| **MHS PI 16: Aspects of recovery for children and adolescents according to parents/carers** |
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| **Rationale** | Examine change in the impact of mental health difficulties on children and adolescents functioning over the course of public mental health treatment. Families, carers, significant others and consumers lives are impacted by the presence of mental health difficulties. Public mental health services focus on those for whom there is significant impact, and associated burden. Services aim to reduce the impact of mental health difficulties for carers and families, as well as for occurring consumers. Reducing the impact of mental health difficulties is an important component of the recovery process for all concerned.  |
| **Endorsement status** |  |
| **Date last updated** |  |
| **Indicator details** |
| **Description** | The proportion of episodes of care where either of the following were identified between baseline and follow-up of completed outcome measures:* significant improvement;
* significant deterioration;
* no significant change.
 |
| Numerator | Number of completed or ongoing episodes of care with completed outcome measures, partitioned by mental health setting, where significant change/significant deterioration/no significant change was identified between baseline and follow-up within the reference period. |
| **Denominator** | Number of completed or ongoing episodes of care with completed outcome measures, partitioned by mental health setting within the reference period. |
| **Computation** | (Numerator ÷ Denominator) x 100  |
| **Calculation conditions** | Coverage/Scope: | All public sector mental health service organisations with specialised ambulatory child and adolescent mental health services.  |
| Methodology: | * Only the parent versions of the Strengths and Difficulties Questionnaire are considered in the calculation of this indicator. Specifically, the parent version for children and the parent version for adolescents.
* Outcomes are to be calculated for the following two groups of consumers:
* **Group A: Consumers discharged from ambulatory care** All people who were discharged from an ambulatory care episode within the reference period. Scores should be calculated as the difference between the impact score recorded at admission to the episode (the ‘baseline’), and discharge from the episode (the ‘follow-up’). Ambulatory episodes that are completed because the consumer was admitted to hospital must be excluded from the analysis (that is, where the National Outcomes Casemix Collection (NOCC) ‘reason for collection’ equals change of setting)
* **Group B: Consumers in ongoing ambulatory care** All people who have an ‘open’ ambulatory episode of care at the end of reference period – that is, the person commenced the ambulatory episode some time either during or prior to the reference period and has not been discharged from that episode at the end of the reference period. Outcome scores should be calculated as the difference between the impact score recorded on the first occasion rated which will be either admission or review, (the ‘baseline’) and the last occasion rated which will be a review (the ‘follow-up’) in the reference period
* Group change analyses can only be determined for episodes of care where both baseline and follow-up ratings are present. This excludes specific episodes defined by the NOCC data collection protocol as not requiring follow-up as well as episodes or partial episodes where either the baseline or follow-up measure is not available
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| **Definitions** | * There are separate Parent versions of the SDQ, one designed for parents with child consumers aged 4-10 years (SDQ-PC) and one for parents with youth consumers aged 11-17 years (SDQ-PY). The Impact Supplement is identical for both of these versions.
* A ‘completed’ SDQ is defined as a measure with a valid ‘Total Difficulties’ score. The ‘Total Difficulties’ is calculated as the sum of four SDQ subscales, ‘Emotional Symptoms’, ‘Conduct Problems’, ‘Hyperactivity/Inattention’ and ‘Peer Relationship Problems’.
* The Impact Supplement is only completed if the parent rates ‘Yes’ to SDQ Question 26: *“Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?”* (Rated ‘No’, ‘Yes – minor difficulties’, ‘Yes – definite difficulties’ or ‘Yes – severe difficulties’).
* ‘Impact’ is defined as the rating on the SDQ Impact Supplement where ratings range from 0 through 10. This is the sum of 5 separate ratings (SDQ 28-32), that address the consumer’s distress, home life, friendships, classroom learning and leisure activities, on a 4 point scale, where ratings of ‘Not at all’ and ‘A little’ are coded as 0, ‘A medium amount’ coded as 1 and a ‘A great deal’ coded as 2, from the parent’s perspective.
* Note that no correction is made for missing items
* Scores are classified as either ‘significant improvement’, ‘significant deterioration or ‘no significant change’, based on the Effect Size statistic – full technical details regarding the calculation of the statistic are documented in the report, Key Performance Indicators for Australian Public Mental Health Services: Modelling Candidate Indicators of Effectiveness, available at: <http://amhocn.org/static/files/assets/97497d52/Modelling_Candidate_Indicators_of_Effectiveness_20080618.pdf>. That document was constructed with a view to modelling the effect size calculation for the HoNOS family of measures. The SDQ impact score was not considered at the time although the logic is the same.
* Scores on the Impact Supplement range from 0 to 10, where higher scores indicate increasing levels of ‘distress’ - ‘social impairment’.
* For the purposes of this KPI, a medium effect size of 0.5 is used to assign outcome scores to the three outcome categories. A medium effect size is equivalent to an individual change score of at least one half (0.5) of a standard deviation.
* Individual episodes are classified as either: ‘significant improvement’ if the effect size index is greater than or equal to positive 0.5; ‘significant deterioration’ if the effect size index is less than or equal to negative 0.5; or ‘no change’ if the index is greater than -0.5 and less than 0.5.
* Analyses of the national pool of NOCC data, through the WDST conducted in 2014 (on the years 09/10 to 11/12) indicates that the standard deviation for the Parent Child, and Parent Adolescent SDQs at admission to ambulatory was 2.9 (n=6,930) and 3.0 (n=12,006) respectively. While not included in this KPI, the Self report Adolescent standard deviation was very similar at 2.8 (n=13,421). Effectively an effect size of 0.5 is equivalent to half a standard deviation or 1.5. As individuals can only achieve a whole score, there is no value in calculating different values for parents of children and parents of adolescents impact scores.
* For Ambulatory settings for both parent versions, rounding up the value of 1.5 indicates that a three point threshold equates to a medium effect size. In practice this means an individual change score of a least three points equates to a medium effect size and significant change. Change in impact score from admission to discharge of -2 to +2 indicates ‘no change’, while a change in the impact score of -3 or less indicates ‘significant deterioration’.
* See glossary for further information regarding the following term/s relevant to this indicator:
	+ SDQ
	+ Episode of Care
* Effect size
 |
| **Presentation** | Percentage |
| **Disaggregation** | Ages 4-10 years and 11-17 years. |
| **Notes**  | * The SDQ has population estimates available and it will be possible to compare individual’s impact scores with community norms. The current norms available are UK and USA based. Australian norms are anticipated to be available from the 2014 Child and Adolescent National Survey Mental Health and Well Being.
* This indicator addresses the domain of effectiveness from parents/carers perspective. The indicator has the advantage of both addressing some key domains of recovery as well as being able to be referenced against population norms.
* It has the potential to address the sub-domain of Access for those in need by focussing purely on the admission to community collection occasion. Sufficient volume of SDQ Impact Supplement ratings exists currently to enable reliable estimates of that indicator.
* Disaggregation should not be reported where there are fewer than 30 observations.
* Jurisdictional level reporting is available if the number of observations are adequate
 |
| **Is specification interim or long-term?**  | Long-term |
| **Reported in** | National Mental Health Report |
| **National Mental Health Performance Framework** |
| **Tier** | Tier III – Health Service Performance |
| **Primary domain** | Effectiveness |
| **Secondary domain(s)** | Responsiveness - Client perception of care |
| **Mental health sub-domain** | Carer outcomes |
| **Type of measure**  | Outcome |
| **Level at which indicator can be useful for benchmarking** | Service unit | x | Mental Health Service Organisation | x |
| Regional group of services | x | State/Territory | × |
| **Related performance indicators and performance benchmarks** | MHS PI 1 - Change in consumers clinical outcomesMHS PI 6 - Average treatment days per three-month community care period MHS PI 8 - Population Receiving CareMHS PI 13: Consumer outcomes participation  |
| **Supplementary indicators** |  |  |
| **Data collection details** |
| **Data source(s)** | Numerator: | National Outcomes and Casemix Collection |
| Denominator: | National Outcomes and Casemix Collection |
| **Data source(s) type** | Numerator: | Clinical Outcomes Measure |
| Denominator: | Clinical Outcomes Measure |
| **Frequency of data source(s) collection** | Numerator: | Annual |
| Denominator: | Annual |
| **Data development** | Short-term: | None required in instrument or protocol or data storage |
| Medium-term: | None required |
| Long-term: | None required |
| **Construction of indicator from national data sets** |
| Capacity for the indicator to be constructed accurately from currently available national datasets? | Available now. The National Outcomes and Casemix Collection (NOCC) maintained by the Department of Health and Ageing compiles all state and territory consumer outcomes data on an annual data submission basis. However, NOCC does not allow linkage of episodes of care across financial years. This limitation does not exist for states and territories own data sets. |
| If not, is there a proxy solution to construct the indicator from available national data? | A proxy solution using a sub set of episodes, which have commenced within the same financial year, is utilised for producing this indicator from NOCC.Compared to data constructed from state and territory datasets and using complete episodes, this limitation is likely to result in calculation of the indicator based on a significantly smaller pool of episodes. It may also have a systematic effect on apparent results on this indicator, but the direction and size of this effect has not been systematically tested. |
| What needs to be done in the longer term to allow this indicator to be constructed from national dataset? | Longer term, a process is needed that allows data reported by states and territories to the national collection for consumers who begin an episode in a given year to be tracked when the episode continues into subsequent years. Work is underway to build in an episode identifier into NOCC. Additionally, consistent, cross-year use of service identifiers and unique identifiers for consumers by states and territories is necessary to enable full capacity to construct this indicator using NOCC. |

| **MHS PI 16: Impact on consumers, families and others: Impact version** |
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| **Rationale** | Ensure public mental health services are directed towards those where the mental health difficulties impact significantly on the consumer, their family and others. Families, carers, significant others and consumers lives can be impacted by the presence of mental health difficulties. Public mental health services focus on those for whom there is significant impact, and associated burden. It is important that services recognize, and respond to, the impact for carers and families, as well as that occurring directly for the consumer. Reducing the impact of mental health difficulties is an important component of the recovery process for all concerned. While this indicator in the first instance is a measure of access for those in need, increased completion rates at discharge would allow this indicator to readily becoming a measure of recovery and service effectiveness.  |
| **Endorsement status** |  |
| **Date last updated** |  |
| **Indicator details** |
| **Description** | The proportion of admissions to community care where the parent’s assessment of the consumer’s social impairment and distress is at approximately the 95th percentile compared with community norms. |
| **Numerator** | Number of baseline collection occasions for child and youth consumers with social impairment and distress impact ratings by parents at the 95th percentile compared with community norms. |
| **Denominator** | Total number of baseline collection occasions for child and youth consumers with social impairment and distress impact ratings by parents. |
| **Computation** | (Numerator ÷ Denominator) x 100 |
| **Calculation conditions** | Coverage/Scope: | All public sector mental health service organisations with specialised ambulatory child and adolescent mental health services.  |
| Methodology: | Impact assessments are calculated separately for child consumers aged 4-10 years and youth consumers aged 11-17 years with a completed Parent version of the Strengths and Difficulties Questionnaire (SDQ) where:* the respondent indicates that the consumer has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with people; and
* the total score on the SDQ Impact Supplement is 3 or greater for child consumers aged 4-10 years or 4 or greater for youth consumers aged 11-17 years.

The indicator comprises estimates for the two age-bands combined. |
| **Definitions** | * There are separate Parent versions of the SDQ, one designed for parents with child consumers aged 4-10 years (SDQ-PC) and one for parents with youth consumers aged 11-17 years (SDQ-PY). The Impact Supplement is identical for both of these versions.
* A ‘completed’ SDQ is defined as a measure with a valid ‘Total Difficulties’ score. The ‘Total Difficulties’ is calculated as the sum of four SDQ subscales, ‘Emotional Symptoms’, ‘Conduct Problems’, ‘Hyperactivity/Inattention’ and ‘Peer Relationship Problems’.
* The Impact Supplement is only completed if the parent rates ‘Yes’ to SDQ 26: *“Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?”* (Rated ‘No’, ‘Yes – minor difficulties’, ‘Yes – definite difficulties’ or ‘Yes – severe difficulties’).
* ‘Impact’ is defined as the rating on the SDQ Impact Supplement where ratings range from 0 through 10. This is the sum of 5 separate ratings (SDQ 28-32), that address the consumer’s distress, home life, friendships, classroom learning and leisure activities, on a 4 point scale, where ratings of ‘Not at all’ and ‘A little’ are coded as 0, ‘A medium amount’ coded as 1 and a ‘A great deal’ coded as 2, from the parent’s perspective.
* Scores on the Impact Supplement range from 0 to 10, where higher scores indicate increasing levels of ‘distress’ - ‘social impairment’.
 |
| **Presentation** | Percentage |
| **Disaggregation** | Ages 4-10 years and 11-17 years separately. |
| **Notes**  | * Community estimates are based on the 2001 USA National Health Interview Survey.
* Reference norms should be updated with Australian estimates once available.
* This indicator addresses the sub-domain of Relevance to consumer and carer needs. It has the potential to address the sub-domain of Consumer outcomes by comparing baseline and follow-up assessments. At the present time, however, there is not sufficient volume of SDQ Impact Supplement ‘matched pairs’ to enable reliable estimates.
* Increased volume of follow up measures would lend this indicator to being extended to being both immediately a measure of effectiveness from parents/carer’s perspective (with community norms) and a recovery measure.
* Should not be reported where there are fewer than xxx observations.
* Jurisdictional level reporting
 |
| **Is specification interim or long-term?**  | Long-term |
| **Reported in** | National Mental Health Report |
| **National Mental Health Performance Framework** |
| **Tier** | Tier III – Health Service Performance |
| **Primary domain** | Accessibility |
| **Secondary domain(s)** | - |
| **Mental health sub-domain** | Access for those in need |
| **Type of measure**  | Output |
| **Level at which indicator can be useful for benchmarking** | Service unit | x | Mental Health Service Organisation | x |
| Regional group of services | x | State/Territory | × |
| **Related performance indicators and performance benchmarks** | MHS PI 1 - Change in consumers clinical outcomesMHS PI 8 - Population Receiving CareMHS PI 9 - New Client Index |
| **Supplementary indicators** |  |  |
| **Data collection details** |
| **Data source(s)** | Numerator: | National Outcomes and Casemix Collection |
| Denominator: | National Outcomes and Casemix Collection |
| **Data source(s) type** | Numerator: | Clinical Outcomes Measure |
| Denominator: | Clinical Outcomes Measure |
| **Frequency of data source(s) collection** | Numerator: | Annual |
| Denominator: | Annual |
| **Data development** | Short-term: | None required in instrument or protocol or data storage |
| Medium-term: | None required |
| Long-term: | None required |
| **Construction of indicator from national data sets** |
| Capacity for the indicator to be constructed accurately from currently available national datasets? | Available now |
| If not, is there a proxy solution to construct the indicator from available national data? |  |
| What needs to be done in the longer term to allow this indicator to be constructed from national dataset? |  |