Meeting of International and National Mental Health Commissions

11 and 12 March 2013, Sydney, Australia

International Benchmarking (Australian Mental Health Commission)

Proposition: This session will explore what work is going on internationally on developing international benchmarking indicators, including work by IIMHL, OECD and WHO (Europe and International). The session will generate discussion about delegates’ views, experiences and interest in developing a ‘whole of life’ set of benchmark indicators and explore future possible international collaboration on devising indicators across a range of domains to achieve this aspiration.

i) Introduction

There is currently no agreed set of international benchmarks incorporating key indicators, data sets or outcome measures that cover the health, welfare, quality of life and wellbeing of people living with and recovering from mental illness and their families/supporters against which progress across similar jurisdictions internationally can be assessed or compared. This was one of the findings from a scoping project commissioned in 2012 by the Australian Government’s National Mental Health Commission (refer attached).

Having a set of agreed international benchmarks could help in the continuing aims that countries have in achieving improved care and treatment outcomes and the pursuit of improved outcomes that lead to a more contributing and inclusive life for people living with and recovering from mental illness.

The data that does exist is predominately oriented towards the inputs and outputs of health and mental health care and treatment systems. This is both desirable and helpful, and there is a lot of good work to build on, including emerging work on recovery indicators. However, it is also considered desirable to extend benchmarks internationally into other areas that help make up a more contributing and inclusive life – for example with data benchmarked internationally across domains such as employment, housing, social relationships, income, community connectedness, human rights and other potential measures, explicitly capturing people’s lived experiences and current social and economic positions.

ii) Progress to date

A number of countries either have or are pursuing a set of national indicators or outcome frameworks with which they can assess progress, including Scotland, England, Ireland, New Zealand, Canada and Australia (announced by Australian governments in late 2012, prompted by the Australian Commission’s first National Report Card). The US also uses a number of benchmark frameworks. Some of these frameworks include a mix of health services system oriented data, including early attempts to capture recovery indicators, along with wider social, community and more contextual data. Some have data ranging over a number of years.

The future direction includes a desire to see a mix of services and clinical data, alongside indicators that help assess progress towards recovery, and wider community, social and contextual factors. These are challenging desires in themselves, and present considerable challenges in countries with national and state arrangements, but are even more challenging when looking to outline a set of indicators that can be benchmarked internationally.
There is also the additional issue of who, which agency or agencies have the authority, responsibility, capacity ability to set out what a range of helpful and comparable benchmarks might be and how these may be collected and usefully compared by a number of countries with similar systems and transformative ambitions. And how these can be used to lever progress and share and learn across international boundaries.

Beyond mental health, there are also some interesting developments within countries and internationally in collecting data on wellbeing, including mental wellbeing. This area of indicators work is being progressed internationally by OECD (Your Better Life Index), the UN, WHO and others. This area of data collection could offer some helpful insights and potential indicators for international benchmarking data on mental health. Michael Borowitz, Senior Health Policy Analyst at the OECD will be dialing in to the meeting.

The rise in the ability to use new technologies and web based interactive systems may also be something that will help this endeavor.

**iii) What would success look like in 5 years time?**

- A set of domains and indicators for benchmarking progress on mental health agreed across a range of similar countries.
- An initial data set of more readily available data mapped, scored and shared internationally across a set of ‘core’ countries at least once over the next five years.
- An interactive web based tool developed to assist the process and engagement.
- An inbuilt ability to take people with lived experiences and their families and supporter’s views and experiences into account in the development of the indicator set.

*What might help take us there?* There is already considerable national and international discussion on this topic. The meeting in Sydney is potentially another helpful stepping stone in this process and may offer some opportunities to take this discussion further amongst interested countries and see if there is an appetite and possible way forward that can also engage some of the international agencies in a collaborative venture.

This could then be followed up as a theme of work at the International Initiative for Mental Health Leadership exchange and network in the UK in June 2014.

**iv) Evidence, Metrics and Research**

*What does the evidence tell us?* There is a desire for international benchmarking, and a lot of activity by a range of organisations and agencies. This is an area that has a considerable degree of support but as yet it has been difficult to assess if this has an impact on driving changes, improvements and quality across and within countries.

*What are some of the main ways of measuring progress, success, impact (key outcome measures)?* The extent to which it is possible to agree a set of internationally recognised indicators and data sets to benchmark; and the range of these – across health and mental health care systems and across social, economic, community and wider policy domains. The indicators proposed need to correspond with the experiences and views of those with lived experience and their families and supporters.

*What are the main areas of current research?* A range of work is under way but has as its main focus health and clinical care systems data.
What are the research gaps? Assessing what to choose and how to choose the key indicators, assessing the extent to which the indicators chosen reflect people’s experiences and desires for the future, assessing the impact on mental health systems and outcomes by collecting and benchmarking data internationally.

v) Main Suggested Areas for Discussion and Debate

- Introduction and sharing of information and knowledge (all participants).
- Short outline of work being undertaken on international indicators by Professor Harold Pincus, Columbia University New York.
- What should be the main domains for comparative benchmarking indicators?
- How can a balance be achieved across service system data, clinical data, clinical outcome data, social, community, contextual data?
- How can we ensure that the domains and indicators considered and chosen speak to the lived experiences of people and their supporters and families?
- What criteria could be used to select and judge possible indicators?
- What would our top 10 indicators be?
- How do we keep the focus, at least initially, on policy outcomes and aspirations rather than technical and implementation issues?
- What would be a useful next step and who should be involved and in what capacity?

List of Key References and Suggested Reading

*Developing mental health-care quality indicators: toward a common framework*, Carl Erick Fischer et al for the IIMHL Clinical Leaders Group, International Journal for Quality in Health Care, November 2012 (attached)

*International Benchmarking of Australia’s Mental Health Performance – State of Play Review*, Sebastian Rosenberg, September 2012 (attached)


IIMHL work, led by Professor Harold Pincus: http://intqhc.oxfordjournals.org/content/25/1/75.abstract

http://www.oecdbetterlifeindex.org/


WHO: http://www.who.int/topics/mental_health/en/

WHO Europe: http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/mental-health