AMHOCN

NOCC Rater and Clinical Utility Training

Child and Adolescent Services

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.

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.

HoNOSCA revision

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- 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

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

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

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. *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.	✗	✗

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

HoNOSCA rating rules

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- Rate each item in order from 1 to 15
- 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

Activity - Rate the HoNOSCA

- Read the vignette
- Watch video
- Rate HoNOSCA - refer to the glossary!

Feedback on rating

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

CGAS Rating Rules

- 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.

CGAS

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

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

FIHS

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- 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

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Acute	Functional Gain	Intensive Extended	Consolidating Gain	Assessment Only
Acute: The primary goal 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 is to improve personal, social or occupational functioning or promote psychosocial adaptation in a consumer with impairment arising from a psychiatric disorder.	**Intensive Extended:** The primary goal is prevention or minimisation of further deterioration, and reduction of risk of harm in a consumer 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 is to maintain the level of functioning, or improving functioning during a period of recovery, minimise deterioration or prevent relapse where the consumer has stabilised and functions relatively independently. Consolidating gain may also be known as maintenance.	**Assessment Only:** The primary goal 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).

Diagnosis

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- 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.

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 Strengths and Difficulties Questionnaire (SDQ)

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The SDQ:

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

The SDQ – Consumer Questions

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Consumers and carers might ask:

- 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?
- What about privacy and confidentiality of the information?

When Not to Offer the SDQ

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- 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

Offering and discussing the SDQ - Activity

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

Making Sense of the Numbers

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

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?

Understanding variation in teams

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- 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?

- 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/