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<Name>
Director for State Mental Health
<Address>

Dear <Name>,

I am writing to you, in your role as a member of the National Mental Health Working Group (NMHWG), on behalf of my fellow investigators on the NHMRC Clinical Practice Improvement Network for Early Psychosis (C-PIN pronounced 'see-pin'). The purpose of this letter is to ask for your support for the inclusion of a new item, *effectiveness evaluation*, on the agenda of future meetings of the NMHWG.

The NHMRC strategic research grant for mental health to evaluate early

psychosis services, awarded to our team, funded a two-year project due to finish

at the end of 2004. Some of CPIN achievements to date are:

- development of a suite of routine evaluation tools that complement and strengthen NOCC data
- operationalisation of Early Psychosis clinical indicators for routine use and design of a brief and effective training package
- design of interviews for routine consumer and carer feedback
- management of the ethical and logistical issues associated with aggregating clinical data across services so that written specific consent is not required
- creation of methodological approaches to statistical analysis for assessing the impact of individual treatment components and service characteristics, on consumer outcomes

However the most significant advance has been the design of a system to record and code routine clinical practice. This achievement has the potential to transform NOCC processes into tools that clinicians can use directly to improve clinical practice. The NOCC measures
by themselves only represented dependent variables in assessing effectiveness (i.e. consumer outcomes). Our project measures the independent variables (i.e.

codes intervention and rates it for guideline compliance) for one class of mental health disorder, a necessary step to evaluate effectiveness and cost-effectiveness.

The implications of this work extend to the revision of clinical practice guidelines, identification of best-practice service models, benchmarking, monitoring treatment costs, and developing diagnostically-related groups. That is, routinely collected data can be used to better manage mental health services and justify resource allocation.

We believe the C-PIN model can be applied to most diagnostic groups and that it lends itself to national implementation. Before this can happen, the laborious file auditing procedures CPIN is currently using must be refined and integrated into state-based information systems for mental health. This further development requires continuation funding. Effectiveness evaluation was an unfulfilled priority of the Second National Mental Health Plan (NMHP), and is now a focus of the third NMHP. CPIN could address this focus directly.

I would welcome the opportunity to discuss these matters with you personally.

Warmest regards,

Stan Catts