Measuring recovery in Australian specialised mental health services: a status report

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A report produced for the Australian Health Ministers Advisory Council's Mental Health Drug and Alcohol Principal Committee (MHDAPC) by the Mental Health Information Strategy Standing Committee (MHISSC)

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INTRODUCTION AND AIM

This report has been prepared by the Mental Health Information Strategy Standing Committee (MHISSC), a subcommittee of the Australian Mental Health Minister's Advisory Council (AHMAC). The committee comprises people and agencies involved in planning, funding, delivering and using Australian mental health services. The paper aims to:

i. Summarise the capacity of Australia's specialised mental health clinical and support services to measure and report on recovery.
ii. Identify gaps in the measurement of recovery that should guide future information development within Australia's mental health service sector.

Specialised mental health services are only one possible contributor to the recovery journey for people with mental health problems and mental illness. Many other aspects of community and social functioning, and many other government services and programs, may be of equal or greater importance. Since MHISSC's role is mainly focussed specialised mental health clinical and support services funded or provided by Commonwealth, State and Territory governments, this paper explores the measurement of recovery in those services. Therefore, although related social support services are acknowledged as being an important aspect of recovery, it is beyond the scope of this paper to examine the measurement of recovery orientation of government services outside the health sector (such as housing or welfare services), or the measurement of mental health, wellbeing or social capital in the broader Australian population. Future work could be undertaken to address these issues. In addition, this paper focuses on measurement and reporting at a national level and has not fully examined measures or indicators implemented within individual states/territories or local services.

BACKGROUND

Over the last decade, recovery has become a focus of mental health reform in many English-speaking countries [1-4]. Recent Australian mental health plans and policies reflect this priority. The *National Mental Health Policy* [5] aimed to *"promote recovery from mental health problems and mental illness"* (p7). The first priority area of the *Fourth National Mental Health Plan* [6] was "*social inclusion and recovery*", and the plan included a range of actions targeting community understanding, stigma, education and employment opportunities, integration with non-health services and change towards greater recovery orientation within health services. The *National Standards for Mental Health Services 2010* [7] introduced a focus on supporting recovery (Section 10.1), with ten specific standards addressing issues such as respect, dignity, individuality, autonomy, social connectedness and participation. The *National Practice Standards for the Mental Health Workforce* [8] prioritised these issues (Standard 2: Working with people, families and carers in recovery focused ways). These culminated in Australia's national recovery framework [9, 10] which calls on Australian mental health services to "[put] people with a lived experience at the heart of everything we do and offer consistently high-quality care that has long-term positive impacts on people's lives" (p iii).

Health system reforms require data in order to support and measure progress. The concept of "recovery" in mental health is broad and complex, and creates a challenge for data development and measurement. Most definitions of recovery emphasise that it is a process rather than a state or end-point [4, 10, 11]. For example, the *National framework for recovery-orientated mental health services* [10] defines recovery as the process of *"being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues"*. Concepts of life purpose, wellbeing and quality of life also overlap with the concept of recovery. The recovery process is not an absence of symptoms, but reflects the individual's ongoing participation in the universal human effort towards a better and contributing life [10, 12].

Therefore, the range of service changes required to support an individual's recovery is broad. Recovery-oriented mental health services should recognise the skills and capacities of people with mental health issues, promote hope and possibility, work collaboratively, encourage self-determination and self-management, work with families and carers, consider social interventions and outcomes, minimise coercion, and maximise respect. Developing data collections and indicators to support recovery-related mental health reforms is therefore a complex task. These issues cannot be captured by a single measure.

METHODS

This paper provides a narrative synthesis of recovery measurement issues, based on selective literature review and consultation with the MHISSC member organisations. Regardless of the focus, effective measurement and reporting within health services typically involves a developmental sequence that progresses through:

i. clarification of the definitions and scope of issues being measured,
ii. the development of measurement tools and data items and,
iii. the specification and construction of indicators which can form the basis of reporting (Figure 1).

The structure of the current work follows this sequence.

Figure 1: The measurement and reporting process.

1: Identify relevant frameworks.

Because of the breadth and complexity of the recovery concept in mental health, the paper starts by identifying possible frameworks that might assist in focusing and structuring a meaningful measurement approach. Relevant Australian and international frameworks were identified that could assist with (i) defining specific measurable issues or domains that fall within the broader concept of recovery in mental health and (ii) defining a practical boundary between the recovery concept and other issues, to limit and focus on measures that are applicable to services within the scope of the report.

2: Summarise available data sources and tools.

There are a variety of potential sources of data for measuring mental health recovery . First, recovery-related data items were identified in current national mental health collections, or in measures currently being developed and implemented in Australian mental health services. Second, specific tools aimed at the measurement of the recovery orientation of services or the individual recovery process and which are currently being used in Australian mental health services or have the potential for routine use were examined. This work was largely based on a systematic review of this issue conducted in 2010 by the Australian Mental Health Outcomes and Classification Network (AMHOCN)[13] , updating that review by describing selected measures that have been published since that time.

3: Examination of recovery-related key performance indicators.

Key Performance Indicator (KPI) sets in use or in development that report on Australian mental health services were reviewed, and individual KPIs that appeared to measure a relevant recovery domain were identified. For each of these potential indicators a number of attributes were described including:

i. the availability of data,
ii. the specification status of the indicator,
iii. the scope of coverage of mental health services included in the indicator specification and,
iv. the reporting status of the indicator.

FINDINGS

1: Frameworks: what aspects of 'recovery' should be measured?

Four broad issues regarding the recovery concept are important when considering the question of what should be measured.

First it is important to distinguish between two concepts that are sometimes blurred:

i. the individual's personal recovery process, and
ii. the recovery orientation of mental health services.

The process by which a person works towards recovery is specific to the individual. The recovery orientation of mental health services is the capacity of a service or system to provide care that supports an individual's personal recovery process. Recovery orientation of services can therefore be seen as an input or process, rather than goal in itself, that is, the service model to supports or enables an individual's recovery, which in turn impacts on an individual's recovery outcome. As in many other areas of health reform, both process and outcome indicators may be relevant to measurement and monitoring,

Second, personal recovery and the recovery orientation of services are not one-dimensional constructs. It is possible to identify different domains of recovery. A recent systematic review and synthesis [12] proposed five core domains of personal mental health recovery: connectedness; hope and optimism; identity; meaning in life; and empowerment. Specific domains such as these may be easier to define and measure than a broad unified concept of personal recovery. The recovery orientation of mental health services is also not one-dimensional construct. The *National framework for recovery-orientated mental health services* [10] identified five domains of recovery-oriented care (see Annex 1). Other frameworks have devised different domains, for example Victoria's recovery framework describes nine domains, including a focus on strengths, reflection and learning [14].

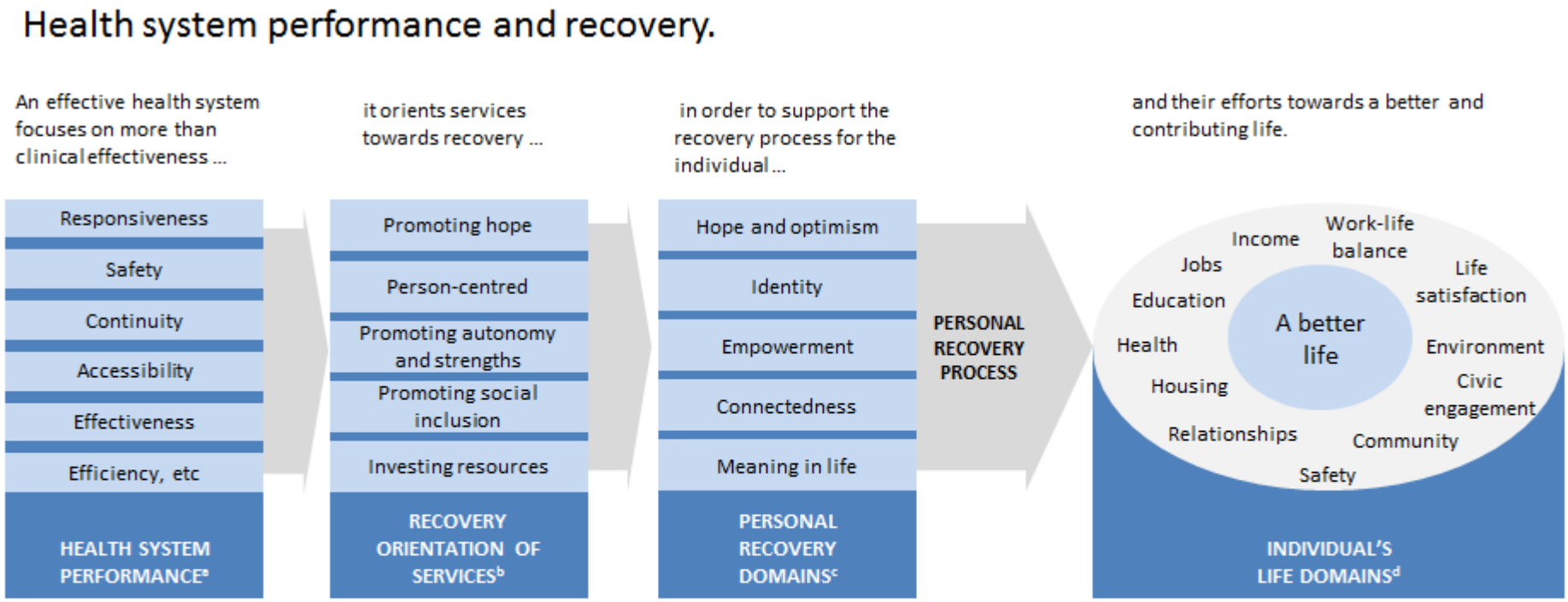
Third, there is a complex boundary between the recovery process for the individual and broader concepts of social participation, social capital, quality of life and wellbeing. A goal of personal recovery is greater participation in personal and community life in a way that is consistent with the individual's own values, circumstances and choices. Therefore health services are only one small contributor to personal recovery and act alongside many other social, economic and environmental factors. The OECD's Well-being conceptual framework [15] provides a possible framework for the broader range of personal, social and environmental domains which may be relevant to personal recovery. The Contributing Life Framework of Australia's National Mental Health Commission [16] includes similar concepts within its five domains. These frameworks highlight that the goals of personal recovery are shared human goals. While these concepts are essential to the overall concept of recovery, they were considered to be too broad to guide the measurement of recovery orientation of specialised mental health services or the recovery outcomes for people in contact with specialised mental health services.

Fourth, there is a relationship between the recovery orientation of mental health services and broader aspects of health system performance. The measurement of health service performance in Australia is usually guided by the National Mental Health Performance Framework (NMHPF). Many aspects of that framework are relevant to measuring recovery: the framework includes "Tier 1" measures of population health status such as wellbeing, and "Tier 2" measures of health determinants such as social attitudes and inclusiveness, social capital, stigma, employment opportunities and disadvantage. "Tier 3" indicators of health system performance include indicators relevant to the recovery concept in domains such as appropriateness, safety and responsiveness. More broadly, all of the frameworks' domains could be seen as having some relevance to the capacity of services to support recovery: a poor quality service, one which is inaccessible, inefficient, unresponsive or ineffective is unlikely to be able to support its staff in providing recovery oriented services and in supporting individual recovery. However, these domains may not provide a useful approach to facilitate the assessment of the recovery-orientation of specialised mental health services.

Figure 2 outlines one possible approach that brings together these issues. Broad aspects of health service and system performance (responsiveness, safety, effectiveness etc) provide a backdrop, but do not provide sufficient basis for measuring recovery-oriented reforms. They need to be supplemented by specific set of measures that assess the recovery orientation of services. Services support the process of recovery for the individual, which should also be measured against an agreed set of personal recovery domains. The process of personal recovery supports the individual's efforts towards a better and contributing life, which is influenced by (and contributes to) a wide range of other social, economic and environmental factors. Broader domains of social capital and population wellbeing are critical for public policy, but are unlikely to provide a specific measure of the effectiveness of health services or health system reform because health services are only a small contributor to these issues at both individual and population levels.

The analysis of measures, data sources and KPI's presented in this paper uses the five domains of service orientation proposed by the National framework for recovery-orientated mental health services (Australian Health Ministers Advisory Council, 2013b), and the five domains of personal recovery proposed by Leamy [12] to assess the status of recovery measurement. However, there are many alternative ways of defining these domains and future work may modify or supplement this approach.

Figure 2: Proposed framework for measuring recovery in specialist mental health services



Framework references:

a Australian Health Performance Framework - Tier 3 only
b National framework for recovery-oriented mental health services
c from Leamy et.al., 2011
d adapted from OECD Well-being conceptual framework

2: Measures of recovery: what data sources and tools are available?

Australia has made significant recent investments in data development relevant to measuring recovery. A number of these investments are now close to realisation, and add to a range of other available data sources. These data sources are summarised in Table 1. Because many items may map to several domains, this section is organised according to the data source rather than according to specific domains of service orientation or individual recovery.

Table 1: Current and emerging data sources relevant to measuring recovery

Source data	Recovery-related data item	Recovery orientation of services domain	Recovery domain or processes	Comment
CURRENT DATA SOURCES				
Mental Health Establishments NMDS	Number of paid consumer and carer workers*	Investing resources, promoting strengths	Empowerment	State/territory services only
	Consumer and carer participation arrangements	Investing resources	Empowerment	State/territory services only
	Consumer committee representation arrangements	Investing resources	Empowerment	State/territory services only
APMHC and CMHC NMDSs	Number of voluntary admissions/service contacts	Promoting strengths	Empowerment	State/territory services only
Seclusion and restraint collection	Reducing rates of seclusion* and restraint	. .	Empowerment	State/territory services only
National Outcomes and Casemix Collection (NOCC)	HoNOS measures	. .	Connectedness	State/territory services only
National Health Survey and the General Social Survey	Participation in work, study and social activity	Action on social inclusion	Connectedness, meaning in life	Population survey, self-identified mental health problems
EMERGING DATA SOURCES				
Your Experience of Service (YES) questionnaire**	Impact on hope and wellbeing	Promoting hope	Hope and optimism, meaning in life	Questions 23 and 25**
	Optimism of staff	Promoting hope	Hope and optimism	Q5; “Staff showed hopefulness in your future”
	Respect for individuality	Person-centred and holistic	Empowerment	Q6; “Your individuality and values were respected”
	Involvement in planning and decisions	Person-centred and holistic	Empowerment	Questions 12, 17 and 21**
	Access to peer support	Supporting personal recovery	Connectedness	Q20; “Access to peer support”
Living in the Community Questionnaire	Feeling part of a group or community	Action on social inclusion	Connectedness	Questionnaire in final stages of testing
	Amount and balance of work, study and social participation	Action on social inclusion	Connectedness, meaning in life	
	Control over own life , capacity to have say with services and communities,	Promoting autonomy	Empowerment	
	Hopefulness, happiness, ability to achieve	Promoting hope, Person centred	Hope and optimism, meaning in life	
Carer Experience Questionnaire	Recognition of carers by services	Investing resources	Connectedness	Generalised topics only – anticipated that the final questions will cover these areas. Further expansion will be explored once the survey instrument has been finalised.
	Involvement of carers in care delivery and care plans	Person-centred, Supporting personal recovery	Connectedness, Empowerment	
	Responsiveness of services to carers	Promoting hope, Person-centred, Investing resources	Connectedness, Hope and optimism	
MBS-PBS-Census linked data	Proportion of consumers in employment or training	Action on social inclusion	Meaning in life	MBS-PBS-Census linked data; data is limited to MBS services only.
	Proportion of consumers with adequate income	Action on social inclusion	Meaning in life	MBS-PBS-Census linked data; data is limited to MBS services only.

* Data sources already providing data for indicators examined in part 3.

** YES questions: Q12; “You were listened to in all aspects of your care and treatment”. Q17; “You had opportunities for your family and carers to be involved in your treatment and care if you wanted. Q21; “Development of a care plan that considered all of your needs”. Q23; “The effect the service had on your hopefulness for the future. Q25; “The effect the service had on your overall well-being”

Several national data collections currently include recovery-related items. The National Minimum Dataset for Mental Health Establishments (MHE-NMDS), which is limited to state and territory mental health services, collects annual data on the number of paid consumer and carer workers, mapping to domains of investing resources and promoting strengths (service recovery-orientation) or empowerment (personal recovery). The MHE NMDS also includes a range of items on consumer and carer participation arrangements in place within each mental health service organisation and on consumer committee representation arrangements. Two patient activity datasets, the Admitted patient mental health care (APMHC) NMDS and the Community mental health care (CMHC) NMDS, collect information on the voluntary status of patients. These could all be used to provide commentary on aspect of recovery for the empowerment (personal recovery) domain. Australian mental health services have implemented a national annual collection of seclusion and restraint data, supported by the development an agreed national data standard, the Seclusion and Restraint Data Set Specification (http://meteor.aihw.gov.au/content/index.phtml/itemId/558137). Minimising coercive care is one component of recovery-oriented service change aimed at reducing trauma and increasing personal empowerment and hope. Some routinely used outcome measures have been used to provide indirect measures of some recovery-related concepts, for example, the Health of the Nation Outcome Scale (HoNOS) includes questions on accommodation stability and relationships [17]. These have been explored for possible use in constructing national indicators on these issues.

Several national surveys and collections include data on aspects of social participation for people with self-identified mental health problems. For example, the National Health Survey (http://www.abs.gov.au/ausstats/abs@.nsf/mf/4363.0.55.001) identifies individuals with self-reported mental health problems of 6 months duration or longer, and measures rates of participation in education and employment for those people and for the broader population. This data has been used for the construction of population level indicators, but cannot be used to measure the reform progress of mental health services. The General Social Survey (http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4159.0) collects information about social participation, but is also limited in its capacity to provide data on mental health service reform or the personal recovery experience of people in contact with mental health services.

Australia has recently completed the development of a national measure of consumer experience of mental health services, the Your Experience of Service (YES) questionnaire [18]. This project has built on work undertaken to implement routine consumer experience measurement in several Australian states and territories and in Australian private hospitals. The YES questionnaire was developed in partnership with consumers and following extensive consumer consultation and field testing. It was designed to align with the recovery elements of the National Standards for Mental Health Services [7] and includes many questions aligned to specific domains of service recovery orientation or personal recovery. Several Australian states and territories plan to implement YES in 2015. The questionnaire is currently undergoing further modifications to improve its suitability for NGO/CMO services.

Development work is also nearing completion for a measure of social participation suitable for national implementation, the Living in Community Questionnaire (LCQ) [19]. This is a consumer-rated measure covering aspects of recent personal and social functioning such as work, study, social activities, volunteering and unpaid work, living situation, self-expression and overall happiness and hopefulness. The measure builds on elements of the NSW Activity and Participation Questionnaire (APQ-6) [20]. It has undergone extensive consultation, field testing and psychometric testing, and is expected to be released for possible implementation in early 2015.

The development of a measure of Carer experience of service provision is nearing completion. Trials of the instrument have commenced, aimed at providing the capacity to understand the provision of service from the perspective of carers, in particular, the recognition of carers by services and support of their role in the individual recovery process. Based on the draft instrument mapping to a number of domains is anticipated,

as shown in Table 1. Further exploration of the instrument will be required to determine how results can be used to measure aspects of the recovery agenda.

The Australian Bureau of Statistics and National Mental Health Commission have recently undertaken pilot work to link data from the Australian Census, the Medical Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS). This work has already published data on employment status and education level. Given this precedent, it is possible that there is further scope to develop data on housing and social measures for people who are accessing commonwealth-funded mental health services.

In addition to the specific recovery-related data items above, there have been a wide range of tools developed which aim to broadly measure mental health recovery, either focusing on individual recovery or the recovery orientation of services. None are in routine use at a state or national level in Australia. In 2010, MHISSC commissioned the Australian Mental Health Outcomes and Classification Network (AMHOCN) to conduct a review of such measures and to identify their applicability in the Australian setting [13, 21]. The review identified 33 possible instruments; 22 were designed to assess individual recovery and 11 assessed the recovery orientation of services. Suitability for use in the Australian context was measured through criteria including specificity to recovery domains, brevity, feasibility, robustness of testing and review, acceptability to consumers and appropriateness to the Australian service context. The review identified four measures of personal recovery and four that assessed the recovery-orientation of services that were potential candidates for adoption by Australian mental health services (Table 2).

Table 2: Recovery measures suitable for routine use by Australian mental Health Services, 2010.
(Reproduced with permission from [13])

Focus of measurement	Tool
Individual recovery	Recovery Assessment Scale (RAS) [22] Illness Management and Recovery (IMR) Scales [23] Stages of Recovery Instrument (STORI) [24] Recovery Process Inventory (RPI) [25]
Recovery orientation of services	Recovery Oriented Systems Indicators Measure (ROSI) [26] Recovery Self Assessment (RSA) [27] Recovery Oriented Practices Index (ROPI) [28] Recovery Promotion Fidelity Scale (RPFS) [29]

Several new recovery-oriented measures have been developed since that review, including within Australia. For example, the Recovery Orientated Service Self-Assessment Toolkit (ROSSAT) [30] is designed to help non-government and community-managed services and individual workers reflect on their degree of mental health recovery orientation and guide changes in services and individual practice. The ROSSAT is cross-referenced to the Australian National Mental Health Standards relevant to recovery. The Individual Recovery Outcomes Counter (i.ROC) [31] has been developed in Scotland and is designed to measure consumer perceptions of their current status with respect to issues including physical and mental health, life skills, safety, social networks, purpose, control and hope for the future.

The measures described in this section provide possible sources of data for measuring reform in Australian health services. However, as illustrated in Figure 1, the identification of data sources is only part of the reporting process; these data sources need to be used to construct indicators which can be routinely reported. These issues are explored in the following section.

3: Key Performance Indicators: what measures can be used to compare services?

The specification and construction of standardised Mental Health Key Performance Indicators (KPIs) is necessary before the specific tools and data items reviewed above can be used to compare services or monitor change over time. There are a range of current indicator sets that measure aspects of the mental health system. Some existing indicators utilise data from the sources identified in section 2 above. However this section also includes some indicators which have been partly specified in advance of a identified and developed data source. These have been included here because they may assist in identifying gaps for future data development.

From existing Australian national mental health indicator sets, a total of 18 recovery-related Mental Health KPIs were identified (Table 3). These included 11 indicators currently in production, 2 indicators that have been specified but have data sources which are still being developed, and 5 indicators which have been proposed and specified but do not currently have an identifiable data source. Some indicators are currently reported only by a subset of services. For example, the ACHS indicators are based upon 'opt-in' data that is not sourced from jurisdictionally collated data sets; therefore, service coverage may not be as diverse as those based on nationally agreed data sets.

Table 3: Recovery-related performance indicators in current Australian indicator sets

Recovery orientation of services domain	Recovery domain or processes	Indicator	Indicator set
RECOVERY INDICATORS WITH DATA SOURCE, KPI SPECIFIED AND DATA PUBLISHED			
Person-centred and holistic	Empowerment	Outcome readiness; per cent of episodes with completed consumer outcome measures (clinician rated measures)	RoGS, MHS KPI
Person-centred and holistic	Empowerment	Consumer outcomes participation (completed consumer self-assessments)	MHS KPI
Investing resources	. .	Proportion of services reaching threshold standards of accreditation under the National Mental Health Service Standards	4NMHP, RoGS, MHS KPI
Investing resources	. .	Community mental health expenditure as per cent of total MH expenditure (Service provided in the appropriate setting)	RoGS
Investing resources	. .	Proportion of total mental health workforce accounted for by consumer and carer workers	4NMHP, RoGS
Promoting autonomy and strengths	. .	Reduction in use/Rate of seclusion	RoGS, MHS KPI
Promoting social inclusion	Connectedness	Percentage of mental health consumers living in stable housing	4NMHP
Promoting autonomy and strengths	Empowerment	Completed care plans made and reviewed	ACHS
Promoting autonomy and strengths	Empowerment	Number of voluntary admissions	ACHS
Person-centred and holistic	. .	Admission in first year of treatment	ACHS
Person-centred and holistic	Connectedness	Carer involvement in care plan development	ACHS
DATA SOURCE IN DEVELOPMENT, KPI PARTIALLY SPECIFIED			
Person-centred and holistic	Empowerment	Proportion of consumers and carers with positive experiences of service delivery	4NMHP, ROGS, Roadmap/ERG
Investing resources	. .	The proportion of mental health related support services employing peer workers in meaningful roles	Roadmap/ERG
NO DATA SOURCE IDENTIFIED, KPI PARTIALLY SPECIFIED			
Promoting social inclusion	Connectedness	Proportion of specialist mental health sector consumers with nominated GP	4NMHP, RoGS
Promoting social inclusion	Connectedness	Proportion of people with mental illness, exiting the justice system, who have a recovery plan; which includes housing, support and employment plans	Roadmap/ERG
Person-centred and holistic	Empowerment	Proportion of recovery-focussed plans developed with consumers and carers; which promote choice, personal control, describe follow-up plans and continuity of care	Roadmap/ERG
Person-centred and holistic	Connectedness	Proportion of ED presentations for attempted suicide where a recovery-focussed discharge plan is developed	Roadmap/ERG
Investing resources	. .	Proportion of services publicly reporting performance data	4NMHP

The 11 KPIs currently published vary in the recovery dimensions that they address (see Table 3). While they provide reasonably balanced coverage of service recovery orientation domains, they are more difficult to map to personal recovery domains. Four can be seen as relating to the *Empowerment* domain and a further two can be mapped to the *Connectedness* domain. No current indicators appear to map to the domains of *Hope and Optimism*, *Identity* or *Meaning in Life*. However, measures such as YES or LCQ which are currently, or will shortly be, implemented, provide data sources on these aspects of recovery, and allow for the specification and construction of KPIs on these issues. KPIs also differ as to the service sectors or types of provider included.

Table 4: Recovery-orientated indicators mapped against the recovery domains.

Service recovery orientation domains		Personal recovery domains	
Domain	Number of indicators	Domain	Number of indicators
Promoting hope	0	Hope and optimism	0
Person-centred	4	Identity	0
Promoting autonomy	3	Empowerment	4
Promoting social inclusion	1	Connectedness	2
Investing resources	3	Meaning in life	0
No obvious domain match	0	*No obvious domain match*	5

Indicators can also be mapped according to the service sectors included in the indicator specification (Table 5). Most recovery related indicators are limited in scope to mental health services provided directly by state/territory governments or by Private hospitals, due to the availability of data sources for those sectors. Currently few KPIs are reported for recovery-related issues in CMO/NGO services contracted by Commonwealth or state/territory governments, Medicare funded primary or specialist mental health care (GP mental health care, private psychiatry, Better Access etc.) or Commonwealth-funded services such as headspace, Partners in Recovery (PIR) or Personal Helpers and Mentors (PHAMS).

Table 5: Recovery-orientated indicators mapped against service sector.

Service sector analysis	
Service sector	Number of indicators
State/Territory mental health service	12
State/Territory NGO contracted	1
Aust government primary care	0
Aust government specialist Medicare	0
Aust government NGO contracted	0
Private hospital services	6

CONCLUSIONS

Australia's mental health services are undergoing reform to deliver a more recovery-oriented model of mental health care and to support individuals in their personal mental health recovery process. We are at an important stage of this reform: there is an increasing consensus on the case for change and the directions needed however there is still a significant gap between that consensus and the experience of consumers and families. In order to maintain the pressure for change and to identify issues or services where progress is being made or where things are lagging behind, good data is imperative. This paper has aimed to summarise the frameworks, data sources and indicators that might be helpful in measuring and supporting this reform.

The recovery concept is broad, and its boundaries with other important issues are indistinct. The two related and critical views of mental health recovery which should continue to form the focus for measurement are:

i. the individual mental health recovery process and,
ii. the recovery orientation of mental health services.

Broader issues of health service performance (including clinical effectiveness) and broader domains of personal and community life are critically related to recovery, but are too broad to form a basis for measuring the progress of reform within the mental health service system.

Both mental health service recovery orientation and personal mental health recovery have multiple dimensions. Like "quality" or "safety", they may be seen as higher order concepts that are difficult to measure directly. Therefore a measurement strategy for mental health recovery may involve both broad approaches built on omnibus measures of recovery, and more selective data collection and reporting on specific recovery-related issues such as social participation.

A range of mental health recovery-related data sources and KPIs are currently available for Australian mental health services. While current measures are limited, there have been significant investments in data development over the last five years. Several of these developments are currently in their final stages, and new measures relevant to recovery will soon be available. It is important to capitalise on these investments.

Areas of relative strength in our current or developing measurement capacity include the measurement of peer worker numbers, recovery-related consumer experience and aspects of social participation. While still limited, measurement is most developed in state/territory government and private hospital services.

Areas of relative weakness include a lack of data sources and indicators for some domains of personal recovery, such as identity and meaning and the experience of carers. There are few current options for measuring recovery in Commonwealth-funded or NGO sectors, despite these being the fastest growing sectors of the mental health service system. Recent initiatives such as the development of NGO-focused recovery assessment tools, adapting the YES measure for the NGO service setting and the linkage of MBS/PBS and Census data have the potential to begin to fill this gap.

RECOMMENDATIONS

AHMAC committees, including MHDAPC and MHISSSC, should work to ensure that data development keeps pace with and supports system reform agendas. The revision of Australia's National Mental Health Information Priorities should follow the development of a successor to the Fourth National Mental Health Plan. A continued focus on recovery is likely to remain an important focus of policy and reform. Therefore work should continue to increase the capacity to measure and report on the recovery orientation of services and recovery outcomes for individuals.

Possible short term strategies include:

1. Promote a greater use of existing and available data sources and tools, by:
   (i) updating and extending the 2010 AMHOCN Recovery Measures review,
   (ii) collecting data on compliance with recovery-specific National Standards for Mental Health Services through modification to the MHE-NMDS collection or through voluntary/ad-hoc collection of this data from states and territories and,
   (iii) exploring the utility of involuntary treatment data within APMHC and CMHC NMDSs.
2. Promote increased reporting and use of available indicators by developing a brief national report which summarises current data and performance against available KPIs.
3. Review recovery-related measures or reporting occurring at state and local levels within Australian mental health services, and promote best practice examples that are identified.
4. Build on substantial recent investments by promoting implementation of recently developed measures such as YES, and ensuring the completion of projects currently in advanced stages of development such as the LCQ and Carer survey measures, including the specification of national KPIs based on these new data sources.
5. Prioritise the development of suitable data sources and indicators for the NGO/CMO sector, by completing modification/testing of the YES measure for those services and promoting the use of sector-appropriate recovery tools such as the ROSSAT.

Possible medium to longer term strategies include:

6. Pilot and evaluate of some of the recommended recovery measures in Australian service settings, aiming to identify measures or items which address gaps in the current or emerging data sources.
7. Consider whether further modification or development of a measure suitable for national implementation is required. The recent publication of the National Outcomes and Casemix Collection Strategic Direction 2014–2024 (National Mental Health Information Development Expert Advisory Panel, 2013) recommended development of a consistent national consumer-rated measure for adults and older persons which includes social inclusion and aspects of recovery. The LCQ may fill some of this gap. However further work may be required to merge the LCQ with other consumer-rated measures to allow replacement of the current diverse range of consumer-rated measures, or to include other important domains such as wellbeing or quality of life.

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ANNEX 1: The National framework for recovery-orientated mental health services

Table 1: Practice domains and capabilities

Domains				
	Domain 1: Promoting a culture and language of hope and optimism (overarching domain) **The culture and language of a recovery-oriented mental health service communicates positive expectations, promotes hope and optimism and results in a person feeling valued, important, welcome and safe.**			
Capabilities	**Domain 2:** **Person 1st and holistic**	**Domain 3:** **Supporting personal recovery**	**Domain 4:** **Organisational commitment and workforce development**	**Domain 5:** **Action on social inclusion and the social determinants of health, mental health and wellbeing**
	Holistic and person-centred service	Promoting autonomy and self-determination	Recovery vision, commitment and culture	Supporting social inclusion and advocacy on social determinants
	Responsive to Aboriginal and Torres Strait Islander people	Focusing on strengths and personal responsibility	Acknowledging, valuing and learning from lived experience	Challenging stigmatising attitudes and discrimination
	Responsive to people from immigrant and refugee backgrounds	Collaborative relationships and reflective practice	Recovery-promoting service partnerships	Partnerships with communities
	Responsive to gender, age, culture, spirituality and other diversity		Workforce development and planning	
	Responsive to lesbian, gay, bisexual, transgender and intersex people			
	Responsive to families, carers and support people