

CEO / OR NGO REPRESENTATIVE WORKSHEET

TOWARD CONSENSUS ON A SECTOR NGO MENTAL HEALTH INFORMATION STRATEGY

Please complete this page underlining Yes or No if your agency electronically or manually and *systematically* collects information under these categories. Then please complete the audit of information elements overleaf and email 4 pages to jonine@iimetro.com.au (thankyou!). You may fax to 02 9810 8145.

Yes / No	Client demographic information	
Yes / No	Client needs / profile (may be minimal)	
Yes / No	Client participation (service use at NGO)	
Yes / No	Client participation (other service use)	eg treatment status
Yes / No	Agency activity (processes/interventions)	
Yes / No	Agency outputs (quantity, quality, cost of services)	
Yes / No	Consumer outcomes using standardised mental health outcome tools that are routinely offered to consumers or completed by workers, at entry, along the way or at exit from the service.	
Yes / No	Consumer outcomes using estimates of outcome using a self-devised method other than a standardised outcome tool	
Yes / No	Community level outcomes	
	↓	
Yes / No	Population health impacts / outcomes	

NGO Name: _____

CEO/Representative: _____

Who do you report this information to? _____ How Often? _____

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Below are EXAMPLE-ONLY 'data items or elements'. Please say Yes or No to say which, if any, your agency collects in any **mental health** program. Please use the far right column to number your programs if you have multiple sites / multiple mental health programs, and record the names of these programs on the last page. (It is common for NGOs to have different information collection in different programs and sites). Please email your form to jonine@iimetro.com.au when it is completed. *Thanks.*

<u>Domains</u>	<u>Data items</u>	Yes/ No	Program Number
Client identification (demographic information)	Client full name		
	Client alias name		
	Date of birth		
	Sex		
	Client address		
	Next of kin or carer name		
	Next of kin or carer address		
	Next of kin or carer phone number or email		
	Client telephone number or email		
	Area of usual residence (eg postcode, town)		
	Client photograph (if residential)		
	Medicare number (if a medical clinic is on site)		
Client profile or characteristics	Client type (some sort of coded category eg adult vs adolescent, user of one or another program etc)		
	Indigenous status / or Country of birth		
	Preferred language		
	Principal source of income		
	If client is a parent of children under 18 years		
	Medical status or allergy if a residential service		
	Alert flags for special needs(eg falls risk, hearing impaired, need for an interpreter)		
	Vulnerability flags (eg at risk of dom violence, homeless, gambling, past suicide attempt)		
	Current status as user of clinical mental health svce		
	Care coordinator or GP ID if user of treatment svce		
Client needs (from the NGO)	Strengths, talents and recovery preferences		
	Needs determined through an Indiv Service Plan		
	Needs determined through CANSAS or other recognised standardised assessment/outcome tool		
	Type of service requested by client		
	Individual Service Plan is made/held for or by client		
	An activity sheet or file is held for or by client		
	A formal review of progress in relation to needs or in relation to service plan is held with client		

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<u>Domains</u>	<u>Data items</u>	Yes/ No	Program Number
Service type and agency activity	Type of service provided to this client by this NGO		
	Service group / location or site is specified		
	Service contact participation is recorded (eg dates attended the service, or hours attended)		
	Service start date and service exit date		
	Source of referral to the service is recorded		
	Where client is referred to at exit from the NGO		
	Community engagement/use other than the NGO		
	Service delivery setting (descriptor if different settings, eg residential or work settings) as marker of extent of community contact.		
Client participation in other services	Date of entry into clinical service (if not the NGO)		
	Date of exit from clinical service (if not the NGO)		
	Amount of assistance received (time)		
	Amount of service received (cost)		
	Main reason for cessation of clinical services		
	Date of entry into other service (if not the NGO)		
	Date of exit from other service (if not the NGO)		
	Amount of assistance received (time)		
Client outcome or Carer or family outcome	Change in consumer outcome measure (score)		
	Plan should client need re-entry to program is made		
	Type or category of outcome is estimated/recorded		
	Change in outcome or outcome measure for carer		
NGO Organisational characteristics	NGO program identifier		
	Full time/part time employment status of staff		
	Funding source		
	Total full-time equivalent staff-paid		

If you identified programs by number above please use this space to tell us which programs those numbers relate to. Thank you again for participating.

PROGRAM 1: _____

PROGRAM 2: _____

PROGRAM 3: _____

PROGRAM 4: _____

PROGRAM 5: _____