



## **NGO Drug and Alcohol and Mental Health Information Management Project**

# **Determining the Treatment Outcomes Data Collection Set**

**December 2009**

*The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW.*

*NADA's goal is to support non government drug and alcohol organisations in NSW to reduce the alcohol and drug related harm to individuals, families and the community.*

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## EXECUTIVE SUMMARY

The objective of the NGO Drug and Alcohol and Mental Health Information Management Project is to improve data collection and treatment outcome measuring for clients presenting to non government drug and alcohol treatment agencies with co-occurring drug and alcohol and mental health problems through:

1. Increased numbers of organisations involved in routine client data collection and treatment outcome measuring; and
2. Greater understanding and use of routine client data collection and treatment outcome data in drug and alcohol service delivery and planning.

The foundation of the system will be an on-line data collection system which will build upon the existing on-line data collection platform and IT support service provided by NADA for the collection of the Minimum Data Set. The selection of a treatment outcomes data collection set is an important aspect of this project. The measures should not only assist agencies to collect client information and identify client needs at intake and/or early assessment but also support agencies to monitor a client's progress through treatment, inform treatment planning and collect evidence of the effectiveness or success of treatment in influencing positive changes in a client's life. The measures should also allow information to be collected that is useful for both organisational and sector-wide service delivery planning.

To guide the selection of the data collection set for this project, NADA undertook two major activities. A researcher was engaged in early 2009 to undertake a critical review of existing tools that can be used to measure treatment outcomes and to screen and assess for mental health symptoms and conditions, drug and alcohol use and disorders and general or global health and functioning. NADA also conducted a baseline consultation survey with its membership in June-July 2009 to gather information on how client data is collected and used by non government drug and alcohol treatment services. Information was collected on four main areas: Service and staffing profile, information management systems profile, client data collection and use and service capacity.

The results of the baseline consultation survey indicate that a variety of standardised measures are currently in use across the sector; numerous organisations are not regularly completing similar assessments throughout treatment to monitor progress and outcomes and inform treatment planning; and the majority of agencies would like to systematically collect more information on a range of areas that may impact upon a client as a result of drug and alcohol treatment. There was broad agreement that enhancements to the current online database system and the implementation of standardised client outcome measures are the best ways to improve client information management in the sector. It is also seen as important that such activities are accompanied by training and other sector and workforce development strategies.

The data collection set was finalised by the project advisory committee in November 2009 and incorporates existing standardised tools or items from standardised tools that have undergone research to establish their validity and reliability. The measures and items that make up the data collection set for the NGO Drug and Alcohol and Mental Health Information Management Project are detailed in the table below (the full set can be found as an appendix to this document).

<b>Drug and Alcohol Use and Dependence</b>
Severity of Dependence Scale
A combination of questions from the BTOM and the AATOM on frequency and patterns of alcohol use and frequency of other drug use (including tobacco).
<b>Psychological Health</b>
Kessler-10 Plus
<b>Health and Social Functioning</b>
World Health Organisation-8: EUROHIS Quality of Life Scale
Three items from the NSW Minimum Data Set (MDS) to be repeated on living arrangements and income source
Crime: 2 items from the BTOM-C
<b>Other</b>
Blood borne virus risk taking scale (4 items)

These measures will be incorporated into an online data collection system building on NADA's existing online data collection platform. An accompanying user manual and training program for agencies will be developed and a pilot of the system and supporting resources will commence in early 2010 with a small number of NADA member agencies. The pilot process will be independently evaluated with possible modifications to the system and support strategies based on evaluation results. Following the pilot, the system will be offered to the non government drug and alcohol sector with training and workforce and organisational development support provided by NADA.

## INTRODUCTION

A key component of the NGO Drug and Alcohol and Mental Health Information Management Project (the Project) is the development of an online data system to capture information on the treatment outcomes for clients accessing non government drug and alcohol services related to a client's drug and alcohol use, mental health and social functioning. It is anticipated that the data system will provide the first step in a common approach to outcome measurement in the non government drug and alcohol sector and support the sector to collect information to inform individual client treatment planning, agency service/program development and sector-wide advocacy, planning and policy development.

This paper aims to document the process taken by NADA to determine the treatment outcomes data collection set. This document will not provide a detailed background to the project, its planning or evaluation as this is covered in other resources developed as part of the project. These documents can be accessed electronically from the NADA website ([www.nada.org.au](http://www.nada.org.au))

The data collection set incorporates existing standardised tools or items from standardised tools that have undergone research to establish their validity and reliability. To assist the selection of tools for the data system, NADA has undertaken the following activities with input from the project's advisory committee at each stage:

1. A researcher was engaged to undertake a critical review of screening, assessment and outcome measures that may be used in drug and alcohol service delivery. The review included standardised tools that can be used to measure treatment outcomes and to screen and assess for mental health symptoms and conditions, drug and alcohol use and disorders and general or global health and functioning. Information on a variety of measures' psychometric properties, availability, applicability and accessibility was included in order to guide the project (and also the drug and alcohol sector more broadly) on the tools that may be most appropriate to use based on their strengths and limitations.
2. A comprehensive baseline survey was conducted in June 2009 with the NADA membership to gather information on how client data is collected and used by non government drug and alcohol treatment services. Information was collected on four main areas: Service and staffing profile, information management systems profile, client data collection and use and service capacity. Due to the focus of this project, specific questions related to mental health were included throughout the survey (e.g. mental health training of staff, routine collection of client mental health information).

This paper has been informed by these two activities. Section One examines and incorporates information from both the review and the survey that is relevant to the selection of tools for the data system and the project implementation more broadly, whilst Section Two provides information on the measures selected and a rationale for their inclusion.

## SECTION ONE: REVIEW OF MEASURES AND BASELINE CONSULTATION SURVEY

### Considerations for the data collection set

The choice of measures that are included in the data collection set is an important aspect of this project. The measures should not only assist agencies to collect client information and identify client needs at intake and/or early assessment but also support agencies to monitor a client's progress through treatment, inform treatment planning and collect evidence on the effectiveness or success of treatment in influencing positive changes in a client's life. The measures should also allow information to be collected that is useful for both organisational and sector-wide service delivery planning.

There are a number of considerations to be taken into account to decide on the most appropriate measures for inclusion in this project. These have been summarised in the table below:

<b>Purpose</b>
What is the tool designed to measure?
What is the evidence that the tool accurately and consistently measures what it was designed to measure, i.e. what are the psychometric properties of the tool (validity and reliability)?
<b>Applicability</b>
Is the measure appropriate for use in a range of service types (out-patient counselling and/or case management, short and long term residential rehabilitation)?
Is the measure appropriate for use with a range of client groups (e.g. Aboriginal people, people from culturally and linguistically diverse communities, young people and older people)?
Is the measure appropriate for use by a range of staff with varying levels of experience and expertise? How easy is it to use the tool (training/qualification requirements, administration, length, scoring, interpretation)?
Is the measure currently used widely in NSW in another sector (e.g. mental health, general practice)?
<b>Availability</b>
Does use of the measure require an initial cost or ongoing license fee?
Can the measure be incorporated into an online data collection system?

The questions in the table above make up the criteria that were used by the researcher NADA engaged to review a range of existing measures that provide information on general and specific mental health issues, drug and alcohol use, severity of dependence and general health

and functioning. As it is important to consider the range of agencies and programs across the sector that may be using this data system, the list of measures at the end of this section has been refined to include only those measures which are relatively short to administer, easy to use and require no initial or ongoing license fees (an exception is the Short Form Health Survey which has a license fee but was included as it is currently used in the drug and alcohol sector by the Magistrates Early Referral Into Treatment (MERIT) Program).

The other information that needs to be considered is what standardised measures are currently used in the non government drug and alcohol sector and how those measures are used. This information was gathered in the baseline consultation survey conducted with the NADA membership.

## **Standardised measures currently used in the non government drug and alcohol sector**

36 responses were received to the project's baseline survey (2 responses were excluded from analysis as they represented sites of a larger drug and alcohol program that also submitted a response). This represents a response rate of approximately 44% of NADA member organisations.

Responses from relevant questions that inform the selection of measures for the treatment outcomes database have been collated and are summarised below. A variety of other questions asked provide baseline information to support the project's evaluation and inform training and support strategies for the system rollout. A baseline report on the entire survey has also been developed by the project's evaluation consultant.

All agencies reported that they used an assessment/intake form developed by their agency. The standardised tools that are being used by respondents are:

### Mental Health

Psycheck - 12

Kessler-10 (K10) - 6

Depression Anxiety Stress Scale (DASS) - 4

Beck Scales (most likely to be Beck Depression Inventory or Beck Anxiety Inventory) - 3

### Global measures/general health

Brief Treatment Outcome Measure (BTOM) - 3

Indigenous Risk Impact Screen (IRIS) - 3

General Health Questionnaire (GHQ) - 2

Short-Form Health Survey 12 or 36 (SF) - 2

### Drug and/or alcohol use/dependence

Severity of Dependence Scale (SDS) - 2

Alcohol Use Disorders Identification Test (AUDIT) - 2

Additionally there were a number of standardised measures that were listed only once including the Alcohol Dependence Scale (ADS), Behaviour and Symptom Identification Scale (BASIS), Brief Situational Confidence Questionnaire (BSCQ), Brief Symptom Inventory (BSI), Composite International Diagnostic Interview (CIDI), Drug Taking Confidence Questionnaire (DTCQ), Drug

Use Disorders Identification Test (DUDIT), Opiate Treatment Index (OTI), Primary Care PTSD Screen (PC-PTSD), Psychosis Screener, Social and Emotional Wellbeing and Empowerment Tool and the Trauma Screening Questionnaire (TSQ). Four agencies listed that they used standardised screening/assessment measures but did not specify which measures.

A number of agencies also collected information for funding body reporting requirements (in addition to Drug and Alcohol Treatment Services Minimum Data Set) and entered data into the SAAP Management and Reporting Tool and the MERIT database. Undertaking regular suicide risk/self-harm risk assessments was mentioned by three respondents, the mental state exam and the A1 mental health assessment used by government mental health services were also listed as being used (each listed once).

Respondents reported using between 0 and 9 standardised measures a number of agencies using multiple tools designed to measure psychological distress/psychological functioning or with a component of the tool dedicated to measuring psychological distress/psychological functioning e.g. K10, DASS, Psycheck and BTOM.

## **Factors to consider in the project implementation**

The sections below are not directly related to the selection of measures or items for the data collection set. They are however, directly relevant to project planning and implementation which is their reason for inclusion.

### ***Repeated use of measures/similar assessments***

Respondents were asked whether they used the same assessment questions/intake tools at other stages in treatment to measure client progress. 17 respondents indicated that they regularly completed client re-assessments and gave some detail of the frequency of the assessments. 13 respondents indicated that they regularly or occasionally completed similar assessments but did not indicate a set schedule on which assessments were conducted with clients (detail given on this question by some of the 13 respondents indicated that re-assessments were often only conducted following a relapse, a change in client's life circumstances or treatment program change). The remaining 6 respondents rarely or never completed similar assessments on clients to monitor or measure progress.

### ***How organisations and the broader sector could be supported to improve client information management systems***

There were a number of open-ended questions included in the survey on:

1. The information that is not being collected from clients that would be useful to agencies
2. Individual agency plans on improvements to their client data collection or use
3. How individual agencies could be assisted to improve its client data collection or client information management systems
4. How the sector should proceed with client outcome measurement
5. How the NGO sector could improve its information management overall

From the responses to these questions, some clear trends emerged including areas in which the sector is looking to NADA for support.



### ***Enhancements to the current NADA online data base system***

Eight respondents commented that individual agencies and the sector could be supported to improve its client information management systems through expansion and upgrading of the current NADA online database system. In particular:

- Expand recording facilities and reporting functions including graphs or tables (noted by 3 respondents) – ensure they are user friendly
- Incorporation of general mental health statistical information (noted by 3 respondents), e.g.
  - Mental disorders - diagnosed (self/other reported)
  - Non diagnosed mental health problems (self/other reported)
  - Engagement in treatment with psychiatrist/mental health team (self/other reported)
  - Previous individual or family history

An additional consideration noted was that any upgrade to the current system needs to take into account the full range of treatment providers and treatment types.

Other data collection gaps indicated in survey responses were medical information such as HIV and Hepatitis C status, information on client's expectations of treatment and more accurate record of service provision such as time required for client services.

### ***Standardised measurement of treatment outcomes***

12 respondents made a comment relating to the standardised measurement of treatment outcomes: either that the collection of client treatment outcomes data was a gap in their own agency's data collection (5) or that the implementation of standardised client treatment outcome measures would be a useful method to improve client outcome measurement across the sector (7). It was noted as important for agencies to have simple, timely and regular access to information relating to their own service and de-identified aggregated information on the sector.

### ***Networking and training***

12 respondents noted that training sessions or forums were an important part of improving information management in their own agencies and across the sector. Specific areas for training/discussion were:

- Consistent sector-wide data and reporting requirements
- How other organisations collect and measure outcomes (including in other sectors)
- Meaning and value of client outcome measurement and how it can be utilised to the benefit of organisations and the sector
- Training in capturing client data information – computer software, basic statistics

### ***Internal information management system development***

It was positive to note that 16 respondents had plans to improve their client information management systems. Some agencies were developing their own database (mainly Microsoft Access based) while others were reviewing current data collection systems and adding new routine data collection items/measures. Five respondents noted a lack of integration between various electronic and paper based client information management systems which may include intake, case notes, client history, financial records, etc. Some agencies commented on a desire for an integrated client information management system although respondents still seemed to be in the early stages of conceptualising such a system for their service (limited detail was given

on the full range of items for such a system and how a system would be built, funded and maintained).

### ***Human resource capacity***

Four respondents commented that their agency or the sector could improve their client information management systems through increased human resource capacity. Rather than administration or data entry assistance, the type of position desired was a research officer who could assist agencies to measure client outcomes independently to feed into treatment and service planning.

## **Summary of survey results**

The results of the baseline survey conducted with the NADA membership indicate that a variety of standardised measures are currently in use across the sector, approximately 50% of respondents are not regularly completing similar assessments throughout treatment to monitor progress, outcomes and to inform treatment planning and the majority of agencies would like to systematically collect more information on a range of areas that may impact upon a client as a result of treatment in non government drug and alcohol treatment services. These results further indicate a need for the project.

There was broad agreement that enhancements to the current online database system and the implementation of standardised client outcome measures are the best ways to improve client information management in the sector. It is also seen as important that such activities are accompanied by training and other sector and workforce development strategies. This additional feedback provided by the NADA membership relating to expanding the existing NADA online data system and including training and workforce development strategies is consistent with NADA's planned direction for the project.

The objective of this project is to build the capacity of agencies to assess and measure outcomes for clients with drug and alcohol and mental health issues and as such there is some feedback received in the consultation survey which cannot be incorporated into the project. This project will develop a data system for the measurement of treatment outcomes that can be used across the non government drug and alcohol sector. It will not be a client management system and due to the diversity of the sector that makes up NADA's membership, it would not be feasible for NADA to implement such a system that would meet all the needs of all agencies.

Additionally, the data collection set will include items that can measure outcomes rather than collecting further demographic/intake information for a client. Government projects or working groups to potentially enhance the National and NSW Minimum Data Sets have been established and at this stage, it would not be beneficial for NADA to start a third process in this area. While support will be available to agencies to implement the system within agencies, this project cannot support enhanced human resource capacity to collect and analyse research or conduct research within agencies. Although it is hoped that this system will build up a more extensive research base that can be used for evaluation, research and development

The following table is adapted from the research report commissioned by NADA, *A Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings*, and provides a summary of the measures that seem most appropriate to be considered for inclusion in the

treatment outcomes database for the NGO Drug and Alcohol and Mental Health Information Management Project. Information included in the description is related to the review criteria discussed previously. Additionally, the established use of measures in the non government drug and alcohol sector in NSW is also considered.

<b>Measure</b>	<b>Description</b>
<b>General Health and Functioning</b>	
Life Skills Profile (LSP)	Positive mental health philosophy Generally good psychometrics Validated in a range of populations (incl. D&A, psychiatric and Indigenous) Brief and easy to use Part of Mental Health Clinical Documentation Suite (NSW Health)
World Health Organisation Quality of Life-BREF (WHOQoL-BREF)	Cross cultural and Australian validation Used widely across a range of populations (incl. D&A users and mentally ill) Adequate psychometrics Relatively brief and in the public domain
Short Form Health Survey (SF-36; SF-12)	SF-36 currently used in the MERIT program as part of the health outcome data set Brief and very good psychometrics Widely validated in an Australian context and across a range of populations (incl. D&A users and mentally ill) License fees apply
<b>General Mental Health</b>	
Depression Anxiety Stress Scale (DASS)	Good reliability and validity Fairly widely used across cultures and age groups Interpretation requires expertise
Kessler Psychological Distress Scale (K10)	Good reliability and validity Widely used across a range of populations (incl. D&A users) Australian norms Brief and in the public domain Quite widely used in D&A NGO sector* K10+ is part of Mental Health Clinical Documentation Suite (NSW Health)
Mental Health Inventory (MHI)	Adequate psychometrics Easy to use Only limited use across population groups Not currently used in NSW D&A NGO sector*
Psycheck	Adequate reliability and validity Australian Designed for use in D&A treatment settings Widely used in D&A NGO sector* Few empirical studies Items from this tool were used in the DoHA funded Enhancement Project of the AODTS-NMDS
<b>Drug and Alcohol Severity</b>	

Leeds Dependence Questionnaire (LDQ)	Can be used across D&A dependence (not just alcohol/drug) Good psychometrics Incorporates psychological dependence rather than just consumption and physical dependence Limited use in all types of substance dependence Limited use across cultures Brief and freely available Not currently used in D&A NGO sector*
Severity of Dependence Scale (SDS)	Public domain Good psychometrics Widely validated in an Australian context and across drug types Very brief

\*Based on results of project baseline survey

Additionally, it may also be useful to consider the use of specific subsections from the following global measures, particularly sections on general health and functioning.

Measure	Description
Addiction Severity Index	Assessment and outcome measurement: 30 day & lifetime alcohol use, drug use, medical problems, psychiatric problems, family/social problems, employment, legal problems Widely used across a range of population groups Psychometric and interpretation concerns Less extensive Australian use
Maudsley Addiction Profile	Outcome measurement: substance use, health risk behaviour, physical and psychological health, social functioning Adequate reliability and validity Used widely across different cultural groups Limited validation in specific population groups and outside of Europe
Opiate Treatment Index	Assessment and outcome measurement: D&A use, risk taking, social functioning, criminality, health status, psychological adjustment. Good reliability and validity Australian Training required Only moderate validation in different populations Predominantly a research instrument
Brief Treatment Outcome Measure (BTOM) and Australian Alcohol Treatment Outcome Measure (AATOM)	Outcome measurement: blood borne virus risk, drug use, social and psychological functioning, health Adequate reliability and validity Australian No training required Previous (and some current) use within D&A sector in NSW

## SECTION TWO: SELECTION OF AND RATIONALE FOR THE MEASURES TO BE INCLUDED IN THE TREATMENT OUTCOMES DATABASE

Several meetings were held with the project advisory committee to finalise the items to be included in the data collection set between July and November 2009, taking into consideration the key issues outlined in the first section of this paper. The project advisory committee has a range of expertise with representation from the NADA membership, NSW Health and external experts in the area of research, data management, mental health and drug and alcohol policy and service delivery.

The committee discussed and gained consensus on the most appropriate measures to be included in the treatment outcomes data collection set for implementation in this project. The three main outcomes domains agreed were health and social functioning, psychological health and drug and alcohol use and dependence. A rationale for the selection of items in each domain is detailed below (the full data collection set for the Project is included as an appendix to this paper).

### Drug and alcohol use and dependence

#### Items chosen:

**Severity of Dependence Scale (SDS) as well as a combination of questions from the BTOM and the AATOM on frequency and patterns of alcohol use and frequency of other drug use (including tobacco).** The SDS was cited as being used by a number of agencies in the sector. It has good psychometrics and is widely validated in an Australian context and across drug types. An obvious measure of outcomes in a drug and alcohol treatment setting is a reduction in the use of alcohol and other drugs. The combination of items from the BTOM and AATOM to assess drug and alcohol use will allow for standardised measurement of changes in the use of both alcohol and drugs across non government drug and alcohol treatment services. Frequency and quantity measures will be included for alcohol but only frequency measures for other drugs due to the lack of consistent quantity measurements for other drugs and noted inaccuracy in recall of such information.

#### Measures that were ruled out:

Measure	Reasons for exclusion
Leeds Dependence Questionnaire (LDQ)	<ul style="list-style-type: none"><li>- Not currently used in D&amp;A NGO sector</li><li>- Limited use in all types of substance dependence</li><li>- Limited use across cultures</li></ul>

### Psychological health

#### Items chosen:

The **Kessler-10 Plus (K-10+)** was chosen due to its wide use within and outside of the drug and alcohol sector, its brevity and its strong psychometric properties. The K10+, containing 14 items, is part of the National Outcomes and Casemix Collection suite of measures used

routinely in government mental health services throughout Australia. Versions of the K10 are also widely used in drug and alcohol, primary care and community mental health settings so increasing use of this measure in the non government drug and alcohol may assist referral and case coordination processes by the use of a common measure.

Measures that were ruled out:

Measure	Reasons for exclusion
Psycheck	<ul style="list-style-type: none"> <li>- Screening tool (not validated as an outcome measure)</li> <li>- Relatively new so few empirical studies on its validity</li> <li>- Not used or widely known outside the drug and alcohol sector</li> </ul>
Depression Anxiety Stress Scale (DASS)	<ul style="list-style-type: none"> <li>- More lengthy and less well known than the K10</li> <li>- Interpretation requires expertise</li> </ul>
Mental Health Inventory (MHI)	<ul style="list-style-type: none"> <li>- Not cited as currently used in D&amp;A NGO sector (based on responses to NADA member consultation survey)</li> <li>- Only limited used across population groups</li> </ul>

## Health and social functioning

Items chosen:

**World Health Organisation-8: EUROHIS Quality of Life Scale, three items from the NSW Minimum Data Set (MDS) to be repeated on living arrangements and income source and crime: 2 items from the BTOM-C**

The WHOQoL-8 was developed in the UK in 2003 and is part of the European EUROHIS minimum dataset of measures. It was designed for use where researchers needed a very short and concise quality of life instrument. The eight items in it were empirically derived from the WHOQOL-Bref (26 items) using various modelling methods. Since the items are all from the WHOQOL-Bref, the WHOQoL-8 is widely translated and population norms are available from a number of countries. It is recognised that this measure is broad but a general limitation of other measures in this area is that questions were not applicable to a broad range of program types particularly residential and non-residential.

3 items from the NSW MDS have been included on living arrangements and income sources as a more objective measure of changes to these areas rather than solely using satisfaction ratings from the WHOQoL-8. The MDS is currently used by most NADA members as part of intake processes. The two questions on arrests included were regarded as most the appropriate outcome measure of crime due to noted difficulties in collecting information on specific criminal activities through self-report.

Measures that were ruled out:

Measure	Reasons for exclusion
Life Skills Profile (LSP)	<ul style="list-style-type: none"> <li>- Not suitable for diverse range of settings in D&amp;A sector as a number of items particularly target people experiencing or with a history of severe mental illness</li> </ul>

Health and Social Functioning items from the BTOM	- The framing of the items on social functioning places emphasis on conflict and an individual's problems with money, accommodation, relationships, etc. Items from a more positive (or less problem focussed) orientation were considered to be more appropriate. (Social functioning items from the Addiction Severity Index were excluded for a similar reason)
World Health Organisation Quality of Life-BREF (WHOQoL-BREF)	- Relatively lengthy (26 items)
Rosenberg Self-Esteem Scale (this measure was suggested by a member of the project advisory committee)	- Empirical evidence to suggest that self-esteem is a relatively stable trait rather than an indicator of functional status which would make it unsuitable for inclusion in a treatment outcomes data set
Short Form Health Survey (SF-12)	- A number of items were similar to those in the K10+ (see General Mental Health Section) - Most items in this measure focussed on physical health rather than social issues - NADA may be subject to ongoing fees for updated versions, scoring materials and manuals

**Note:** At this point, an outcome measure on **child protection/child restoration** will not be included in the outcomes data collection set. Significant new work at both a policy and program level is currently being planned or in its early stages of implementation under the NSW Government's "Keep them Safe" initiative which may affect child protection reporting and data collection requirements for the drug and alcohol sector in the near future.

## Other measures

**Blood borne virus risk taking scale** – 4 items on injecting drug use and overdose from the BTOM-C will be included. These items will measure changes in injecting behaviour to reduce the risk if the transmission of blood borne viruses such as Hepatitis C and HIV.

## Conclusion

The items chosen for the data collection set for the Project cover the broad treatment outcome domains of general health and social functioning, psychological health and drug and alcohol use and dependence. In deciding on the items and measures to be included, it was important to consider the balance of choosing a set of measures that are comprehensive enough to cover the range of factors which can change as a result of treatment, while ensuring the set remains brief enough to be used by agencies without imposing an additional data collection burden. In some cases, measures included in the data collection set may replace existing measures used by agencies and actually reduce the need to collect a number of other measures. This will reduce data collection activity in some agencies whilst, improving consistency and standard measurement in the sector.

It is worth reinforcing that the measures chosen for the data collection set for this project were selected for a specific purpose – treatment outcome monitoring according to quite specific criteria. NADA recognises that standardised measures used in the sector but not selected for this project may still have utility for agencies for intake, assessment and client progress monitoring purposes, and by no means implies that these measures are not suitable for use in the drug and alcohol sector.

The measures selected will be incorporated into an online data collection system that will build upon NADA's existing online data collection platform and IT support service. The system will be piloted and independently evaluated in the next stage of this project with possible modifications to the system and support strategies based on evaluation results. It is anticipated that this data collection set will provide an initial set of items across a range of social and health outcome indicators which may be built on in the future to enhance client service delivery and evidence of effectiveness of the sector. A broader outcome of this project is to support the development of a culture of evaluation in the sector through improvements not only in the collection but also in the use of data and information in the non government drug and alcohol sector.



## APPENDIX

### Data collection set for the NGO Drug and Alcohol and Mental Health Information Management Project

#### *Section One: Drug and Alcohol Use and Dependence Severity of Dependence Scale*

What drug is causing you greatest concern? \_\_\_\_\_

Over the last 3 months:

1. Did you ever think that your use of this drug/alcohol was out of control?

Never or almost never	<input type="checkbox"/>	0
Sometimes	<input type="checkbox"/>	1
Often	<input type="checkbox"/>	2
Always or nearly always	<input type="checkbox"/>	3
  
2. Did the prospect of missing this drug/alcohol make you very anxious or worried?

Never or almost never	<input type="checkbox"/>	0
Sometimes	<input type="checkbox"/>	1
Often	<input type="checkbox"/>	2
Always or nearly always	<input type="checkbox"/>	3
  
3. Did you worry about your use of this drug/alcohol?

Not at all	<input type="checkbox"/>	0
A little	<input type="checkbox"/>	1
Quite a lot	<input type="checkbox"/>	2
A great deal	<input type="checkbox"/>	3
  
4. Do you wish you could stop?

Never or almost never	<input type="checkbox"/>	0
Sometimes	<input type="checkbox"/>	1
Often	<input type="checkbox"/>	2
Always or nearly always	<input type="checkbox"/>	3
  
5. How difficult would you find it to stop or go without?

Not difficult	<input type="checkbox"/>	0
Quite difficult	<input type="checkbox"/>	1
Very difficult	<input type="checkbox"/>	2
Impossible	<input type="checkbox"/>	3

## Drug and Alcohol Use

Mixture of BTOM and A-ATOM questions on drug and alcohol use (frequency, patterns, amounts, frequency only for other drugs)<sup>1</sup>

The next seven questions refer to activity in the last four weeks.

1. How many days in the last four weeks did you use:  
Heroin \_\_\_\_\_ days  
Other opioid-based drug (methadone, pethidine, etc) \_\_\_\_\_ days  
Cannabis \_\_\_\_\_ days  
Cocaine \_\_\_\_\_ days  
Amphetamines \_\_\_\_\_ days  
Tranquillisers (benzos, valium) \_\_\_\_\_ days  
Another drug \_\_\_\_\_ days
  
2. How many days in the last four weeks did you drink alcohol? (beer, wine, spirits) \_\_\_\_\_ days
  
3. On average, how many standard drinks did you have on those days when you were drinking (refer to standard drinks chart) \_\_\_\_\_ number of drinks
  
4. On the days, in the last four weeks when you were drinking much more heavily than usual, how many drinks did you have? Please specify \_\_\_\_\_ number of drinks
  
5. How many days, in the last four weeks did you drink at this level? Please specify \_\_\_\_\_ days
  
6. How many days in the last four weeks did you use tobacco \_\_\_\_\_ days
  
7. How many cigarettes did you have on a typical day when you did use tobacco? \_\_\_\_\_ cigarettes

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<sup>1</sup> The work of the National Drug and Alcohol Research Centre (NDARC) and NSW Health in the development of the BTOM acknowledgement of the Brief Treatment Outcome Measure is acknowledged. The work of NDARC in the development of the Australian Alcohol Treatment Outcome Measure is acknowledged.

*Section Two: Psychological Health*  
*Kessler-10 Plus<sup>2</sup>*

Questions 1-10 and 14 are answered using the 5-point scale

None of the time	<input type="checkbox"/>	0
A little of the time	<input type="checkbox"/>	1
Some of the time	<input type="checkbox"/>	2
Most of the time	<input type="checkbox"/>	3
All of the time	<input type="checkbox"/>	4

1. In the last four weeks, about how often did you feel tired out for no good reason?
2. In the last four weeks, about how often did you feel nervous?
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?
4. In the last four weeks, about how often did you feel hopeless?
5. In the last four weeks, about how often did you feel restless or fidgety?
6. In the last four weeks, about how often did you feel so restless you could not sit still?
7. In the last four weeks, about how often did you feel depressed?
8. In the last four weeks, about how often did you feel that everything was an effort?
9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?
10. In the last four weeks, about how often did you feel worthless?
11. In the last four weeks, how many days were you **TOTALLY UNABLE** to work, study or manage your day to day activities because of these feelings? \_\_\_\_\_ (Number of days)
12. [Aside from those days], in the last four weeks, **HOW MANY DAYS** were you able to work or study or manage your day to day activities, but had to **CUT DOWN** on what you did because of these feelings? \_\_\_\_\_ (Number of days)
13. In the last four weeks, how many times have you seen a doctor or any other health professional about these feelings? \_\_\_\_\_ (Number of consultations)
14. In the last four weeks, how often have physical health problems been the main cause of these feelings?

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<sup>2</sup> Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*. 60(2), 184-189.

Section Three: Health and Social Functioning

WHO-8: EUROHIS Quality of life scale<sup>3</sup>

This set of questions asks how you feel about your quality of life, health or other areas of your life. Please think about your life in the last two weeks.

1. How would you rate your quality of life?  
Very poor   
Poor   
Neither poor nor good   
Good   
Very good
  
2. How satisfied are you with your health?  
Very dissatisfied   
Dissatisfied   
Neither satisfied nor dissatisfied   
Satisfied   
Very satisfied
  
3. Do you have enough energy for everyday life?  
Not at all   
A little   
Moderately   
Mostly   
Completely
  
4. How satisfied are you with your ability to perform your daily living activities?  
Very dissatisfied   
Dissatisfied   
Neither satisfied nor dissatisfied   
Satisfied   
Very satisfied
  
5. How satisfied are you with yourself?  
Very dissatisfied   
Dissatisfied   
Neither satisfied nor dissatisfied   
Satisfied   
Very satisfied
  
6. How satisfied are you with your personal relationships?  
Very dissatisfied   
Dissatisfied   
Neither satisfied nor dissatisfied   
Satisfied   
Very satisfied

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<sup>3</sup> WHOLQOL Group (2009). Reference: Power, M. (2003). Development of a common instrument for quality of life. A. Nosikov and C. Gudex EUROHIS: Developing Common Instruments for Health Surveys. Amsterdam: IOS Press. 57: 145-163.

7. Have you enough money to meet your needs?

- Not at all
- A little
- Moderately
- Mostly
- Completely

8. How satisfied are you with the conditions of your living place?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

#### Additional questions

9. What is your main source of income?\*

- Full-time employment  1
- Part-time employment  2
- Temporary benefit (e.g. sickness, unemployment)  3
- Pension (e.g. aged, disability)  4
- Student allowance  5
- Dependent on others  6
- Retirement fund  7
- No income  8
- Other  98
- If other, Please specify \_\_\_\_\_

10. Who do you live with?\*

- Alone  1
- Spouse/partner  2
- Alone with child(ren)  3
- Spouse/partner with child(ren)  4
- Parent(s)  5
- Other relative(s)  6
- Friend(s)  7
- Friend(s)/parent(s)/relative(s) and children  8
- Other  98
- If other, Please specify \_\_\_\_\_

11. Do you usually live in a...?\*

- Rented house or flat (public or private)  1
- Privately owned house or flat  2
- Boarding house  3
- Hostel  4
- Psychiatric home/hospital  5
- Alcohol/other drug treatment residence  6
- Shelter/refuge  7
- Prison/detention centre  8
- Caravan on serviced site  9

- No usual residence/homeless  10
- Other  98

The next two questions refer to activity in the last three months.

12. How many times in the last three months have you been arrested?  
Please specify \_\_\_\_\_ times

13 How many of these arrests were for offences allegedly committed in the last three months?  
Please specify \_\_\_\_\_ arrests

*Section Four: BBV exposure risk taking scale*

1. When did you last inject/hit up any drug?\*

  - In the last 3 months  1
  - More than 3 but less than 12 months ago  2
  - 12 months ago or more  3
  - Never injected  4
  - Not stated/inadequately described  5

  
2. How many times in the last 3 months did you use a needle or syringe after someone else had already used it (including your sex partner and even if it was cleaned)?

  - More than 10 times  1
  - 6 to 10 times  2
  - 3 to 5 times  3
  - Twice  4
  - Once  5
  - Never  6

  
3. In the last 3 months did you share any spoons, filters, water, tourniquets, drug solution/mix, or swabs with anyone else?

  - No  0
  - Yes  1

  
4. How many times have you overdosed from any drug in the last 3 months? \_\_\_\_\_ times