Outcome Measurement in Mental Health
Outcome Measurement in Mental Health

Theory and Practice

Edited by Tom Trauer
## Contents

*List of contributors* vii  
*Foreword* ix  

1 **Introduction**  
Tom Trauer

### Section 1 – Outcome Measurement around the World

2 **Mental health outcome measurement in Australia**  
Jane Pirkis and Tom Callaly

3 **Outcome measures in New Zealand**  
Graham Mellsop and Mark Smith

4 **Outcome measurement in England**  
Mike Slade

5 **Outcomes measurement in Ohio and the United States**  
James Healy and Dee Roth

6 **The Outcome Questionnaire system: a practical application for mental health care settings**  
Michael J. Lambert

7 **Outcome measurement in Italy**  
Mirella Ruggeri

8 **Outcome measurement in Germany**  
Sylke Andreas, Thomas Becker, Holger Schulz and Bernd Puschner

9 **Outcome measurement in mental health services in Norway**  
Torleif Ruud

10 **Outcome measurement in Canada: one province’s experience with implementation in community mental health**  
David Smith

### Section 2 – Outcome Measurement in Specific Groups and Settings

11 **Routine outcome measurement in child and adolescent mental health**  
Peter Brann

12 **Outcome measurement in adult mental health services**  
Tom Trauer

13 **Outcome measurement in older persons**  
Rod McKay and Regina McDonald

14 **Outcome measurement with indigenous consumers**  
Tricia Nagel and Tom Trauer

15 **Routine measurement of outcomes by Australian private hospital-based psychiatric services**  
Allen Morris-Yates and Andrew C. Page

16 **Mental health outcome measurement in non-government organizations (NGOs)**  
Glen Tobias

17 **Outcome measurement in drug and alcohol services**  
Maree Teesson and Mark Deady
Section 3 – Current Issues in Outcome Measurement

18 Outcome measurement – applications and utility 185
Tom Trauer

19 Stakeholder perspectives in outcome measurement 196
Tom Trauer

20 Assessment of change in outcome measurement 206
Tom Trauer

21 Routine outcome measurement: perspectives on skills and training 219
Tom Trauer and Tim Coombs

22 A review of instruments in outcome measurement 230
Tom Trauer

23 Some economic and policy considerations for outcome measurement 242
Rowena Jacobs

24 Future directions 254
Tom Trauer

Index 263
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Foreword

Outcomes measurement (OM) in medicine has been around, as an ideal, since Codman’s “End Result Idea” in the early 1900s. Astonishingly, it has lain dormant almost all of the time since. I’ve been active in this field for just over twelve years, but in that time it has developed very rapidly. This book marks a crucial phase in its evolution - a coming of age in mental health, arguably its most problematic arena. Across the world, as it shows, many local and regional mental health services (like South Verona in Italy) have reached different stages of implementation and some larger units (like Ohio in the US and Ontario in Canada, again at very different stages) have also taken a methodical approach. But in two countries (Australia and New Zealand) there is national implementation of OM in mental health services. Of these Australia is by far the most advanced; a beacon to the rest of us. This book is therefore quite rightly dominated by Australian authors. Let me adopt an Australasian forthrightness. Anyone can write a book on the theory of OM in mental health and stuff it with the psychometrics of research scales or the philosophy of causality. Anyone can carry out surveys of non-participants’ views of OM, and especially why OM can’t be done in mental health, ignoring the words of the sage: “The person who says something cannot be done should not interrupt the person doing it.” This book, full of excellent advice about how to implement, sustain and develop OM programmes in mental health, has contributors who are actually doing it. And only Tom Trauer, internationally acknowledged leader of the mental health OM community, could have edited it. For these reasons alone I am certain that this book will swiftly become the standard text.

I use the present tense; OM is never finally “implemented” – it is a process, and all the sites described in this book are at different stages on sometimes different paths. Why do I talk of evolution? Tautologically, only those programmes that have the right attributes to survive will do so. As Tom Trauer himself describes, enthusiastic champions may be necessary at the start but they are not sufficient. It is certain that many local OM initiatives have started, blossomed and then died without trace, perhaps when the champions moved on. But when a well established and documented whole state OM system begins to crumble like that in Ohio, starkly described here by James Healy and Dee Roth, we should all be asking the question: what are the attributes of an OM system that survives? There is a view that OM has not yet proved itself - that it is a luxury of some sort. There is also more or less hostility to OM from various quarters; why else would it have taken so long for such an obvious development? (Tom has long compared OM with the development of the mercury thermometer, without which we would still be talking of unquantifiable “fever”.) When the cold winds of recession blow, as they have particularly in Ohio, those hostile to OM leap forward and cry “it’s all very nice but we can’t afford it!” But the truth is that medicine in general, and mental health services in particular, cannot afford not to embrace OM, thus allowing us to move beyond whimsy and prejudice to ecologically valid knowledge of effectiveness.

If you are curious about OM, I am sure you will relish this book. And if you are involved in OM already you are certain to find here new suggestions for development; it covers every sort of service and client group. In particular, you will surely find new attributes that might help
your OM system survive and flourish in what is once again becoming a precarious world for the systematic understanding of effectiveness.

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