



**Ontario
Health**

OCCAN Training Activities for New Staff

**Ontario Common Assessment of Need
(OCCAN)**

Table of Contents

Page

Introduction ----- 3

OCAN Training Activities:

1. One-to-One Review of Staff's OCANs ----- 4

2. Correcting Data Quality Issues ----- 7

• Improving OCAN Data Quality Resource ----- 8

3. Facilitated Group Discussion for New Staff ----- 14

• Camberwell Assessment of Need (CAN) Q&A Training Resource ----- 16

4. Need Rating Buzz Activity ----- 18

• Buzz Activity Handout ----- 19

• Buzz Activity Answer Key ----- 20

Introduction

This ***OCAN Training Activities for New Staff*** is a manual that organizations can use to reinforce OCAN knowledge gained from eLearning. Implementing these activities will improve the quality of OCANs as well as client and staff experiences using OCAN.

OCAN is an evidenced-based tool used in the community mental health sector to inform service planning and day-to-day practice. Embedded in the tool is the internationally used well researched toll from the U.K. called the [Camberwell Assessment of Need \(CAN\)](#). The OCAN aligns with a recovery approach to practice with the inclusion of a client self-assessment and a process that encourages client involvement in identifying needs and priority actions to address needs. The goal of OCAN is support consistent quality care for clients/service users.

OCAN data is used at client, program, organizational, regional, and provincial levels for service and systems planning. Using the information from OCANs supports positive client outcomes. For these reasons, it's important to ensure that OCANs completed at your organization are of high quality.

In addition to completing the OCAN eLearning course, it is recommended that organizations conduct additional training by selecting and implementing activities in this manual.

TIPS for using the manual:

- Identify the people in your organization to develop and implement training for new staff.
 - It is recommended that each organization have 1 or 2 OCAN trainers.
 - It is also helpful to involve others, e.g., managers, direct service “super users”, client input, quality improvement or OCAN committee.
- Review this manual and determine which activities to implement.
- Use the information from the manual to plan the selected activities
- A goal of these activities is to get staff comfortable with using OCAN reference materials
- Review the reference materials and incorporate staff use of the materials as part of the activities.
- Implement the selected training activities for new staff
- Evaluate the activities and adjust based on staff feedback

1. One-to-One Review of Staff's OCANs

Intent	<p>This activity is intended to support staff members who are new to completing OCANs. This activity could also be done with existing staff members who require some additional support with completing OCANs. The goals are to:</p> <ul style="list-style-type: none"> • Teach staff how to use the OCAN resources listed in the <i>Materials</i> section. • Ensure that OCANs are completed accurately. • Ensure OCAN information is used in care planning. • Help staff become familiar with entering OCAN into your organization's software.
Duration	<ul style="list-style-type: none"> • 0.5 to 1.5 hours for each OCAN reviewed. <i>Timing depends on whether this includes teaching staff how to use the software and whether the entire OCAN or a portion of OCAN is reviewed.</i>
Format	<ul style="list-style-type: none"> • One-to-one meeting - face to face or virtually with the ability to share computer screen.
Reference Materials	<ul style="list-style-type: none"> • OCAN(s) completed by staff in draft form • <u>OCAN Dictionary (large document – use “Ctrl F” to search for field definitions)</u> • <u>OCAN Form</u> • <u>Need Rating Reference</u> • <u>Domains Definitions and Examples</u> • <u>Data Fields and Values</u>
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Ensure staff has completed the OCAN eLearning course before completing their first OCAN. • Recommend that new staff sit in on existing staff's OCAN interviews with clients as part of training. • Have staff complete OCAN interview and draft OCAN. <ul style="list-style-type: none"> ○ If activity includes teaching how to enter OCAN into your software, have staff come with draft on paper. ○ If staff is already trained on software, have staff complete draft electronically. • Schedule meeting with new staff close to the time when they complete their draft OCAN. • Ensure that staff has access to the reference materials.

1. One-to-One Review of Staff's OCANs

Instructions for Facilitating the Activity

Describe the intent and goals of the activity.

Show the reference materials one by one and briefly describe them.

Use the following guidelines for OCAN review:

- **Put staff member at ease** with statements such as: *This may feel overwhelming at first, but it gets easier with more experience. I'm not here to evaluate you, I'm here to train and support you. Feel free to ask me as many questions as you want.*
- **Help staff see the value in doing OCANs** with statements such as: *OCAN is an evidenced-based tool that helps identify client's needs, strengths, and preferences. The information helps you gain an understanding of the client and guides service activities in an intentional way. OCAN facilitates a recovery approach to working with clients. It provides a standard structure for you and your clients to identify and prioritize their areas of unmet need. Working with your client on addressing those areas results in improved outcomes.*
- **Ask staff if they have any specific areas they found challenging** and provide clarification using the reference materials.

Review the draft OCAN using the guidelines below

If you decide to review a portion of the OCAN, determine which parts you will review. As you do the review, have staff enter the information or revisions into the software.

- **Review some of the questions that describe the client.** E.g., Gender, ethnic group, legal issues Discuss: *How does the information help you to work with your client?*

Domain Review

**If you decide to focus this review only on domains that are important for the client, review the domains with Unmet need ratings as well as some domains where the client has strengths (either Met need or No need).*

Review Domains Need and Help ratings: Refer to [Need Rating Reference](#) and [Domains Definitions and Examples](#)

- Ask staff to provide their rationale for choosing the need and help ratings to ensure that they are clear on the rating definitions.

Review Domain Comments and Actions:

- Ensure the comments provide enough information to understand the client's current situation (in the past month). At the same time, ensure that it is succinct information needed to provide appropriate services. In addition to information about Unmet needs, ensure that staff has provided some information about strengths in the applicable domains.

1. One-to-One Review of Staff's OCANs

Instructions for Facilitating the Activity cont'd	<ul style="list-style-type: none">• Review actions to ensure that they are clear and tangible activities. Discuss who is responsible for the action. Review the prioritization of the actions – ensure that staff went through process of having the client set the priority. <p>Discuss how the staff will use this information in practice:</p> <ul style="list-style-type: none">• Discuss how to approach conversations with the clients about differences in need ratings. It is helpful to acknowledge disagreement, since negotiating care goals leads to a better working alliance and makes it more likely the service user will adhere to the treatment plan. The aim is for the discussion to be characterised by respect (so make clear that the service user perspective has been listened to and recorded) and curiosity about the differences. It's helpful for you to understand why a client rated a need differently. It's also helpful for staff to share their perspective. These discussions will help increase agreement over time, therapeutic alliance and improve recovery support.
--	---

2. Correcting OCAN Data Quality Issues* *Highly recommended to do this activity with new and existing staff*

Intent	<p>Some analysis done on provincial OCAN data has determined that the quality of the data is good overall. However, quality issues were identified for some fields in the OCAN. The intent of this activity is to address quality issues by training staff on how to enter information accurately in those fields. The goals are to:</p> <ul style="list-style-type: none"> • Improve the quality of OCAN information. • Increase the amount of data entered in fields with significant percentages of missing/unknown data.
Duration	<ul style="list-style-type: none"> • ~1 hour
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 1 – 20 people
Reference Materials	<ul style="list-style-type: none"> • <i>Improving OCAN Data Quality Resource (pg. 8)</i> • <u>OCAN Dictionary (large document – use “Ctrl F” to search for field definitions)</u> • <u>OCAN Form</u> • <u>Need Rating Reference</u> • <u>Domains Definitions and Examples</u> • <u>Data Fields and Values</u>
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send meeting invite to staff and include the intent of the activity. • Review the <i>Improving OCAN Data Quality Resource (pg. 8.)</i> • Become familiar with the reference materials so you can describe them to staff. • Ensure the staff group has access to the reference materials.
Instructions for Facilitating the Activity	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Show the reference materials one by one, briefly describe them and encourage staff to use them. • Walk through the <i>Improving OCAN Data Quality Resource (pg.8)</i> with staff. • As you walk through each item, pause, and ask staff to contribute their questions, comments, and ideas so the exercise includes discussion. E.g., <i>Are you surprised that this field in OCAN is often getting missed? Why do you think that is? What are the challenges? What are your ideas for increasing responses?</i>

Improving OCAN Data Quality Resource

1. Improving Data in Fields with Significant % Missing/Unknown Data

General Tips:

- *Make sure your client is aware that they are not required to answer questions they aren't comfortable responding to.*
- *You can also decide not to ask some of the questions if you think it will impede your engagement with the client or interfere with the immediate service the client requires.*
- *For most questions, you have the option to enter "Prefer Not to Answer" or "Do Not Know". If you do not have information for an OCAN field, enter one of those options rather than leaving it blank.*
- *Consider if this may be due, in part, to staff's comfort level in having a conversation with clients about some fields. You may be missing important information to better understand and support your client.*
- *The goal is Not to have 100% response for every field.*
- *The goal is to improve response rates for the fields below by implementing strategies that are helpful for clients and respect the client's decisions whether to share the information.*
- ***Refer to the reference materials as you review the information and actions in Table 1 to improve data for the fields with significant rates of missing or unknown data.***

2. Correcting Errors in Entering OCAN Information

- ***Refer to the reference materials as you review the information and actions in Table 2 to improve data for the fields with a significant rate of errors.***

Table 1: Improving Data in Fields with Significant % Missing/Unknown Data

Fields	Information and Actions
<p>The following socio-demographic information:</p> <ul style="list-style-type: none"> • Racial or Ethnic Group • Citizenship Status • Education • Sexual Orientation 	<ul style="list-style-type: none"> • Socio-demographic data provides information that can help you provide better care. • The information describes key characteristics of your client that helps you better understand and address their specific needs. • This can lead to better decisions on services for your client. • For example: Learning that a client is a refugee will prompt you to deliver or access services that focus on addressing barriers, stress and potential trauma associated with migration and settlement. • This data is also being used at an aggregate level to improve equitable access to health care for diverse communities. <p>Actions:</p> <ul style="list-style-type: none"> • Use the above points to explain why you’re asking these questions to your client. • Whenever possible gather this information from clients or other sources. • If you do not have information for these fields, select “Prefer Not to Answer” or “Do Not Know”. Do not leave it blank. • Click on the link for more information on collecting socio-demographic information: <p>Measuring Health Equity - Demographic Data Collection (torontohealthequity.ca)</p>
<p>Do You live with anyone?</p>	<ul style="list-style-type: none"> • This field captures who the client lives with at the time OCAN is completed. • For many OCANs, this field has been left blank. • This is likely an omission error as most staff know who clients are living with. <p>Actions:</p> <ul style="list-style-type: none"> • Complete this field selecting all options that apply. E.g., Parents & Non-relatives. • If you do not have information for these fields, do not leave it blank. Select “Prefer Not to Answer” or “Do Not Know”.
<p>Family Doctor Information Psychiatrist Information</p>	<ul style="list-style-type: none"> • 2 fields in OCAN. Does the client have a: 1) Family doctor; and 2) Psychiatrist. • Options are: <i>Yes, No, None available, Prefer not to answer</i> and <i>Do not know</i>.

<p>Family Doctor Information</p> <p>Psychiatrist Information (cont'd)</p>	<ul style="list-style-type: none"> For a significant number of OCANs, these fields have been left blank. For coordination of care, it's important for providers to have information about client's access to doctors. <p>Action:</p> <ul style="list-style-type: none"> Complete this field. If the client does not have a doctor because there is none available in their area select "<i>None available</i>". If you do not have information for these fields, do not leave it blank. Select "<i>Prefer Not to Answer</i>" or "<i>Do Not Know</i>".
<p>Emergency Department Visits in the last 6 months for mental health reasons</p>	<ul style="list-style-type: none"> A significant number of OCANs have this marked as "Unknown" One way of measuring the impact of community mental health services is identifying if there is a decrease in emergency department visits over time. This field is required to measure this. <p>Action:</p> <ul style="list-style-type: none"> Complete this field if possible Get the information from client self-report or other sources. Options are: <i>None, 1, 2-5 or 6+</i>. With these ranges, you have the leeway to estimate. For information on how OCAN data can be used click on Examining the need profiles of patients with multiple emergency department visits for mental health reasons
<p>Need and Help Ratings for the following domains:</p> <p>Food</p> <p>Intimate Relationships</p> <p>Sexual Expression</p> <p>Need and Help Ratings for the following domains:</p>	<ul style="list-style-type: none"> There is a high percentage of staff entering the need rating "Unknown" for the Food, Sexual Expression and Intimate Relationships domains. Although, it may be reasonable to see a higher number of "Unknown" need ratings for some domains, it's important to review the domain definitions and discuss strategies for giving clients the opportunity to talk about these areas if they require support. Use your judgement and do not pressure clients to respond. <p>Actions:</p> <ul style="list-style-type: none"> Review the Domains Definitions and Examples for Food, Intimate Relationships and Sexual Expression. Food: This is an unmet need if the client is not getting an adequate diet due to difficulties with shopping, storage and/or cooking of food or because inadequate or culturally inappropriate food is being provided. Intimate Relationships: This includes, not only romantic/sexual relationships, but other close personal relationships as well. This is an

<p>Food</p> <p>Intimate Relationships</p> <p>Sexual Expression</p> <p>(Cont'd)</p>	<p>unmet need if the client is at risk in a current intimate relationship or identifies a lack of and desire to have a close relationship.</p> <ul style="list-style-type: none"> • Sexual Expression: This is an unmet need if the client expresses a need for sexual contact. Also, this is an unmet need if there are difficulties due to medication side effects, as well as a lack of safe sex practices and inadequate contraception. If the client has no sexual contact and is happy with their current situation, then the need rating is No need. • Within teams or in supervision, share approaches to having conversations about these domains with your clients. • Ask staff that are rating need and help more frequently in these areas to share the questions they ask clients. Also share when to “back off” as clients should not feel pressured to respond. • Review this tip and discuss in teams: Some domains may feel embarrassing or be counter-therapeutic to assess. However, although domains such as sexual expression can be awkward to introduce, if discussed skilfully this does give an opportunity for people to talk about areas, they might find too embarrassing to bring up themselves. It is worth remembering that sexual dysfunction as a side effect of anti-psychotic medication is often not reported, unless specifically asked about. Similarly, risk of violence and suicide should be assessed with sensitivity, using questions such as: ‘Do you ever have problems with your temper?’ and ‘Do you ever feel you can’t cope with all your problems?’. For every domain, the service user can choose not to answer, and this should be made clear. The need rating for that domain is then recorded as Unknown.
--	---

Table 2: Correcting Errors in Entering OCAN Information

Fields	Information and Actions
<p>Have you been hospitalized due to your mental health? If Yes,</p> <p>Number of admissions</p> <p>Number of days</p>	<ul style="list-style-type: none"> • The timeframe for this field is important to understand. It has an added complexity because it varies depending on the <i>Reason for OCAN</i>. • If it's the <i>Initial OCAN</i>, the timeframe is hospitalizations for the past 2 years. • If it's a <i>Reassessment OCAN</i>, the timeframe is hospitalizations since the last OCAN. <i>The recommended standard for reassessments is every 6 months.</i> • One way of measuring the impact of community mental health services is identifying a decrease in hospitalizations over time. This field is required to measure this. <p>Actions:</p> <ul style="list-style-type: none"> • Complete this field if possible. • Get the information from client self-report or other sources. • Ensure you follow the instructions for timeframe.
<p>Service Initiation Date</p> <p>Exit Date</p> <p>Exit Disposition</p>	<ul style="list-style-type: none"> • These fields are in the <i>Mental Health Functional Centre Use</i> section of the OCAN. • There is missing data in the <i>Service Initiation Date</i>. Some of the missing data may be correct as it should be left blank if the client is waiting for the service. • The functional centre information should be completed for each service type the client is involved in within your organization. • The <i>Exit Date</i> and <i>Exit Disposition</i> identifies that the client is discharged from a functional centre/service type. • When a client is discharged, the <i>Exit Date</i> and <i>Exit Disposition</i> should be entered on the next OCAN. If the client is receiving other services at your organization, on the subsequent OCANs, remove the functional centre information where the client is no longer receiving service. • A Discharge OCAN is only completed when the client is leaving the organization, .i.e. discharged from all functional centres. • Functional centres with the same <i>Service Initiation Date</i>, <i>Exit Date</i> and <i>Exit Disposition</i> are incorrectly being left on multiple OCANs for a client. <p>Actions:</p> <ul style="list-style-type: none"> • Enter the <i>Service Initiation Date</i> unless the client is waiting for the service. • Complete functional centre information for each service type the client is involved in within your organization.

Table 2: Correcting Errors in Entering OCAN Information

Fields	Information and Actions
<p>Service Initiation Date</p> <p>Exit Date</p> <p>Exit Disposition</p>	<ul style="list-style-type: none"> Enter the <i>Exit Date</i> and <i>Exit Disposition</i> when a client has been discharged from a functional centre. If the client is receiving other services at your organization, on subsequent OCANs, remove the functional centre information where the client is no longer receiving service. <div data-bbox="527 556 787 850" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>4. Mental Health Functional Centre Use (for the last 6 months)</p> <p>Mental Health Functional Centre 1</p> <p>OCAN Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Staff Worker Name:*</p> <p>Staff Worker Phone Number:*</p> <p>Organization LHM:*</p> <p>Organization Number:*</p> <p>Program Name:*</p> <p>Program Number:*</p> <p>Functional Centre Name:*</p> <p>Functional Centre Number:*</p> <p>Service Delivery LHM:*</p> <p>Referral Source:*</p> <p>Request for Service Date (YYYY-MM-DD):</p> <p>Service Decision Date (YYYY-MM-DD):</p> <p>Accepted:</p> <p>Service Initiation Date (YYYY-MM-DD):</p> <p>Exit Date (YYYY-MM-DD):</p> <p>Exit Disposition:</p> </div> <div data-bbox="820 556 1437 882" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>*Dates reflect for:</p> <p>Initial OCAN: the status at the point the assessment is taking place</p> <p>Reassessment OCAN: the client's involvement in services since the last OCAN assessment</p> <p>*Enter Exit date and exit disposition when a client is discharged from a service. If you continue to complete OCANs because the client is still active in your organization, remove that functional centre information on the subsequent OCANs</p> <p>*A Discharge OCAN is completed when the client has been discharged from all functional centres in your organization</p> </div>

3. Facilitated Group Discussion for New Staff

Intent	<p>This activity is intended to support staff members who are new to completing OCANs. The purpose is to help reinforce OCAN knowledge gained from eLearning, have discussions on involving clients in the interview and using information in practice. The group discussion provides staff with an opportunity to ask questions and provide feedback. The goals are to:</p> <ul style="list-style-type: none"> • Ensure that OCANs are completed accurately. • Discuss strategies for engaging clients in the OCAN process. • Ensure OCAN information is used in care planning.
Duration	<ul style="list-style-type: none"> • 1 to 2 hour meeting
Format	<ul style="list-style-type: none"> • Face to face or virtual group meeting. • Group of 2-10 staff; however, it can be done one-on-one or with over 10 people. For large groups, consider facilitated breakout groups and a “report Back” to the large group. • Assign note taker to capture key themes and actions from the discussion.
Reference Materials	<ul style="list-style-type: none"> • Camberwell Assessment of Need (CAN) Q&A Training Resource (pg.16) • <u>OCAN Dictionary (large document – use “Ctrl F” to search for field definitions)</u> • <u>OCAN Form</u> • <u>Need Rating Reference</u> • <u>Domains Definitions and Examples</u> • <u>Data Fields and Values</u>
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send meeting invite to staff group. Include the intent of the activity and the following expectations: <i>1) you are required to complete the OCAN eLearning course before meeting date; and 2) bring your questions to the meeting.</i> • Set up virtual meeting or book room for face-to-face meeting. • Become familiar with the reference materials so you can describe them to staff • Ensure that staff group has access to the reference materials. • Review the CAN Q & A Training handout and decide which questions to include in discussion. • Assign note taker with instructions to summarize key themes and actions

3. Facilitated Group Discussion for New Staff

<p>Instructions for Facilitating the Activity</p>	<p>Describe the intent and goals of the activity.</p> <p>Show the reference materials one by one and briefly describe them. Encourage staff to use them if they get stuck on an item in the OCAN.</p> <p>Facilitate OCAN discussion with the following questions and instructions as a guide:</p> <ul style="list-style-type: none">• How did the OCAN eLearning go? What did you like and what did you find challenging?• What questions do you have? <i>Respond to as many questions as you can during the meeting using reference materials as needed. For remaining questions, ensure you communicate responses following the meeting.</i>• What do you like about OCAN?• What are your concerns about using OCAN? <i>As concerns are raised, discuss/share ideas and strategies to address concerns and record follow-up actions.</i>• Review the Need Rating Reference together. <i>Explain that this is the metric in OCAN where accuracy and consistency amongst staff is important. Are there any questions about the need rating definitions?</i>• What strategies will you use to introduce OCAN and the Self-Assessment to clients? <i>If your organization has specific guidelines and materials for clients, review this with staff (refer to Refresher Training Activities Manual pg. 18-23).</i>• What strategies will you use for the OCAN interview to be a conversation rather than a paper questionnaire?• How will you guide the conversation to allow for the client to prioritize the summary of actions?• What information from the OCAN will you use in your day-to-day practice?• Reassessment: Share the following: <i>The recommended standard is to complete an OCAN ever 6 months. Research has demonstrated that doing a regular review of needs with clients improves outcomes. Updating the service plan by having clients and staff identify needs that have been addressed and new needs that have emerged is an effective practice. However, it can be challenging to keep up with getting OCANs done.</i><ul style="list-style-type: none">➤ What are some of the challenges?➤ What are some ideas/strategies for getting reassessments completed?• Ask questions you selected from the Review the CAN Q & A Training Resource (pg. 16) <i>Have staff respond and review responses provided in the reference.</i>• <i>Have staff respond and then review responses provided in the handout. Encourage staff to review the handout following the meeting.</i>
--	---

Camberwell Assessment of Need (CAN) Q & A Training Resource

The following question and answers (Q&A) are from the [From the Camberwell Assessment of Need, 2nd Edition](#) and the [CAN website](#).

Review the Q&A below and decide on the ones you will use in the **Group Discussion Activity**

1. What time is covered in the OCAN?

- Needs in the last month are assessed.

2. Should the staff rate need in the same way the client rated need

- No. Staff and service user ratings are different, so rating them the same means you'll lose the information about where there are different perspectives.

3. Is it acceptable to use different sources of information?

- Yes. It is good practice to use the full range of information available. Possible sources of information include an interview with the service user, family members, clinical notes, information from a referrer and other staff or agencies involved in the service user's care.

4. Can the OCAN be completed without the client self-assessment?

- Yes. Sometimes this may be necessary when the service user is unwilling or unable to give their perspective on their needs. However, research indicates that staff and clients do not rate identically, so information is lost when only one perspective is assessed.

5. How long do OCAN assessments take to complete?

- The Full OCAN can take anywhere from 0.5 to 2 hours depending on depth of assessment and level of negotiation of action plan.

6. What are some tips for rating need?

- A practical approach to rating the domain is to establish if there is a current serious problem.
 - If there is a current serious problem the rating is and Unmet need
 - If there is not, is this because the person is getting help (rating of Met need) or because there is no issue in this domain (rating of No need)
 - Just because there is currently no serious problem, the need rating is not automatically No Need. For example, someone with diabetes who is physically well because of their prescribed insulin would be rated as Met need for physical health.
- A need can exist for a variety of reasons. Someone with a diagnosis of a mental illness involving the symptoms of psychosis may currently be unable to do their shopping because of a sprained ankle. They should be rated as having an Unmet need in the Food domain, even though this need is not related to their mental health problems.
- **What is the need rating if the service user says there is still a serious problem despite receiving help?**
Unmet need
- **What is the need rating if the service user says they still experience some difficulties, despite receiving help?** If the service user perceives the intervention as reducing the problem to a moderate level, then the need rating is Met need. If they perceive the problem as still being serious then the need rating is Unmet need. If in doubt, ask whether they see the problem as manageable with the current level of help. The

difference between a Met and Unmet need is a matter of judgement, and the judgement of the staff and the service user may differ.

- **What is the need rating when the service user refuses all help offered?** The service user rating is No need or Unmet need depending on whether they perceive a need to exist. The staff rating is Unmet need. This is one reason why the presence of an unmet need should not be taken as showing inadequate care.
- **What is the need rating if the service user's perception is that there is no problem, but they are receiving help?** Always record the service user's stated perspective for the self-assessment even if this appears irrational or inconsistent with what is known about them. If they say that there is no problem, it may be helpful to ask if they are receiving any help in that area. If they are, ask them what the help is for. If they acknowledge that the help prevents the problem occurring, then the need rating is Met need. If they say that the help is not connected with the problem, or that they are not getting any help, then the need rating is No need.

7. What are some tips about specific domains?

- **Accommodation: the service user lives with their parents** - For the service user rating, ask whether they live with their parents because of mental health or other problems. If the response is no then the need rating is No need, and if the response is yes then the need rating is Met need or Unmet need. If the staff assessment is that the service user is living with their parents because of their mental health problems, then the staff need rating is Met need or Unmet need. If the staff assessment is that most people like the service user but without mental health problems would still live with their parents, then the staff need rating is No need.
- **Food: the service user cannot cook** - Normally this would be rated Met need if acceptable help is given or Unmet need if not. The exception is that in some cultures, men are not expected to know how to cook, in which case the rating is No need. As always, cultural norms for the service user's community should be considered when rating.
- **Sexual expression: the service user has no sexual contact**- If the service user is happy with their current situation, then the need rating is No need. If they see it as a problem, then the need rating is Unmet need.
- **Money: the service user has no money**- Rate Met need if they are getting enough financial help from others, or Unmet need if their financial problems are not receiving enough help.

8. Does every domain need to be assessed?

- No. Some domains may feel embarrassing or be counter-therapeutic to assess. However, although domains such as sexual expression can be awkward to introduce, if discussed skilfully this does give an opportunity for people to talk about areas, they might find too embarrassing to bring up themselves. It is worth remembering that sexual dysfunction as a side effect of anti-psychotic medication is often not reported, unless specifically asked about. Risk of violence and suicide should be assessed with sensitivity, using questions such as: 'Do you ever have problems with your temper?' and 'Do you ever feel you can't cope with all your problems?'. For every domain, the service user can choose not to answer, and this should be made clear. The need rating for that domain is then recorded as Unknown.

9. Do I rate the domain if our clinical team would not offer an intervention for that particular problem?

- The domains were widely agreed to be relevant domains of need. Irrespective of whether the team would address this problem, the problem should be rated if it exists. For some domains, one type of help that might be offered is a referral to a more appropriate agency.

10. How do I rate level of help given if a service has been offered but the service user has refused it?

- Question 3a relates to actual receipt of help from formal services. If a service has been offered help but they have refused it, then they are not receiving any help and are rated No help.

4. Need Rating Buzz Activity

Intent	<p>This activity is intended to ensure that new staff have an accurate understanding of how to rate Unmet need, Met need and No need. To provide an opportunity for staff to discuss rationale for need ratings to support inter-rater reliability.</p> <ul style="list-style-type: none"> • Ensure that OCANs are rating Unmet Need, Met Need and No Need accurately. • To support agreement amongst staff in need rating – interrater reliability.
Duration	<p>~0.25 to 0.5 hours</p>
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting. 1-20 people • As this activity is short, you can add it on to another meeting or training activity
Materials	<ul style="list-style-type: none"> • Need Rating Reference • Domains Definitions and Examples • Buzz activity power point slides (provided as a separate attachment) • Buzz activity handout for staff (pg. 19) • Buzz activity answer key (pg. 20)
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send meeting invite to staff. Include the intent of the activity and the following expectations: <i>1) you are required to complete the OCAN eLearning course before meeting date; and 2) bring your questions about rating needs.</i> • Provide staff with Need Rating Reference and Buzz activity handout. • Have power point in slide show mode when starting the meeting.
Instructions for Facilitating the Activity	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Review the Need Rating Reference together. Explain that this is the metric in OCAN where there needs to be accuracy and consistency amongst staff. <i>Ask if there are any questions about the definitions? Ask staff to share examples where it was challenging to rate need?</i> • Options: 1) Rate needs together on the spot as a group; 2) Provide staff with the Buzz activity handout and ask them to complete it before the meeting or give them 10-15 minutes at the beginning to complete it. • With either option, show Buzz Activity Power Point in slide show mode so staff doesn't see the answers. • Ask staff to call out their response for each domain and to describe the rationale for selecting the need rating. Show correct need rating on the slide show <i>*Answers are animated on the slides and appear one at a time as you click the mouse or use arrow key.</i>

Buzz Activity Handout

Client information	Need Rating
Ritika is 16 years old and lives with her parents with no serious problems	
Mohamed's roommate cooks them meals, but he often doesn't eat because it's not halal	
John's apartment is cluttered with dirty clothes and old magazines. His mother comes to clean the apartment and do his laundry twice a month.	
Naveed showered yesterday. She is wearing a torn sweatshirt.	
David has been attending a vocational program twice a week, but he hasn't been showing up in the last 5 weeks.	
Maria is managing her diabetes by taking insulin as prescribed.	
Ahmed explained that "the voices are still there", but they've been reduced since taking neuroleptics over the past few months.	
Cynthia remembers being given a pamphlet about bipolar disorder, but it was a long time ago and she states that she doesn't understand her problem.	
Tanisha reports feeling more energetic and content. When she starts to feel anxious, she deals with it by going for an outdoor walk.	
Abdul said that he no longer hears voices telling him to cut himself. It stopped a few months ago, since his nurse is giving him injections.	
John fell asleep holding a lit cigarette and started a fire in his house. He and his parents had to evacuate and call in the fire department.	
Sarah has been attending AA. She continues to drink half a litre of vodka a day.	
Joe smokes 1-3 "joints" per week.	
With the support of his therapist, Albert has not engaged in online gambling this month.	
Don plays cards with a group of friends twice a week and regularly spends time with his brother's family.	
Reham is feeling lonely. She was very close with her sister, and they recently had an argument and stopped talking to each other.	
Jane is currently not sexually active, and she states she's "ok with it".	
Lee's mother comes over to babysit a couple times a month so Lee can go out with her friends.	
George lives with his elderly mother. Her health is deteriorating, and a nurse comes to the home 3 hours a day. Despite this support, George finds caring for his mother very stressful.	
Ashim has been in Ontario for 4 years now. He can communicate with his employer and fill out is kids' school forms.	
Bob has access to a computer with internet access at the group home.	
Anisa is missing her doctor's appointments because she is worried about getting on a crowded bus.	
Jane regularly pays all her bills except for utilities. Her partner takes care of paying that bill.	
Conrad is eligible for ODSP, but he doesn't know how to apply for it.	

Buzz Activity Answer Key

Client information	Need Rating
Ritika is 16 years old and lives with her parents with no serious problems. <i>*Most 16 year olds (with or without mental health problems) live with their parents so the rating is no need. If the client was 40 and living with parents because of their mental health problems, the rating would be 1 – met need)</i>	0
Mohamed’s roommate cooks them meals, but he often doesn’t eat because it’s not halal. <i>*A serious problem because culturally appropriate food not available</i>	2
John’s apartment is cluttered with dirty clothes and old magazines. His mother comes to clean the apartment and do his laundry twice a month.	1
Naveed showered yesterday. She is wearing a torn sweatshirt.	0
David has been attending a vocational program twice a week, but he hasn’t been showing up in the last 5 weeks.	2
Maria is managing her diabetes by taking insulin as prescribed. <i>*Getting successful treatment for a physical health condition is considered a Met need</i>	1
Ahmed explained that “the voices are still there”, but they’ve been reduced since taking neuroleptics over the past few months.	1
Cynthia remembers being given a pamphlet about bipolar disorder, but it was a long time ago and she states that she doesn’t understand her problem.	2
Tanisha reports feeling more energetic and content. When she starts to feel anxious, she deals with it by going for an outdoor walk.	0
Abdul said that he no longer hears voices telling him to cut himself. It stopped a few months ago, since his nurse is giving him injections.	1
John fell asleep holding a lit cigarette and started a fire in his house. He and his parents had to evacuate and call in the fire department <i>*Inadvertent risks to the safety of others should be included – unmet need</i>	2
Sarah has been attending AA. She continues to drink half a litre of vodka a day.	2
Joe smokes 1-3 “joints” per week.	0
With the support of his therapist, Albert has not engaged in online gambling this month.	1
Don plays cards with a group of friends twice a week and regularly spends time with his brother’s family.	0
Reham is feeling lonely. She was very close with her sister and they recently had an argument and stopped talking to each other.	2
Jane is currently not sexually active, and she states she’s “ok with it”.	0
Lee’s mother comes over to babysit a couple times a month so Lee can go out with her friends.	0
George lives with his elderly mother. Her health is deteriorating, and a nurse comes to the home 3 hours a day. Despite this support, George finds caring for his mother very stressful.	1
Ashim has been in Ontario for 4 years now. He can communicate with his employer and fill out is kids’ school forms.	0
Bob has access to a computer with internet access at the group home.	1
Anisa is missing her doctor’s appointments because she is worried about getting on a crowded bus.	2
Jane regularly pays all her bills except for utilities. Her partner takes care of paying that bill.	0
Conrad is eligible for ODSP, but he doesn’t know how to apply for it.	2

Training Resources for New Staff:

Completing Quality OCANs