The Department of Human Services is committed to improving outcomes for users of public mental health services. As part of a nationwide initiative under the National Mental Health Plan 2003–2008, consumers’ clinical progress is now being measured routinely in mental health services across the state. This ‘outcome measurement’ initiative gives consumers and carers an extra opportunity to participate in planning treatment and care. The information collected will provide important feedback to consumers, carers and clinicians, as well as providing managers and planners with valuable information about whether services are effective.

What are outcome measures?
Outcome measures are questionnaires that are used to assess the mental health and wellbeing of children and young persons who use a public mental health service. These questionnaires are completed when the child or young person starts using the service and when treatment ends. If the child or young person remains involved with the mental health service for a longer period, the questionnaires are filled out again each time the client’s individual service plan is reviewed. The individual service plan is the document that guides treatment and care.

Why measure outcomes?
By comparing outcome measurement ratings from the questionnaires over time, the case manager or doctor will be able to see to what extent aspects of the child or young person’s mental health have improved—or in which areas further treatment or support may be required.

Who fills out these questionnaires?
Outcome measurement ratings are made routinely by the doctor or case manager. They can also be completed by young persons aged 11-17. In addition, the parents, caregivers or teachers of any child or young person using a public mental health service can be invited to offer their perspective.

How can I participate?
You can participate in outcome measurement by rating the mental health of the child or young person in your care using the teacher version of the Strengths and Difficulties Questionnaire (the SDQ). You may be offered the opportunity to complete the SDQ when you first make contact with the mental health service assisting the child or young person in your care. You may then be offered the SDQ again every three months or when there is a major change in how the child or young person is going. You can also request a copy of the SDQ to complete at any other time while the child or young person remains involved with the mental health service.

What does the SDQ ask?
The SDQ covers a range of important issues, such as how the child or young person has felt about himself/herself or related to others. It consists of around 30 statements such as ‘Nervous or clingy in new situations’ and ‘Shares readily with other children’. For most of these statements, you are asked whether you think they are ‘not true’, ‘somewhat true’ or ‘certainly true’ for the child or young person in your care.

Do I have to fill out the SDQ?
No. Participation in outcome measurement is voluntary. You can choose whether you want to complete the SDQ each time it is offered.

You do not have to fill out the SDQ, but if you do complete it, your answers will provide the child or young person’s case manager with important information for developing or reviewing the client’s individual service plan.

How do I complete the SDQ?
For each statement, tick the box that best describes how things have been for the child or young person. This is not a test. There is no right or wrong answer—but your views about the child or young person’s mental health are valued and may be sought on a regular basis.
The first time you complete the SDQ, you will be asked to comment on the child or young person’s behaviour and outlook over the last six months. After that you’ll be asked about how things have been for them over the last month.

What happens to the completed questionnaire?
When you have completed the SDQ, you can discuss your responses and/or the child or young person’s progress with the case manager. The completed questionnaire goes on the child or young person’s confidential medical file. Your answers are also entered into the confidential database of the mental health service, so ratings can be compared over time.

What about confidentiality?
All the SDQ ratings you make become part of the child or young person’s confidential medical record. They are subject to the same stringent standards of privacy protection and access that apply to other personal information disclosed during treatment.

How will the child or young person benefit from outcome measurement?
By providing the case manager with additional information from your perspective, you can make sure he/she has a comprehensive picture of what’s happening in the child or young person’s life right now. Outcome measurement can help provide a framework for discussions with the case manager, and a focus on areas that matter to the child or young person.

The information you provide by completing the SDQ will also help make sure that issues that matter to the child or young person can be identified upfront. These issues can then be taken into account in planning or reviewing the child or young person’s clinical treatment and care, as well as any referrals to support services.

What if I have other issues?
You can discuss this pamphlet or any broader issues with the doctor or case manager, consumer consultant or other staff at the mental health service.

Some useful contacts

**Young person’s case manager/doctor:**
Telephone: 
Other: 
Telephone: 

For further information about outcome measurement
Visit the website of the Department of Human Services at www.health.vic.gov.au/mentalhealth/outcomes/index.htm or contact your local Department of Human Services office.

May 2004