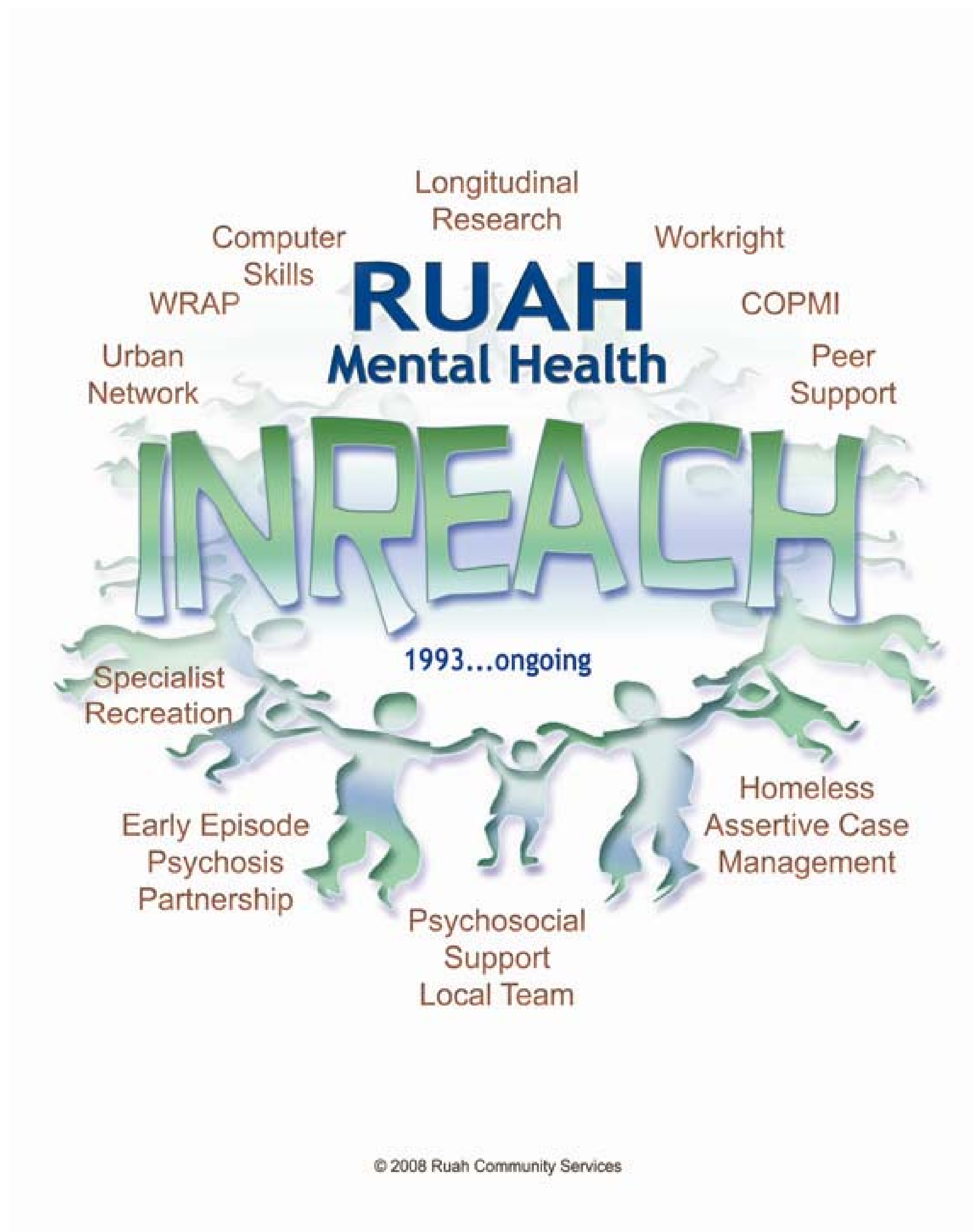
Window into Ruah Inreach

Client Outcomes
and
Client Data



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Making a Difference?
Ruah Inreach Mental Health Psychosocial Support Service

There is Light Beyond the Bedroom Door

This booklet is one of a series created to celebrate Ruah's 15th year of mental health provision. It is dedicated to all those past and present participants/workers who contributed to the success of Ruah Mental Health.

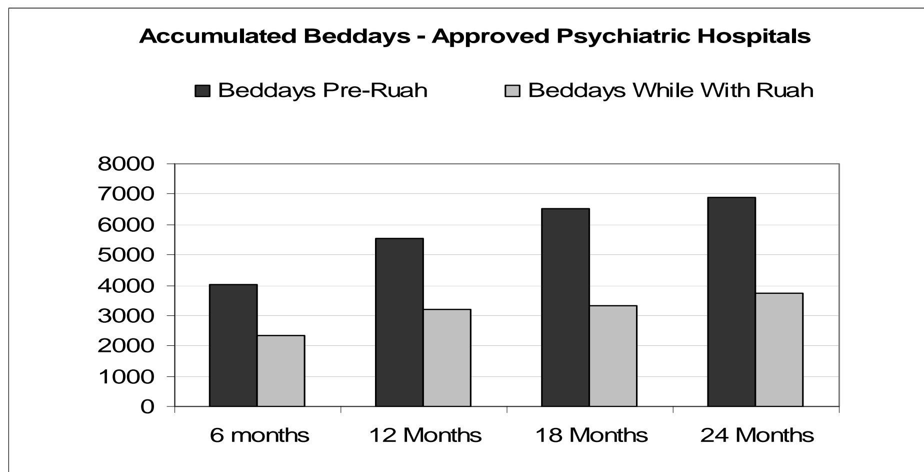
Introduction

Ruah Community Services' mission is to "*Redress disadvantage and enhance the human spirit.*" In pursuing this mission it works to facilitate real positive change in the life circumstances of the people who access its services; people whose situation has been one of disadvantage, often with considerable life distress and also marginalisation from mainstream opportunities to achieve and live an acceptable quality of life. In the case of Ruah Inreach's original service this goal was expressed as providing support to people living with a persistent mental illness to (i) maintain their life in the community, (ii) live as independently as possible and (iii) improve their social functioning and community participation. In later years, the work purpose was re-framed as support for an individual's psychosocial and mental health goals, improve their quality of life and enhance their recovery journey. A genuine commitment to this mission requires an equivalent commitment to evaluating the efficacy of its services in delivering outcomes that meet this goal. For Ruah, that commitment has been there notwithstanding the methodological problem of attributing outcomes to any one factor or service intervention. From the very beginning of the pilot phase of the service in 1993, Ruah Inreach began developing an outcome based evaluation framework that focussed on change in service participants' life circumstances. Over subsequent years it reviewed, refined, and redeveloped its evaluation approach along a continuous improvement path.

Has the service made a difference?

Reduced Use of Psychiatric Services

One of the very first approaches to evaluation adopted by Ruah Inreach was to compare service participants' use of psychiatric services before and after accessing its support. Two significant studies of this were carried out by the Health Department of WA, both of which demonstrated a major reduction in the utilisation rates of inpatient and outpatient services. Both studies reported a 45% reduction in hospital bed days after a person began accessing Ruah's service. Reduced hospitalisation rates generally represent an improvement in the quality of life of people living with mental illness.



This level of reduction in inpatient stays at public psychiatric hospitals also represents a major saving to government. It has been estimated that the net saving to government after paying the cost of the Ruah service is equivalent to the sum outlaid for the service itself. In other words, on the basis of the above studies, an investment of $1m in Ruah Inreach achieved a $2m reduction in government expenditure on inpatient services.

Changes in Levels of People's Functioning

Changes in levels of functioning was one of the key elements of the first evaluation framework that was developed, drawing on the expertise of researchers in the area of psychiatric care, personnel from the WA Department of Health, Ruah and a literature review. The methodology employed was to assess changes in a service participant's level of function in seven aspects of daily living that were considered to have greatest impact on their quality of life. The seven areas for outcomes measure were:

1. Housing
2. Employment, Education and Training
3. Social Relationships
4. Social Living Skills
5. Leisure Activities
6. Managing Psychiatric Illness
7. Managing Physical Health.

Client assessment questionnaires were developed to be completed by the Ruah worker and the client's key Health Department worker or private psychiatrist, when the person first accessed the service and then 12 months later. At one stage, these questionnaires were completed independently, at another, jointly. Each of the seven areas of social functioning listed above had a number of questions related to them in the assessment.

Statistical analysis of all the data over the three years this evaluation methodology was used was carried out and reported on by independent consultants. The findings were consistent and reinforced in focus groups conducted by the consultants. Clients were assessed to have achieved improved levels of functioning in all seven aspects of daily living outcomes

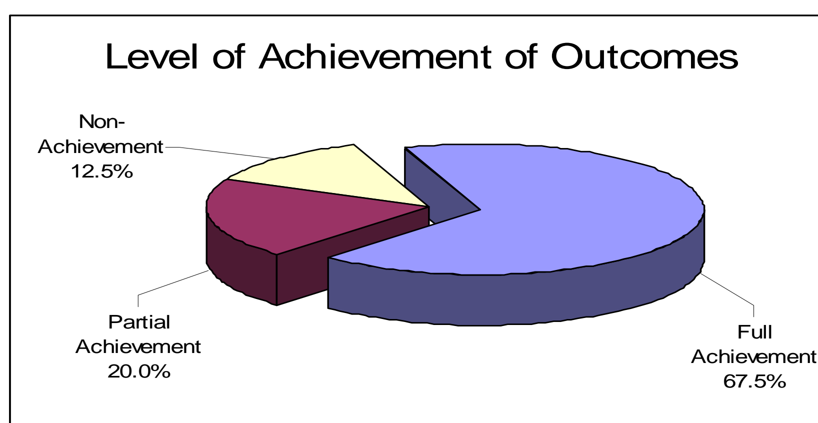
during the first 12 months of engagement with the service. As might be expected, the level of improvement was not the same in each area and, furthermore, opposite changes occurred within the subsets of some areas. For example, while there was improvement in physical health through increased exercise and leisure activities, the risk posed to clients' physical health by sustained tobacco use was unchanged, which is not surprising given the difficulty that habitual smoking members of the community have in modifying their tobacco use.

Achievement of Client Derived Outcomes

In the evolution and development of Ruah Inreach there has been an ever increasing emphasis on a more client-centred approach within different aspects of the service. This occurred within the evaluation framework itself a number of years ago with the introduction of a 'client derived outcomes' approach. In this approach, the client is intimately involved in setting the goals and the focus for the services to be provided by Ruah, according to their own life circumstances and needs, as identified by them. Not only are the clients involved in setting the direction of the service they access, they are also subsequently involved in assessing the level of achievement of the goals set. The value of this in terms of evaluation is to be seen in the inherent link between the service that is provided and the measure of the efficacy of that service in terms of outcomes from a consumer perspective.

This evaluation framework has three main elements:
1. Goal setting between client and worker, or client alone
2. Subsequent measurement of goal achievement by client or client and worker
3. Identification of factors that influence the level of achievement.

Independent analysis of the data is carried out to report the findings of levels of achievement and non-achievement of the client derived outcomes. A consistent picture has emerged over the five years that this methodology has been employed, namely that Ruah has facilitated:
- 65 – 70% full achievement of client derived outcomes
- 15 – 25% partial achievement
- 10 – 15% non-achievement.



Of interest is the prevalence of the types of goals set by clients and workers which has also been somewhat consistent over the years. Improved mental health, coupled with self-management, increased knowledge and self-mastery in engagement with treatment, has always been the most frequent area of goal setting. The next three areas of priority were (i) social networks and social skills; (ii) meaningful/vocational activity; and (iii) physical health.

A further consistent finding was the fact that the area of mental health which recorded the highest frequency of goals set, thus possibly reflecting the area of greatest importance to the client, was also the area of highest level of achievement of outcomes and lowest level of non-achievement. By contrast, recreation, which ranked in the bottom half of goal frequency, was the area of highest non-achievement of goals.

Such typical findings and associated recommendations from the independent evaluator have been a constant source of reflection and critical analysis within Ruah Inreach for the continuous improvement and development of its services.

Client, Family and Other Service Provider Feedback

Another important source of feedback and evaluation that Ruah Inreach has undertaken at various times in its history has been feedback from clients, their family and carers, and other key service providers who have been associated with the client. Anonymous client satisfaction surveys are notoriously biased in favour of the service provider, particularly in situations of a close working relationship with regular contact, such as that between a Ruah service consumer and their worker. Therefore, one needs to be somewhat circumspect in interpreting the findings. Nonetheless they can provide some indication of the level of appreciation of a service.

In the entire client, family and carer satisfaction surveys carried out by independent evaluators for Ruah Inreach, and confirmed by focus groups or individual interviews at different times, the level of satisfaction amongst all groups reported by the evaluators has always been at the 90 – 100% rating. While this is cautiously taken as a positive, what has been of greater benefit and learning for Ruah Inreach has been the open-ended comments that have been included. Most of the comments give substance to the satisfaction rating; they identify aspects of the service provided, attributes and skills of the workers, and the improvements in their life circumstances which they have achieved. This becomes a rich vein of feedback for discernment by the workers and management of Ruah Inreach.

Equally important is the feedback from other peer professionals in the field, such as government mental health workers or private psychiatrists who were key workers for the people with whom Ruah worked. Systematic feedback from these service providers obtained by independent evaluators has been part of Ruah Inreach's evaluation framework at various stages. These other service providers were asked to provide feedback on the following areas: the overall quality of the Ruah service, the professionalism and competency of

staff, preparedness to collaborate, upholding of clients' rights and effective communication. The sample of service providers has always been small; nonetheless the reported feedback has been consistently favourable, extolling the value of the service in the continuum of mental health services in the community, and pointing to the complementary nature of Ruah Inreach's services with respect to other mental health services. "Ruah is effective in dealing with issues which (other service providers) are unable to do," was a typical comment reported.

Individual Client Stories

Many authors articulate the difficulty in evaluating human services, measuring their efficacy and assessing outcomes. To *"redress disadvantage,"* which is one aspect of Ruah's mission, lends itself, to a substantial degree, to empirical measure and both qualitative and quantitative reporting. Even so, the evaluation frameworks that Ruah has implemented draw attention to the limitations contained therein and the caution to be exercised in their interpretation. If that is so, then evaluating Ruah's achievement on the second aspect of its mission statement, "*to enhance the human spirit*," would be fraught with even more uncertainty. However, one area in which a reliable glimpse into this can be obtained is in client stories of their own journey living with mental illness and their time with the Ruah service. These are an integral part of Ruah's evaluation framework and are included in most reports. The compilation of these consumer profiles is generally a joint effort between the client and the worker.

They often provide the heart and soul of evaluation. They certainly illustrate the enormity of the barriers that people living with mental illness encounter and do overcome in their recovery journey, some from within the experience of mental illness itself, others from the acerbity of society in general in its prejudicial attitude to the reality. But perhaps above all, the client profiles bear testimony to the courage and endeavour of people in making steps forward in their recovery journey, ever more so because of the generally non-linear nature of the journey.

When consumers describe their own story of recovery with such titles as: *Learning to Believe in Myself*, *A Light Beyond the Bedroom Door*, *The Weight Has Lifted*, and *Control of My Own Life*, then it can be reasonably concluded that these statements reflect an enhancement of their spirit.

Ruah Mental Health Client Data Review

The total number of clients who accessed the four Ruah Inreach **Local** Teams (North, Fremantle, Maddington/Armadale, and Rockingham) in the 15 years between May 1993-May 2008 is **1134.**

	North	Fremantle	Madd/Arm	Rockingham	Overall
Total clients	585	210	170	169	**1134**

Ruah Local Teams Client Numbers 1993-2008

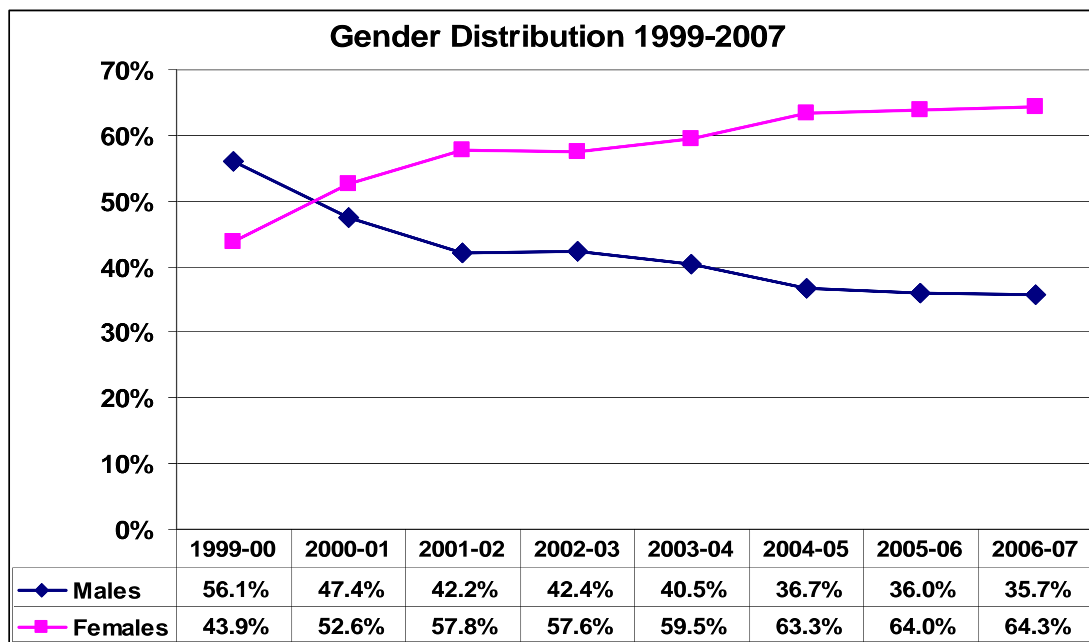
The total number of clients who accessed the four Ruah Inreach **Specialist** Teams (Recreation; Early Episode Psychosis; Intensive; and Personal Helpers and Mentors) is **480.**

	Rec Est 1999	EEP Est 1996	Intensive Est 2001	PHaMs Est 2007	Overall
Total clients	131	155	132	62	**480**

Ruah Specialist Teams Client Numbers 1996-2008

Gender

A trend towards an increase in the number of women accessing the Ruah Inreach **Local** Teams has been evident since 1999, with females increasing from 43.9% in 1999-2000 to 64.3% in 2006-07.



	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Males	56.1%	47.4%	42.2%	42.4%	40.5%	36.7%	36.0%	35.7%
Females	43.9%	52.6%	57.8%	57.6%	59.5%	63.3%	64.0%	64.3%

Ruah Local Teams Gender Distribution 1999-2007

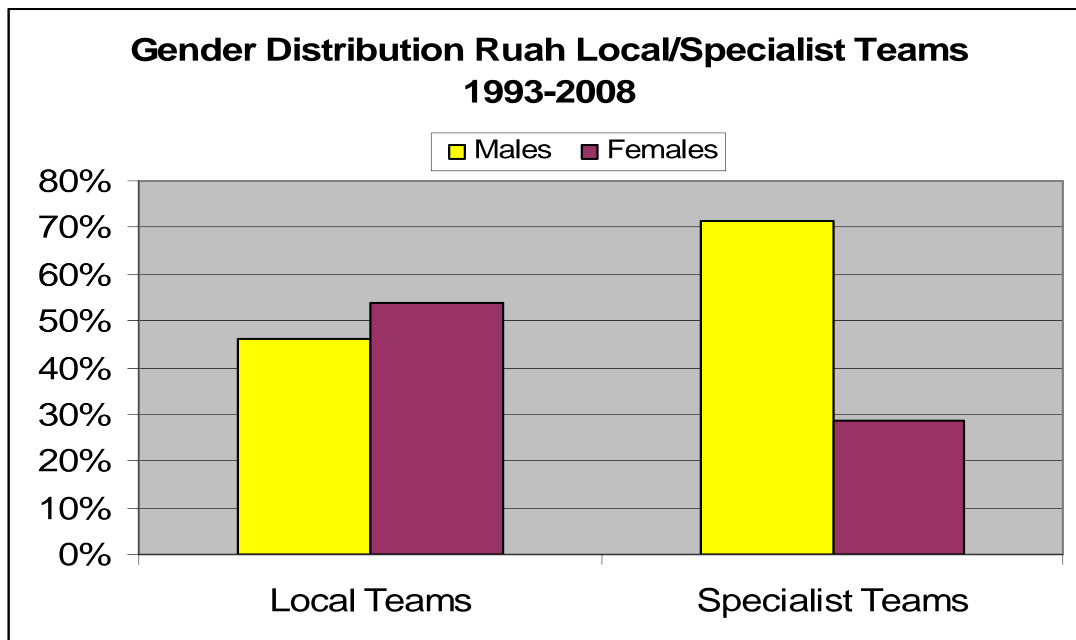
The overall gender distribution picture in the Ruah Inreach **Local** Teams over the period 1993-2008 is 46.3% Males and 53.7% Females. This contrasts with the overall gender distribution in the Ruah Inreach **Specialist** Teams over the period 1996-2008, which is 78.3% Males and 28.8% Females.

	North		Fremantle		Madd/Arm		Rockingham		Overall	
Clients	585		210		170		169		**1134**	
Males	275	*47%*	106	*50.5%*	74	*43.5%*	70	*41.4%*	**525**	**46.3%**
Females	310	*53%*	104	*49.5%*	96	*56.5%*	99	*58.6%*	**609**	**53.7%**

*Ruah **Local** Teams Gender Distribution 1993-2008*

	Rec		EEP		Intensive		PHaMs		Overall	
Clients	131		155		132		62		**480**	
Males	105	*80.2%*	116	*74.8%*	98	*74.2%*	23	*37.1%*	**376**	**78.3%**
Females	26	*19.8%*	39	*25.2%*	34	*25.8%*	39	*62.9%*	**138**	**28.8%**

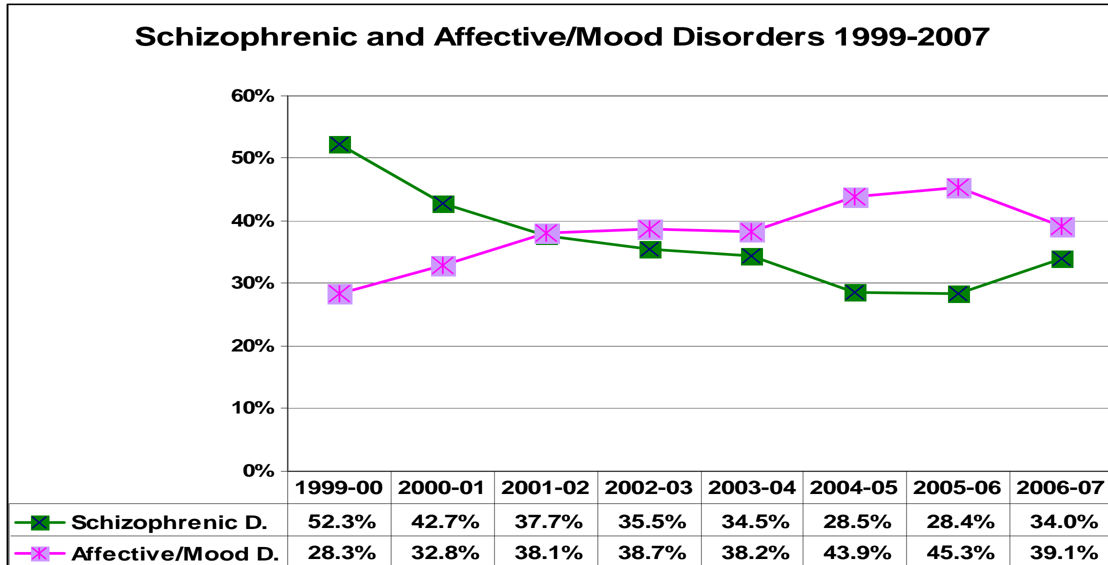
*Ruah **Specialist** Teams Gender Distribution 1996-2008*



Diagnosis

Figures for the years 1999-2006 showed a continuing decline among the Ruah Inreach **Local** Teams' client group in the number of individuals with schizophrenic disorders (from 52.3% in 1999-2000 to 28.4% in 2005-06), and an increase in those with affective/mood disorders (from 28.3% in 1999-2000 to 45.3% in 2005-06). This was reflective of a parallel increase of 20.1% in females accessing the service (from 43.9% in 1999-2000 to 64% in 2005-06), as women tend to be more represented in the latter diagnostic category. In 2006-07, however, the number of participants living with schizophrenic

disorders increased from 28.3% to 34%, with a corresponding decline in the number of participants with affective mood disorders, from 45.3% in 2005-06 to 39.1% in 2006-07. In the same period, gender distribution showed only a 0.3% change from the previous year (see graph/table above for *Gender Distribution 1999-2007*).

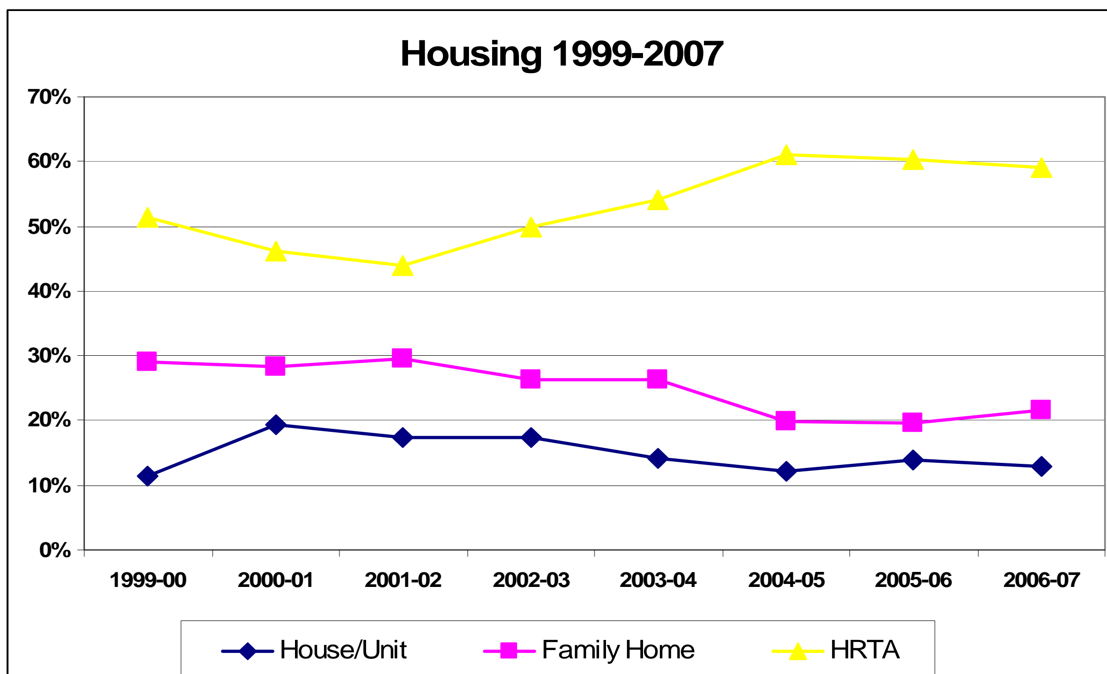


	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Schizophrenic D.	52.3%	42.7%	37.7%	35.5%	34.5%	28.5%	28.4%	34.0%
Affective/Mood D.	28.3%	32.8%	38.1%	38.7%	38.2%	43.9%	45.3%	39.1%

*Diagnosis/Ruah **Local** Teams 1999-2007*

Housing

The following tables show the distribution of the three main types of housing of individuals in the Ruah Inreach **Local** Teams between 1999-2007:



*Housing/Ruah **Local** Teams 1999-2007*

Those individuals living in housing with a residential tenancy agreement (HRTA) have continued to hover around the 60% mark for the three years 2004-05 to 2006-07, while those living in house/unit (self-owned) have declined slightly to 12.8%, and those living in the family home (currently around 21.7%) have declined by about 10% since 2001-02.

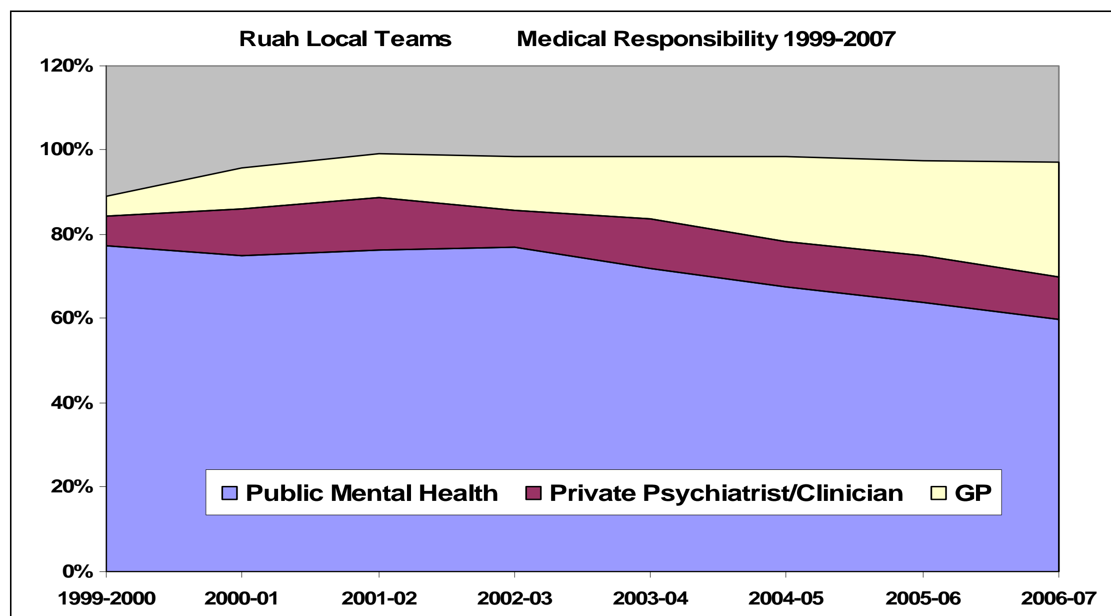
Medical Responsibility and Referral Source

Public Mental Health **medical responsibility** in the Ruah Inreach **Local** Teams declined from 77.2% in 1999 to 60% in 2007.

Medical Responsibility	**99-00**	00-01	01-02	02-03	03-04	04-05	05-06	**06-07**
Public Mental Health	**77.2%**	75%	76.2%	77%	71.8%	67.4%	64%	**60%**
Private Psychiatrist	**7.2%**	11.2%	12.6%	8.8%	11.8%	10.9%	11%	**9.8%**
GP	**4.6%**	**9.5%**	**10.3%**	**12.9%**	**15%**	**20.4%**	**22.5%**	**27.2%**

Medical Responsibility/Ruah Local Teams 1999-2007

The number of individuals for whom **GPs had medical responsibility** increased from **4.6% in 1999-2000 to 27.2% in 2006-07**), with 2006-07 showing a 4.7% increase.

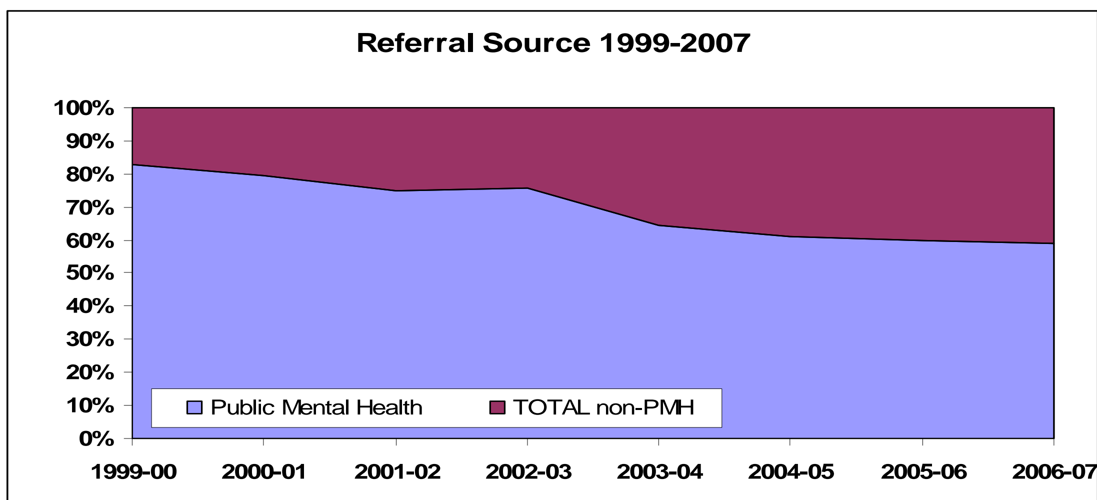


Medical Responsibility/Ruah ***Local*** *Teams 1999-2007*

As evidenced in the table below, the number of **referrals coming from non-Public Mental Health** sources rose from **17.3%** in **1999-2000** to **40.9%** in **2006-07**).

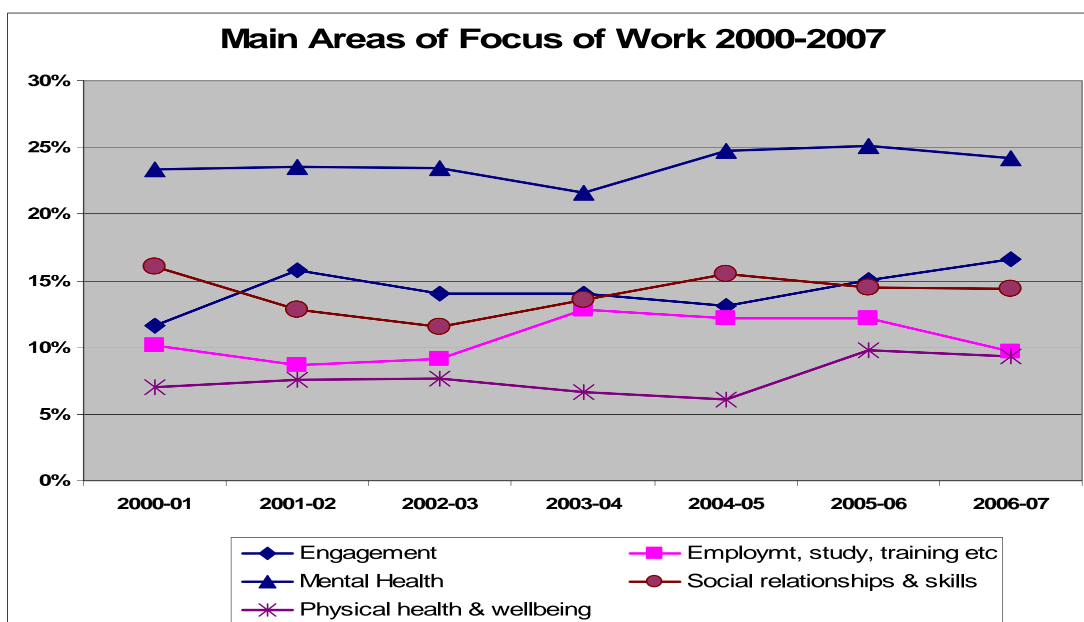
Referral Source 1999-2007	**Local Teams 99-00**	Local Teams 00-01	Local Teams 01-02	Local Teams 02-03	Local Teams 03-04	Local Teams 04-05	Local Teams 05-06	**Local Teams 06-07**
Public Mental Health	**82.7%**	79.7%	74.9%	75.6%	64.5%	61.1%	59.7%	**59.1%**
Private psychiatrist	**7.2%**	10.8%	12.1%	8.8%	9.5%	9%	8.1%	**5.5%**
GP	**4.2%**	5.2%	4.9%	5.5%	7.3%	9.5%	8.5%	**8.9%**
Non-govt Mental Health	**0.4%**	1.7%	3.1%	2.8%	3.6%	3.2%	8.1%	**6.8%**
Other Service	**3.4%**	2.6%	4.5%	6.9%	13.6%	16.7%	13.6%	**15.7%**
Other	**2.1%**		0.4%	0.5%	1.4%	0.5%	2.1%	**3.8%**
TOTAL non-PMH	**17.3%**	20.3%	25%	24.5%	35.4%	38.9%	40.4%	**40.9%**

*Referral Source/Ruah **Local** Teams 1999-2007*



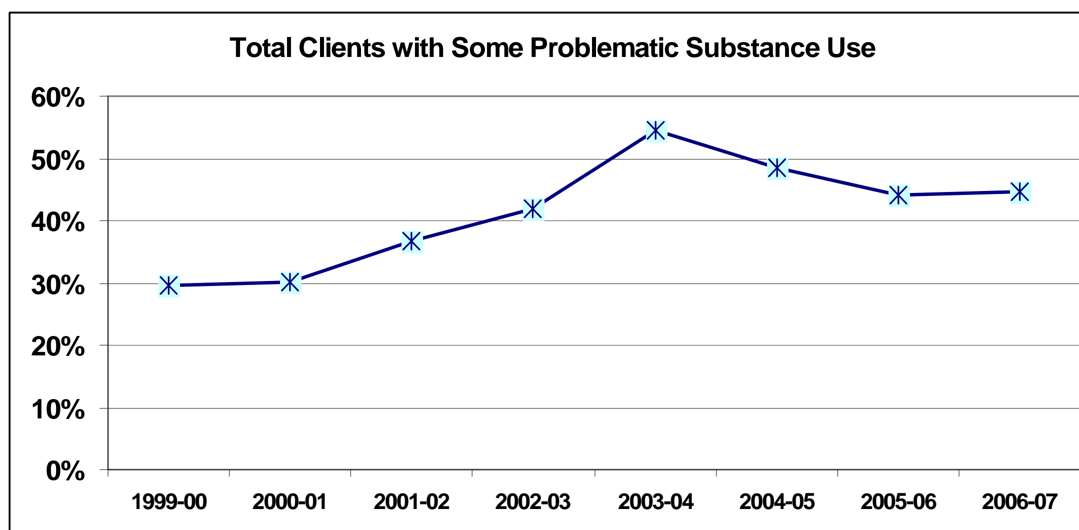
*Referral Source/Ruah **Local** Teams 1999-2007*

Main Areas of Focus of Work



*Main Areas of Focus of Work/Ruah **Local** Teams 2000-2007*

Problematic Substance Use



*Problematic Substance Use/Ruah **Local** Teams 1999-2007*

	North		Fremantle		Madd/Arm		Rock'm		Overall	
Number of Clients	585		210		170		169		**1134**	
Problematic Substance Use	275	*47%*	106	*50.5%*	74	*43.5%*	70	*41.4%*	**525**	**46.3%**

*Ruah **Local** Teams Problematic Substance Use 1993-2008*

	Rec		EEP		Intensive		PHaMs		Overall	
Number of Clients	131		155		132		62		**480**	
Problematic Substance Use	63	*48.1%*	96	*72.7%*	101	*65.2%*	13	*21%*	**273**	**56.9%**

*Ruah **Specialist** Teams Problematic Substance Use 1996-2008*

Other Client Demographics Impacting on the Work

	Ruah Inreach **Local** Teams *1993-2008*	Ruah Inreach **Specialist** Teams *1996-2008*
Total number of clients	**1134**	**480**
Living with another disability (physical, neurological, intellectual or sensory)	12.7%	14.4%
Born outside Australia	24.7%	20.8%
Born in non-English speaking country	9.5%	8.1%
Having dependent children	16.6%	14%
Total number of dependent children	**378**	**144**
% children less than 12 years of age	59%	72.2%
Living with family	37.4%	45.8%
Aboriginal	1.9%	4.6%

For more information about

Ruah Community Services

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