



# Use of service data to strategically plan Psychotherapeutic Group Programs

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**HRT 1712 Mental Health Improvement Group  
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# Key Problem

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The Rehabilitation and Recovery Centre is a team within the Division of Mental Health Alcohol and Other Drugs Service (MHAODS) of the Darling Downs Hospital and Health Service (DDHHS) that provides psychotherapeutic group programs to the DDHHS mental health (MH) consumers.

In 2015 a review of the group therapy programs was prompted due to low attendance numbers, a lack of consistency across program design/delivery, and inconsistencies with evaluations.

The review found the **key problems** with program delivery to be:

- Programs emerged and ceased without any particular decision making framework or model
- Specific treatment needs of the consumer population was not clearly defined
- There was no consistent standard to program requirements
- That evaluations were not measuring treatment outcomes effectively

# Aim of this innovation

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- To realign Psychotherapeutic program to the specific needs of the DDHHS MHAODs consumer population by **utilising data collected in the Consumer Integrated Mental Health Application (CIMHA) to identify consumer treatment needs.**
- To provide high quality psychotherapeutic programs targeted to the specific needs of the DDHHS MHAODS population to a standard consistent with the **Evidence Base Literature, Australian Treatment Guidelines, Mental Health Strategic Plans** and have the ability to be evaluated for effectiveness.
- To develop a **Program Development Model and Implementation Plan**

# Key Changes Implemented

The DDHHS MHAODS is now utilising clinical information collected through CIMHA to strategically plan service delivery. The DDHHS was the first HHS in Qld to utilise this data in this way.

The CIMHA data information was utilised to define our consumer population by diagnosis, and areas of clinically significant difficulties as captured by Diagnosis and the Health of the Nation Outcome Scale (HoNOS).

All our group therapy programs are now strategically planned. Staff are provided with the professional development needs to deliver therapy programs to the required standard

As a result of the redesign :

Six programs ceased operation as they did not meet our specific consumer MH population needs despite being within the scope of Mental Health. Four programs were redesigned to meet the level of severity of presenting needs of our consumer population

A three year Psychotherapeutic **Program Implementation Plan** was endorsed and a **Program Development Model** for identifying, selecting, and implementing therapeutic programs was established.

# Key Changes Implemented

## The Program Development Model



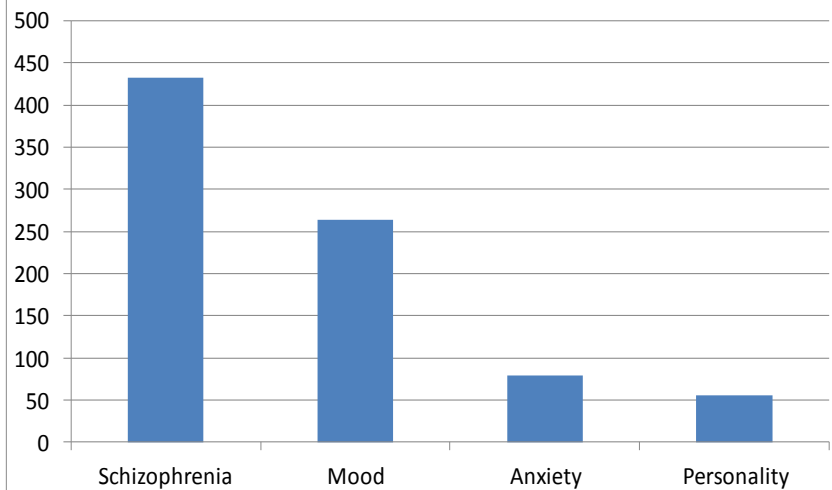
# Key Changes Implemented

## The DDHHS MHAODS 2016-18 Program Implementation Plan

Program	For...	Status	16	17	18
DBT Full program	BPD	Endorsed			
CRT (Cognitive Remediation Therapy)	Schizophrenia (-) Symptoms	Endorsed			
DBT Skills program	Emotional instability	Endorsed			
SPORT (Social Problem Solving and Offence Related Thinking)	Offenders with Intellectual Impairment	Endorsed			
MBCT (Mindfulness Based Cognitive Therapy)	Depression- Prevent relapse	Endorsed			
MiRecovery	A peer led program	Endorsed			
Community Linking	Linking consumers with comm	Endorsed			
SCIT (Social Cognition Interaction Training)	Schizophrenia (-) Symptoms	Endorsed			
CBT- P (CBT for Psychosis)	Psychosis (+) Symptoms	Development			
CBT- I (CBT for Insomnia)	Insomnia	Development			
Sleep Hygiene	Problems with sleep	Development			
CBT for Depression	Severe & persistent depression	Planned			
Anxiety	Severe & persistent anxiety	Planned			
TF-CBT (Trauma Focussed Phase 1)	Preparation for trauma work	Planned			

# Baseline Data

**Top 4 Presenting Diagnosis of DDHHS**



## Diagnosis Data

The data is representative of 918 consumers

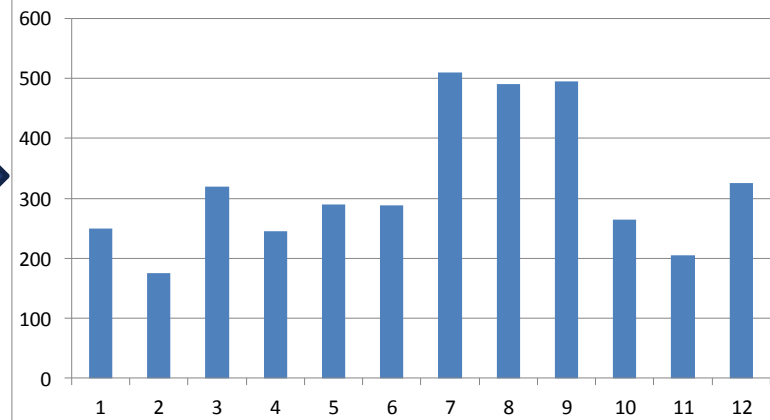
- The graph to the left identifies the top 4 diagnosis and represents **90%** of DDHHS MH consumers
- Psychotherapeutic programs were aligned to meet the needs of these top 4 diagnosis

## HoNOS Data

The data is representative of 1231 consumers, it identified:

- 42% of the captures population reported problems with depressed mood (represented by HoNOS 7)
- 40% with relationship difficulties (HoNOS 9)
- 40% with other mental and behavioural problems, specifically anxiety and sleep difficulties (HoNOS 8)

**Clinically significant HoNOS rated 2 or above**



# Outcomes so far

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- The State-wide Clinical Improvement Team now have access to a 3 year data sample for all HHS' within Qld and are able to provide information of the specific MH consumer population to each HHS MHAODS services as requested so they too can strategically plan service delivery, staff training needs etc.
- A Model of Program Development has been established
- A 3 year Program Implementation Plan has been developed based on the specific DDHHS MHAODs consumer population needs (Includes 14 specific psychotherapeutic group programs).
- Of the 14 programs identified 8 have been developed, endorsed and are now operational, with a further 3 in development, and another 3 planned
- Partnerships with Non Government Organisations have been developed to increase community capacity and improve consumer access to program to assist in their recovery.



# Lessons Learnt

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- Qld Health CIMHA (HoNOS, Diagnostic and outcome data) can be utilised to strategically plan service delivery tailored to individual HHS MHAODS consumers needs
- Training and staffing needs can be strategically planned based on MH consumer needs
- Program development model needs to be supported/embedded in the HHS MHAOD Services and not the project of any one individual independently
- The Program development model is a model that can be used to integrate service delivery between the Public and NGO sector.

