



**“Do you do data, darling?”**

**A ‘Great Debate’**



# **Data Symposium**

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Results for MHCC)



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# Introduction





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## Agenda

@ - **NGO Quiz**

@ - **The Great Debate**

@ - **“Yes, but ....”**

Data is a precious thing and will last longer  
than the systems themselves.



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## NGO Quiz





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## Quiz Question

1. What is the meaning of the term, ‘health outcome’ when applied to a service delivery context?



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## Quiz Question

2. What is the difference between ‘routine data collection’ (routine client outcome monitoring) and ‘health screening’ for each client attending an NGO?



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## Quiz Question

3. If , when analysed, your minimum data set collection of client and service information (‘activity data’), and your client wellbeing/functioning data collection (client outcome data), still did not answer your agency’s key service evaluation questions, what 2 further things regarding the collection of data would you do?



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## Quiz Question

4. Name an outcome measure that is used to screen for problematic alcohol use and addiction?



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## **Quiz Response - Question 1**

Health outcome = The portion of benefit derived from using the service or change attributable to an intervention or a series of interventions.



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## **Quiz Response - Question 2**

Screening can be done with a simple question, or it may use the same measures as those used for routine outcome monitoring, but it is done once, rather than repeated through the year.

It is also not diagnostic, more it alerts the practitioner to a potential problem that warrants further assessment.



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## **Quiz Response – Question 3**

1. Revisit the goals and objectives of your outcome monitoring and data collection program
2. Check the sensitivity of the measures
3. Add an additional measure
4. Conduct strategic research using your own devised data collection
5. Consult the literature about the utility of the measure to your kind of program, or
6. Aggregate the data with that of similar programs with a researcher’s help.



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## **Quiz Response – Question 4**

Outcome measure that is used to screen for  
problematic alcohol use and addiction =  
**AUDIT**



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## **The ‘Great Debate’**

You can have data without information  
but you cannot have information without data.



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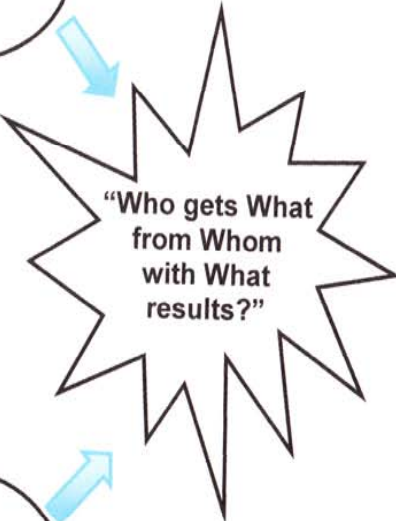
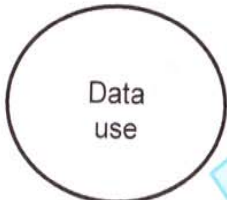
## **Great Debate - Question 1**

A drug and alcohol NGO (or) a mental health NGO is writing a submission for funding.

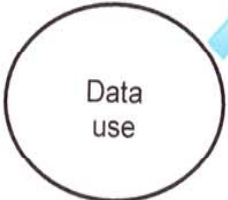
What data can they show to make it a winning submission?

# Data Development Journeys

**Mental Health:  
MHCC and  
MH NGOs**



**Drug and  
Alcohol: NADA  
and  
D&A NGOs**



Being implemented

Under development



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## **Great Debate - Question 2**

If a peak body such as NADA (or) MHCC is writing a funding submission, what data are they currently able to collect, and for what use?

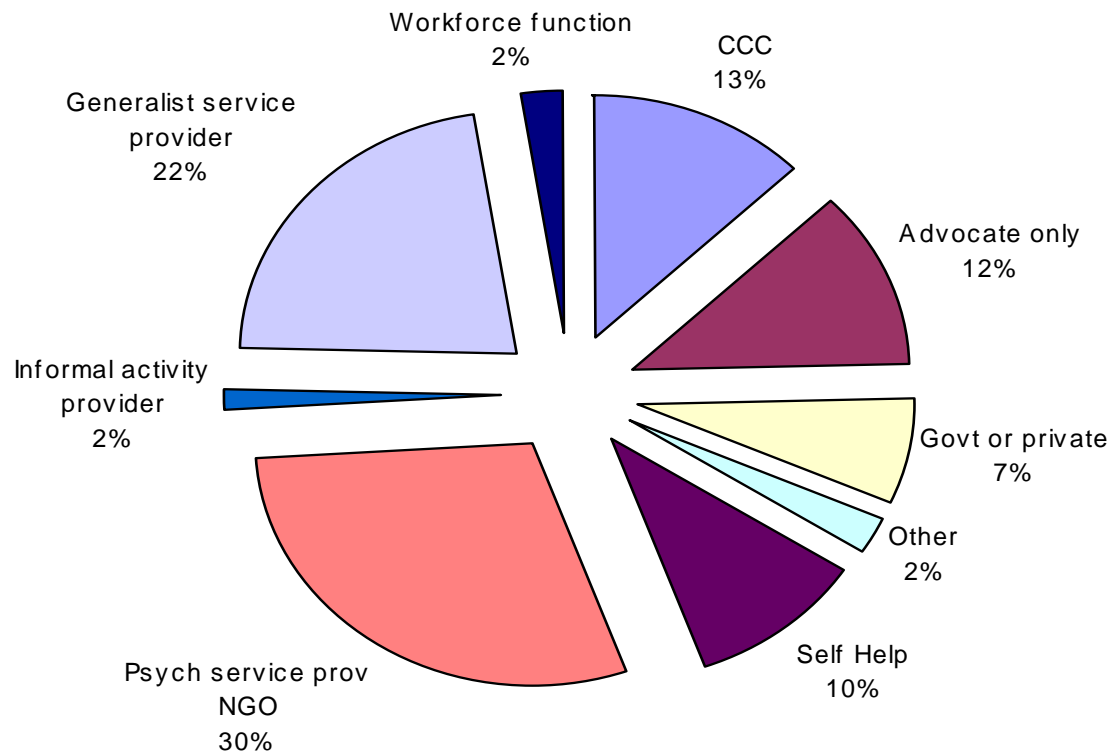


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**We know that mental health NGOs exist.... That’s it!**





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## **Great Debate - Question 3**

How does an NGO in drug and alcohol and an NGO in mental health currently use the data that they collect, at the agency level?



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## **Great Debate - Question 4**

What data at a state level are routinely collected that shows government what services are needed?

**Good data, even if only a little,  
is better than no data.**



**WHICH OUTCOME  
TOOLS MHCC  
RECOMMENDS  
FOR ALL NSW  
MENTAL HEALTH NGOs ?**

Kessler 10+ (K10+)

Camberwell Assessment of Need  
(CAN-C / CANSAS)

Satisfaction With Life Scale  
SWLs (Test et al)



**RCOM  
Training  
Includes**

K10 & K10+

CAN-C

CANSAS

CANSAS-P

SWLs

HoNOS

LSP 39 & 16

20

## OUTCOME DOMAINS

## OUTCOME TOOLS

**COMMON**  
(all sectors)

Psychological distress



K10+

**CORE  
NGO**

Skills

Support

Vocation

Community resources



CAN-C & CANSAS

SWLs

**OTHER**  
(NGO use if appropriate)

Carer wellbeing/distress

Carer satisfaction

Symptom severity



K10+ or K10 (Last 3 Days)



SWLs



HoNOS

# CORE VS COMMON OUTCOME DOMAINS



## CAN & CANSAS – 22 items



1. Accommodation	9. Safety to self	17. Intimate relationships
2. Food	10. Safety to others	18. Sexual expressions
3. Looking after home	11. Information	19. Child care
4. Self care	12. Psychological distress	20. Basic education
5. Daytime activities	13. Psychotic symptoms	21. Telephone
6. Physical health	14. Alcohol	22. Transport
7. Money	15. Drugs	
8. Benefits	16. Company	

Camberwell Assessment of Needs Short Appraisal Form is the short version of the CAN (Phelan et al, 1995; Slade et al, 1999).



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## **K10+ gives:**

- Client wellbeing over last month in 10 areas at entry
- Client level of disability (service use) last month at entry
- Client change from using your service after specific NGO interventions or from NGO service use as a whole

## **CAN -C gives:**

- Client defined need over last month in 22 areas at entry
  - Client satisfaction with informal service use at entry
- Detail of who else is helping the client and on what areas
- Client change in need from using your service over time



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## **Satisfaction with Life Scale (Test et al) gives:**

- Client view of emotional wellbeing last month at entry
- Insight into symptom severity impact on life satisfaction
- Insight into degree to which satisfaction changes with service use over time, or if remain unsatisfied

### **Specifically 4 x scores, 4 domains from 18 items**

1. Client satisfaction with living situation
2. Client satisfaction with social relationships
3. Client satisfaction with occupational life
4. Client satisfaction with self (psychological) & present life



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**“Yes, but...”**

**÷ ÷ ÷**

**“What a shame we can’t fund more NGOs.**

**If only we had more data.”**

**Prof XYZ from the VCD (Very Clever Department)**



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## **Wrap Up**

What was one thing you learned  
from today’s symposium  
that was new for you?



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