




*Past,
Present
& Future:*

VISION PAPER



*“Do not follow where the path may lead.
Go instead, where there is no path and leave a trail.”*

ANONYMOUS

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INTRODUCTION

Visions can be insubstantial, will-o-the-wisp affairs, attempts to smuggle a wish list into everyday work which commits funders to payments and practitioners to particular work agendas. While this vision paper may have its own share of these deficits, it is hoped that it will be seen as a more practical contribution to the ongoing development of mental health outcomes and mental health information in New Zealand.

This paper could have been more realistically called a practical projection paper in that it is concerned with the practicalities of how the business of continuing to develop and consolidate the use of outcomes measurement and information continues in New Zealand's mental health service. It is a projection in that it deals with matters in the future based on outcomes measurement and information from the past and present.

While this paper isn't a strategy or action paper, it is set around the year 2020.

This is far enough away to warrant having a vision for the future. The word vision in this context refers to a combination of how we would like things to be based on a realistic assessment of how mental health information and outcomes are likely to develop. However it is worth emphasising that we are not promising that anything in this paper will necessarily occur. The paper is particularly focused on the role of Te Pou¹. The paper is written to an imaginary reader who wants to have answers to the following questions:

- Where has mental health information been?
- Where is mental health information now?
- Where are we going in mental health information?
- What is Te Pou's role in realising the vision?

This paper unapologetically makes three important assumptions. Firstly, that significant work in outcomes measurement has already occurred in New Zealand which has not yet borne fruit and that we can build on this when discussing the future. In other words, that the introduction of outcomes measurement can be seen as part of a change management process and that we have not yet fully consolidated changes already introduced.

Secondly, that because of the high importance and uniqueness of mental health, a dedicated outcomes infrastructure will continue to be required in the future. Other jurisdictions have rolled all health outcomes, including mental health, into one outcomes-focused service. However, while this has advantages in terms of economies of scale and cross fertilisation (See National Health Service (2008) Outcomes Report Rec.5 for ongoing integration of outcomes measure utilisation within mental health quality improvement culture) between differing areas of health, it lacks the focus which a dedicated service provides, which is particularly important for a small country.

Connected to both these assumptions is a third assumption about the purpose or core role of Te Pou. Te Pou is fundamentally concerned with outcomes information, but not exclusively. Te Pou will also need to work with activity data and other information systems not explicitly connected with outcomes. This is an area of ongoing discussion between Te Pou and the Ministry of Health.

¹ In what follows when we refer to Te Pou it should be understood as referring to Te Pou Information unless otherwise specified.

The first of these assumptions can be seen to lend itself to a conservative incremental approach to change as opposed to a radical change agenda. It is worth commenting briefly on these approaches to change. Conservative incremental approaches to change build on what has gone before and, consequently, future projections can be more accurately predicted than they can be with a more radical change agenda, where there can be sudden and discontinuous changes from what has gone before. However, it would be a mistake to think that conservative incremental approaches don't result in substantive change; it is just that the change is incremental rather than sudden and abrupt.

There are, as a consequence, three objectives to this paper.

1. To discuss where we have come from and where we currently are at in terms of mental health information.
2. To present a vision for the role of Te Pou in that future.
3. To discuss what actions Te Pou needs to take now in order to realise the vision.

These are grand objectives and since we have no crystal ball, any attempt to predict the future is inevitably, at best, inspired guess work and – at worst – a mere wish list.

However, visions of how the future might look are important since they connect with our beliefs and any actions arising from those beliefs. So even though vision papers are not accurate predictions of how the future will necessarily be, they do have an important role, namely that of shaping our intuitions in particular directions. Or in other words, they can help us to create a certain sort of future.

A note on the style of this paper: it is not written as a traditional strategic policy paper might be but in a more involving and imaginative manner which attempts to persuade while, at the same time, remaining logical and coherent. This is because creating a vision should ideally be something which inspires and elevates. It is the beacon on the hill and as we trudge through the mire, it is good to keep glancing up at it, if only to remind ourselves that it is still there.

METHODOLOGY

This paper was written using the following methodology:

- A literature search of key documents in mental health information.
- The creation of a Site Coordinators' discussion thread on creating a vision for mental health information.
- Conversations with key personnel in mental health information (NZHIS staff, Te Pou national information manager and programme team, and WISE Management Services chief executive and chief information officer).
- The draft vision paper was sent to the Ministry of Health and Te Pou for consultation and feedback.
- The draft vision paper was reviewed by Helen Michell-Shand, Te Pou contractor and Wairarapa DHB site coordinator.

PART 1: KEY LITERATURE FOR TE POU

There has been a considerable body of literature, in the past and presently, which has impacted on mental health outcomes and information. This section cannot hope to mention them all but will briefly discuss the crucial literature by way of setting the scene and providing some background in mental health information.

Historically there have been several publications by Lelliot (1994, 1995) which continue to inform mental health information and particularly his strong advocacy for mental health outcomes. The work of Wing et al (1998, 1999) has been particularly important in terms of the development of outcomes measurement information connected to the HoNOS rating scales.

The most important document in recent times is the Ministry of Health's *National Mental Health Information Strategy* (2005) which identified a shift from information collection to information utility. This document also heralded the integration of mental health information into PRIMHD (Programme for the Integration of Mental Health Data). The subsequent implementation plan for the *Mental Health Information Strategy* (2006) indicated ways in which the strategy could be realised.

Key literature from the Ministry of Health (the various mental health plans starting in the 1990s) and the Mental Health Commission's *Blueprint for More and Better Mental Health Services* (1998) have fed into the current position with regards to mental health information. This has culminated in *Te Tāhuhu* (2006) and its associated *Implementation Plan*, both of which signal a change towards prevention and early intervention in mental health services, and the associated need for better communication and coordination of services which has a direct bearing on the need for better mental health information systems.

Other key publications are the *Primary Health Strategy* (2001) with its increased focus upon population health and community based models of health; and the *Maori Mental Health National Strategic Framework* (2002) with its emphasis upon improving Maori mental health. The report on the *Key Performance Indicator Framework for New Zealand Mental Health and Addiction Services* (2007) from Counties Manukau and the Ministry of Health is also a significant publication. This report (based on the Key Performance Indicators for Australian Public Mental Health Services (2004)) identified nine domains that services needed to be – effective, appropriate, efficient, accessible, continuous, responsive, capable, safe, and sustainable. The indicators fall out of these domains. This is also a useful report for pulling together much of the Ministry of Health's literature on mental health, quality and information systems.

Key literature which impacts on the mental health sector's ability to use mental health information are connected to the competencies of mental health workers. The Mental Health Commission's (2001) report into recovery competencies and the Ministry of Health's National Workforce Development Plan *Tauawhiti te Wero* (2005) provide a framework for workforce development which distinguishes five strategic imperatives: workforce development infrastructure, organisational development, recruitment and retention, training and development and research and evaluation.

The *Outcomes Summary Report* by Mellsoy and O'Brien (2000) probably did more than any other report to push the outcomes agenda along with the *NZ CAOS Study* (2002). The *Australian MH-CASC Study* (1996) sought to look at how outcome data can be classified based on discrete classes. This work was largely replicated in New Zealand's own study; *NZ CAOS Project* (2002) which also found that there were 42 classes.

Currently the key literature in outcomes in New Zealand is work generated by Te Pou, much of it still work in progress. The *Data Use Guidelines* (2008) is a substantial work which addresses the way mental health data is used at the various information levels, which are the: consumer-clinician, team, DHB and national levels. Another extremely important work is the report on *Issues and Implications of Implementing MH-SMART Outcomes Measures* (unpublished) which addresses, as a stock take, where New Zealand is currently at in terms of a suite of outcomes measures and recommendations for their introduction.

The report focuses upon the consumer tool *Tāku Reo, Tāku Mauri Ora*, the Maori tool *Hua Oranga*, the Alcohol and Drug tool *ADOPT*, the Functioning Measure *PSP* and *HoNOS LD* and *HoNOS Secure* outcomes measurement tools. The report also makes detailed recommendations about what should happen with regards to these various measures and their eventual introduction. Other significant reports include Maori Data Use Guidelines (included in the *Data Use Guidelines*) which focus on the way Maori data should be used and the report on the *Decision Support System* (2008) which details the benefits of this analytical tool to the sector. Finally the revised *Information Collection Protocol* (2008) provides guidance on the way HoNOS collections should occur. All these reports indicate a certain trend towards information utility heralded in the *National Mental Health Information Strategy*.

Overseas work on outcomes also tends to support much of the work and current direction of Te Pou. The UK's *National Health Service Outcomes, Performance and Productivity* (2008) report signals the UK's commitment to outcomes measurement. The report identifies mental health as one of the key health domains and the UK signals a reinvigorated commitment to HoNOS as a clinician-rated outcomes measurement tool and to CORE-OM as a self-rated consumer outcome tool. In other developments, the UK has shown a development towards a minimum mental health data set. In Australia, AMHOCN (Australian Mental Health Outcome Classification Network) has continued to support outcome based work in mental health and the 2nd Australasian mental health outcomes conference which occurred in 2008 pulled much of this work together.

As the Australian Government's *National Mental Health Report* (2007) indicates, there is a strong trend in Australian mental health information towards the need for benchmarking and a commitment to outcomes. However while the Australian experience has much to teach New Zealand, one of the aspects that New Zealand has emphasised, perhaps more than Australia, is the need to connect with the mental health sector culturally, and from a consumer and clinician perspective.

PART 2: THE PAST OF MENTAL HEALTH INFORMATION

The history of mental health information can be divided into four main phases, which are pre-MHINC (Mental Health Information National Collection), MHINC, MH-SMART and PRIMHD, respectively.

PRE - MHINC

Prior to the introduction of MHINC in 2000, there was little systematic attempt to capture mental health information at a national level². Information was often captured locally and then fed through to the Ministry of Health which had the difficult job of collating disparate amounts of data, which came from different systems collecting different data.

For a relatively small country the lack of a national systematic collection was increasingly seen as problematic in terms of policy development, service development and research.

MHINC

The introduction of MHINC in 2000³ was a big step forward in terms of the development of mental health information. For the first time New Zealand had a national mental health information collection which reflected the activities actually occurring on the ground. MHINC was introduced in the year 2000 to assist with policy development, information collection and research, and it generated a considerable number of standing orders and reports. There were 16 standing orders, provider and funder reports and reconciliation reports connected to MHINC. In late 2008 MHINC was decommissioned and replaced by PRIMHD.

While not specifically connected with MHINC, but in the same time period, the Ministry of Health collected other information which needs to be mentioned: this included financial and costing information (which could ultimately be connected to the CAOS project, which sought to compare like case with like across the country based on class type and resources). Additionally there is contracting information and information on the Mental Health Act. There is also information on Knowing the People Planning (KPP) – this is for consumers who have been in the mental health system for more than two years; and also seclusion data and key performance indicator (KPI) information. At a local and regional level there are various patient management systems and regional system development data.

MH - SMART

MH-SMART was set up in the late 90s as a vehicle for introducing outcomes measurement into New Zealand's mental health services, arising through the Mental Health R&D Strategy, and as such it approximately corresponds to the same timeline as MHINC. It was seen as necessary to oversee the training and information collection protocol associated with mandated measures. There was a national team whose role was to advocate for the HoNOS outcomes measure as the first and only mandated measure, to provide training, advice and resources for the ongoing introduction of outcomes measurement tools.

Management of MH-SMART shifted from the Ministry of Health to WISE Trust in 2006 with the establishment of Te Pou. Consequently, it moved from being an 'initiative' to becoming a 'programme'.

² The New Zealand Public Health and Disability Act and The New Zealand Health Strategy, both published in 2000, provided an overarching context to the development of a national mental health information collection.

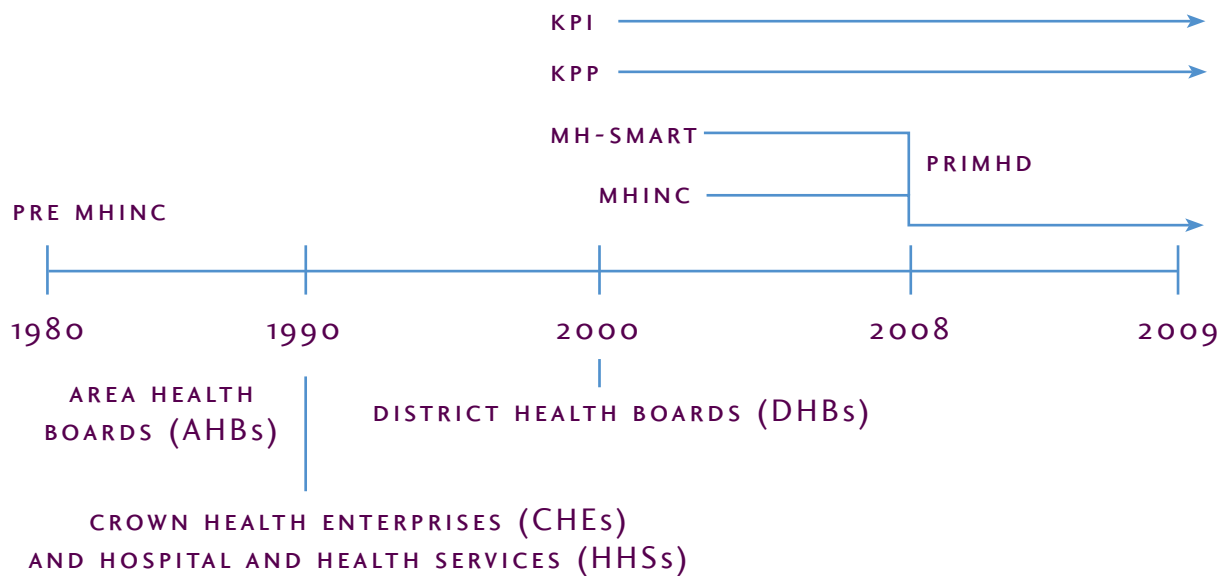
³ The most recent Data Dictionary for MHINC : NZHIS was published in July 2005.

Additional to the small national team, there were also Site Coordinators identified throughout New Zealand's 21 DHBs. While the outcome collection of MH-SMART will be amalgamated with PRIMHD, MH-SMART (through Te Pou) will continue to have some ongoing role in the utility of PRIMHD collections.

PRIMHD (EARLY)

PRIMHD was the Project (later Programme) for the Integration of Mental Health Data and was set up to combine outcome data with activity data from MHINC, initially heralded in the *National Mental Health Information Strategy* (2005). In the early stages, however, it was focused on DHBs. The plan was to roll out PRIMHD⁴ to NGOs⁵ and possibly PHOs⁶ eventually in a later development.

TIMELINE FOR MENTAL HEALTH INFORMATION COLLECTIONS



⁴ NZHIS (2007)

⁵ NZHIS (2008)

⁶ Outcomes measurement in PHOs has followed a different path from DHBs and NGOs with the Kessler 10 being used for contracting purposes between the Ministry of Health and PHOs.

PART 3: TE POU INFORMATION - PRESENT ROLE & RELATIONSHIPS

Based on the current work plan, as itemised in the Te Pou Focus Plan (2008), the following are Te Pou's areas of work and development.

PRIMHD ROLL-OUT AND ASSISTANCE

Te Pou has a role in supporting the roll-out of PRIMHD. The PRIMHD development is a major undertaking which consists in amalgamating MHINC and MH-SMART into one data stream. However this relationship – between MHINC and MH-SMART – has proven quite a difficult one to develop in that the expertise for the two programmes has been centred in differing teams. MH-SMART expertise has been based in the Mental Health R&D Strategy programme and, more recently, Te Pou. Meanwhile the Information Directorate (previously known as the NZHIS) has been responsible for collecting and reporting on activity data. Presently Te Pou's role is to provide expert outcomes advice into the development of the new PRIMHD reports at all levels of information.

INFORMATION UTILITY

Te Pou is actively concerned with demonstrating the utility of information. As per the *Information Use Strategy* (2008), this has a strong emphasis upon clinician/service user and team level information utility. As PRIMHD reports become available this will mean demonstrating the utility of PRIMHD reports, particularly at DHB level downwards.

CLINICAL TRAINING

Te Pou is presently involved in Train the Trainers for MH-SMART and Trainer Development Days. Additionally, Te Pou is organising Train the Trainers for Information Utility. Generally, Te Pou's current training agenda has an emphasis upon providing in-service training to clinicians already working in mental health services.

CASEMIX

Te Pou has been developing a casemix grouper so that data can be compared across DHBs or across services. This work is being based on the analytical tool MHOsys (Mental Health Outcomes System). This work will assist with the analysis of national collections.

CLINICAL PROJECTS

Clinical Projects have centred around the HoNOS tool, since this is presently the only mandated tool. In particular the work has focused on the revision of the HoNOS tool, a revision of the Focus of Care component of the tool, vignette development and whether additional HoNOS tools should be mandated.

LOCAL WAIKATO DHB PROJECTS

Work goes on with the Waikato DHB around risk assessment and the use of routine outcomes measurement tools. There is some possibility that Waikato DHB could be a test site for information utility in terms of seeing whether clinicians can be helped to use mental health information and to integrate mental health information into their practice.

TEST PROJECT AND MHOsys

The Test Project is comprised of outcomes data collected from five participating DHBs. This work feeds into MHOsys which, while not a collection tool in itself, could assist with the analysis of outcomes data and the development of PRIMHD reports.

NGO/MAORI/CONSUMER ENGAGEMENT

Te Pou has recruited people to these key roles and it is anticipated that they will assist with the engagement of these important groups and services, particularly in terms of information utility and training.

CURRENT KEY RELATIONSHIPS

Te Pou's current key relationships are with:

- The Ministry of Health, which is the current funder of Te Pou's programmes and with the Information Directorate within the Ministry of Health. Currently Te Pou and the Ministry are seeking to clarify where the respective roles of the Ministry and Te Pou reside with regards to mental health information.
- The 21 DHBs and the site coordinators, general managers, clinical leaders and managers of those services.
- The mental health sector more generally, that is NGOs, PHOs and consumer groups.
- WISE Management Services since it currently provides management services to Te Pou.
- Other workforce centres (Werry Centre, National Addictions Centre, Te Rau Matatini).
- The academic and research community in the mental health and addiction sector.

Te Pou Information has a key relationship with other Te Pou programmes - Workforce, Research and Le Va (see Figure 1 overleaf for a diagrammatic representation of Te Pou Information's key relationships).

FIGURE 1: TE POU INFORMATION - CURRENT RELATIONSHIP DIAGRAM

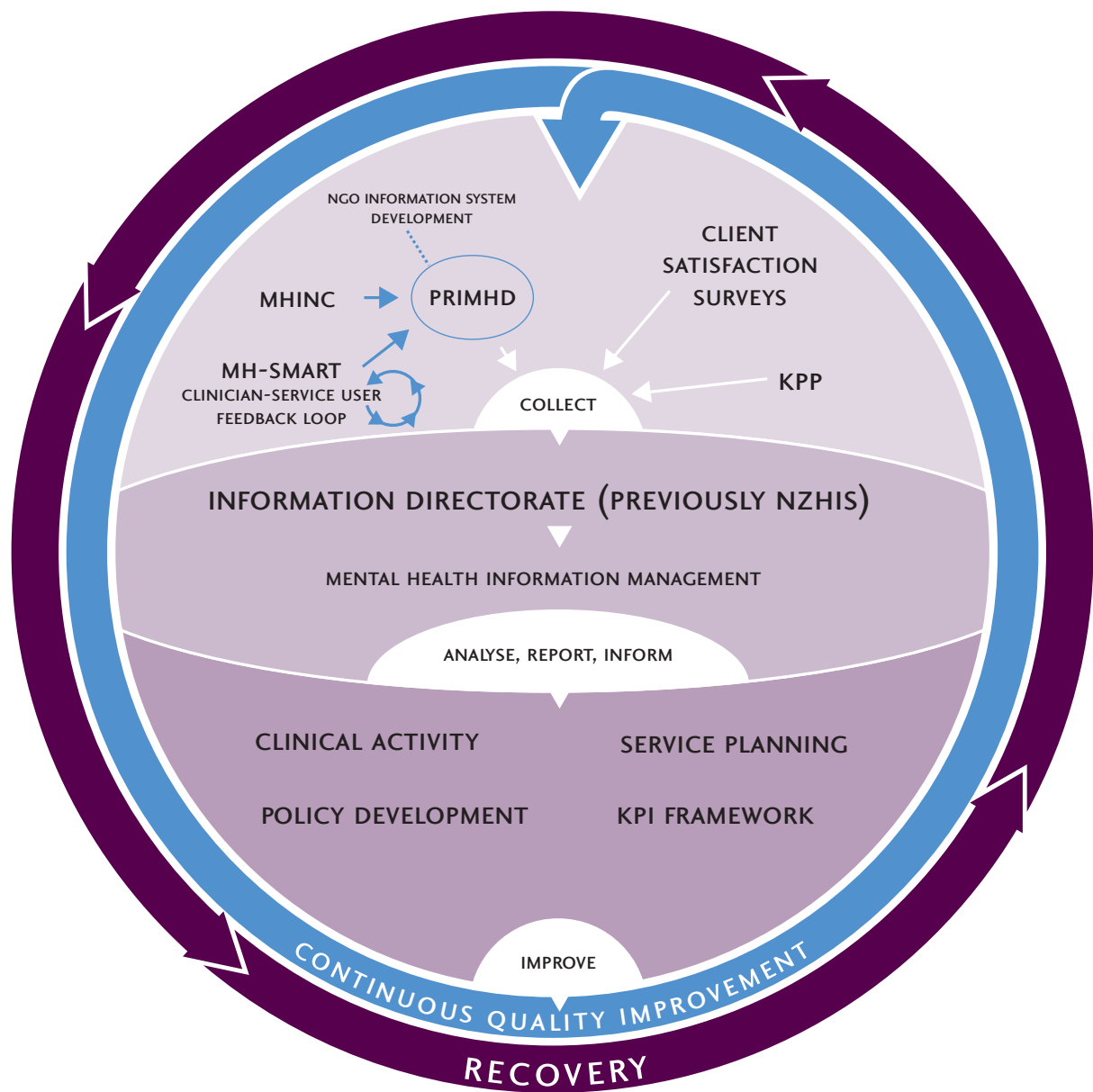


THE CURRENT SITUATION

Mental health information is currently collected by district health boards. It is then provided to the Ministry of Health to inform clinical activity, service planning, policy development and a key performance indicator framework. System development for collecting mental health activity and outcomes information from non-government organisations is in its early stages. The graph below shows the current mental health information collections and the process they follow through the information collection system.

See below for a diagrammatic representation of the current process for collecting mental health information.

FIGURE 2: CURRENT PROCESS FOR COLLECTING MENTAL HEALTH INFORMATION



PART 4: A VISION FOR MENTAL HEALTH INFORMATION AND THE ROLE OF TE POU

In discussing the Te Pou role in connection with a vision for mental health information, it is impossible to avoid mentioning a vision for mental health information more specifically since the two are inescapably entwined.

Underpinning every aspect of this vision is the service user and their community driving core competencies and specialised training of the mental health workforce and the implementation of recovery and resiliency principles.

FIGURE 3: CORE COMPETENCIES, SPECIALISED TRAINING & RECOVERY PRINCIPLES



The following principles connected to mental health information should be seen as underpinning the vision:

- Individuals should, as much as possible, own and control their own information.
- Individuals should be able to access information and support when they need it.
- A respect for the values of autonomy and self determination.
- A respect for security and privacy of mental health information.

FIGURE 4: VISION PRINCIPLES



EMERGING ISSUES IN MENTAL HEALTH INFORMATION

This paper argues that three emergent issues will have a strong impact on the way all the other key areas, discussed below, develop by 2020. These emergent issues are:

1. The use of information systems.
2. The ongoing use of outcomes measurement.
3. The utility of information.

The paper focuses on these three emergent issues because if they are not developed, fostered and supported the vision will not be realisable.

Information systems will continue in importance. It is reasonable to claim that many workers in mental health services are under-skilled in information technology. This is arguably a training issue which needs to be addressed more than it has so far. However, given that mental health services have an aging workforce and that the newer generation have a more natural inclination towards information technology than the older generation, this may change through a natural process of attrition.

Outcomes measurement, connected to information technology, will increasingly be imbedded in mental health services provided it can be demonstrated that such measures and their routine collection has real utility. This aspect of information utility is a central concern for Te Pou and one which will run through all the key areas that follow.

KEY AREAS IN MENTAL HEALTH INFORMATION

This vision will restrict itself to the following areas, because these areas have been signalled in the *National Mental Health Information Strategy* (2005). These are developments of work already occurring within mental health services, and we will restrict ourselves to projecting developments from the present and past.

- Mental health systems
- Mental health outcomes
- Information utility
- Relationship between the key players in mental health information
- Clinical training/workforce development
- Website development
- Reports: dissemination, interpretation and use
- Quality initiatives: auditing and benchmarking
- Clinicians and information: clinical notes, clinical reviews and clinical plans
- Service provision and service delivery
- Service users and information
- General public access to information
- Mental health promotion, illness prevention and early detection and intervention
- Research and the generation of new knowledge in information

As the following figures indicate, these vision statements should be seen as incremental in that each vision statement needs to rest on the one before in a hierarchical⁷ sense. In what follows these key areas will be explored through a vision statement, rationale and role for Te Pou for the year 2020.

⁷ Hierarchy is to be understood as implying that in order to reach and use each vision statement step the previous steps need to have been reached first. This is an incremental understanding of hierarchy and needs to be contrasted with hierarchy based on importance.

WHAT SYSTEMS DO WE WANT TO SEE IN MENTAL HEALTH IN 2020?

VISION STATEMENT

One mental health information system in New Zealand by 2020 connecting primary, secondary and tertiary services, including DHBs, NGOs and PHOs. Additionally, that the information technologies employed in the various DHBs, PHOs and NGOs by 2020 are compatible and inter-linkable. Furthermore, that the information collected is as complete as possible in order to provide information which is descriptive, evaluative, prescriptive and corrective⁸.

RATIONALE

This vision statement, while difficult to achieve, is a realistic and reasonable development of trends already occurring, as the PRIMHD roll-out has discovered. If this level of integration is not achieved, for a small country the repercussions are a recipe for fragmentation, lack of consistency and poor use of resources.

The rationale for an information system being as comprehensive as possible is that this will assist with decision making in terms of the most effective interventions and use of money.

TE POU ROLE

Te Pou's role is to promote and hold the sector to the vision.

WHAT WILL BE HAPPENING WITH MENTAL HEALTH OUTCOMES IN NEW ZEALAND IN 2020?

VISION STATEMENT

The outcomes suite of measures that demonstrate efficacy and acceptability will be used. This suite would comprise HoNOS, a consumer self-rated measure and other measures, all fully integrated into clinical (and NGO) practice. There will be clarity about which outcome tools are mandated for national aggregated collection, and alongside this, other validated outcomes measures addressing commonly occurring issues and themes would be 'recommended'. This would encourage collection of comparable data from reliable and valid measures from around the country.

RATIONALE

Without a number of outcomes measures (that measure a range of perspectives such as clinician/ service user/family/whanau) fully implemented in New Zealand there will be no routine opportunity for demonstrating, in an evidential sense, that mental health services are supporting service users with their recovery.

TE POU ROLE

To promote and hold the sector to the outcomes vision, to advocate for outcomes and be a steward for the outcomes agenda.

⁸ As per the *National Mental Health Information Strategy* (p10, 2005)

HOW WILL WE ENSURE MENTAL HEALTH INFORMATION HAS UTILITY IN 2020?

VISION STATEMENT

That service users, clinicians and clinical teams will routinely use mental health information for decision making, service planning and development and in their clinical practice.

That utility of information is primarily concerned with promoting service user recovery but that the secondary uses of information will assist with aggregated reports, quality initiatives and research.

RATIONALE

Without utility, mental health information, regardless of its quality, will be of little value. Good quality mental health information can assist with good decision making.

TE POU ROLE

To provide training, support and tools to enable service users, clinicians and managers to use mental health information at a clinical level.

FIGURE 5: EMERGENT ISSUES – MENTAL HEALTH SYSTEMS, OUTCOMES & UTILITY



WHAT SHOULD THE RELATIONSHIP BE BETWEEN THE KEY PLAYERS IN MENTAL HEALTH INFORMATION IN 2020?

VISION STATEMENT

The key players in mental health information (the Ministry of Health, Te Pou and DHBs and – over time – NGOs and PHOs) have an agreed understanding of what their various roles are, both in terms of which levels of mental health information they are focusing on and also what they do with that information once they have it (such as collecting, reporting, analysing, disseminating, training, quality initiatives or research).

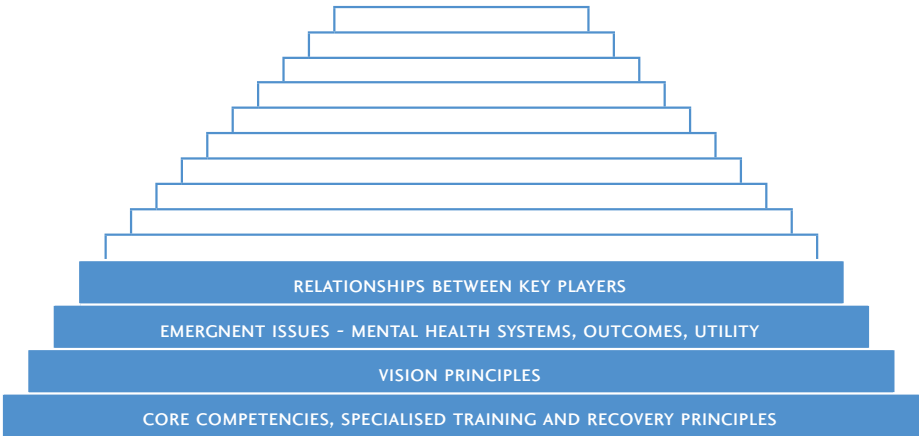
RATIONALE

There have been some differences historically in the way that the Ministry of Health, Te Pou and DHBs see their roles with regards to mental health information. Without agreement and cohesion there will be difficulties realising the subsequent vision embraced by this paper.

TE POU ROLE

Continue to clarify its own role and to ensure that the role is communicated clearly to the other key players.

FIGURE 6: RELATIONSHIPS BETWEEN KEY PLAYERS



WHAT WILL BE HAPPENING WITH TRAINING AND WORKFORCE DEVELOPMENT IN MENTAL HEALTH INFORMATION IN 2020?

VISION STATEMENT

Training and workforce development will be such that the mental health workforce will be fully able to use mental health information in terms of the five strategic imperatives in workforce development⁹.

RATIONALE

In 2008 the Ministry of Health launched ‘*Let’s get real*’ which is a competency package for seven Real Skills at three competency levels (essential, practitioner and leader). This framework will be implemented over the next few years, with Te Pou leading the implementation phase to 2011. There will be a number of implementation tools associated with this process for managers, clinicians, educational providers and human resources. The information and outcomes based training which Te Pou is involved with will need to align with *Let’s get real*.

TE POU ROLE

Currently Te Pou is involved in a number of training initiatives and workshops over the 2008-2009 period. These are:

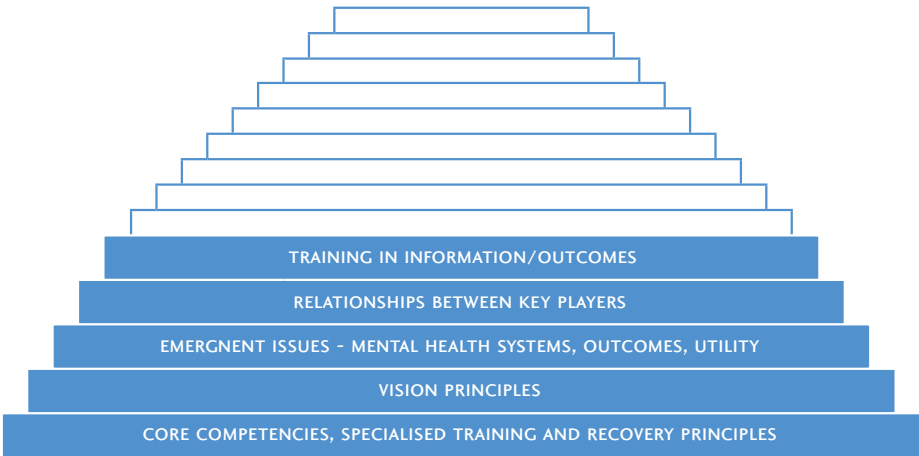
- a national Train the Trainers programme for HoNOS over four days
- four non-consecutive Trainer Development days for people already working as Trainers for HoNOS
- information utility workshops for planners and funders (four) and managers (four).

Te Pou will provide eight information utility days for clinicians across the sector by the end of 2009.

Questions arising from this training:

- What training needs to continue and what needs to be dropped by Te Pou to move forward?
- What new training does Te Pou need to acquire, identify, promote and provide?
- How does all this connect to a broader outcome training vision for Te Pou for the year 2020?

FIGURE 7: TRAINING IN INFORMATION/OUTCOMES



⁹ The strategic imperatives for workforce development are: workforce development infrastructure, organisational development, recruitment and retention, training and development and research and evaluation.

WHAT TRAINING NEEDS TO CONTINUE AND WHAT NEEDS TO BE DROPPED?

With the push towards information utility, training with this focus will need to continue for the foreseeable future. One of the issues to address is whether this training should be targeted towards particular groups of clinicians (for example senior clinicians who are the most influential), particular services (currently the focus is upon DHBs but this will need to be refocused on NGOs and PHOs in the future) and particular groups (for example Maori, consumers, Pacific).

WHAT NEW TRAINING DOES TE POU INFORMATION NEED TO ACQUIRE?

Te Pou needs to consider future training in:

- additional outcomes measures such as HoNOS LD (and possibly Secure), AOD measure, consumer tool, cultural tool etc
- outcome training for the NGO and PHO sector in outcomes measurement.

Both of these are significant training developments for Te Pou and as such may require additional recruitment, specific to these new training obligations.

HOW DOES ALL OF THIS CONNECT TO A BROADER OUTCOME TRAINING STRATEGY?

Presently, Te Pou Information training is quite piecemeal and has clearly arisen in response to the needs of the sector. This is a good thing and shows responsiveness and flexibility. However, there is also a need to be more strategic in the way training is delivered. Te Pou has developed a *National Training Plan* (2008) which provides a strategic overview of workforce training in the sector.

PROPOSED STRATEGIC TRAINING MODEL BY 2020

One possible model for Te Pou, in order to align with *Let's get real*, is to consider making distinctions between:

- pre-registration training
- new graduate training
- in-service training
- postgraduate training.

It is readily apparent that most of the training offered by Te Pou falls into the in-service training category.

HOW THIS STRATEGIC MODEL MIGHT WORK

Pre-registration training - aimed at professionals in training (doctors, nurses, psychologists, etc.). This is presently a hit and miss affair, with some training having a high outcomes and information focus and others having little. Te Pou's role could be to work with training institutions and registration bodies around developing the standards for pre-registration training in outcomes measurement and mental health information.

New graduate level – that is professionals (such as nurses and doctors) who have registered with their professional bodies but who are new to their clinical working life. Te Pou's role here might be to work with DHBNZ and DHBs to develop appropriate content, standards and orientation to outcomes measurement for new graduate professionals.

In-service level training – this is presently the dominant role for Te Pou in terms of training. Some of the previous content mentioned above could address the content of in-service training moving forward.

However by 2020, if not much sooner, it is likely that this training will be offered by distance learning, with all the benefits this will bring in terms of access.

Postgraduate level – Te Pou could work with tertiary institutions, using the educational provider framework of *Let's get real* and Skills Matter, to develop an appropriate framework for outcomes measurement education which could be credited towards a suitable course in terms of a recognised qualification or alternatively a new qualification such as a Postgraduate Diploma in Information Utility aimed at health professionals.

WHAT WILL THE TE POU WEBSITE LOOK LIKE IN 2020?

VISION STATEMENT

There will be one mental health portal, where all mental health information can be accessed and responded to. In technical jargon this is referred to as vertical integration of the website. In other words the Te Pou website (or some development of this) will become the access point for the mental health service workforce in New Zealand.

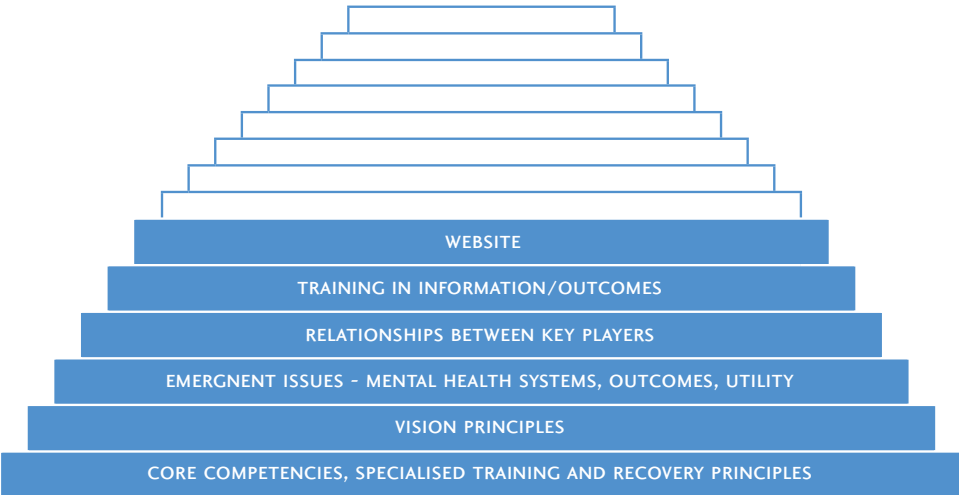
RATIONALE

This is a particularly bold vision but one which – were it realised – would bring significant gains to New Zealand's mental health service. It would enable greater access to information (particularly important to remote and rural populations) and engagement with services through a unified and user friendly mental health portal.

TE POU ROLE

To promote and hold the vision and to make decisions which continue to support the development of such a mental health portal.

FIGURE 8: WEBSITE



HOW WILL REPORTS BE DISSEMINATED, INTERPRETED AND USED IN 2020?

VISION STATEMENT

Reports will be routinely integrated into clinical practice and used extensively. These reports will include both activity and outcome data.

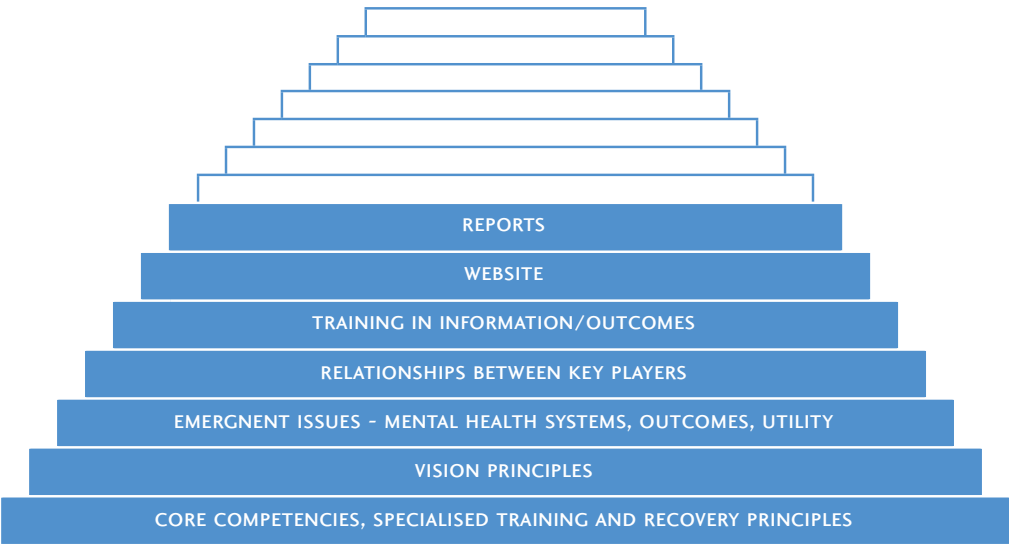
RATIONALE

Without reports being disseminated, understood and used, they are, essentially, of little benefit. This vision statement connects with other key areas such as the website, training and quality improvement initiatives.

TE POU ROLE

To provide training and analysis of reports at clinical information level and advise on the development of national reporting.

FIGURE 9: REPORTS



WHAT WILL QUALITY INITIATIVES BE LIKE IN 2020?

VISION STATEMENT

Benchmarking will be integrated into information reports as a commonly expected way of presenting data. This information will provide comparisons between services and individual clinicians with stakeholder and service user access.

Auditing will be a more clinically driven tool than it is now, with clinicians able to access electronic audit tools which require minimal methodological sophistication for the auditing of clinical and direct care activities.

RATIONALE

Without the ability for service users and others to compare services there can be no real choice of services or providers.

TE POU ROLE

To assist in the analysis and reporting of outcome and information data which provides the foundation of benchmarking and auditing.

FIGURE 10: QUALITY



HOW WILL CLINICIANS USE INFORMATION IN 2020?

VISION STATEMENT

Electronic records will be well established. There will be no paper record. Portable hand-held units will allow clinicians to access all the information they need to write records, notes, assessments and plans electronically.

RATIONALE

Such full electronic records will enable clinicians to access information when they need it and to interact with the mental health web portal to request particular types of information reports.

TE POU ROLE

To provide training in information utility which would include accessing and using electronic information systems.

FIGURE 11: CLINICIANS & INFORMATION



WHAT WILL SERVICE PROVISION AND SERVICE DELIVERY LOOK LIKE IN 2020?

VISION STATEMENT

There will be less reliance on centralised inpatient units (though they will still exist) with more responsive services for the individual within their own environment. This will mean that service users will be in control of their own information, treatment and care than presently where it tends to be owned by these centralised units.

RATIONALE

Services which are more able to respond to people within their in-situ habitat are more likely to be effective, acceptable and appropriate, which is important when working with particular cultural and age-based groups.

TE POU ROLE

Advocate for a vision of mental health services that meets the needs of their service users and communities through providing greater access to information.

FIGURE 12: SERVICE PROVISION AND DELIVERY



HOW WILL SERVICE USERS USE INFORMATION IN 2020?

VISION STATEMENT

People using services will be able to access all information about themselves except in exceptional circumstances. They will be able to enter their own self-rated outcomes into the system on a regular basis, complementing clinician-based outcomes. This will provide more utility to the information people access. People will have a stronger sense of ownership of their own data than they do now. Additionally through social networking (via the mental health web portal) there will be less isolation (particularly important for people in rural and remote areas) and consequently more sense of a real community.

RATIONALE

If people using services are able to access their own information they will have a greater sense of ownership. Additionally there will be an opportunity for people using services to participate in early intervention/detection of problems.

TE POU ROLE

To promote and support the vision and to actively participate with the service user/consumer movement to realise it.

FIGURE 13: SERVICE USERS AND INFORMATION



HOW WILL THE GENERAL PUBLIC ACCESS INFORMATION IN 2020?

VISION STATEMENT

The general public will access information and use information more easily (hopefully using the single mental health web portal). There will be provision for the general public to complete online wide screening 'quality of life' tools.

Additionally, the general public will be able to access a considerable amount of personal information electronically.

RATIONALE

Better access by the general public will mean that New Zealand has a better informed and more information aware citizenry. The use of general public online screening tools will mean that there will be the possibility of early detection and intervention for mental illness. Earlier detection will also require primary health access rather than secondary mental health access and a workforce to go with this.

TE POU ROLE

To support this vision, particularly in the ongoing development of a mental health portal accessible to the general public.

FIGURE 14: GENERAL PUBLIC ACCESS TO INFORMATION



HOW WILL INFORMATION USE ASSIST WITH THE PROMOTION, PREVENTION, EARLY DETECTION AND INTERVENTION OF MENTAL HEALTH PROBLEMS IN 2020?

VISION STATEMENT

General public and service users' ability to enter self-rating outcomes measures into the system (hopefully via a single mental health web portal) will mean that early detection of problems by PHOs will become a reality with associated early intervention and diagnosis.

RATIONALE

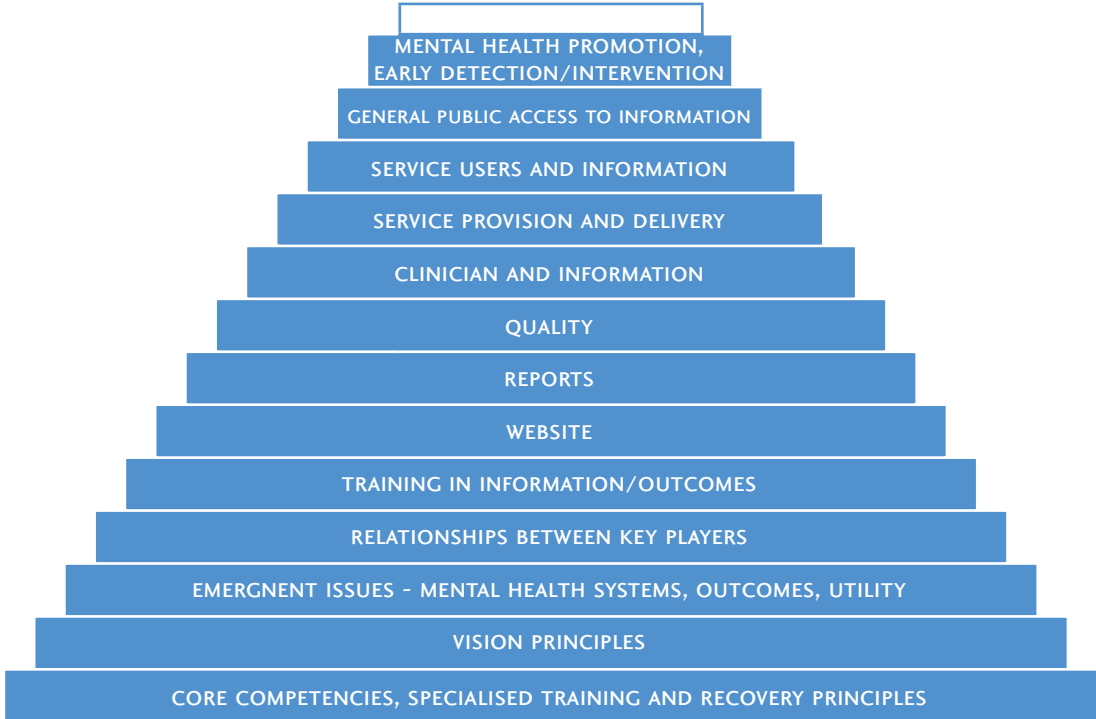
There is considerable evidence that early detection and intervention are associated with better and speedier recovery from most mental health disorders.

TE POU ROLE

To assist with the implementation of self-rating measures for general screening purposes and for people already receiving services.

Te Pou will work closely with PHOs to introduce and implement outcomes measurement in a systematic manner across New Zealand.

FIGURE 15: MENTAL HEALTH PROMOTION, EARLY INTERVENTION & DETECTION



HOW WILL RESEARCH AND THE GENERATION OF NEW KNOWLEDGE IN INFORMATION OCCUR IN 2020?

VISION STATEMENT

Information will be studied at university level and be a core part of the training of mental health professionals. Consequently there will be a focus upon the research underpinning mental health information. There will be Masters and PhD thesis work and an active research programme on mental health information, studying differing ways of using data and presenting data (an area where very little study currently occurs).

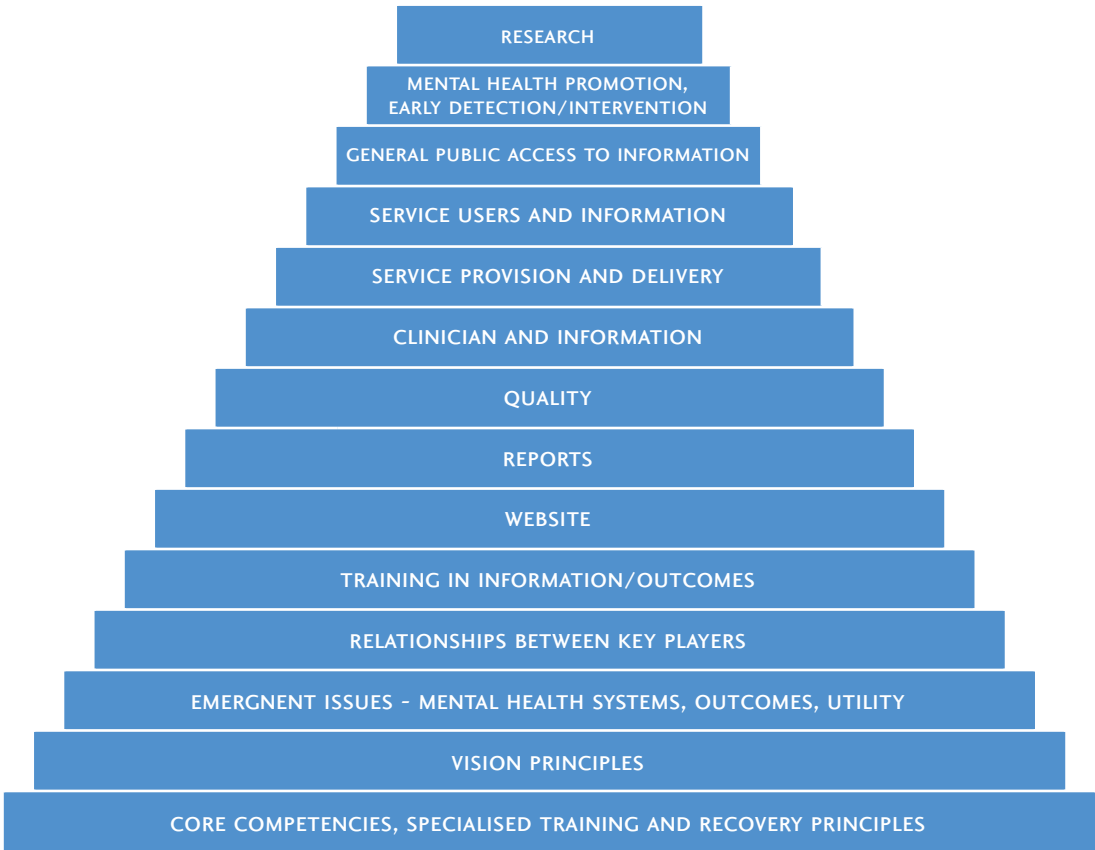
RATIONALE

Information needs a good research base since, as we are discovering presently, decisions are being made based on little, if any, evidence.

TE POU ROLE

Te Pou will have a promotion, support and consultative role over the generation of new research in information. It would also be part of the Te Pou Research programme's role to contract researchers for tendered research projects connected with mental health information.

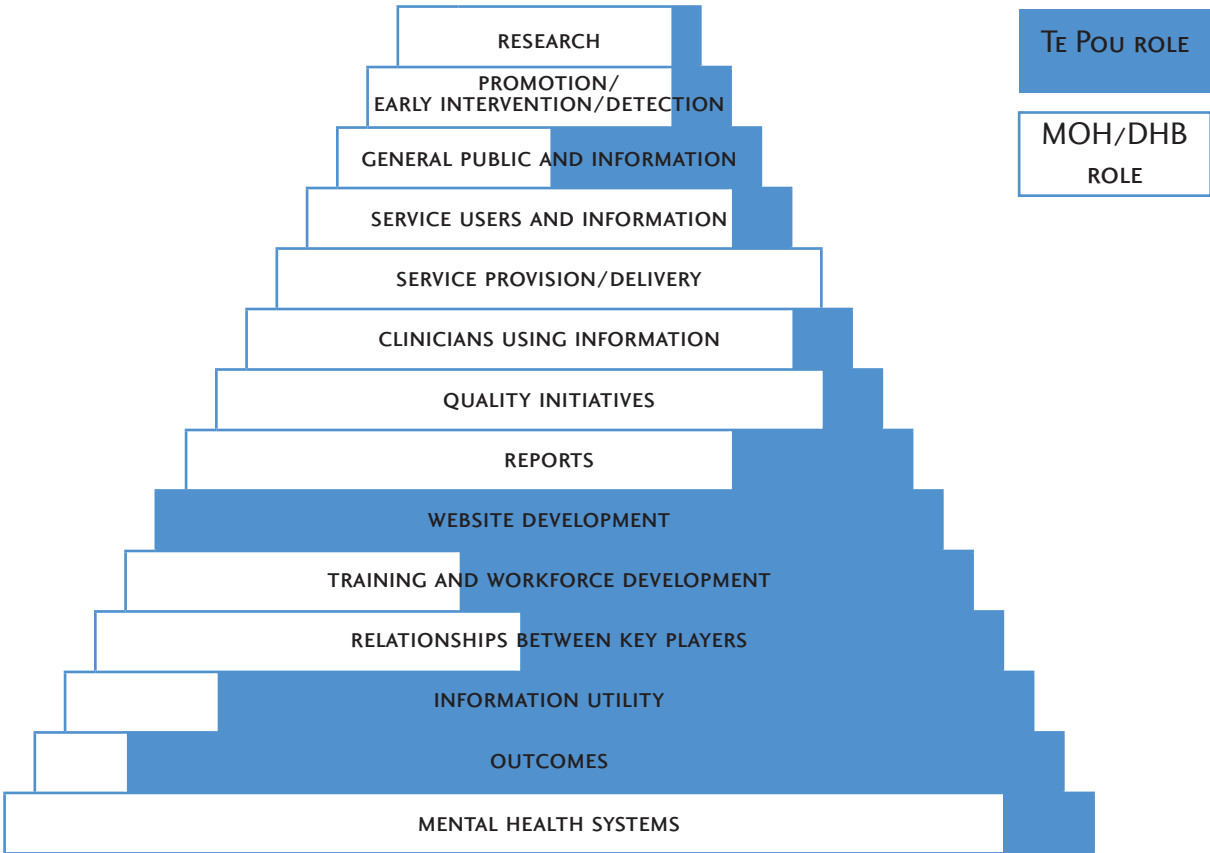
FIGURE 16: THE COMPLETE MENTAL HEALTH INFORMATION VISION STATEMENTS



RECOMMENDATION FOR CURRENT ACTIONS BY TE POU TO HELP REALISE THE VISION FOR MENTAL HEALTH INFORMATION

These are the steps Te Pou can take to help realise the vision for mental health information in the year 2020. Others, particularly the Ministry of Health and DHBs, will also have a key role to play in order to realise the vision (see Figure 17 for Te Pou contribution to each vision statement).

FIGURE 17: TE POU’S ROLE IN REALISING THE VISION STATEMENTS



MENTAL HEALTH SYSTEMS

There is little Te Pou can do to realise this key area of the vision other than to advocate for it and promote and support initiatives and developments which look likely to help foster it.

OUTCOMES

Te Pou has a leading role to play in helping to realise this emergent issue of the vision. The single most important current step Te Pou can take is to make sure the report on *Issues and Implications of Implementing MH-SMART Outcomes Measures* (unpublished) is as useful and detailed as possible in order to assist the Ministry of Health with its funding priorities around mental health outcomes.

INFORMATION UTILITY

Te Pou has a leading role to play at the clinical level in helping to realise this emergent issue of the vision¹⁰. Te Pou can develop and deliver information utility Train the Trainer workshops across New Zealand. This can be seen as a 'getting ready' for utility project in that many of the reports, which Te Pou will need to show the usefulness of, are not currently available. This training, while being quite generic, will, in time, be targeted at particular groups such as Maori, service users and NGOs as well as DHB staff.

RELATIONSHIPS BETWEEN KEY PLAYERS IN MENTAL HEALTH INFORMATION

Development of a clear memorandum of understanding between Te Pou and the Ministry of Health over their respective roles in mental health information, this will include a commitment to ongoing discussions to continue the process of clarifying roles and responsibilities.

TRAINING AND WORKFORCE DEVELOPMENT

Agreement with the Ministry of Health over Te Pou's strategy for training.

TE POU WEBSITE DEVELOPMENT

More educational and training material placed on the website and particularly the creation of the trainers' forum.

REPORTS

Demonstrate the utility of test site/MHOsys reports so that these can be integrated into information utility training and into standard reports which can be placed on the website.

QUALITY INITIATIVES

Assist with benchmarking/auditing where appropriate.

CLINICIANS USING INFORMATION

Develop a proposal for a test site for information utility at a local DHB.

SERVICE PROVISION/DELIVERY

Recruit Maori-focused and NGO-focused information leads. An NGO information lead has been successfully recruited.

SERVICE USERS AND INFORMATION

Actively involve service users in Te Pou's projects through recruitment of a new service user Information lead. This recruitment has occurred.

¹⁰ As per the Te Pou Information Utility Strategy (2008).

GENERAL PUBLIC AND INFORMATION

Te Pou to decide which areas of its website will have open access by the general public.

PROMOTION/EARLY INTERVENTION/DETECTION

For Te Pou to make connections with Primary Health Organisations to see which outcomes measures they are currently using.

RESEARCH AND THE GENERATION OF NEW KNOWLEDGE

For Te Pou to work closely with Te Pou Research to create and develop strong links to the academic and research community.

PRIORITISING RECOMMENDATIONS

Te Pou is a relatively small organisation and there are several recommendations in this paper. Hence it is important, for practical reasons, to have some criteria for prioritising these recommendations.

There are three main criteria, which can be used to prioritise these recommendations. Firstly, we need to prioritise emergent mental health information issues since they are so foundational to all the vision statements contained in this paper.

Secondly, we need to prioritise those emergent and key areas where Te Pou is mostly (or entirely) responsible. Thirdly, we should prioritise those areas where there is clarity about the respective roles of Te Pou, the Ministry and DHBs (as the key players in mental health information).

CONCLUSION

This vision paper documents the way that mental health information has developed over the past few years and has attempted to provide a vision for Te Pou of how things could be by 2020.

It has not been an easy paper to write since there are conflicting views on the nature of the vision for mental health information. However, underpinning the vision paper are three components which will inform and impact on the “vision”. These three components are information systems, outcomes measurement and information utility. In whatever way things turn out in 2020, these three components are likely to play a pivotal role.

We have shown how these three emergent issues impact on the relationships between the key players, training, website development, reports, quality initiatives, clinicians using information, service provision, service users using information, general public access to information, mental health promotion, early intervention, detection and research into mental health information.

We have provided a vision statement of how things could be by 2020 in these key areas and provided a defined rationale and role for Te Pou. We have additionally indicated the first steps, which need to be taken now in order for Te Pou to assist with the realisation of the vision and a way of prioritising between the vision statement recommendations.

Perhaps we can finish with the beacon on the hill. A beacon whose light we often fail to see as we trudge along in our daily lives but a light, which is always shining, if we only look for it.

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APPENDIX 1

DEFINITIONS

AMHOCN	Australian Mental Health Outcomes and Classification Network
CAOS	Classification and Outcomes Study
CORE-OM	Consumer Outcomes measurement Tool (used in the UK)
Data	Raw numbers or narrative material
DHB	District Health Board
DHBNZ	District Health Board New Zealand
HoNOS	Health of the Nation Outcome Scale
Information	Analysed data
Kessler 10	Consumer Outcome Tool (used by PHOs in New Zealand)
MHINC	Mental Health Information National Collection
MHR&DS	Mental Health Research & Development Strategy
MH-SMART	Mental Health Standard Measures of Assessment and Recovery Initiative
MOH	Ministry of Health
NGO	Non-government Organisation
NZHIS	New Zealand Health Information Service (now known as the Information Directorate)
PHO	Primary Health Organisation
PRIMHD	Programme for the Integration of Mental Health Data
Te Pou	The National Centre for Mental Health Research, Information and Workforce Development



Te Pou
o Te Whakaaro Nui

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