

## Chapter 15

# Routine Outcome Measurement and the Development of the Australian Mental Health Workforce: The First 25 Years of Implementation Are the Hardest

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### ABSTRACT

*This chapter provides an overview of the implementation of routine outcome measurement in mental health services in Australia. It describes the preparation necessary to enable the collection of these measures, including policy development. It then identifies the training, benchmarking, communication, and other workforce development activities necessary to initiate and sustain the collection. The chapter concludes by outlining the future development of the collection and the implication for continued workforce development.*

## **INTRODUCTION**

The policy and workforce development activities necessary to support the introduction of routine outcome measurement to public mental health services in Australia are examined in this chapter. The chapter provides an overview of:

- Specific workforce development challenges associated with the introduction of a suite of standard measures
- The way in which Australia has sought to overcome these challenges.

## **BACKGROUND**

### **National Mental Health Strategy**

In April 1992, all Australian Health Ministers endorsed the *National Mental Health Strategy* (Australian Health Ministers, 1992) as the framework to guide mental health reform. This was initially for the period between 1993 and 1998.

Australian states and territories agreed to undertake reform activity within their respective jurisdictions. To also collaborate on policy and service development issues requiring a national focus. This was the first attempt at national coordination of public mental health services, whilst recognizing the complementary but different roles of the Australian state and territory governments.

Broadly, the *National Mental Health Strategy* (Australian Health Ministers, 1992) aimed to:

- Promote the mental health of the Australian community, and prevent the development of mental health disorders where possible.
- Reduce the impact of mental disorders on individuals, families, and the community.
- Assure the rights of people with mental illness.

The *National Mental Health Strategy* has been articulated through national mental health plans. These set out the strategic directions and priorities for national mental health reform. The strategy gave priority to improving the quality and availability of mental health data to inform the reform, resourcing, planning, and management of quality mental health services.

An evaluation of the first plan (Mental Health Branch Commonwealth Department of Health and Family Services [CDHFS], 1997) found information use in mental health was grossly under developed. There was also a need to build an information infrastructure at a clinical services level. This infrastructure needed to contribute to:

- Individual consumer care
- Assessment, care planning, and transfer of care activities
- Service quality improvement activities.

This clinical service level activity would contribute to the collection and reporting of material and support higher level planning and policy review (CDHFS, 1997).

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