

Towards a System of Outcome Indicators for Mental Health Care

Rachel Jenkins: *British Journal of Psychiatry* (1990)

Article discusses the pros and cons of available outcome indicators used at the time in Canada to measure health and mental health care, with the goal to measure the impact of health care on the health of the populations and to improve health and mental health in the long term.

Present Health Indicators used as Outcome Measures

- **Mortality**

- Most frequently used measure; does not indicate health at all, but lack of survival
- As a general principle, mortality is an important indicator of social conditions such as road safety and violence, as well as of the treatment of life-threatening diseases, but mortality data do not adequately reflect changes in health status within populations; meaning that decreased mortality does not signal a healthier population, but may reflect longer life of chronically ill and seriously disabled people.
- In mental illness, there is one avoidable mortality: that caused by suicide
- Suicide rate, although known to be an underestimate, is a reasonable indicator of all deaths from suicide, but it's not a good indicator at all of rates of mental illness
- But overall, mortality rates, not just those of suicide, may be a helpful indicator of the adequacy of health care for mentally ill people; there is evidence that people in the years following their discharge from a mental hospital have a higher mortality rate largely due to cardiovascular and respiratory disease, presumably reflecting poor social and medical care

- **Morbidity**

- Disability days, bed days, and restricted activity are indicators which may reflect many conditions other than health, such as provision for paid sick leave, the number and age of children in a family, and the division of responsibilities within families, as well as psychosocial factors such as the tendency to assume a sick role or to express problems through somatic symptoms
- Disability days are useful as a measure of self-care during illness
- Bed usage and hospital admissions: **Caveat:** Not everyone suffering from a mental illness may require hospitalization nor seeks medical attention
- It is therefore important to develop health indicators that apply not only to hospital in-patients, but be more inclusive of those who do not require hospitalization

- **Subjective Health Indicators**

- These are measure that focus on observed/practical aspects of illness, distress and discomfort, instead of the more objective evaluation of health status by a professional

- They are important to consider because of the research evidence that self-perceived health correlates with mortality and rate of recovery even after controlling for objective measures of health
 - Subjective measures of health correlate more closely with use of health services than do the medical conditions themselves
 - There is often a disparity between judgments of professionals and lay people on whether a particular treatment has been successful, and it is crucial to take the lay view as well as the medical view
- **Direct Measure of Health and Social Functioning**
 - Have by far the strongest conceptual basis as relevant indicators of health outcome
 - Many measures have separate physical, psychological, and social axes, while there are also combined measures, including measures of quality of life
 - Measures of positive health as compared to ill health
 - World Health Organization (WHO) definition:
 - **Health:** a state of complete physical, mental and social well being and not merely the absence of disease
 - The importance of positive health is that it is typically used to describe some aspect of lifestyle or mental outlook that is associated with better future health. For example, a person with refined skills for coping with stress may not differ from others without such skills at the present time, but this person may have a higher probability of better mental and physical functioning in the future
- **Unmet Need**
 - Defined as the differences between those services judged necessary to deal appropriately with defined health problems and those services are actually being received
 - Changes in unmet need are measures of the outcome of health services, but they are not in themselves measures of health status but rather they measure the capacity of the health and social care system to care for the sick.
 - Indicators for unmet needs and health care outcome, although not the same, are related. Indicators for unmet needs relate to services and resources necessary to maintain and improve health status.
 - The provision of appropriate health services according to need is an intermediate outcome of a health system whose ultimate goal may be to improve the health status of a population.
- **Global Indicators**
 - Single gross national product of health status—combined data on mortality, morbidity, disability, and even health care expenditure in various weighted ways into a health status index
 - Tends to obscure rather than inform, because information about health must serve different purposes
 - In order to answer specific questions, the index has to be disaggregated into its component parts

- It has been claimed that the loss of detail accompanying aggregation is offset by the increased generality of application
- Progress is marked by increasing ability to discriminate between quantities and qualities of phenomena, and not by devising qualitative summaries that obscure differences
- **Social Indicators**
 - The social dimension of health and the health care system must not be ignored
 - In addition to direct measures of mental health, we need indicators of psychosocial development from childhood to old age, and also of social pathology (including family disruption and lack of social support)
 - Some indicators of social support are readily available, such as crime statistics and rates of divorce, illegitimacy
 - Homelessness and unemployment
 - Affected by underreporting and changing lifestyles, which negate some official statistics (e.g., many couples may successfully live together for a number of years without being married)
 - Indicators of psychosocial development pose a much more difficult problem, but they should at least take into account age-specific and stage-specific problems, which have their own measurement requirements
- **Demographic Indicators**
 - Since health policy does not only aim to improve the average level of health but also to reduce inequalities in health among the various subgroups of a population, we not only need indicators of the level of health of the general population, but also an assessment of the differentials among population subgroups.
 - This means that we also need a coherent strategy for applying health indicators across the nation, so that there is agreement on the subgroup definitions, which may be socioeconomic, ethnic, geographical, etc.