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Introducing outcome measurement for non- government mental health services in the ACT

Project report

Mental Health Community Coalition ACT

*Representing the community-managed mental health
sector in the ACT.*

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This report was prepared for the Mental Health Community Coalition ACT by Dr Leanne Craze AM, from Craze Lateral Solutions.

We warmly thank the community-managed mental health services staff and other stakeholders who participated in the project survey and workshop, and generously shared their insights.

MHCC ACT acknowledges all Aboriginal and Torres Strait Islander Traditional Custodians and Country and recognises their continuing connection to land, sea, culture and community.

Executive summary

This scoping project, implemented by the Mental Health Community Coalition ACT (MHCC ACT) with funding from ACT Health, aimed to explore and identify the most relevant, evidence-based and appropriate tools for measuring service outcomes for mental health consumers and/or carers in the ACT.

The project was framed around five key questions:

1. What outcomes indicators, measures and tools are currently being used, and what is their relevance and appropriateness?
2. What priority and resources are currently dedicated to outcome measurement?
3. What outcome measures and measurement tools does the sector recommend?
4. What are the challenges and barriers to outcome measurement and the effective use of resulting data and information?
5. What are the sector's recommendations for improving outcome measurement and the use of resulting data and information?

MHCC ACT explored these questions through:

- a review of the literature and research
- consultation with peak bodies for mental health consumers and carers
- a sector-wide survey
- a one-day workshop with service providers, ACT Health representatives and other stakeholders.

Findings from the survey and workshop confirmed there is no established industry-wide methodology for measuring progress against achieving outcomes. Organisations use different outcome measures depending on the funding program, type of services and contractual arrangements. The most common outcome measurement instruments reported were:

- Kessler Psychological Distress Scales (K-10 and K-5).
- Recovery Assessment Scale – Domains and Stages (RAS-DS)
- Health of the Nation Outcome Scales (HoNOS)
- Camberwell Assessment of Need Short Appraisal Schedule (CANSAS)
- Strengths and Difficulties Questionnaire (SDQ)
- condition-specific measurement tools.

The sector expressed support for routine outcome measurement that meaningfully adds to and demonstrates the value of the community-managed mental health sector. However, only a third of survey respondents thought service outcomes for consumers and/or carers are currently measured effectively.

The most frequently reported barrier to the effective implementation of outcome measurement was the lack of funding and resources. This finding underscores the importance of ensuring that the cost of implementing, reporting and using outcome measures is incorporated into contract funding for services. Such funding and resourcing considerations need to be built into tendering processes for services and must be systematically factored in as an integral part of the cost of delivering services.

In addition to the lack of funding and resourcing, the most common extreme or moderate barriers to implementing effective outcome measurements were:

- the expectation that outcomes can be measured in the short-term, when real change requires a long-term approach
- the links between an intervention and outcome not always being straightforward

- getting participation from clients receiving services
- the time taken to collate and report outcomes
- the administrative burden resulting from the volume of different reporting and outcome measurement requirements.

There was also a strong view that the selection and implementation of outcome measures and measurement tools should be sensitive to and inclusive of diversity and intersectionality.

MHCC ACT is keen to ensure the insights gained from this project and the issues identified by the community-managed mental health sector inform the further development of an outcome measurement framework for the sector.

Drawing on the findings from this project, this report sets out a number of recommendations for the next phase in this process, including:

- additional consultation with a diversity of consumers and carers
- the development of a suite of outcome measurement tools, adapted to the context of service delivery, and backed up with guidance on best practice and good characteristics, data protocols, infrastructure support, and capacity development and training opportunities
- a review to identify and cost the infrastructure and resources needed to develop, implement and maintain effective outcome measurement across the sector.

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1 Introduction

For more than a decade, there has been a strong interest in routine outcome measurement in the community-managed mental health sector. State, territory and Commonwealth governments have committed to working toward the use of outcome measurement tools by sector organisations and collecting outcome data in a nationally consistent manner.

Despite this ongoing interest, the use of outcome measurement tools across the sector remains variable. To inform future approaches, there is a need for greater knowledge about the outcome measurement activities currently undertaken in the sector, and guidance on what measures and measurement tools may be most suitable.

This scoping project, delivered by MHCC ACT and funded by ACT Health, aimed to explore and identify the most relevant and appropriate outcome tools or outcome measures for providers delivering community-managed services that are best practice, evidence-based and aligned with the ACT Wellbeing Framework.

The project was framed around five key questions, which were scoped with the community-managed mental health services sector:

1. What outcomes indicators, measures and tools are currently being used and views about their relevance and appropriateness?
2. What priority and resources are currently dedicated to outcome measurement (e.g., funds, staff, training etc., if and how outcome data is currently being used by an organisation)?
3. What outcome indicators, measures and measurement tools does the sector recommend?
4. What are the challenges and barriers to outcome measurement and the effective use of resulting data and information?
5. What are the sector's recommendations for improving outcome measurement and the use of resulting data and information?

The scoping included:

- a review of literature and research
- consultation with peak bodies for mental health consumers and carers
- a sector-wide survey
- a one-day workshop with service providers, ACT Health representatives and other stakeholders.

MHCC ACT established a Working Group comprising representatives from the sector and ACT Government to help guide and advise on the project. The Working Group met at key points of the project:

- **Project commencement (February 2022):** agreement on project purpose and outcomes, review of draft survey, planning for sector workshop
- **Review preliminary findings (June 2022):** review of survey results and workshop outcomes
- **Review/ finalise project report (November 2022):** review and revision of draft project report.

This report, structured around the above five questions, merges the findings from the review of literature and research, survey of service providers and one-day workshop.

2 Key findings and recommendations

2.1 The importance of this opportunity

The survey results and workshop deliberations confirmed there is no established sector-wide methodology for measuring progress against achieving outcomes. This finding points to the important opportunity for the sector and ACT Health to work together to develop a standardised suite of outcome measures and practices. This type of collaboration can provide benefits for all stakeholders, including:

- better service outcomes for consumers, carers and families
- improving provider understanding of 'what works' and thereby supporting informed decisions to improve services
- opportunities to reduce the financial burden on organisations
- the development of standards for assessing outcomes that provide a consistent and evidence-based approach.

2.2 Why implement outcome measures

The top reasons identified for organisations undertaking outcome measurement are to:

- improve services to clients
- inform planning and strategy
- fulfil a funding and contractual requirement
- report externally.

2.3 How well outcomes are measured

Only a third of respondents thought service outcomes for consumers and/or carers are currently measured effectively.

2.4 What measures are being used

There is no consistent tool being used across the sector to capture data and measure outcomes. Organisations use different outcome measures depending on the funding program, type of services and contractual arrangements. The most common outcome measures reported were:

- Kessler Psychological Distress Scales (K-10 and K-5).
- Recovery Assessment Scale – Domains and Stages (RAS-DS)
- Health of the Nation Outcome Scales (HoNOS)
- Camberwell Assessment of Need Short Appraisal Schedule (CANSAS)
- Strengths and Difficulties Questionnaire (SDQ)
- condition-specific measures.

2.5 Resourcing

More often than not, organisations use internal funds to measure outcomes. Only a small number of organisations have a dedicated staff member.

2.6 Growing need to commit resources

Organisations are experiencing or perceiving a growing need to commit time and resources to outcome measurement.

2.7 Barriers to effective implementation of measuring service outcomes

The most common moderate or extreme barriers were:

- lack of funding and resources to implement measures
- the expectation that outcomes can be measured in the short-term when real change requires a long-term approach
- the links between an intervention and outcome not always being straightforward
- getting participation from clients receiving services
- time taken to collate and report outcomes
- volume of different reporting and outcome measurement requirements.

2.8 Recommendations

1	That in the next stage of this work, there is a dedicated focus on inviting and supporting consumers and carers and their representative organisations to consider and provide their views on outcome measures and measurement tools.
2	That a checklist of good characteristics provides guidance to support ongoing work to develop and implement routine outcome measurement at the individual consumer and/or carer level.
3	That a suite of outcome measures and measurement tools are adopted and implemented that are appropriate to individual consumer and/or carer, service and population levels.
4	That the next phase of developing and implementing a suite of outcome measures in the community-managed mental health sector considers the range of recommended outcomes measurement tools in this report, and includes the Your Experience of Service survey and the Carer Experience Survey.
5	That ACT Health and the sector co-design an outcome measurement framework inclusive of measures and best-practice pathways.
6	To ensure accessibility and sensitivity to diversity and intersectionality, that engagement with a diversity of consumers and carers be made a mandatory requirement for the selection, development and validation of outcome measures and outcome measurement tools.
7	That the selection and implementation of consumer and/or carer outcome measures and measurement tools incorporates principles of universal design and reasonable accommodation.
8	That selected outcome measurement tools have community languages and easy-language versions, and that protocols are developed for engaging consumers and carers and for administering the measures, outlining step-by-step actions for improving the accessibility and safety of specific tools.
9	That future work to develop and implement outcome measures for carers and families is carer and family-led.

10	That the cost of implementing outcome measurement is incorporated into contract funding, included in tenders, and systematically considered as an integral part of the costs of delivering services.
11	<p>That ACT Health and the sector work together to identify and cost infrastructure and resource requirements to support the development, implementation and maintenance of consumer and/or carer outcome measurement, including:</p> <ul style="list-style-type: none"> • engaging consumers and carers • change management • training and continuing education • staffing • IT support • licensing funding and arrangements • capacity development and infrastructure grants • shared/common tools, documentation, apps, etc. • sector-wide arrangements and processes for collegial support and the identification and sharing of best practice
12	That an Advisory Group or Steering Committee comprising representatives of the sector, consumers, carers, ACT Health and external advisers be formed to lead future work to implement outcome measurement for the community-managed mental health sector in the ACT.

3 About the sector

The community-managed mental health sector support peoples to live well in the community and meet everyday challenges, when and where they need it most. Most organisations are non-government, not-for-profits that deliver services across a wide range of core areas, including:

- psychosocial rehabilitation
- helpline and counselling services
- self-help and peer support
- subacute step-up/step down
- accommodation support and outreach
- self-help and peer support
- employment and education
- family and carer support
- promotion, information and advocacy.

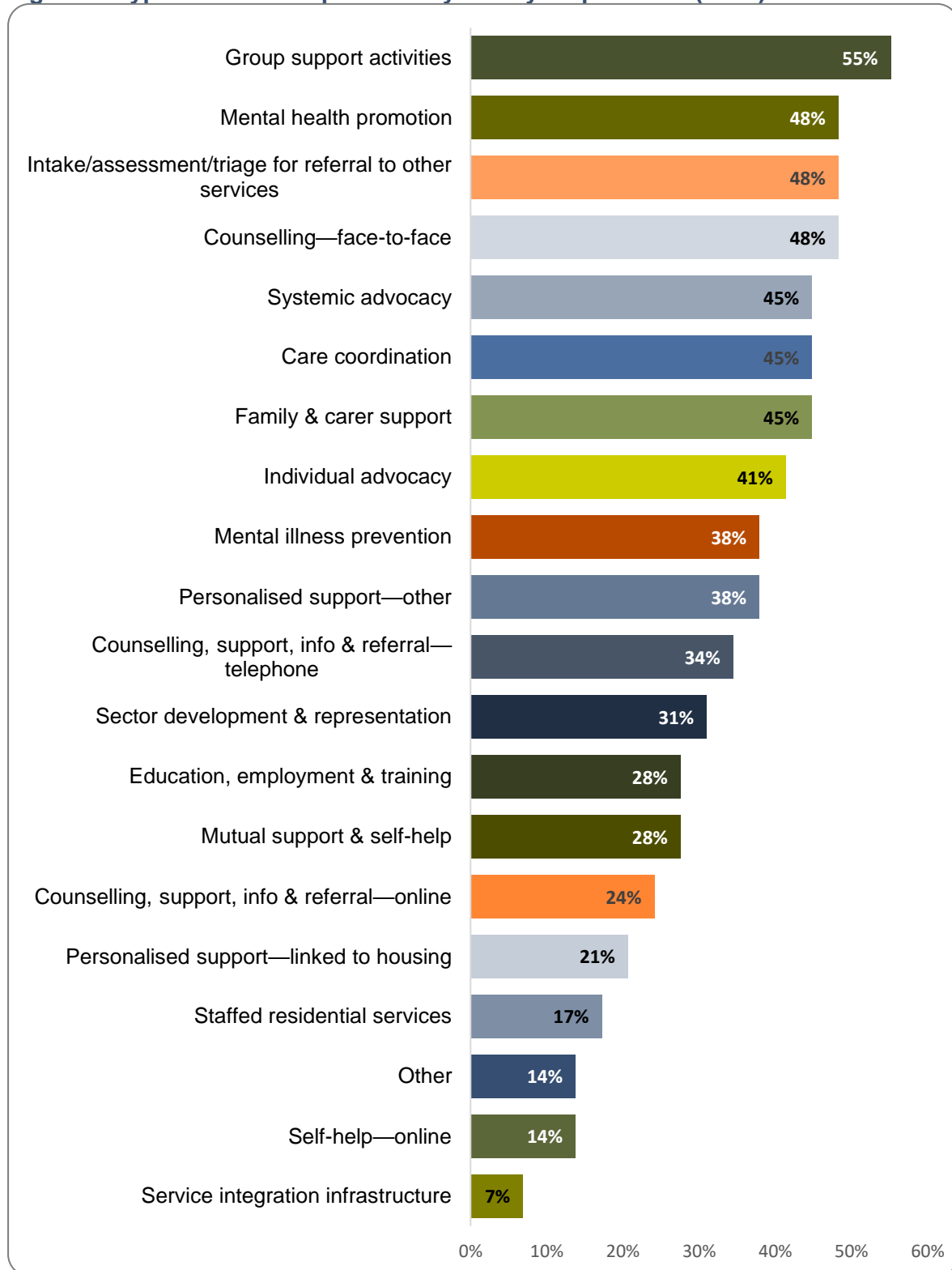
In the ACT, community-managed mental health services receive funding from multiple sources, including the ACT Government, the local Primary Health Network (Capital Health Network), the National Disability Insurance Scheme (NDIS), other Commonwealth Departmental funding, and philanthropy.

These services vary not only in terms of the source of funding and type of service, but also in relation to the organisational size and population focus. The range of services and diversity of settings within the community-managed mental health sector is captured by the description provided in the *National Standards for Mental Health Services: Implementation Guidelines for Non-government Community Services*:¹

"Services range from intensive personal recovery support to day activity programs and have diverse target groups—for example, a geographic community, people with a particular service need such as accommodation, or people who share a common characteristic such as being carers or being from an Aboriginal and Torres Strait Islander background. The organisational complexity of the service providers also varies enormously. Some are large national organisations, some are multi-service and multi-site agencies within states and others are very small organisations with few paid staff and a heavy reliance on the contribution of dedicated volunteers."

The diversity of the sector is reflected in the profile of the 30 service providers that responded to the project survey. As indicated in Figure 1 below, group support activities were the most commonly reported service type (provided by 55% of survey respondents); followed by mental health promotion (48%), face-to-face counselling (48%), and referral services (48%).

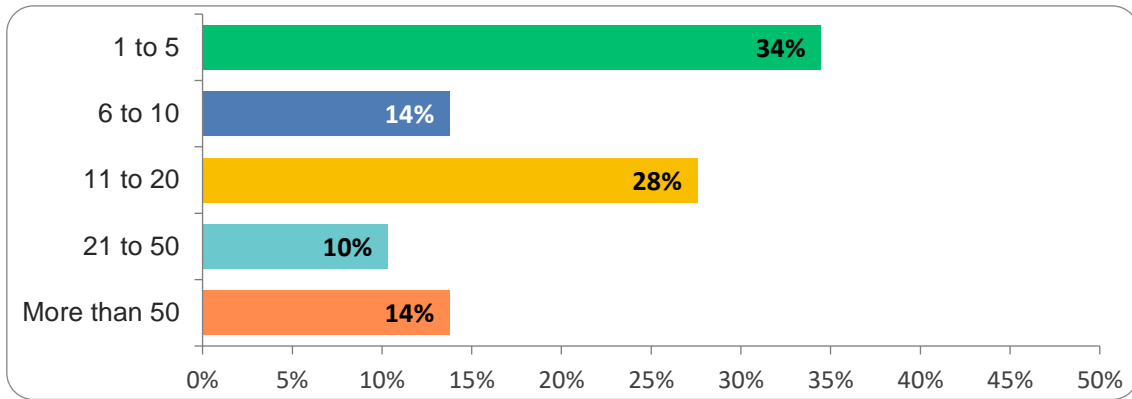
Figure 1: Types of services provided by survey respondents (n=29)



Services provided under the 'Other' category included support coordination, early childhood education, transport services, community care, disability support, youth support services, mental health treatment services, and holistic and wrap-around outreach programs.

Most commonly, respondents reported their organisation employs one to five employees (34%, n=10) or 11 to 20 employees (28%, n=8). Four organisations have over 50 employees.

Figure 2. Number of employees



4 Outcomes indicators, measures and tools currently being used, and their relevance and appropriateness

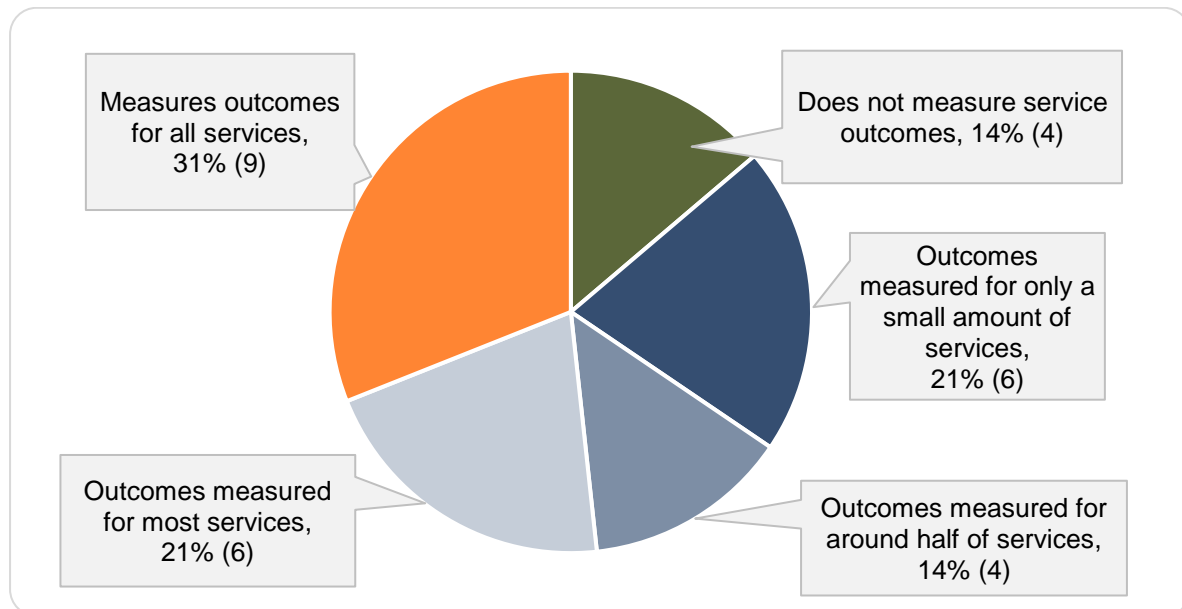
This section commences with an outline of the extent to which outcome measurement is currently being routinely implemented across the sector. Following a discussion of the reasons why organisations are measuring consumer and/or carer outcomes, the range of measures and tools being used is detailed. The section concludes with a summary of aspirations and issues highlighted by organisations during this project.

4.1 Extent of outcome measurement across the sector

Around 50% of survey respondents (n=15) reported that their organisation measures outcomes for most or all services.

Four respondents said their organisation does not measure outcomes, while six indicated outcomes are measured for a small number of services.

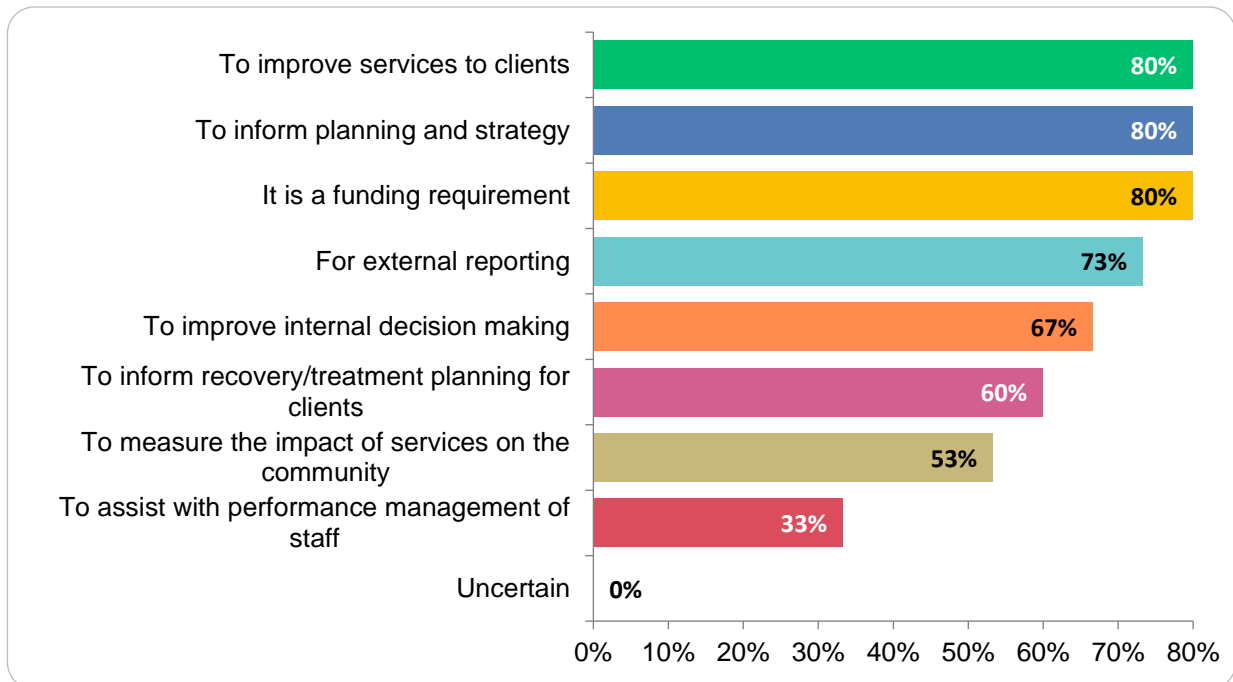
Figure 3. Whether and how often organisations measure outcomes



4.2 Why organisations measure service outcomes for consumers and/or carers

Survey responses show that the use of outcomes to measure the impact of services/programs is being carried out for many reasons. While satisfying funding requirements was one of the most cited reasons (80% of respondents), improving services to consumers/carers and informing planning and strategy were given equal weight among respondents as reasons why organisations measured outcomes. The results show the lowest priority reason for measuring outcomes was to assist with performance and management of staff.

Figure 4. Why services measure service outcomes for consumers/carers (n=15)



Workshop participants emphasised that:

- *"Measuring consumer and carer outcomes of our services enables transparency, accountability and continuity."*
- *"We must be able to know and demonstrate that we are actually making a difference – we just can't assume."*
- *"We must be able to measure outcomes as accurately and objectively as possible."*

Another reason provided for measuring consumer and/or carer outcomes is to monitor the quality and relevance of services offered. In addition to assessing how effectively services respond to and support the needs of people with lived experience, the use of standardised outcome measures and measurement tools will enable community-managed mental health organisations to compare performance with similar services, both within the ACT and nationally.

While the survey responses suggest widespread support for the development of robust outcome measurement tools, they suggest capability varies within and across organisations. A critical step in strengthening and sustaining outcome measurement will be building and maintaining a culture and capacity within providers that see outcomes as part of critical service review and improvement.

4.3 Tools currently used to measure consumer and/or carer service outcomes

The responses to the survey and feedback from workshop participants showed there is no consistent tool used across the sector to measure outcomes. Organisations reported using a range of outcome measures depending on the funding program, type of services and contractual arrangements.

The most common instruments used to measure consumer outcomes are the Kessler Psychological Distress Scales (K-10 and K-5). Other instruments identified by more than one organisation were:

- My Mental Health Recovery Measure (RAS-DS)
- Health of the Nation Outcome Scales (HoNOS)
- The Camberwell Assessment of Need Short Appraisal (CANSAS)
- Strengths and Difficulties Questionnaire (SDQ)
- Contribution to change
- Spence Children's Anxiety Scale (SCAS)
- World Health Organisation (WHO) Disability Assessment Schedule (WHODAS 2.0)
- World Health Organisation (WHO) Five Well-Being Index (WHO-5)
- Results-based Accountability (RBA)
- Social Change Suite (Socialsuite).

Other instruments included:

- Life Skills Profile 16 (LSP-16)
- Factors Influencing Health Status (FIHS)
- Phase of Care (POC)
- Composite Caregiving Questionnaire
- Edinburgh Postnatal Depression Scale (EPDS)
- Depression Anxiety Stress Scale
- Child Revised Impact of Events Scale (CRIES)
- Modified version of Personal Wellbeing Index
- Outcome Rating Scale
- Outcome Recovery Star
- Parent Stress Index
- Factors Influencing Health Status (FIHS)
- Parental Empowerment and Efficacy Measurement.

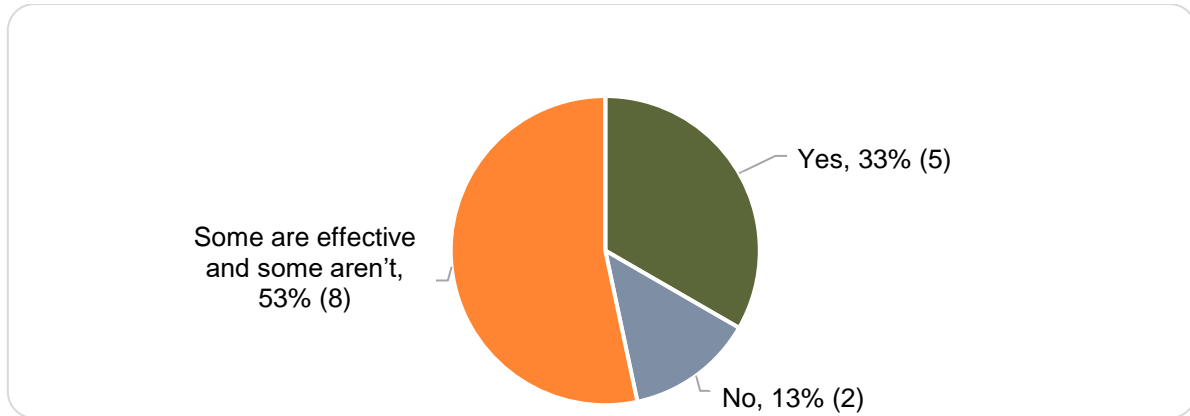
While some organisations are not using a standardised outcome measure, a range of methods are also being used to identify and/or report outcomes:

- completion letter
- user feedback surveys and satisfaction rating scales
- care/support plans.

4.4 Views about whether service outcomes are being effectively measured

Only one-third (33%) of respondents thought outcomes for consumers and/or carers are currently measured effectively in their organisation.

Figure 5. Views on whether service outcomes are effectively measured in organisations (n=15)



Several respondents commented they had invested significant resources and time into improving outcome measurement in their organisation, while others noted a lack of resources and capacity is a problem.

- *"We are shifting focus to measuring this better, with some programs establishing their own tools, some using pre-existing ones. The organisation has also engaged an external social outcomes provider to assist in developing tailor-made measurement of our organisational impact."*
- *"The measurement tools are fine, but the data is not comprehensively analysed and utilised due to lack of capacity."*
- *"Sophisticated measurement is challenging without dedicated resources."*
- *"CANSAS is not helpful and provides little useful/ no information."*
- *"We have put time and resources into this for over 3 years. We have worked really hard to get an effective framework into the organisation."*

4.5 Aspirations and issues

4.5.1 Aspirations

4.5.1.1 A set of outcome measures suited to service types

While a few workshop participants highlighted the value of developing a single outcome measure for consistent use across services, a number emphasised that a single tool would not be sufficient to cover the diversity of the sector in terms of the range of service types, the diverse service delivery contexts, differing resources and organisational scales, and the diversity of outcomes achieved by the sector.

One aspiration or direction emerging during the workshop was for the sector and ACT Health to reach agreement about a set of consumer and carer outcome measures and measurement tools suited to the different service types provided across the sector. This would initially involve mapping services across the following service types in the *National Mental Health Service Planning Framework Taxonomy of Services*:²

- **Specialised Mental Health Community Support Services**, such as group support and rehabilitation, individual support and rehabilitation, other residential services, family and carer support
- **Population-based Universal Services**, such as mental health promotion, stigma reduction, mental illness prevention, suicide prevention
- **Specialised Bed-Based Mental Health Care Services**, such as sub-acute services, non-acute extended treatment services, acute inpatient services (hospital)
- **Primary and Specialised Clinical Ambulatory Mental Health Care Services**.

The next step would then be to agree what consumer and/or carer outcome measures best suit each category. This task could draw upon an earlier mapping exercise detailed in the *Final Report of the National Community Managed Organisation (CMO) Outcome Measurement Project* conducted by Community Mental Health Australia and Australian Mental Health Outcomes and Classification Network (AMHOCN) in 2013.³

It might then be possible to map the outcomes to the ACT Wellbeing Indicators.⁴

Consideration may need to be given to instances where a service provided by a community-managed mental health organisation and funded by ACT Health does not fit into the taxonomy (such as advocacy). In such instances, it is possible an existing consumer outcome measure a service is reporting against, or part thereof, might suffice.

4.5.1.2 Outcomes across a person's service journey

There is an aspiration across the sector that, irrespective of the service type, a service provider has access to an outcome measure that can assist people to see their service journey and to understand how they can influence outcomes along that journey.

4.5.1.3 Being able to identify the factors that limit outcomes

Service providers wish to ensure there is an outcome that can point to or identify the factors that limit outcomes, including gaps in services. This would provide the sector with an objective means of identifying and then showing funders and government what needs to be improved or changed at both a system and a population level (i.e., within and outside of the health and mental health systems).

4.5.2 Issues

4.5.2.1 Limitations of point-in-time outcome measures

There is concern about the difficulty of accurately measuring outcomes when they depend on a range of factors over a long period of time. For example, outcomes can be affected by the complexity of people's lives and might be influenced by multiple interacting factors, some of which are unrelated to services (such as health status, support from family and friends, and access to independent financial means).

Actions taken by one part of the mental health sector may depend on complementary actions in other parts of the health and community sectors, such as housing, employment, or legal assistance.

In addition, a person's situation can change, and mental health can worsen or improve, with an impact on outcomes that is independent of the quality of service provision.

Organisations feel a pressure to deliver impact over the short-term, when real and meaningful change takes time. While appreciating that funders rightly need to be able to quantify and demonstrate the benefits of any public investment, there is concern that this can ignore the likelihood of longer timeframes being needed to achieve outcomes, especially where there are complex and multiple sets of needs.

These complexities and contextual considerations need to be considered when designing and interpreting outcome measures. Some workshop participants argued that it might be more realistic to assess the contribution of a service to outcome attainment rather than trying to attribute outcomes to that service alone.

4.5.2.2 Sensitive to and inclusive of diversity and intersectionality

There is a strong view within the sector that an outcomes measurement framework should embrace diversity and intersectionality. Barriers to engagement with outcome measurement need to be identified for people with diverse backgrounds and experiences, including for people with disability, older people, LGBTQIA+ people, Aboriginal and Torres Strait Islander peoples, culturally diverse communities, and people with experiences of homelessness and/or domestic and family violence. Protocols for administering the measurement tool and collecting information must be inclusive and safe.

4.5.2.3 Big vs little vs easily measurable and quantifiable

It is important to organisations that the things that make a difference to people's experience and outcomes are identified, measured and reported. These might be little things or big things. Some examples are privacy, safety, access to greenspace, meaningful activity, or quality of food for people in a residential service.

The sector cautions against limiting understanding of service outcomes to that which is quantifiable and easily measured:

"There can be a tendency to focus on easy-to-measure outcomes at the expense of crucial outcomes that are less amenable to quantification, and this may skew our understanding of the value of particular services (as well as affecting the way services may be delivered in order to achieve the measured outcome), e.g. building relationships within communities may be important but hard to measure. Also, measuring the outcomes of systemic advocacy poses challenges."

Consideration needs to be given to developing nuanced indicators for crucial outcomes that are not so easy to measure, and/or of qualifying the significance of those outcomes that are readily measurable and quantifiable (i.e., take care to avoid inferences or conclusions that are not warranted).

4.5.2.4 Carer and family outcome measures

It is essential that the voices of carers and families are heard in the process of agreeing and/or developing outcome measures and measurement tools. It is worth noting that, as of 10 June 2022, the *Carer Recognition Act 2021* (ACT) requires public sector-funded agencies (which includes most community-managed mental health services) to report annually on the measures taken to uphold the care relationship principles in assessing, planning, delivering, managing or reviewing support services, programs, and policies in relation to both carers and consumers. The Mental Health Carer Experience Survey (CES) is a good example of an outcome measurement tool that could be implemented.⁵

4.5.2.5 Advocacy and similar services

Particular consideration needs to be given to the challenges and complexity of measuring the outcomes of advocacy services. For example, the ACT Disability, Aged and Carer Advocacy Service (ADACAS) undertakes systemic and individual advocacy, and supports many people with mental health challenges (with particular program streams targeting people with mental health challenges). However, the outcomes they would measure in relation to individual advocacy services tend to relate to whether the person felt empowered, had their issue resolved, and/or achieved a better outcome in their interaction with a particular service or government agency. This may lead to better mental health outcomes but may not be included in mental health consumer outcome measures.

4.5.2.6 Humanising, strengths-based and trauma-informed outcome measurement tools and processes

Outcome measurement tools and methods need to feel safe and appropriate for people with lived experience and should not add to an excessive reporting burden for service users or services.

While the need for strengths-based and trauma-informed measurement tools was noted in the workshop, further discussions with consumers and carers are needed to better understand people's lived experience of using existing outcome measurement tools.

Recent research undertaken by the Centre for Social Impact found many people with lived experience report negative experiences with some of the commonly used and mandated outcome measurement tools in public mental health services, which are implemented as part of the National Outcomes and Casemix Collection (NOCC).⁶ Some people with lived experience have stated such tools are disempowering and burdensome to undertake, impacting peoples' sense of self and sense of agency, while also not accurately capturing consumer or carer experience.⁷ Less common but worse is feedback that poorly designed instruments can undermine people's desire to seek support for their mental health issues.

4.5.2.7 Outcomes for those who do not access our services

The development of a whole-of-population or systems-level outcome measurement framework is beyond the scope of this project, but the importance of measuring outcomes at these different levels—alongside measuring consumer and/or carer service outcomes—is imperative. This issue was discussed by a workshop participant:

"To avoid entrenching inequities, we need to measure outcomes at various levels – not just in terms of individual outcomes for people who use a service, but what is happening at wider systems and community level. If we only measure service outcomes for people who access a service and contribute feedback, we may miss important information about what is happening at a community level – e.g., we don't get an understanding of who isn't using that service, whether services are appropriate to need, whether services are effectively coordinated, etc."

5 Priority and resources currently dedicated to outcome measurement

5.1 Change in investment in measuring outcomes over the past five years

When asked if their organisation has invested more resources in measuring service outcomes over the past five years, 56% of survey respondents who answered this question said yes. This suggests that organisations in the ACT community-managed mental health sector are increasingly investing more resources in outcome measurement.

Responses were:

- Yes: 56% (n=9)
- No: 25% (n=4)
- Uncertain: 19% (n=3)

These findings were echoed by workshop participants, many of whom described how they are increasing their investment in outcome measurement to satisfy the outcome measures required by different funders. The more service types provided by an organisation, the more numerous and varied the outcome measures they collected, and the greater the investment required. This is particularly so when organisations are operating across jurisdictions and receiving funding from different levels of government or from independent commissioning authorities.

5.2 How organisations fund outcomes measurement

More often than not, organisations use internal funds to measure mental health service outcomes.

How does your organisation fund its outcomes measurement of mental health services?	%	n
Externally: we apply for specific-purpose grants to support outcome measurement	0%	0
Externally: we build it as a separate line item into funding contracts	0%	0
Internally: using general funds	53.3%	8
Internally: using a special evaluation/measurement fund	0%	0
A mixture of all above	26.7%	4
Uncertain	20.0%	3
Total		15

These results underscore why appropriate funding and resourcing of organisations is such a critical concern. More than half of the respondents to this question indicated that outcome measurement is entirely funded using internal resources. A further quarter of respondents indicated at least some internal funding was used to maintain and measure outcomes, while less than 10% used external funding alone.

The challenges of resourcing outcome measurement activities—and the lack of external funding specifically for this purpose—was also a prominent theme in the workshop. It was noted that organisations are already under significant financial pressures and are not able to

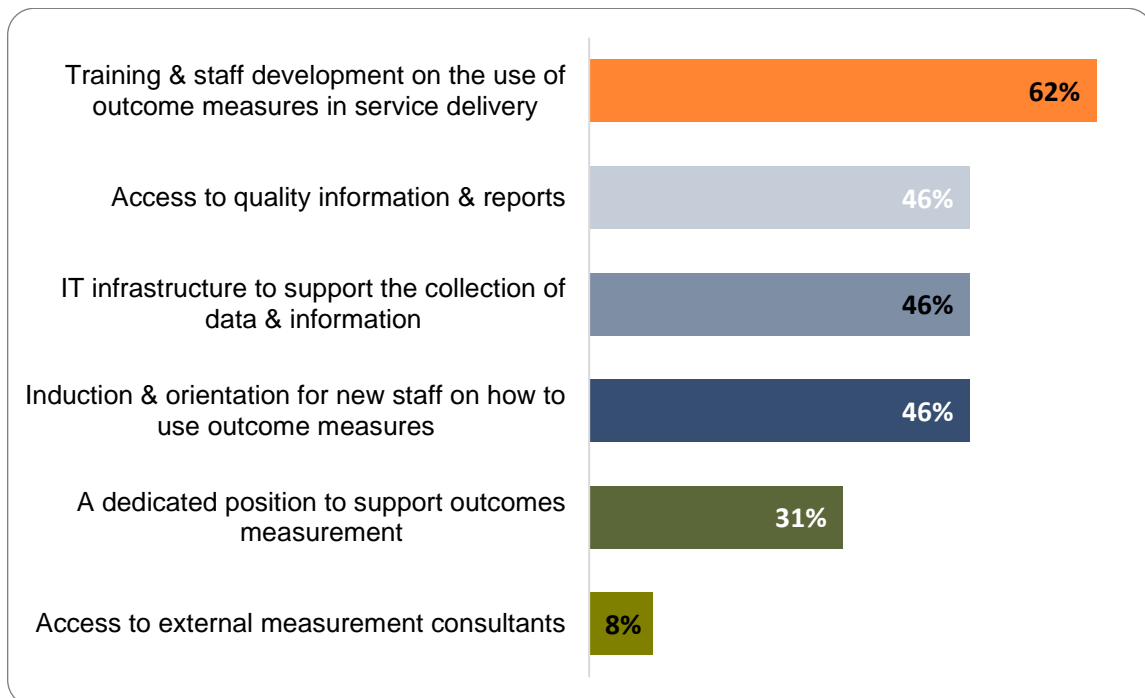
absorb any additional costs associated with maintaining a new outcome measurement system.

One organisation that provided detailed outcome measurement data mandated by the Commonwealth noted that their outcome measurement system was resource-intensive and maintained at the expense of direct service delivery, with the total cost accounting for several full-time frontline psychologists. This again highlights the importance of governments properly funding organisations to be able to map, measure and report against any performance measures that directly relate to outcomes.

5.3 Resources dedicated to outcome measurement

Survey respondents reported they were dedicating the following resources to the implementation and reporting of outcome measurement.

Figure 6. Organisational resources currently dedicated to measuring outcomes (n=13)



Additionally, a number of organisations had committed resourcing to purchasing licenses for the use of outcome measurement tools and the development of custom-made or bespoke outcome measurement tools.

This commitment of resources reflects an appreciation within the sector of the benefits of using outcome measures to improve performance, particularly consumer and carer experience of care and support.

6 Challenges and barriers to outcome measurement and the effective use of resulting data and information

This section commences with an outline of service providers' understanding of the challenges and barriers experienced by consumers and carers engaging with outcome measures. It then describes the challenges experienced by service providers at an organisational level.

6.1 Challenges and barriers for service users

As noted above, further consultation and engagement are needed with consumers and carers to better understand:

- their experiences of using different outcome measurement tools
- what outcome measures are relevant for people with lived experience
- what challenges and barriers people with lived experience may face in using different outcome measurement tools.

Such consultation and engagement should also be inclusive, allowing for perspectives from people with diverse backgrounds and intersectional differences.

Workshop participants highlighted a range of potential barriers and issues that service users may experience when participating in outcome measurement processes that need to be considered.

6.1.1 Outcome measurement questions and language

Concerns with questions and language included:

- alienating or technical nature of the language, questions and process
- difficulty understanding the questions
- forms and questionnaires that require a high level of literacy to read and complete.

6.1.2 The process itself

Too many forms and questionnaires may be experienced as onerous or burdensome to service users and take too long to complete. The lengthy and arduous nature of some measurement tools may be particularly overwhelming in a context where a service user is extremely anxious, distressed, in a situation of crisis, etc.

6.1.3 The selection and relevance of outcome measures

Issues noted include:

- Service users may not see the point of the questions.
- Questions may not seem relevant or are too narrowly focused.
- Questions focus on symptom reduction but neglect major pressing problems affecting wellbeing including poverty and homelessness.
- Outcome measures and measurement tools are not age-appropriate.
- Outcome measures focus on individual health outcomes but ignore other factors that may be of more importance to some people, such as community functioning, cultural or spiritual connection, or holistic understandings of social and emotional wellbeing.

6.1.4 Not seen as safe

Outcome measurement tools and processes may not be culturally safe, can fail to take into account diversity and intersectionality, and can trigger shame. This may be particularly the

case for people already experiencing barriers to help-seeking, including shame, fear and suspicion in accessing services.

Requiring service users to participate in outcome measurement activities may detract from efforts to build trust and rapport with these harder-to-reach cohorts who may already have a deep distrust of services based on histories of trauma, racism or stigma when engaging with services systems.

6.1.5 Fear

Service users may be fearful of being honest or candid, or of giving 'wrong' answers or answers that trigger an unwanted or adverse response (for example, not getting a service, being 'exited' from the service, children being removed). They can also experience fears about the confidentiality and privacy of information given, and of being ostracised or stigmatised.

6.1.6 Consent issues

This includes consent issues for children, young people and family groups.

6.1.7 Recommendation

- 1 That in the next stage of this work, there is a dedicated focus on inviting and supporting consumers and carers and their representative organisations to consider and provide their views on outcome measures and measurement tools.

6.2 Challenges and barriers for organisations/service providers

6.2.1 Concerns about the appropriateness of measures

Workshop participants and survey respondents identified a number of concerns about the appropriateness of outcome measures and tools:

- The narrow focus on readily quantifiable metrics can exclude important outcomes for consumers and carers that are not amenable to measurement.
- It is difficult to measure sustained change in the short timeframe of the service being provided or in the life cycle of a funding round.
- The links between an intervention and outcome are not always straightforward or definitive (noting there may be multiple external factors and contextual considerations—not just the service being evaluated—that contribute to a particular outcome), leading to the risk of false assumptions about attribution.
- Measures often do not go the journey with consumers and carers. For example, they may be limited to a point in time or may be applied before sufficient time has elapsed for change to be observed.
- Consumers and carers may not have been involved in the process of selecting measures and may not see the measures as appropriate and relevant.
- Prescribed outcome measures may overlook positive or negative side or ripple effects of a service, as these fall outside the outcome measure frame.

6.2.2 The financial and resourcing costs of setting up, implementing and maintaining a measurement tool

A key challenge is balancing the potential cost of outcomes development, measurement and reporting (which can be substantial) with the benefits expected from the process. The significant resources needed to implement and maintain routine outcome measurement was a recurrent concern expressed by services and organisations:

- The costs of set up, data collection, collation and reporting are often not considered up front and are typically not factored into funding agreements.

- Technological requirements can be expensive, particularly if new measures and systems are introduced, discontinued and/or changed.
- The cost of multiple licences when implementing a new measurement tool can be prohibitive.
- Training to understand and administer outcome measurements can be costly and time consuming.
- Some measuring tools are in-depth and extremely time-consuming to administer and collate. This can detract from the time and resources dedicated to service delivery.
- Outcome measurement may be onerous for smaller organisations, while advantageous for larger organisations. This, in turn, presents a risk that outcomes measurement will become a barrier to entry for smaller organisations as larger organisations will be able to dedicate more resources to outcomes measurement compared with their smaller counterparts, thereby excluding through competitive tendering processes the smaller organisations that may nevertheless have strong local connections and the ability to deliver on outcomes.
- External factors and issues in the operating environment may have resourcing implications and affect the feasibility of implementing outcome measurement. For example, for some services the impacts of working through a pandemic have had implications for service delivery and associated outcome measurement, such as adapting to telehealth and working from home.

Noting these concerns, some organisations stressed the importance of adopting measurement tools that are brief and user-friendly, with the information collected or entered into a measuring tool being easy to administer and precise.

6.2.3 Concerns about one tool being specified

While a few organisations acknowledged the value of a implementing a single tool or measure, a number of others highlighted the problems of imposing a single approach across all service types and contexts. It was noted that the choice of appropriate outcome measures and measurement tools depends upon the nature of the service/program. There is no one-size-fits-all, with vastly different service types, modes of service delivery, target populations, service objectives, timescales for delivering services/programs, and contexts of service delivery. A number of challenges were identified:

- When score data for domains do not align with a tool, a combination of tools must be used. However, this can detract from the reliability of data.
- Reliance on a single tool may fail to capture the information and outcomes that are relevant to understanding the effects of a service. For example, it may miss the impact of external factors which are not tracked but which may skew data.
- Qualitative data may need to be collected to supplement the outcome.
- It would be helpful to incorporate the ability to negotiate outputs.
- Developing a single measure/tool that is validated and meaningful across diverse population groups and contexts may be challenging. For example, there are differing needs for children and young people, older people, Aboriginal and Torres Strait Islander peoples, and culturally and linguistically diverse peoples.

6.2.4 Outcome measurement and diversity

A challenge identified was developing and implementing outcomes measures and outcome measurement tools that reflect the diversity of services provided by the sector as well as include diverse voices:

- Many measuring tools fail to account for diversity (cultural and linguistic diversity, disability, etc.). Staff may have this awareness when dealing with service users; however, this is not accounted for in many existing tools.
- Some tools are exclusive.
- The Kessler 10 is not regarded as culturally appropriate by all providers.
- It is unclear how outcome measures can be standardised while being culturally appropriate. A way to do this has not been identified.

• *"We need to consider intersectionality in the design of tools and methods, and what we define to be a good outcome."*

- There is a need for outcome measurement tools that cater for diverse voices and for outcomes that relate not only to mental health, but also to co-morbidities, disabilities, and other diverse factors.
- There is diversity among Aboriginal and Torres Strait Islander peoples and, accordingly, diversity in terms of whether a tool is culturally appropriate and acceptable.
- Attention needs to be given to the inter-reliability and inter-operability between tools and whether we could use a range of tools to consolidate scores.
- Outcome measurement tools are often not available in community languages and may not have been validated for different cultures and languages.
- A person may require a third party to assist (e.g., an interpreter), which can be problematic and may affect the reliability of data.

6.2.5 Concerns about ongoing government and funder commitment

Some organisations stated a reluctance to adopt and invest in new tools given that government direction and priorities constantly shift and this can in turn influence what types of measuring tools will be used in future, and for how long. A particular tool or set of tools may be introduced by one government at great expense to services and organisations, then abandoned by a future incoming government.

In addition, organisations noted that the cost of implementing and maintaining outcome measurement is not regarded by governments as integral to the cost of delivering services. Even where the importance of measuring outcomes has been recognised by governments, the need for funding to cover the costs has not. To ensure outcome measurement is consistently applied and sustainable, it needs to be factored into costings at a systemic level.

6.2.6 Concerns about how data will be used

It is unclear who will have access to what data, and if and how it will be reported and used.

One key concern related to the lack of clarity around how outcome data will be interpreted and used by government and others. There is a risk outcome measures may be interpreted in unforeseen ways, used to make false attributions, or may not be sufficiently qualified by an understanding of context and complexity.

It is important governments do not use outcome measures in a simplistic way to determine funding and the awarding of tenders; there needs to be scope to understand complexity and causal factors that may influence outcomes. A rigid adoption of narrowly construed outcomes-based funding could create perverse incentives and unintended outcomes, such as 'cherry picking' who uses services, or 'creaming' and 'parking' services users, to target those most likely to achieve the specified outcomes. It could also have the effect of stifling service innovation, ramping up risk aversion and creating a fear of failure. Linking funding to a narrow set of outcomes at a service level may also undermine collaboration between services.

Outcome measurement is often regarded as a means of promoting a culture of continuous improvement of services, yet the link between outcome measurement and quality improvement is not a given. If services are to draw on outcome data and information to inform service planning and quality improvement, there needs to be mechanisms in place to ensure outcome data and information at a service and systems level is accessible, timely and meaningful.

As one organisation further noted, the link between outcome measurement and quality improvement is “based on an assumption that providers and services have the ability and power to implement changes that will support the desired outcomes”. Yet inadequate resourcing, workforce shortages or other constraints may ultimately limit the extent to which providers can implement changes to improve service delivery.

Such concerns point to the need to clarify how outcome data will be used, with consideration given to the potential for misattribution and unintended adverse effects. They also suggest a missing piece in the relationship between measuring and reporting on outcomes and service quality improvement. Future work should include strategies and processes to meaningfully engage organisations in using data to improve and support service delivery, while at the same time recognising some factors may be beyond the control of providers and require wider systemic or policy change.

6.2.7 Other challenges and concerns of organisations

Additional concerns noted by organisations included:

- The volume of different reporting and outcome measurement requirements is onerous (including from different funding bodies and levels of government).
- Services may face difficulties remaining person-centred while at the same time focused on measuring specified outcomes.
- Resources may be directed away from direct service delivery.
- Some organisations may not want to report negative outcomes for fear of losing funding.
- Investing substantial time and resources into outcome measurement detracts from the underlying priorities/mission of a service/program (i.e., data collection vs direct support/hands-on time with people being supported).
- Timeframes can be too short to gather qualitative data.
- Organisations that are successful in tender processes often show robust outcomes; however, consideration could be taken on by funders to lower the risk threshold on this requirement.

Several workshop participants also commented on the challenges of achieving a balance between too many outcome indicators and too few. While a multifaceted outcome measurement tool may give a richer and more meaningful picture of whether outcomes have been realised, it may be too resource-intensive and complex to administer and understand.

On the other hand, limiting outcome measurement to only a few indicators may be easier to administer, but it may prove problematic if what is measured fails to capture the complex and contextualised outcomes of a service. If this is in turn used as a means of measuring service performance and allocating funding, it may lead to services unduly focusing on those few areas that are measured, resulting in perverse and unintended outcomes.

7 Outcome indicators, measures and tools the sector recommends

This section outlines recommendations of the sector concerning the characteristics of good outcome measures and outcome measurement tools; a suite of outcome measurement tools; an outcome measure framework; universal design and reasonable adjustment; and specific outcome measurement tools for consideration.

7.1 Characteristics of a good outcome measure and measurement tool

Survey respondents and workshop participants identified the following characteristics as defining of a good outcome measure and outcome measurement tool.

7.1.1 Clarity of purpose

The outcome measure and associated measurement tool should sit within a framework. There should be a clear purpose for measuring outcomes, linked to an underlying program logic or theory of change, with defined end points, different measures for different services, and clarity around how data will be used.

7.1.2 Meaning, resonance and credibility

The outcome measure should be meaningful and make sense to both the end user and service provider. Both groups must understand why it is being measured: it should ring true for consumers and carers, and be accepted by and have credibility across the sector.

7.1.3 Validity and reliability

The measurement tool needs to be evidence-based, or at least mapped against secondary information and evidence (e.g., we know people who are less isolated and feel more connected to others have better health and wellbeing outcomes). If possible, the tool should be standardised and able to be used across a range of different services with different population groups; and it should be developed in, or tested and used extensively in, Australian settings. The tool must also be valid and reliable in measuring what it is supposed to and is designed for.

7.1.4 Sensitivity to change

The measurement tool must be able to pick up on the changes or impacts sought.

7.1.5 Inclusive of diversity and intersectionality

Measurement tools should be inclusive of diversity and intersectionality in terms of design, outcomes sought, focus/objectives, method of administration, etc. This includes ensuring measurement tools are administered in a culturally safe way, have easy-read English versions and are translated into community languages.

7.1.6 Resourcing and useability

The measurement tool needs to be cost- and time-effective to administer. This requires an outcomes measurement approach that is proportionate in scale and complexity to the nature of the service being delivered and the organisation delivering it.

It also needs to be easily used and readily reportable by those providing and collecting the data, and readily accessible to those who are going to use the data (such as incorporating a platform using up-to-date technology and a dashboard). In other words, it should be concise and easy to use by both end users (such as service users, carers and family) as well as by service providers.

It should also readily generate reports for different groups and support the contextualisation and interpretation of outcomes, including for end users, those overseeing a program, boards of directors or committees of management, funders, and quality improvement purposes.

7.1.7 Quantification, availability and reportability of data

The outcome measurement tool should, where possible, be attached to and generate a body of data and provide benchmarks that are comparable across programs and organisations. It should also ideally provide data in real time. It may include qualitative as well as quantitative data.

7.1.8 Utility

The measurement tool should be

- user-friendly and able to be deployed across a range of devices (such as phones, tablets and data kiosks)
- customisable for programs, people, services and end users
- able to follow a person's service-use journey as well as people's voices
- support attribution and contribution analysis (i.e., able to measure a service's contribution and impact, or able to be pulled into wider data sets and system-level outcome indicators to better understand multi-causality, system-level outcomes and the interactions of services with different contextual factors).

Interestingly, this set or checklist of characteristics is similar to those reported in earlier community-managed mental health sector scoping studies.^{3,8}

7.1.9 Recommendation

- 2 That a checklist of good characteristics provides guidance to support ongoing work to develop and implement routine outcome measurement at the individual consumer and/or carer level.

7.2 Not one outcome measure but a suite

While measuring the consumer and/or carer outcomes arising from the use of a particular service is critical, improving mental health outcomes ultimately requires measuring outcomes across a number of levels:

- individual consumers and carers using services
- consumer and/or carer experience of support or care
- service level
- service system level
- population level.

It is likely that this suite of outcome measures will include:

- existing standardised and/or evidence-based measures
- measures that are self-reported by consumers as well as reported by service providers
- bespoke measures developed specifically for the sector and agreed purposes (for example, to measure outcomes at a service level or population level).

The Office for Mental Health and Wellbeing is currently undertaking a project to develop a whole-of-population mental health outcomes framework, and it is hoped this will contribute to a multi-level approach to outcome measurement, backed up by a suite of measures and measurement tools.

7.2.1 Recommendations

3 That a suite of outcome measures and measurement tools are adopted and implemented that are appropriate to individual consumer and/or carer, service and population levels.

4 That the next phase of developing and implementing a suite of outcome measures in the community-managed mental health sector considers the range of recommended outcomes measurement tools in this report, and includes the Your Experience of Service survey and the Carer Experience Survey.

7.3 An outcome measure framework

The sector recommends a suite of outcome measures sitting in a framework.

7.3.1 A framework for outcome measurement

It is recommended the sector and ACT Health co-design an outcome measurement framework by which community-managed mental health organisations can measure the outcomes of their work to:

1. improve outcomes for consumers and carers
2. better demonstrate individual organisational as well as collective impact
3. demonstrate the sector's contribution to improving wellness in the ACT
4. build evidence for further service and systems development.

A framework for these purposes might comprise:

- a statement of agreed purpose and vision for outcome measurement
- impacts and outcomes sought in relation to:
 - individual consumers and carers using services provided by community-managed mental health organisations
 - consumer and/or carer experience of support or care
 - service level
 - service system level
 - population level
- a suite of outcome measurement tools relevant to the different types of services provided across the sector (the *Final Report of the National Community Managed Organisation (CMO) Outcome Measurement Project* [pp. 23-24] provides an instructive short list of measures that may be suitable for use across the different CMO service types)³
- a guide to using the framework and to the measurement of outcomes including, for example:
 - definitions
 - best-practice pathways to implementation:
 - leadership and change management to create a culture of outcome measurement
 - planning for outcome measurement
 - implementing outcome measurement
 - using and reporting the data
 - monitoring and evaluation

- an outcome measurement reporting plan or timetable
- examples of collection protocols
- sector-wide supports and resources available to assist organisations with outcome measurement, reporting and use of results, such as:
 - training and continuing education
 - IT support
 - licensing funding and arrangements
 - capacity and infrastructure grants
 - shared/common tools, documentation, apps, etc.

7.3.2 Recommendation

- 5** That ACT Health and the sector co-design an outcome measurement framework inclusive of measures and best-practice pathways.

7.4 Universal design and reasonable accommodation

The sector is concerned that some outcome measurement tools and/or processes might systematically exclude, disadvantage or even harm people with certain disabilities and people from diverse backgrounds. Further measures may lack sensitivity to intersectionality, which may in turn influence people's engagement with and experience of particular methods, formats or processes.

It is essential that selected consumer and/or carer outcomes are accessible and sensitive to diversity and intersectionality and are widely considered as valid, meaningful and safe.

7.4.1 Recommendations

- 6** To ensure accessibility and sensitivity to diversity and intersectionality, that engagement with a diversity of consumers and carers be made a mandatory requirement for the selection, development and validation of outcome measures and outcome measurement tools.

- 7** That the selection and implementation of consumer and/or carer outcome measures and measurement tools incorporates principles of universal design and reasonable accommodation.

- 8** That selected outcome measurement tools have community languages and easy-language versions, and that protocols are developed for engaging consumers and carers and for administering the measures, outlining step-by-step actions for improving the accessibility and safety of specific tools.

7.5 Outcome measurement tools recommended for further consideration

The following outcome measurement tools are recommended for further consideration by both ACT Health and the sector.

7.5.1 Consumer and/or carer outcome measurement tools

The measures in italics are those that were earlier recommended by Community Mental Health Australia and the Australian Mental Health Outcomes and Classification Network in

*Implementing Routine Outcome Measurement in Community Managed Organisations (2015).*⁹

7.5.1.1 Mental health and wellbeing outcome measures

- *Kessler Psychological Distress Tool (K10/K5):* generally regarded as easy to use, with people able to see changes in their distress; there is a K5 adaptation for Aboriginal and Torres Strait Islander communities and it is available in community languages.¹⁰

7.5.1.2 Condition-specific outcome measures

- Generalised Anxiety Disorder Assessment
- Depression Anxiety and Stress Scale (DASS-21, 42)
- Edinburgh Postnatal Depression Scale (EPDS): good tool for this condition, easy to use
- [iCOPE](#) digital screening: for mothers during the perinatal period.¹¹

"The EPDS is very helpful in perinatal mental health services. I would be happy to adopt a range of tools if we had funding to best manage and utilise their adoption and analysis."

7.5.1.3 Recovery outcome measures

- Recovery Star: easy to use, people can engage with it and can see their progress, developing adaptations for diversity
- *My mental health recovery measure (RAS-DS)*
- International Recovery Scale.

"We strongly favour the RAS-DS. A strengths-based, self-administered tool. I think the K10 is useful in measuring distress, invariably we see reduction of distress when participants engage in the recovery-focused nature of our programs."

7.5.1.4 Functioning and quality of life outcome measures

- *WHO Quality of Life (WHOQoL-BREF)*
- [Strengths and Difficulties Questionnaire \(SDQ\)](#), a brief behavioural screening questionnaire used in child and adolescent services
- WHO Disability Assessment Schedule (WHODAS 2.0)
- Living in the Community Questionnaire (LCQ)
- Scott Miller [Outcome Rating Scales and Child Outcome Rating Scale](#), e.g. MyOutcomes®, Feedback Informed Treatment (FIT)-Outcomes and OpenFIT (entails four or five questions and can be used for younger individuals; licence is required but training is available; can track each session).

"Outcomes will vary according to the focus and target group of the service and the aspirations and support to achieve them built into a recovery plan. For individuals they might look like a tangible reduction in psychological distress, social anxiety of suicidal ideation. In our organisation we are increasingly looking at outcomes for people in terms of improved social determinants of health."

7.5.1.5 Carer-specific outcome measures

There is a need to move beyond the situation where outcome measurement with carers and families is ignored or is narrow and based on reductionist, tick-box tools and processes.

A discussion paper by Tandem Carers, *Family/Carer Outcome Measures (2021)*¹², examined current outcome measurement tools for families, carers and supporters who have engaged with a Victorian mental health service, and made the following recommendations:

1. Further investigation to improve our understanding of what outcome domains should be measured.
2. Work on developing a methodology to measure outcomes which are meaningful and inclusive for all family carers. Efficacy of measurement tools hinge on having carers central in the design, development, and evaluation of the tool.
3. That all work on the development of family carer outcome measurement must be family carer-led.
4. A funded carer-led working party to assist in the development of the next steps in this family carer outcome measurements project.

These recommendations appear relevant to the ACT and warrant further consideration.

7.5.2 Measurement of consumer and carer experience of support or service

The [Your Experience of Service \(YES\)](#) Survey, a national tool developed specifically for community-managed mental health services, is recommended.¹³

The Mental Health [Carer Experience Survey \(CES\)](#) is also recommended.⁵

7.5.3 Service level and population outcome/impact measures

Enthusiasm was expressed for building on the experience of a number of community-managed organisations, including Meridian with [Socialsuite](#) and [Amplify](#), and to explore with ACT Health the development of a bespoke service and population-level outcome tool.

"I think given the ACT Government's adoption of wellbeing domains and indicators and the alignment with the principles of Recovery-Oriented Practice, I would like to see a social determinants of health approach embedded in housing, human services, mental health and psychosocial disability recovery and support services going forward. I suspect it would also add value to interventions in the suicide prevention space."

7.5.4 Recommendation

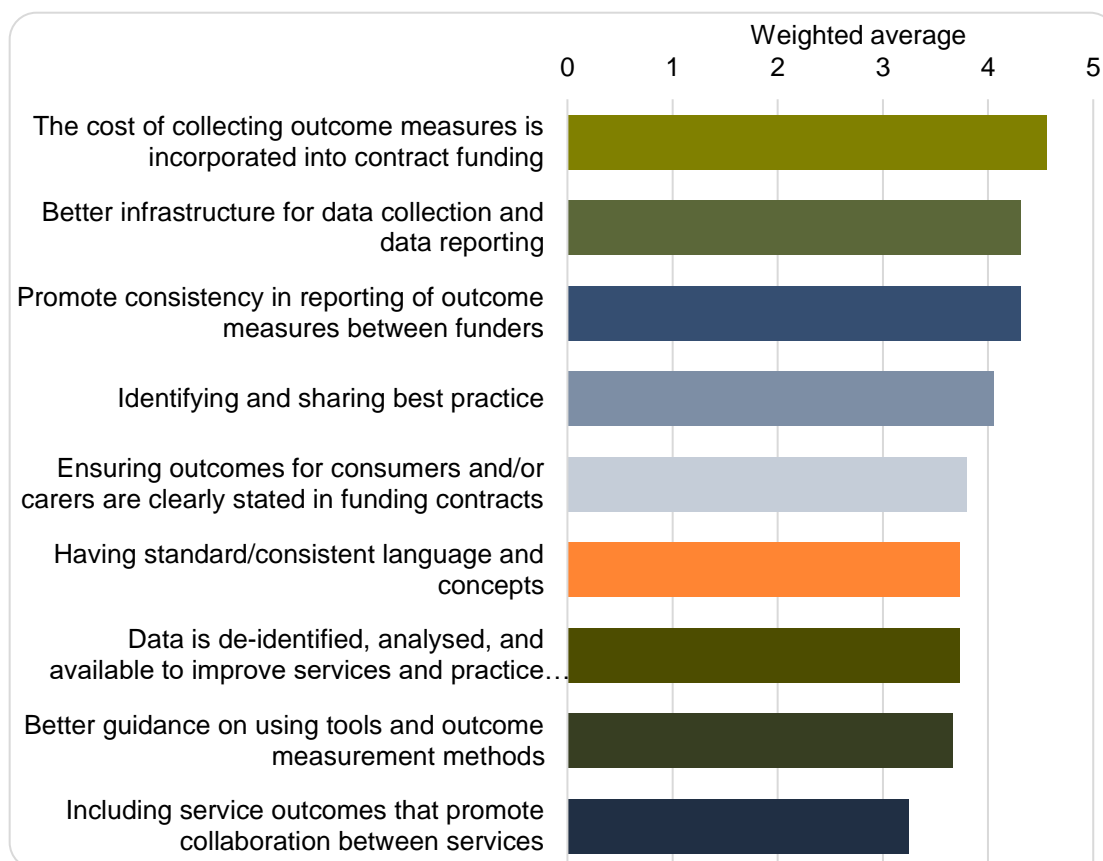
- | | |
|---|--|
| 9 | That future work to develop and implement outcome measures for carers and families is carer- and family-led. |
|---|--|

8 What organisations require to implement outcome measures

The requirements most frequently identified by survey respondents as high or essential priorities to implementing outcome measurement were (n=16):

- The cost of collecting outcome measures is incorporated into contract funding (15)
- Having standard language and concepts (7 respondents)
- Promote consistency in reporting of outcome measures between funders (12)
- Identifying and sharing best practices (11)
- Ensuring outcomes of consumers and carers are clearly stated in funding contracts (10)
- Better guidance on using tools and methods (9)
- Data is identified, analysed and available to improve services and practice in the ACT (9)
- Better infrastructure for data collection and data reporting (12).

Figure 7. High or essential priorities for implementing outcome measurement (weighted average)



Other requirements identified by workshop participants and elsewhere throughout the project included:

- There is a need to strengthen the working relationship between government and funded organisations.
- There needs to be greater acknowledgment of and provision by government and funders to cover the significant investment required by organisations to implement

outcome measures, including hardware, software and systems, staff training, and engagement with consumers and carers:

- Staff workloads need to incorporate time for data collection and data entry.
- Systems need to be developed that 'talk' to each other.
- A data portal needs to be available at an organisation level as well as a sector/systems level.
- There needs to be clarity from government and funders on the purpose of outcome measurement, associated processes, how data will be used, and what related feedback will be given to both service providers and consumer and/or carers. These matters should be specified clearly in funding contracts as well as in an agreement with the sector or an systems-level outcome measurement framework.
- Provision needs to be made for funding, support, skills and capability and time. While funders require evidence of outcomes, community-managed mental health organisations require funding and sufficient resourcing for outcome measurement data collection and analysis and reporting. One provider suggested there be a standard 10% on top of core funding (excluding administration) to enable outcome measurement.
- The outcome measurement framework adopted should avoid duplication and involve easy-to-use systems with pre-set yet customisable templates and dashboards that are helpful and include narratives/explanations, context and a description of the outcomes.
- Implementation requires buy-in from boards and staff, so they can understand the importance of outcome measurement for service users. This could be supported through:
 - board education around consumer and/or carer outcome measurement, as boards are often output-focused as against outcome-focused (i.e., focused on cost-benefit analysis instead of the outcomes for consumers and carers)
 - increased understanding among board members about the role of outcome measurement within governance and quality improvement.
- Outcome measures must be implemented and communicated in a way that provides incentives for service improvements, such as underscoring how they can support services to work better for the people they serve.
- Consumers and/or carers must be supported to buy-in, ensuring they are not distressed and traumatised by the process and implementation of outcome measures.
- Don't start from scratch: ensure the development and implementation of outcome measurement is informed by learnings from other organisations, sectors and jurisdictions who have implemented consumer and/or carer outcome measures.
- Ensure there is networking of data sources, which are in turn shared with the sector to enable ongoing learning across the sector and continuous improvement.

- *"We can't deliver solid quality data without sufficient funding, IT, skills and capability."*
- *"We need everyone on board – have a positive collaborative approach and build an outcomes measurement framework together."*

9 The sector's recommendations for improving outcome measurement and the use of resulting data and information

In addition to the recommendations made above, the sector makes the following recommendations for improving outcomes measurement across the community-managed mental health sector.

9.1 Recommendations

10 That the cost of implementing outcome measurement is incorporated into contract funding, included in tenders, and systematically considered as an integral part of the costs of delivering services.

11 That ACT Health and the sector work together to identify and cost infrastructure and resource requirements to support the development, implementation and maintenance of consumer and/or carer outcome measurement, including:

- engaging consumers and carers
- change management
- training and continuing education
- staffing
- IT support
- licensing funding and arrangements
- capacity development and infrastructure grants
- shared/common tools, documentation, apps, etc.
- sector-wide arrangements and processes for collegial support and the identification and sharing of best practice

12 That an Advisory Group or Steering Committee comprising representatives of the sector, consumers, carers, ACT Health and external advisers be formed to lead future work to implement outcome measurement for the community-managed mental health sector in the ACT.

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- ⁹ Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia, (2015). *Implementing Routine Outcome Measurement in Community Managed Organisations*. AMHOCN: Sydney, NSW. https://www.amhocn.org/sites/default/files/publication_files/implementing_routine_outcome_measurement_in_cmos.pdf
- ¹⁰ Brinckley, MM., Calabria, B., Walker, J. et al., (2021). Reliability, validity, and clinical utility of a culturally modified Kessler scale (MK-K5) in the Aboriginal and Torres Strait Islander population. *BMC Public Health* 21, 1111. <https://doi.org/10.1186/s12889-021-11138-4>
- ¹¹ Centre of Perinatal Excellence. *iCOPE Digital Screening*. <https://www.cope.org.au/health-professionals/icope-digital-screening/>
- ¹² Tandem, (2021). *Family/Carer Outcome Measures: A brief discussion paper*. Tandem: Melbourne. <https://tandemcarers.org.au/common/Uploaded%20files/Outcome%20Measures%20Family,%20friends%20and%20supporters.pdf>
- ¹³ Australian Mental Health Outcomes and Classification Network. *Your Experience of Service Surveys*. AMHOCN: Sydney. <https://www.amhocn.org/your-experience-service-surveys>

Appendix A: Working Group members

First name	Last name	Organisation
Jennifer	Nixon	ACT Mental Health Consumer Network
Stephanie	Lentern	Canberra Health Network
Catherine	Joseph	Carers ACT
Leanne	Craze	Consultant
Melissa	Lea	Office for Mental Health and Wellbeing
Paul	Mayers	Office for Mental Health and Wellbeing
Gavin	Bussenschutt	Wellways
Lachlan	Atyeo	Wellways
Paul	Russell	Woden Community Service

Appendix B: Workshop participants

First name	Last name	Organisation
Karen	Abel	Meridian
Penny	Burns	Menslink
Cindy	Chong	Department of Health
Leanne	Craze	Consultant
Corinne	Dobson	MHCC ACT
Kathy	Ehmann	MHCC ACT
Samantha	Gill	CatholicCare
Beryl	Gover	ADDACT
Angel	Hellyer	MHCC ACT
Shaun	Hodson	Barnados
Angie	Ingram	Mental Health Foundation ACT
Neha	Kumar	CatholicCare
Melissa	Lee	Mental Health Policy, ACT Health Directorate
Kara	Lengyel	Australian Government
Stephanie	Lentern	Capital Health Network
Yvonne	Luxford	Perinatal Wellbeing Centre
Ben	Matthews	MHCC ACT
Paul	Mayers	Office of Mental Health and Wellbeing
David	Maywald	
Jason	McCrae	Think Mental Health
Emily	Medcalf	Department of Health
Nicole	Molyneux	MHCC ACT
Elizabeth	Moore	Office for Mental Health and Wellbeing
Philippa	Moss	Meridian
Veronika	Parancin	Department of Health and Aged Care
Paul	Russell	Woden Community Services
Mary	Ryan	
Penny	Stott	Woden Community Services
Thi nha	Tran	

Appendix C: Survey instrument

Welcome to the Survey!

The Mental Health Community Coalition ACT (MHCC ACT) is conducting a scoping project, funded by ACT Health, to understand and provide advice on the most relevant and appropriate ways for measuring service outcomes for consumers and/or carers by the ACT community-managed mental health services.

This is your opportunity to help shape how ACT Health measures consumer and/or carer service outcomes within our sector.

Service outcomes for consumers and/or carers means information about whether and how services are making a difference to the lives of consumers and/or carers.

Measuring service outcomes for consumers and/or carers is different from reporting service inputs and outputs:

- **Outputs** are the direct activities or deliverables provided by a service (e.g. the number of services delivered).
- **Outcomes** measure what has changed as a result of the program, service or activity (e.g. person using service is able to work more days in employment, has increased hope and optimism about recovery, or participates in social activities).

The tools and measures used to measure outcomes might differ across service types. Additionally, different measures may be applicable where services are provided to carers.

By completing this survey, you will help the MHCC ACT to understand:

1. how outcomes of mental health services for consumers and/or carers are currently being measured, and the relevance and appropriateness of outcome measurement tools used
2. what priority and resources are currently dedicated to measuring service outcomes for consumers and/or carers by providers
3. outcome measurement tools recommended by providers, and if providers had to choose one outcome measurement tool, which it would be and why
4. what providers see as the challenges and barriers to implementing consumer and/or carer outcome measurement, and what changes could be made to support providers and improve the implementation of outcome measurement tools
5. what providers see as challenges and barriers to the effective use of information from consumer and/or carer outcome measurement, and recommendations to improve the use of such information.

Please note: your responses to this survey will be kept confidential, and no respondent or participating organisation will be identified in reporting the findings of this survey. Deidentified data from this survey will be included in a project report and used to inform a subsequent workshop on outcome measurement with the sector.

Information about yourself and your organisation

1. Which of the following best identifies your current role?

- Executive/CEO/General Manager
- Senior manager
- Team leader/manager
- Frontline (direct clients, service provision)
- Administration
- Governance/quality and safety/research/policy
- Other (please specify)

2. What mental health services are provided by your organisation in the ACT?

Please choose as many service types as appropriate to your organisation.

[The list below is derived from the AIHW MH NGO-E MDS. Definitions can be found [here](#)]

- Counselling—face-to-face
- Counselling, support, information and referral— telephone
- Counselling, support, information and referral— online
- Intake / assessment / triage for referral to other services
- Self-help—online
- Group support activities
- Mutual support and self-help
- Staffed residential services
- Personalised support—linked to housing
- Personalised support—other
- Family and carer support
- Individual advocacy
- Care coordination
- Systemic advocacy
- Service integration infrastructure
- Education, employment and training
- Sector development and representation
- Mental health promotion
- Mental illness prevention
- Other (please specify)

3. How many paid full-time equivalent (FTE) staff does your organisation employ who are working in mental health specific services in the ACT?

- 1 to 5
- 6 to 10
- 11 to 2021 to 50
- More than 50

Outcome measurements currently used by mental health services

4. Which option best describes your organisation's approach to measuring service outcomes for consumers and/or carers?

- It does not measure outcomes
- It measures outcomes for only a small amount of services
- It measures outcomes for around half its services
- It measures outcomes for most services
- It measures outcomes for all services

5. Why does your organisation measure outcomes of mental health services for consumers and/or carers?

Please choose as many as appropriate to your organisation.

- To improve services to clients
- To inform recovery/treatment planning for clients
- To inform planning and strategy
- To improve internal decision making
- For external reporting
- It is a funding requirement
- To assist with performance management of staff
- To measure the impact of services on the community
- Uncertain
- Other (please specify)

6. What outcome measurement tools does your organisation currently use to measure consumer and/or carer outcomes of mental health services?

Please enter the name of the measurement tool and the service(s)/program(s) for which this tool is used.

If you use more than one measurement tool, please use a separate text box for each tool and use as many boxes as appropriate.

7. Do you believe service outcomes for consumers and/or carers are effectively measured in your organisation?

- Yes
- No
- Some are effective and some aren't
- Uncertain

Please discuss (optional)

8. How does your organisation fund its measuring of consumer and/or carer service outcomes?

Please choose as many as appropriate to your organisation.

- Externally — we apply for specific-purpose grants to support outcomes measurement
- Externally — we build it as a separate line item into our funding contracts
- Internally — using general funds
- Internally — using a special evaluation/measurement fund
- A mixture of all above
- Uncertain

9. What resources does your organisation currently dedicate to measuring service outcomes for consumers and/or carers?

- Please choose as many as appropriate to your organisation.
- A dedicated position to support outcomes measurement
- Induction and orientation for new staff on how to use outcome measures
- Training and staff development on the use of outcome measures in service delivery
- IT infrastructure to support the collection of data and information
- Access to quality information and reports
- Access to external measurement consultants
- Other (please specify)

10. Has your organisation invested more resources in measuring service outcomes over the last five years?

- Yes
- No
- Uncertain

Recommended outcome measurements tools

11. What outcome indicators, measures, and tools (if any) do you recommend for adoption in the ACT by community-managed mental health organisations?

Please specify the type of service the measure is being recommended for.

12. What are the barriers to effective implementation of measuring service outcomes for consumers and/or carers in your organisation?

	Not a barrier	Somewhat of a barrier	Moderate barrier	Extreme barrier	N/A
Lack of understanding about what outcome measures are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding and resources to implement measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of established methodology or tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of support from senior management and above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity in clients and services provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting buy-in from staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time taken to collate and report outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perception it directs resources away from direct service delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volume of different reporting and outcome measurement requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data collection interferes with our relationships with service users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complexity of the required data processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting participation from the clients receiving services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to aggregated data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The links between an intervention and outcome are not always straightforward or definitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expectation that outcomes can be measured in the short term when real change requires a long-term approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisations not wanting to report negative outcomes for fear of losing funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting buy-in from smaller organisations with more constrained resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify and discuss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendations to improve the measurement of consumer/carer outcomes across the sector

13. What priority would you give to the following recommendations to improve consumer and/or carer service outcomes measurement across the sector?

	Not a priority	Low priority	Medium priority	High priority	Essential priority	Uncertain or N/A
Having standard/consistent language and concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and sharing best practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring outcomes for consumers and/or carers are clearly stated in funding contracts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Including service outcomes that promote collaboration between services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better guidance on using tools and outcome measurement methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data is de-identified, analysed, and available to improve services and practice in the ACT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of collecting outcome measures is incorporated into contract funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better infrastructure for data collection and data reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote consistency in reporting of outcome measures between funders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify and discuss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for completing our survey!

If you'd like to stay informed about this project, please fill out this form.

Please note, your personal information will be collected separately from your survey responses

Appendix D: Workshop program

Thursday 23 June 2022, 10:00am to 3:00pm

UH@Commons Events Room, ANU Union, 3 Rimmer St, Acton

10:30 am **Acknowledgment of Country**

Introduction to workshop

Background and context to outcome measurement in mental health services and the outcome measurement project

-- Dr Elizabeth Moore, Coordinator General, Office for Mental Health and Wellbeing

10:50 am **Overview and explanation of the workshop's process**

-- Ben Matthews, MHCC ACT

Project findings to date: results of survey to community-managed mental health organisations

-- Leanne Craze, consultant

11:00 am **World café and report back**

Table topic 1: What are the characteristics of a good outcome measure?

Table topic 2: What outcome measure/s do people recommend and why?

Table topic 3: What are the challenges and barriers to organisations implementing outcome measures?

Table topic 4: What do organisations require to implement outcome measures?

Table topic 5: How can outcome measures reflect the diversity of services provide by the sector as well as include diverse voices?

1:00 pm Lunch break

1:45 pm **Facilitated discussion**

2:30 pm **Final thoughts and recap of key discussion points**