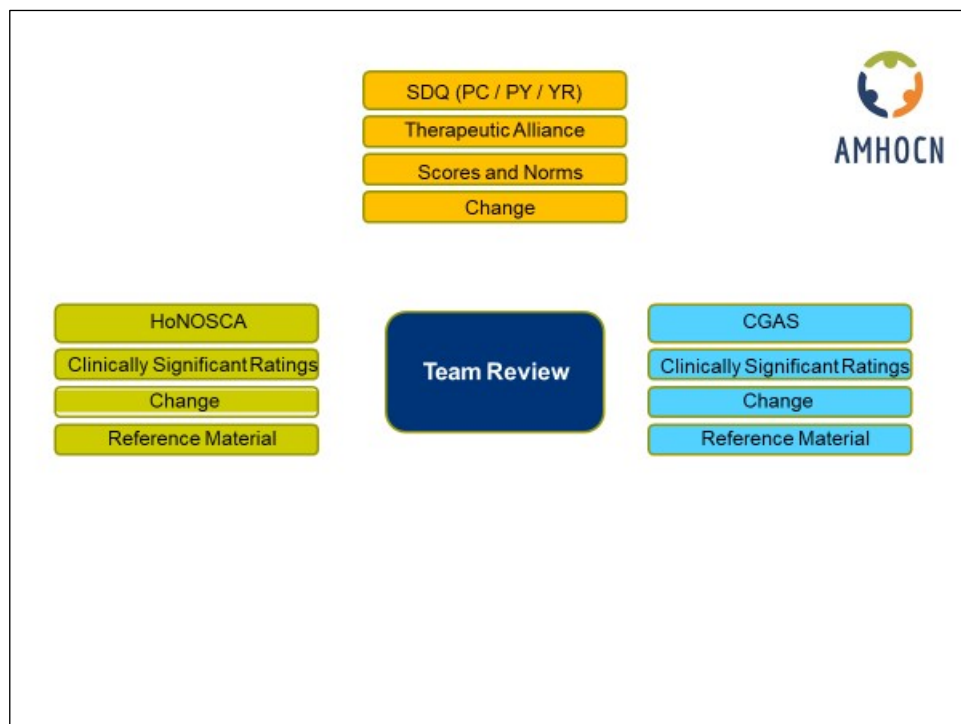
- Note that the HoNOSCA allows the team to highlight the most clinically significant items that should be the focus of their intervention and care planning.
- Note the importance of discussing the reasons for the HoNOSCA ratings and exploring any difference of opinion in a constructive way during team reviews. This discussion is helpful in understanding the complexity of the consumer's situation and developing multidisciplinary strategies for addressing the issues of clinical significance.

- Questions that should be asked in regard to the clinician rated measures include:
  - Which areas are rated as issues? Are there items that are clinically significant? Do the measures give an indication of areas of consumer strength?
  - Is it the same as the last time the measure was completed or has there been change?
  - How does this measure compare to the others in the suite?
  - How does it compare with available reference material? Are the scores higher or lower?



## Workshop discussion

- Reflect on Skye's ratings that are indicative of clinically significant issues. Where does Skye have problems? The workshop facilitator notes the range of clinically significant issues identified for Skye including hallucinations and delusions, school attendance, drug and alcohol issues and the quality of relationships. All of these areas should be the focus of active clinical intervention.
- Given these issues, what is the plan of intervention? E.g., Antipsychotic medication, drug and alcohol counselling, psycho-education with Skye and her boyfriend.



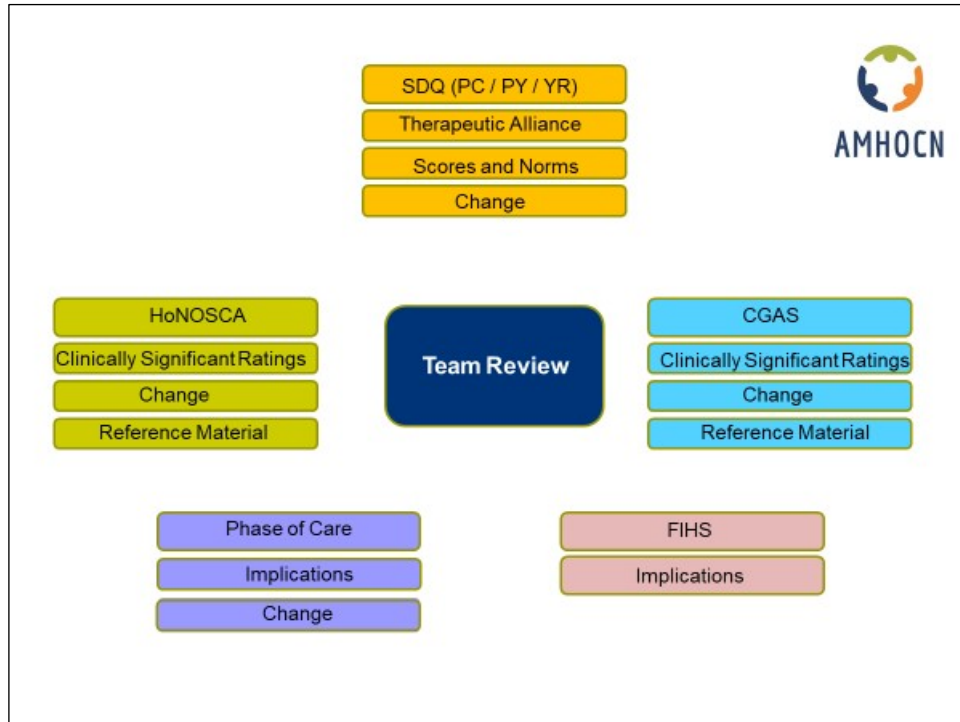
## Children's Global Assessment Scale (CGAS)

- The Children's Global Assessment Scale is a global measure of the consumer's general level of functioning.



## Workshop discussion

- Skye has a score of 55. This score indicates that Skye has a moderate degree of functional impairment across most social areas. These include her relationship with her family, her antisocial behaviors and problems with peers.



## Factors Influencing Health Status (FIHS)

- The Factors Influencing Health Status is a checklist of 'psychosocial complications' that child and adolescent consumers may experience and that require additional clinical input during the episode of care. The identified additional factors are the focus of clinical intervention. Skye has "problems related to primary support group", which includes family circumstances. Although her parents are supportive, there is definite family conflict as she refuses to engage with her parents. This would be the focus of clinical intervention.



## Workshop discussion

- Ask the following questions in the form of discussion:
  - Are there other Factors Influencing Health Status that may require interventions moving forward?
  - How are the issues that have been highlighted through the ratings on the other measures incorporated into the development of a care plan?
  - How would the team determine the success of these interventions?



## Phase of Care (PoC)

- Phase of Care (PoC) is the prospective primary goal of treatment within an 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. The four mental health phases of care are:
  - **Acute:** The primary goals of care are intended to reduce high levels of distress, manage complex symptoms, contain and reduce immediate risk.
  - **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** is now regarded as an administrative data item and is used when the review outcome does not lead to the consumer being placed in one of the four mental health phases of care immediately after. If the assessment outcome leads to the acute, functional gain, intensive extended or a consolidating gain phase being selected, then the assessment is included as part of the phase chosen.



### Workshop discussion

- Reflect on Skye's presentation.
- Is the PoC acute involving the reduction in psychiatric symptomatology (i.e., acute)?
- Is the PoC about minimizing further deterioration, reducing harm and likely to require care over the long term (i.e., intensive extended)?
- Is the PoC about supporting the consumer as they return to work or become involved in a particular program (i.e., functional gain)?
- Is the PoC about maintaining the consumer's current functioning and minimizing deterioration or preventing relapse where the consumer has stabilized and functions independently (i.e., consolidating gain)?
- Given the significance of her symptomatology and poor functioning, the Phase of Care is acute.
- Ask the following questions in the form of discussion:
  - How are the issues that have been highlighted through the ratings on the other measures incorporated into the development of a care plan?
  - How would the team determine the success of these interventions?

Note: It is important to reinforce to participants that the measures that make up the National Outcomes and Casemix Collection are not the only information presented or discussed during team reviews; but they do provide an important basis for discussion.

# Using the measures in team reviews



## Using the measures in team reviews

Facilitator should play Video 2 – Team discussion:

<https://vimeo.com/user187821404/teamreviews02?share=copy>



Discuss how the measures can be incorporated into the case presentation and review process.

- How have participants approached the use of the measures?
- What are the barriers in discussions?
- How have barriers been overcome?
- What has been useful?



## Activity 2 Case presentation and care plan



- In small groups
- Review the case study
- Spokesperson presents the case study your group has been given
  - Where does the consumer have problems?
  - Where are their strengths?
  - How does this information inform the care plan?
  - What is the plan of care?



### Activity 2 – Case presentation and care plans

- Allocate each group a case study from the pack you have already distributed. Have each group:
  - Identify a spokesperson. This person will present the case study to the larger group.
  - Have the small groups discuss their case study identifying:
    - Where does the consumer have problems?
    - Where are their strengths?
    - How does this information inform the care plan?
    - What is the plan for care?
- Have the spokesperson present the case study using the model demonstrated by the facilitator when they presented Skye.
- The facilitator should promote a discussion to develop a treatment plan for the consumer.
- Each group takes it in turn to present their case to the larger group thereby demonstrating the process a number of times.
- The facilitator should end the session with a discussion of the opportunities the measures hold as part of the team review process:
  - A memory aid for case presentation.
  - A framework for case presentation.
  - Tools that support discussions in teams around clinical issues.
  - The opportunity for multidisciplinary input to case presentations.
  - Opportunities for improvements in the quality of the information being collected and used.

## Summary



- The NOCC measures make overt the clinician's assessment of the consumer, helping to identify specific areas where the consumer will require support and determining key areas of strength which can be harnessed to support consumer recovery.
- The measures can be used to support care planning and monitoring change over time.
- The measures provide a framework for case presentation during team reviews, introducing a broader range of domains into the review discussions, rather than focusing on symptoms.
- Team reviews provide the opportunity to discuss the reasons for the ratings on measures such as the HoNOS and exploring, in a constructive way, any differences of opinion. This supports improvements in the consistency of ratings.



## Summary

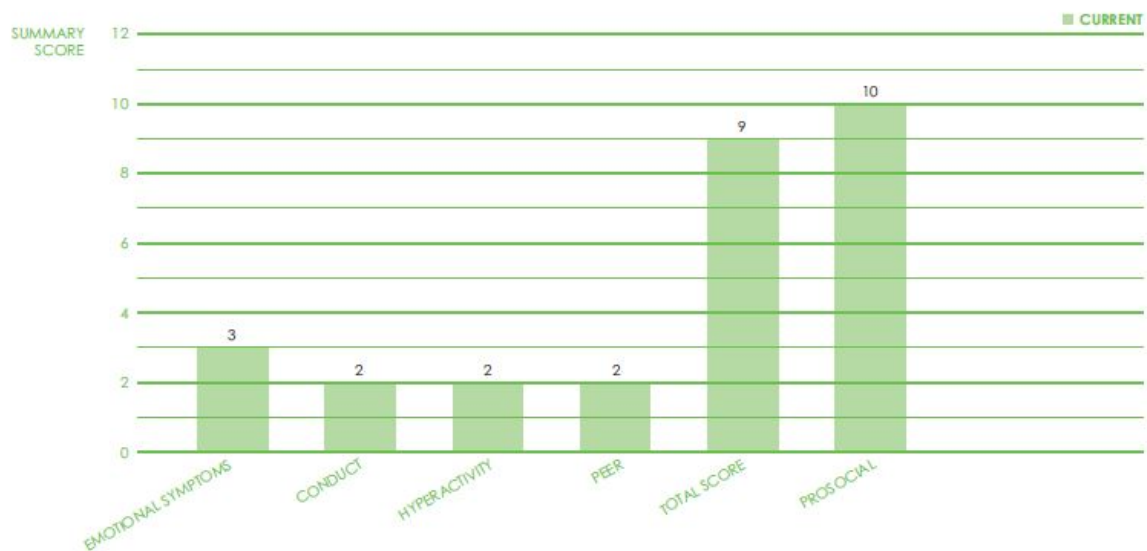
- The National Outcomes and Casemix Collection measures make overt the clinician's assessment of the consumer. Their utility lies in identifying specific areas where the consumer will require support and determining key areas of strength which can be harnessed to support consumer recovery.
- The measures can be used to support care planning and monitoring change over time.
- The measures provide a framework for case presentation during team reviews, introducing a broader range of domains into the review discussions, rather than focusing on symptoms. This discussion is helpful in understanding the complexity of the consumer's situation and developing multidisciplinary strategies for addressing the issues of clinical significance.
- Team reviews provide the opportunity to discuss the reasons for the ratings on measures such as the HoNOSCA and exploring, in a constructive way, any differences of opinion. This supports improvements in the consistency of ratings e.g., clinicians will have a more consistent understanding and application of mild, moderate, severe or very severe ratings, ensuring better quality of the information and data being collected.

# Handouts for child and adolescent case studies using the SDQ

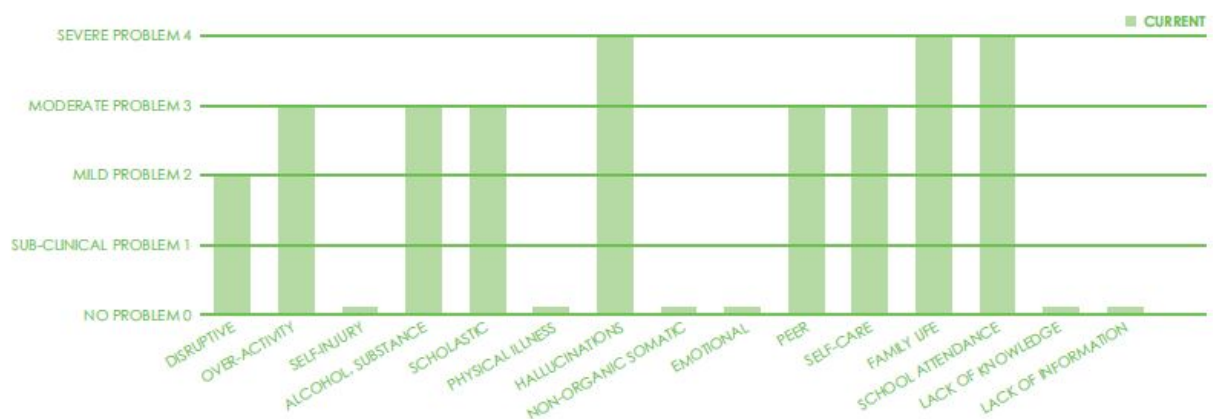
## Child and Adolescent Vignette 1 - Skye

Skye is a 17 year old unemployed student living with her boyfriend in rented accommodation. She was recently discharged from the acute inpatient unit following her first admission for drug induced psychosis with a differential diagnosis of schizophrenia. The community team is making daily visits. She has a high level of disorganisation and strange beliefs about hair colour and Kim Jong Un living in her roof. Skye finds these beliefs very distressing. Her parents are supportive although she refuses to engage with them, preferring the company of her boyfriend who supplies her with cannabis and amphetamines. She appears unkempt and dishevelled. You are undertaking her first 3 month review.

**Skye SDQ -YR**



**Skye HoNOSCA**



**Skye:**

**CGAS - 55**

**FIHS - Yes, Problems related to primary support group, including family circumstances.**

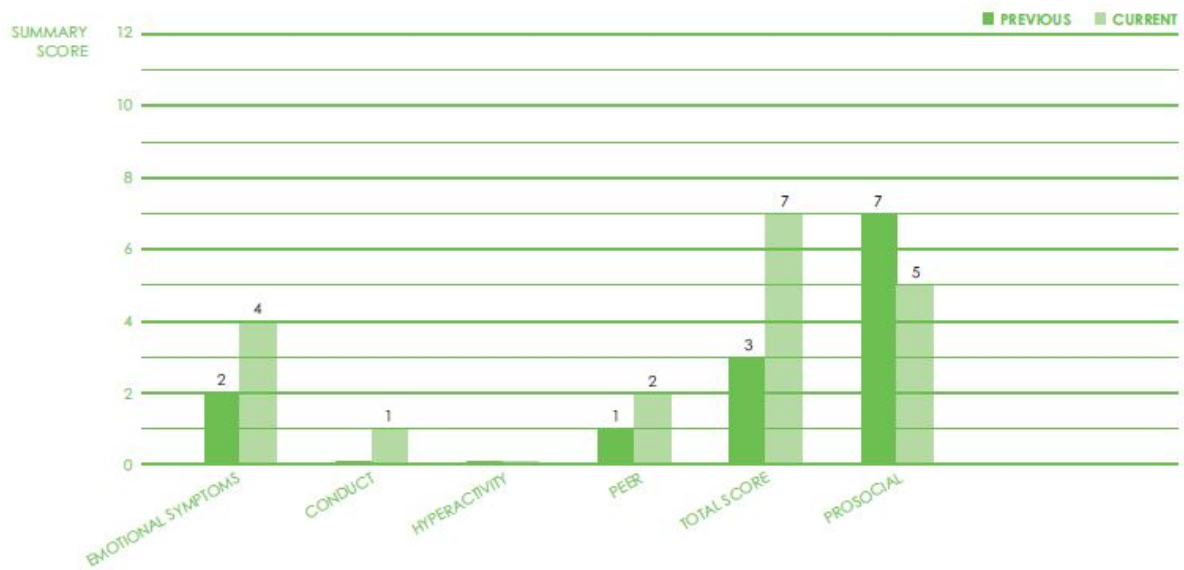
**Phase of Care - Acute**

## Child and Adolescent Vignette 2 – Tim

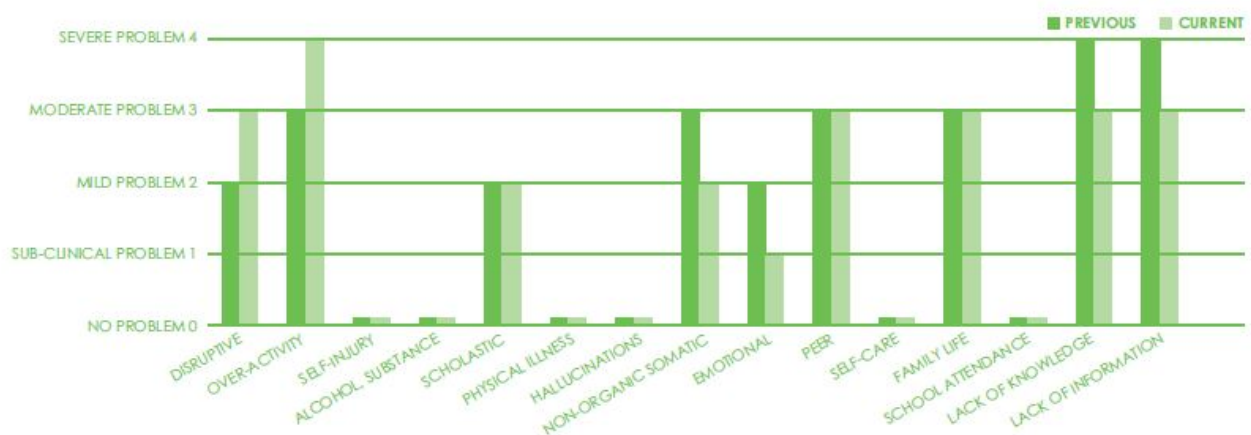
### Second Review

Tim is a 5 year old boy who refuses to go to the bathroom and urinates and defecates in his pants at day-care. At day care he plays alone and says almost nothing. He is seldom in conflict with other children. He has no problems with concentration, no agitation and he sleeps well. Tim’s motor development was somewhat delayed. He has trouble drawing and cutting indicating functional impairment. There are no gross motor or language problems. His parents say he talks non-stop at home, but goes silent when they leave the house. He can easily dress himself and at home going to the bathroom is not a problem. Tim’s parents think things are not functioning properly at day-care because the carers are unable get him to the toilet on time. They also say that the other children do not take enough responsibility for including Tim when they are playing.

### SDQ – PR – Father completes the SDQ



### HoNOSCA – Tim



Tim:

CGAS Now - 60

CGAS 3 months ago - 50

FIHS – Yes, Problems related to upbringing (Parental overprotection)

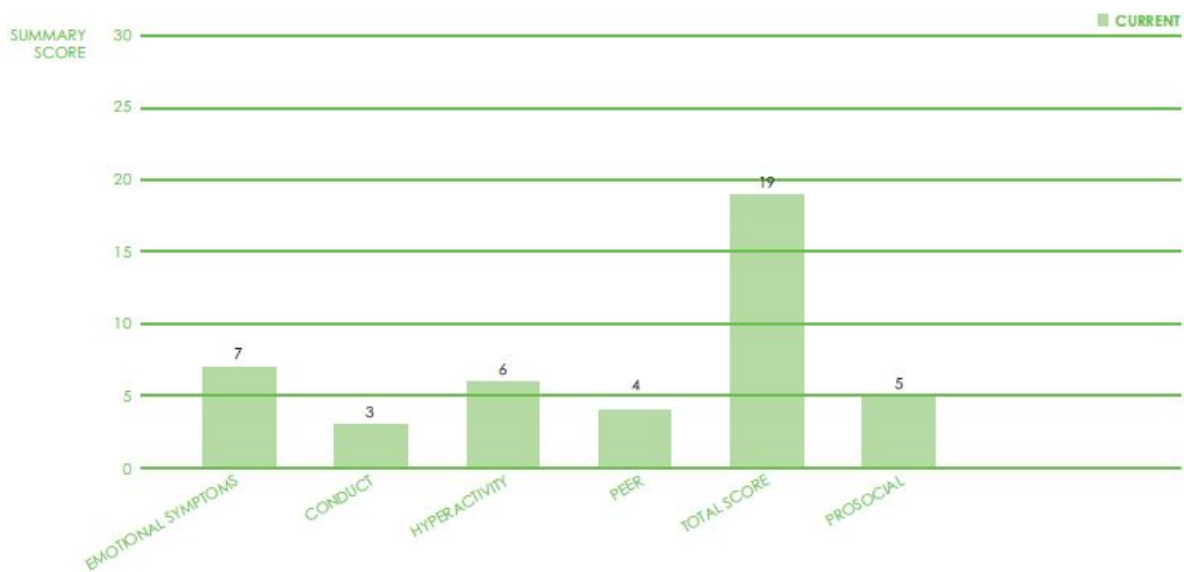
Phase of Care - Functional Gain

## Child and Adolescent Vignette 3 – Ally

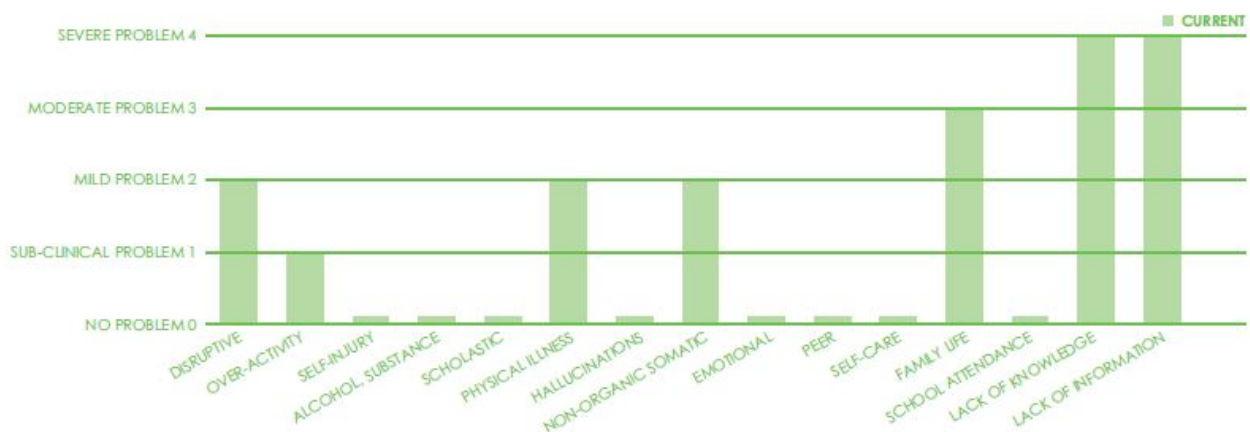
### First Review

Ally is 9 years old and has several types of involuntary movements that occur suddenly. Often the same movements repeatedly occur for a period of time. Examples are blinking with both eyes, twisting of the shoulders, and sudden jumping movements. Ally’s odd behaviour has not resulted in diminished contact with friends, although they do think she is strange. She is never absent from school. She walked and talked at a late stage. Currently, she has no language problems. She has not done any sports. She does well at school and she is healthy. The parents say they have never heard of such symptoms. They find it embarrassing and they did not speak to anyone about this until the teacher advised them to seek help.

### Ally SDQ –PR – Mother completes the SDQ



### Ally HoNOSCA



### Ally:

CGAS - Now 65

FIHS – No

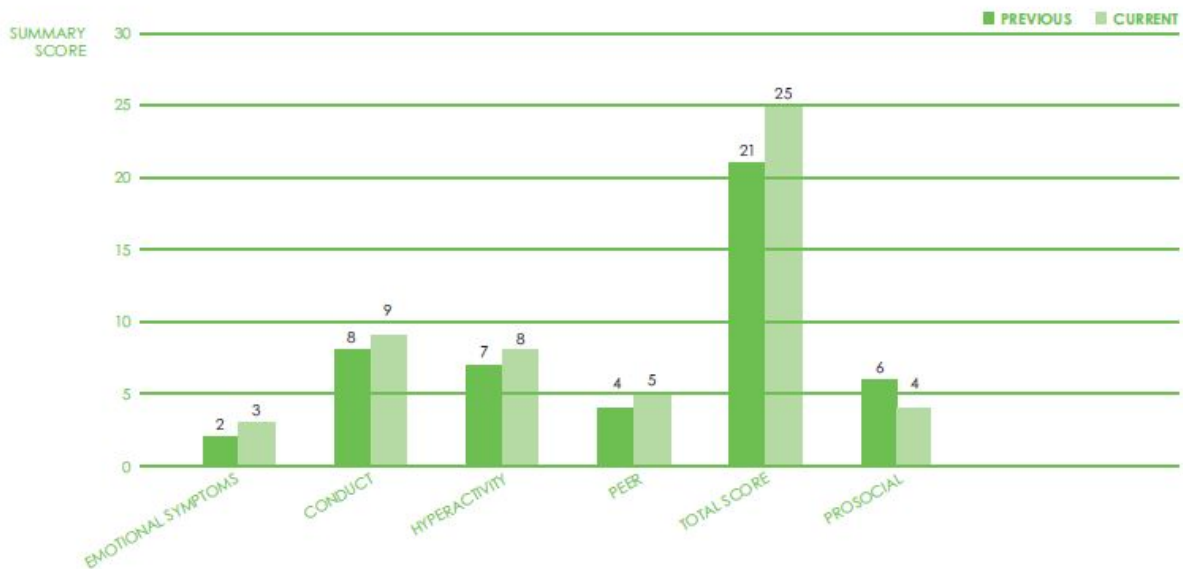
Phase of Care - Assessment only

## Child and Adolescent Vignette 4 – Toby

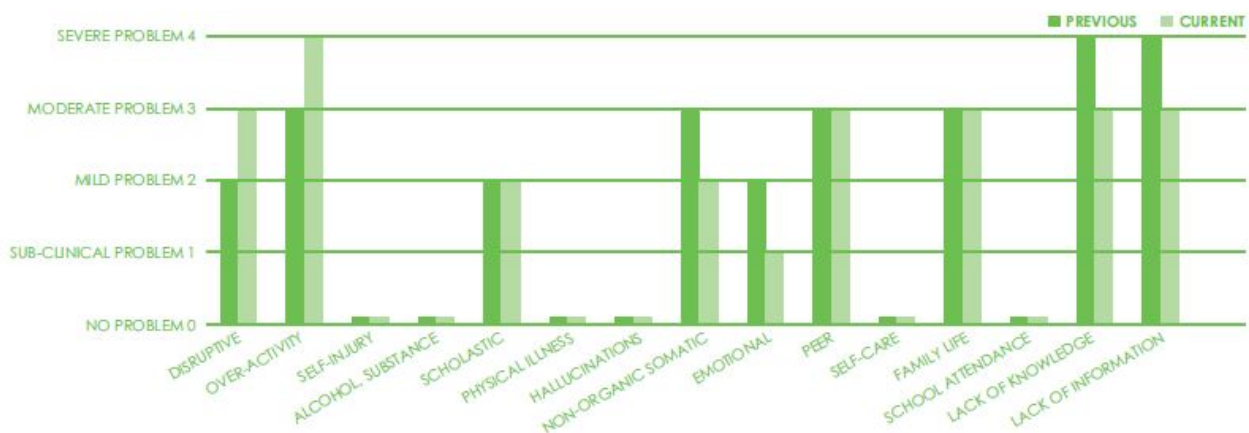
### Second Review

Toby is 8 years old and is very defiant at home and at school. At home he has outbursts of anger, destroys things and appears insensitive to the needs of others. He has severe concentration problems, almost no matter what he is doing, whether it is watching TV or doing schoolwork. He is almost always agitated, often impulsive and quickly gets angry. He has nightmares several times a month. These often wake him and he gets scared that thieves can get into the house and attack or abduct them. He has some reading and writing difficulties, which are worsened by the concentration problems and the impulsivity. Toby lives with his mother who is 27 years old. His mother does not know how to handle him and says she alternates between being strict and punishing, desperate and despondent, or she bribes him with videos and games.

### Toby SDQ- PR Mother completes the SDQ



### Toby HoNOSCA



### Toby:

CGAS - Now 46

CGAS - 3 Months Ago 50

FIHS – Yes, Problems related to primary support group, including family circumstances (problems in relationship with spouse or partner)

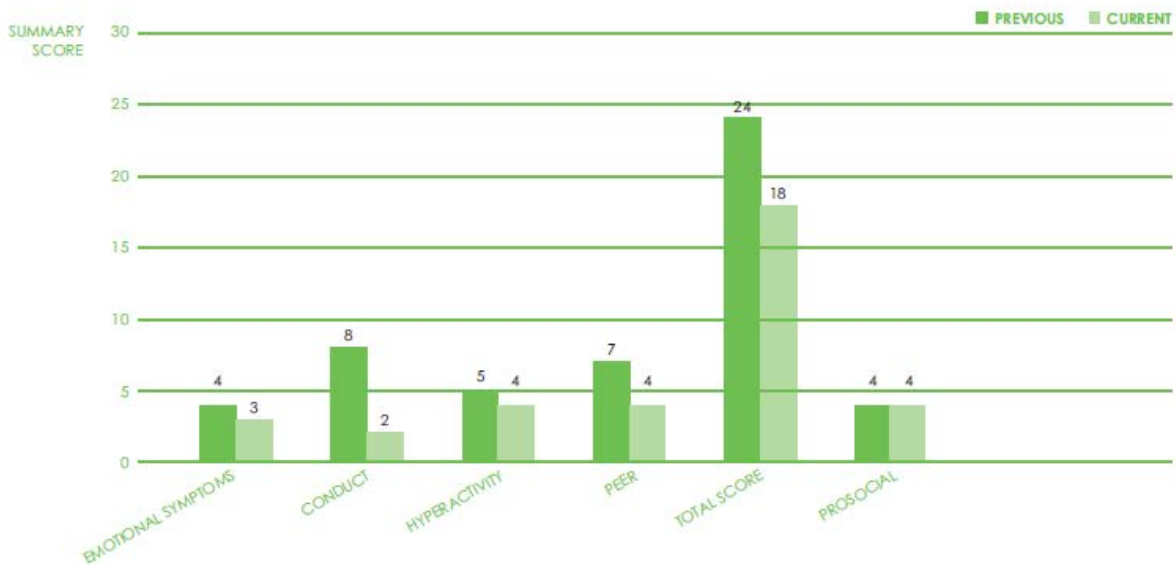
Phase of Care - Acute

## Child and Adolescent Vignette 5 – Maddison

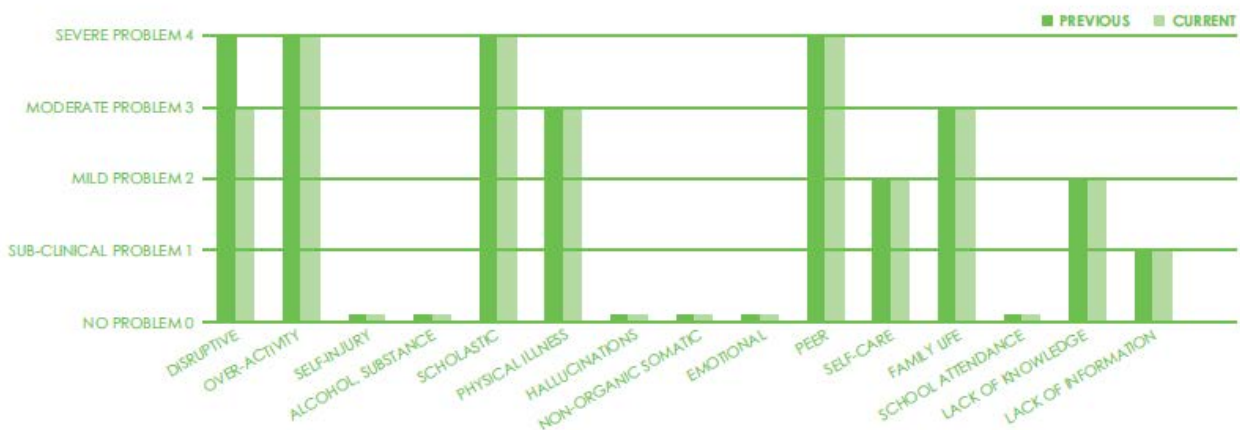
### Second Review

Maddison is 5 years old. She was operated on for a major heart defect during her first year of life and was in the hospital for a long time. She still uses oxygen. She is very active, agitated and impulsive. She is constantly running around, rarely sits still and cannot concentrate for more than a few minutes. She is defiant with her mother, not so much with her father. Her siblings find her difficult because she demands so much and there is so much trouble with her. Other children in the day-care withdraw from her because she hits and scratches instead of talking. She is not particularly anxious. Her general IQ is within the normal range. However, she has substantial language difficulties, which are evident through her vague speech and small vocabulary.

### Maddison SDQ –PR Father completes the SDQ



### Maddison HoNOSCA



### Maddison:

CGAS - Now 40

CGAS - 3 Months Ago 42

FIHS - No

Phase of Care - Acute

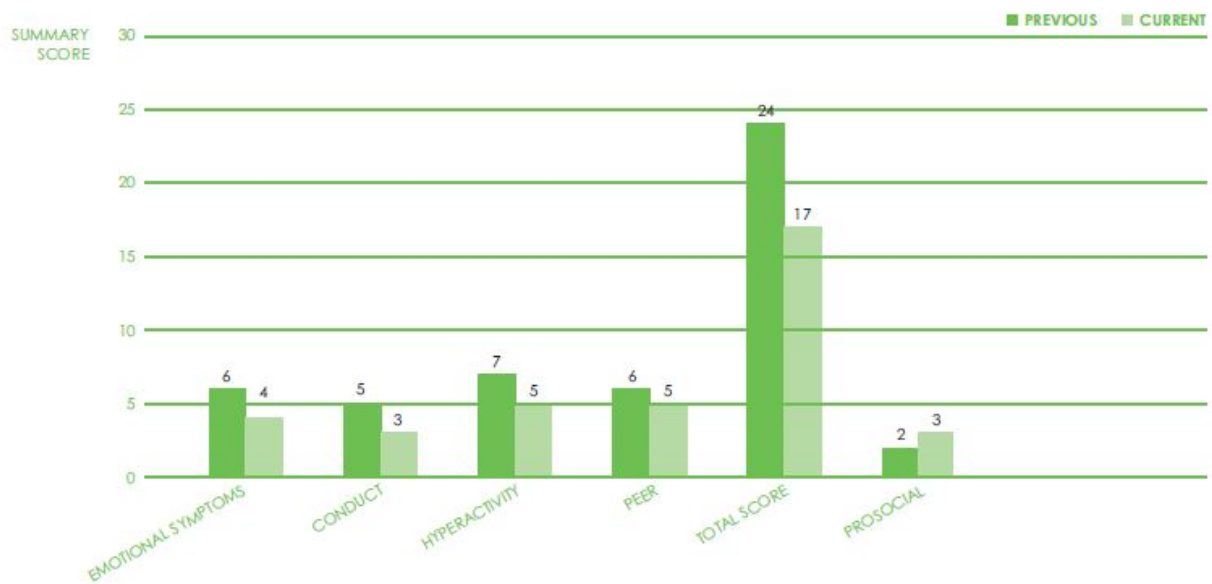


## Child and Adolescent Vignette 6 – Caron

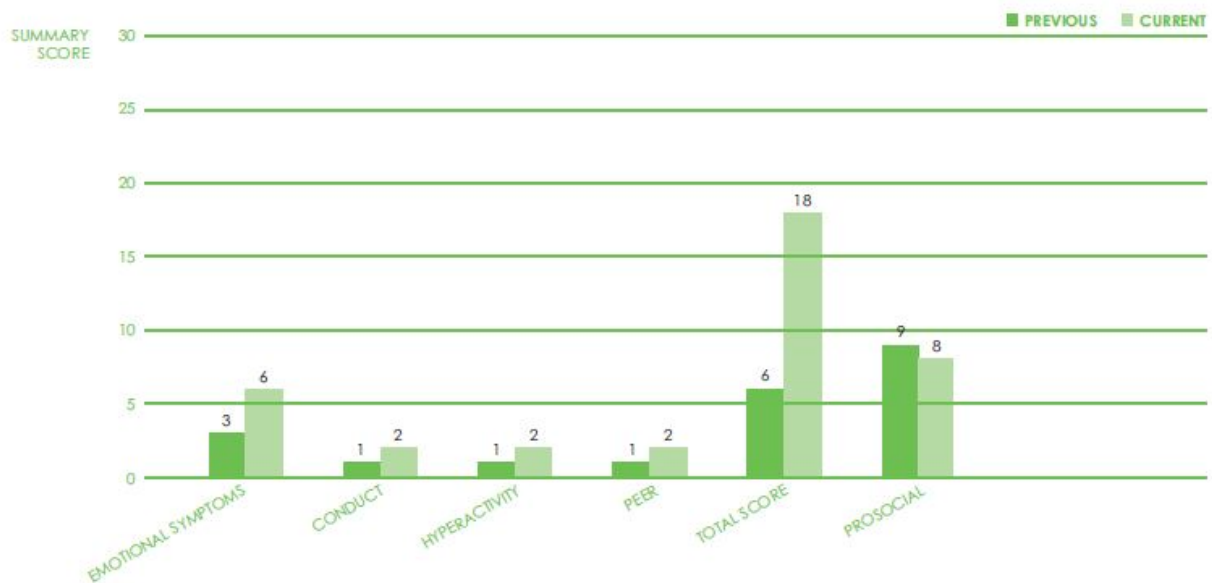
### Second Review

Caron is 13 years old and yesterday she took all of her brother’s allergy tablets. She called her mother right away and told her she had done it to kill herself. The school has reported that her concentration in class is usually poor. She is also restless and disturbs the other pupils. Her school performance has dropped considerably during the past half-year. From doing well at school, she now runs the risk of failing several subjects. She hangs out with a gang that smoke during breaks, but has no best friend. She never spends time with friends after school. Her parents are worried because of Caron’s suicide attempt but they think this will sort itself out if both of them can put aside more time for her.

**Caron SDQ – PR Mother completes the SDQ now and Father Completed the SDQ 3 months ago**

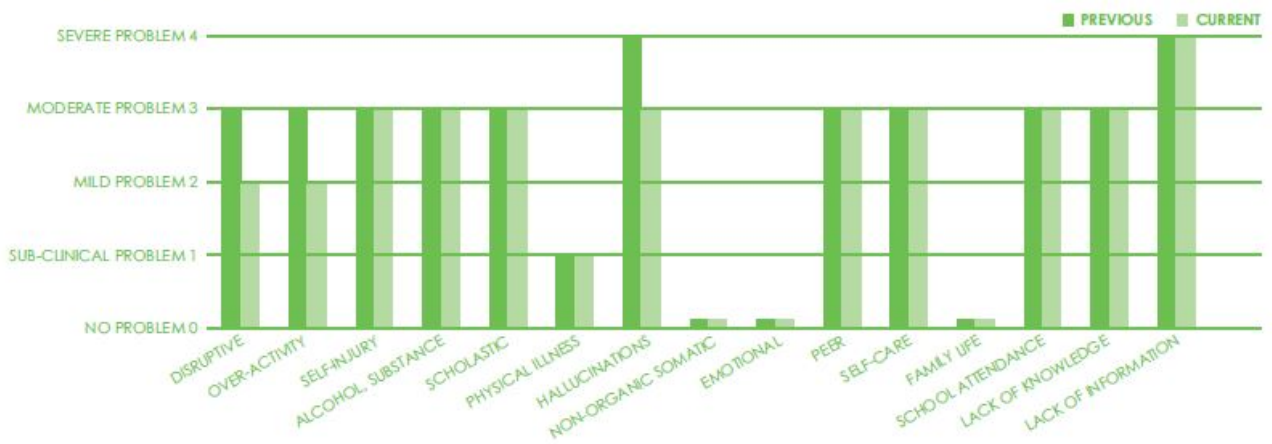


**Caron SDQ – YR – Caron Completes the SDQ**





**HoNOSCA Caron**



**Caron:**

**CGAS** - Now 40

**CGAS** - 3 Months Ago 44

**FIHS** - Yes, Problems related to negative life events in childhood (problems related to alleged sexual abuse of child by person outside primary support group)

**Phase of Care** - Acute

## Video resources

Video used in this training are available on the AMHOCN's site on the Vimeo platform.

These can be accessed via the "Using the NOCC in team reviews and case presentation" showcase on Vimeo: <https://vimeo.com/manage/showcases/10359004/info>

Alternatively:

Video 1: Using the NOCC in team reviews and case presentation – Measures in team reviews is available at: <https://vimeo.com/user187821404/teamreviews01?share=copy>

Video 2: Using the NOCC in team reviews and case presentation – Team discussion is available at: <https://vimeo.com/user187821404/teamreviews02?share=copy>