

# **National Outcomes and Casemix Collection**

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**Child and Adolescent Services –  
Basic Training**



## **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.



# Learning Objectives

- Understanding of the context of the collection of Outcome Measures in Mental Health
- Understanding of the National Outcomes and Casemix Collection Data Collection Protocol and local adaptation
- Development of skills in the completion of the standard measures of Outcome and Casemix



## Use of NOCC information

Stakeholder	Benefits
<b>Consumers</b>	<ul style="list-style-type: none"> <li>• Provides the opportunity to have input into the process of care through active engagement by sharing their perspective</li> <li>• Gives consumers a voice and input into the system to describe issues important to them</li> <li>• Provides information back to the consumer regarding their completion of the measure and change over time</li> <li>• Provides an opportunity for dialogue between clinicians, consumers, carers and families, enabling different perspectives to be represented and discussed</li> </ul>
<b>Carers/Parents</b>	<ul style="list-style-type: none"> <li>• Provides the opportunity to have input into the process of care through sharing their perspective and being actively engaged in the process of care</li> <li>• Gives carers and families a voice and input into the system to describe issues important to them</li> <li>• Provides information back to carers and families regarding measures and progress</li> <li>• Provides an opportunity for dialogue between clinicians, consumers, carers and families, enabling different perspectives to be represented and discussed</li> </ul>
<b>Clinicians</b>	<ul style="list-style-type: none"> <li>• Provides tools to support care planning, goal setting and monitoring change over time</li> <li>• Provides tools that support reflective practice and the evaluation of care</li> </ul>
<b>Service Managers</b>	<ul style="list-style-type: none"> <li>• Provides tools that support service development through the use of information to inform decision-making</li> <li>• Provides information that describes clinician workload</li> <li>• Provides information that can describe variation in groups of consumers presenting to mental health services</li> <li>• Provides information that describes the outcomes of care</li> </ul>
<b>Policy Makers</b>	<ul style="list-style-type: none"> <li>• Provides information that describes the needs of consumers and carers</li> <li>• Provides information that informs policy development</li> </ul>
<b>Funders</b>	<ul style="list-style-type: none"> <li>• Provides information that informs decisions regarding value for money</li> </ul>
<b>Communities</b>	<ul style="list-style-type: none"> <li>• Provides information to support transparency and accountability, highlighting how mental health services operate and where opportunities for quality improvement can occur</li> </ul>
<b>Researchers and Evaluators</b>	<ul style="list-style-type: none"> <li>• Provides information to support both research into, and evaluation of services, with the aim of supporting clinical practice and quality improvement activities</li> </ul>

# Outcomes and Casemix Measures for Children and Adolescents



- Clinician rated
  - Health of the Nation Outcome Scales Child and Adolescent (HoNOS CA)
  - Children's Global Assessment Scale (CGAS)
  - Factors Influencing Health Status (FIHS)
  - Mental Health Phase of Care (MH PoC)
- Consumer self-report (varies across states and territories)
  - Strengths and Difficulties Questionnaire (SDQ)

# The Basic Data Collection Protocol



Standardised measures of consumers' clinical status are collected at three critical occasions during episodes of mental health care:

- **Admission** (to episode of health care)
- **Discharge** (from episode of care)
- And where an episode lasts for more than 91 days, at **Review**

# NOCC - Collection Protocol



Collection Occasion: Child and Adolescent	A	R	D
HoNOSCA	✓	✓	✓
CGAS	✓	✓	×
Consumer completed measure (SDQ) <sup>1</sup>	✓	✓	✓
Factors Influencing Health Status	×	✓	✓
Principal and Additional Diagnosis	×	✓	✓
Phase of Care	✓	✓	×
Mental Health Legal Status	×	✓	✓

Abbreviations and Symbols	
A Admission to mental health care	✓ Collection of data on this occasion is mandatory
R Review of mental health care	×
D Discharge from mental health care	No collection requirements apply

## Notes

<sup>1</sup> The classification of consumer self-report measure as mandatory is intended only to indicate the expectation that consumer's will be invited to complete self-report measure.



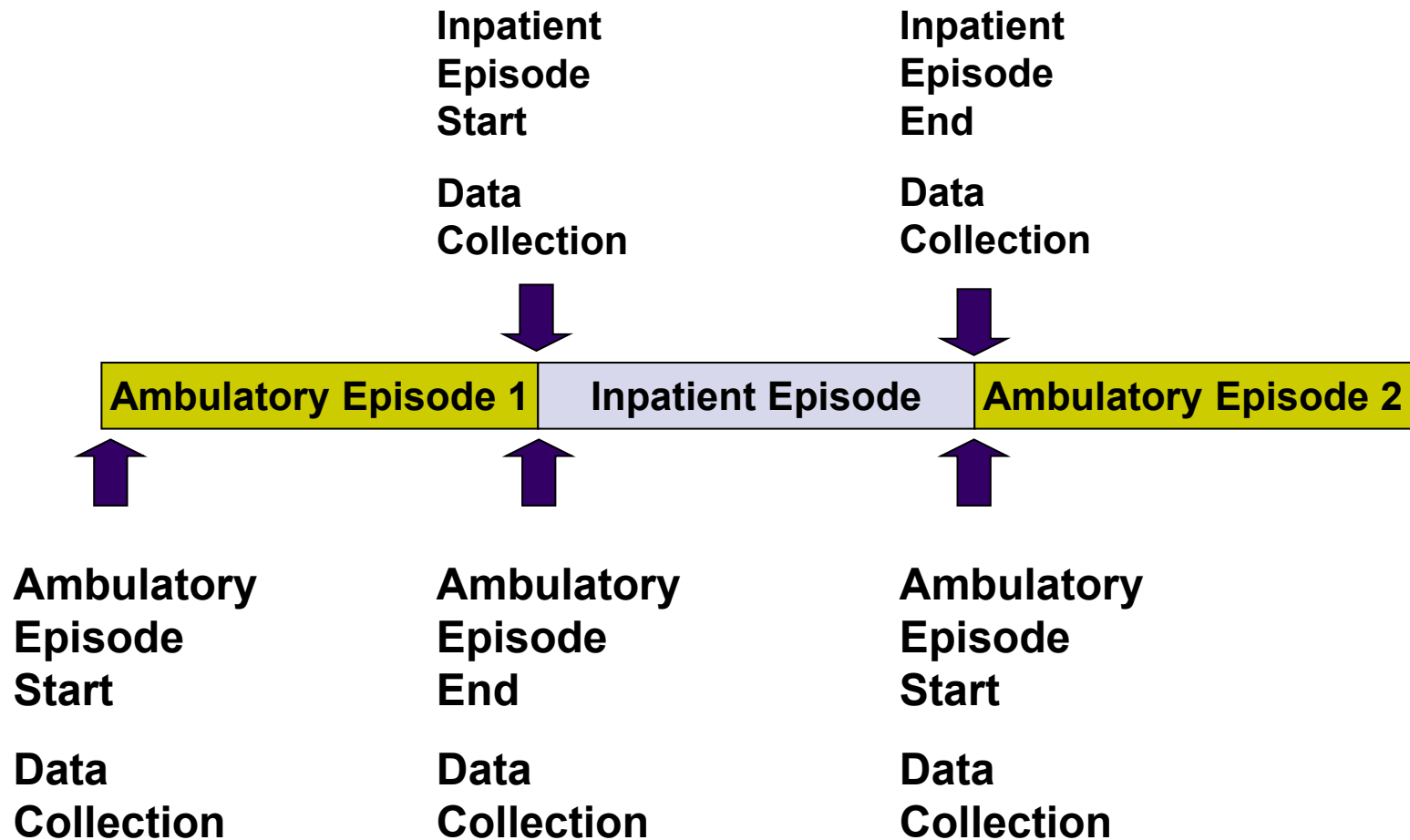
# Episode of Mental Health Care

- Defined as “a more or less continuous period of contact between a consumer and a *Mental Health Service Organisation* that occurs within the one *Mental Health Service Setting*”
- **Mental Health separated into 3 types of service settings:**
  - Inpatient episodes (Overnight admitted)
  - Community Residential episodes (24 hour staffed)
  - Ambulatory episodes
- **Two business rules:**
  - ‘One episode at a time’
  - ‘Change of setting = new episode’
- **Start and end of each episode triggers a collection occasion**
- **Different measures are collected for different age groups**





# The Start and End of Episodes





# Consumer Self Report Measure: When NOT to Offer

- 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-report measure inappropriate



## Offering the Measure

- Why is it important to complete a consumer self rated 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.

# **Health of the Nation Outcome Scales Child and Adolescent**

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# The HoNOSCA: 15 scales



1. Disruptive, antisocial or aggressive behaviour
2. Over-activity, attention or concentration
3. Non-accidental self-injury
4. Alcohol, substance or solvent abuse
5. Scholastic or language skills
6. Physical illness or disability problems
7. Hallucinations or delusions
8. Non-organic somatic symptoms
9. Emotional and related symptoms
10. Peer relationships
11. Self-care and independence
12. Family life and relationships
13. Poor school attendance
14. Lack of knowledge - nature of difficulties
15. Lack of information - services/management

Behaviour

Impairment

Symptoms

Social

Information



# Rating the HoNOSCA

				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.	✗	✗

# HoNOSCA rating rules



- Rate items in order from 1 to 15.
- 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.
- Specific information on how to rate each point on each item is provided in the Glossary.

# Practice Rating the HoNOSCA







# Rating the CGAS

- Rate the child or adolescent's most impaired level of general functioning for the specified time period by selecting the *lowest* level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g. 35, 58, 62).
- Rate actual functioning regardless of treatment or prognosis.
- The examples of behaviour provided are only illustrative and are not required for a particular rating.



- 100-91** Superior functioning in all areas
- 90-81** Good functioning in all areas
- 80-71** No more than slight impairments in functioning
- 70-61** Some difficulty in a single area but generally functioning pretty well
- 60-51** Variable functioning with sporadic difficulties or symptoms in several but not all social areas
- 50-41** Moderate interference in functioning in most social areas or severe impairment of functioning in one area
- 40-31** Major impairment of functioning in several areas and unable to function in one of these areas
- 30-21** Unable to function in almost all areas
- 20-11** Needs considerable supervision
- 10-1** Needs constant supervision

# CGAS - Rule of Thumb



<b>Score</b>	<b>Service Provision</b>
<b>100-70</b>	Primary Health Care Services, General Practitioner, School Counsellors
<b>30 - 69</b>	Specialist Mental Health Services, Ambulatory Mental Health Care
<b>1 - 29</b>	Specialists inpatient services or equivalent level of dependency

# Factors Influencing Health Status (FIHS)



- Maltreatment syndromes
- Problems related to negative life events in childhood
- Problems related to upbringing
- Problems related to primary support group, including family circumstances
- Problems related to social environment
- Problems related to other psychosocial circumstances



# Mental Health Phase of Care

## 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

Assessment Only 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.

**Note: Assessment only** has been removed as a *mental health phase of care* and redefined as an administrative data item. How this is captured within information systems will vary across states and territories.



# Diagnosis

- Principal Diagnosis
  - The Principal Diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient or client's care during the preceding *Period of Care*.
- Additional Diagnoses
  - Identify main secondary diagnoses that affected the person'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.



# 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*



More information about the National Outcomes and Casemix Collection, including national reporting of the data collected, can be found on the AMHOCN website:

<https://www.amhocn.org/>

The screenshot shows the AMHOCN website homepage. The header is a dark blue navigation bar with a home icon, the text 'AMHOCN', and four main menu items: 'NOCC COLLECTION', 'NOCC REPORTING', 'TRAINING AND SERVICE DEVELOPMENT', and 'RESOURCES'. A search icon is on the right. The main banner has a green-to-orange gradient background with the title 'Australian Mental Health Outcomes and Classification Network' and the tagline 'Sharing information to improve outcomes'. Below the banner are three white boxes with icons and labels: 'Online Training' (person at computer), 'Reports Portal' (person with checkmark), and 'Web Decision Support Tool' (bar chart). At the bottom, there are tabs for 'NEWS' and 'EVENTS'. Under 'EVENTS', three event cards are shown: '11 SEPTEMBER' with a person at a laptop, '29 JULY' with a video conference grid, and '21 JUNE' with a laptop displaying 'NOCC Technical Specifications Ver 2.00'.

AMHOCN NOCC COLLECTION NOCC REPORTING TRAINING AND SERVICE DEVELOPMENT RESOURCES

## Australian Mental Health Outcomes and Classification Network

Sharing information to improve outcomes

Online Training Reports Portal Web Decision Support Tool

NEWS EVENTS

11 SEPTEMBER 29 JULY 21 JUNE

NOCC Technical Specifications Ver 2.00