

SOCIAL AND OCCUPATIONAL FUNCTIONING ASSESSMENT SCALE (SOFAS) USER GUIDE

PRIMARY MENTAL HEALTH SERVICES

AUGUST 2025



Leadership



Collaboration



Respect



Accountability



Innovation

Introduction

This guide covers the implementation of the Social and Occupation Functioning Assessment (SOFAS) tool for use in Murray PHN commissioned primary mental health services from 1 July 2025. SOFAS is a clinician-rated tool that measures the social and occupational functioning of the person and is used alongside other measures that assess levels of psychological distress (K10) and the person's experience of service (YES survey). This guide provides an overview, context and rationale for the use of the tool, information on its use with consumers and performance reporting requirements.

Using mental health outcomes and experience measures in PHN commissioned services

PHNs are maturing in their approach to the use and evaluation of mental health outcomes and experience measures. For Murray PHN, outcome and experience measures provide strong insights into a person's mental health as they engage with PHN commissioned mental health services and provide a holistic view of an individual's recovery.

Mental health measures primarily evaluate psychological symptoms and distress, while occupational functioning tools assess the ability to participate in daily activities and fulfill meaningful roles. Evidence suggests that symptom reduction does not always equate to functional recovery, and assessments can offer objective data informing an individual's occupational and functional outcomes against personal recovery goals (Rogers & Holm, 2016). Integrating both approaches assists holistic and personalised treatment and support, client-centred care and recovery-oriented practice.

Murray PHN introduced the SOFAS on 1 July 2025 for primary mental health services, to be used with the Kessler Psychological Distress Scales (K5 and K10), and the Your Experience of Service questionnaire (YES). This allows for three measures in assessing the wellbeing and recovery of program participants and the impact of the mental health interventions provided.

What is the Social and Occupational Functioning Assessment Scale?

The SOFAS is a scale that measures an individual's level of social and occupational functioning from the perspective of the clinician. It is scored on a continuum from 0-100 where higher scores represent higher levels of functioning, and low scores represent poor levels of functioning.

A score below 70 signifies clinically significant impairment, with a change of 10 points or more being considered an indication of significant improvement or decline in social and occupational functioning (Rickwood, Mazzer, Telford, Parker, Tanti & McGorry, 2015). The scale is a point in time rating that captures the individual's functioning progressively as they access services in their episode of care.

The SOFAS was derived from the Diagnostic and Statistical Manual Disorders 4th Edition (American Psychiatric Association, 2000) as a rating scale to capture a clinician's judgement of overall level functioning.

Why use the Social and Occupational Functioning Assessment Scale?

Within a therapeutic and recovery-oriented service setting, people with mental health concerns often begin by discussing what they have been unable to do or stop doing in their life due to symptoms that interfere with everyday activities, rather than discussing their symptoms in isolation (Rogers & Holm, 2016).

Understanding the social and occupational functioning of people who have mental health concerns is important. The assumption is that improving social and occupational functioning will contribute to improvements in their mental health and support the implementation of least intensive and intrusive interventions that are likely to lead to the most possible gain, minimising the risks of under- and over-servicing. Triangulating scores from the K10, YES and the SOFAS gives a rich perspective on program performance and changes in a person's mental health and wellbeing.



SOFAS age cohort and frequency of use

The SOFAS should be administered to clients **aged 12 and older** in primary mental health services **following each occasion of service**.

The following services **are not** required to use the SOFAS:

- primary mental health services in Aboriginal Community Controlled Health Organisations
- child psychological therapy services (PTS).

Helpful prompt questions to understand social and occupational functioning

The following questions may be helpful for gathering insights into the social and occupational functioning of program participants.

- What do you do on the weekend or in your free time?
- Tell me what your day looks like? What time do you get up? How do you fill your day?
- Have there been things that you should or would like to have done but you didn't?
- Are there people that you see regularly? Are they close? What kinds of things do you do together?

Scoring the SOFAS

When scoring a SOFAS, the person is not directly involved. It is scored by the worker through the observations and information that has been gathered during the session. The worker allocates a score relevant to the person's functioning, rating on a scale of 0-100. The scale is broken down into 10-point intervals and intermediate scores (e.g. 72, 65) can be given.

- Remember to consider only impairments due to mental health or physical health difficulties and not the effects of lack of opportunity or other environmental limitations.
- Read the whole description in each rating range, not just the heading. For example the details of Moderate Difficulty are helpful and ensure scoring is accurate.
- Always start at the top of the scale and look at the numbers that denote the highest level of functioning, then compare the behaviours of the person to the example behaviours in that category. Is the person functioning worse than what is indicated in the range description?
- Keep moving down the scale until the range matches the person's functioning.
- Then look at the next lowest range. This range should be too severe and not describe the person.
- Determine the specific SOFAS score to be applied within the selected 10-point range. Consider whether the person is functioning at the higher or lower end of the 10-point range, for example 89 or 81.

Score	Description (note intermediate scores can be used e.g. 45, 68, 72)
100-91	Superior functioning in a wide range of activities.
90-81	Good functioning in all areas, occupational and socially effective.
80-71	No more than a slight impairment in social, occupational, educational or vocational functioning (e.g. infrequent interpersonal conflict, temporarily falling behind in school, work or personal obligations).
70-61	Some difficulty in social, occupational, educational or vocational functioning, but generally functioning well, has some meaningful interpersonal relationships.
60-51	Moderate difficulty in social, occupational, education/vocation functioning (e.g. few friends, conflicts with peers, co-workers).
50-41	Serious impairment in social, occupational, education or educational functioning (e.g. no friends, unable to maintain employment or meaningful role).



40-31	Major impairment in several areas such as work or school, family relations (e.g. depressed man avoids friends, neglects family and is unable to work, child frequently beats up younger children, is defiant at home and is failing school).
30-21	Inability to function in almost all areas (e.g. stays in bed all day, no job, home or friends).
20-11	Occasionally fails to maintain minimal personal hygiene. Unable to function independently.
10-01	Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others without considerable external support (e.g. nursing care and supervision).
0	Inadequate information.

SOFAS assessment reporting via FIXUS

Login

Open your web browser. Enter this URL: lmmml.app.fixus.com.au

Enter the username and password (provided by Murray PHN administrator)

Login

User name
hello@murrayphn.org.au

Password [Forgotten your Password?](#)

☐ Remember my details for next time
(not recommended for public machines)

Login

Note: Check with your organisation regarding their policy on saved passwords.

Multi-factor authenticator

Murray PHN introduced Multi-Factor Authentication (MFA) for all FIXUS users to make it harder for an unauthorised person to gain access to your FIXUS account. MFA is sometimes referred to as two-factor authentication. It is security regime that verifies your identity by challenging you to provide more than a username and password, such as a code from your phone, your fingerprint or facial imprint.

Entering an Outcome Measure (Assessment)

A Collection Occasion (Assessment) is defined as an occasion during an Episode of Care when the required outcome measure is to be collected. At a minimum, collection of outcome data is required at both Episode Start and Episode End but may be more frequent if clinically indicated and agreed by the client. The assessments that must be collected are:

- K10
- K5 In the case of Aboriginal and Torres Strait Islander clients.
- SDQ for children under 17 years old.
- IAR-DST
- SOFAS.

Providers may choose to employ other clinically relevant outcome measures in addition to those stated, however outcome measures beyond the K10+, K5, SDQ, IAR-DST and SOFAS will not be required to be reported.

Select Assessment from the left side menu. Add form and select SOFAS assessment you need to complete

The image shows a sidebar menu on the left with the following items: Details, Consent, Referral, Diagnosis, Service Contacts, Groups, Assessments (highlighted), and Referrals Out. The main content area is titled 'Episode' and 'Assessments'. It features a green '+ Add Assessment' button. Below the button is a list of assessments: Kessler 10+, Kessler 5, SDQ, Initial Intake (8 Domains) IAR-DST, and Social and Occupational Functioning Assessment Scale (SOFAS).

All questions must have a response entered.

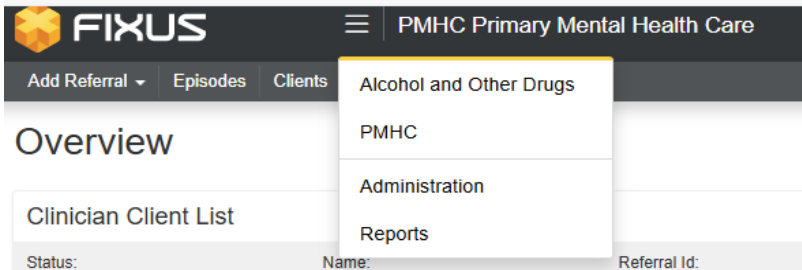
Note: A response of “Not Stated” or “unknown” will enable PMHC MDS upload but return a value of missing data for reporting.

The image shows the 'Social and Occupational Functioning Assessment Scale (SOFAS)' form. At the top, it says 'Episode' and 'Social and Occupational Functioning Assessment Scale (SOFAS)'. Below this is a red box with the text 'Assessor is required.' The form includes fields for 'Client name:' (with '(Private)' next to it), 'Assessment Date:' (with a date picker set to '09-Apr-2025'), and 'Staff Member:' (with a dropdown menu set to '(Select)'). Below these fields is a paragraph of text: 'Consider social and occupational functioning on a continuum from excellent functioning to grossly impaired functioning. Include impairments in functioning due to physical limitations, as well as those due to mental impairments. To be counted, impairment must be a direct consequence of mental and physical health problems; the effects of lack of opportunity and other environmental limitations are not to be considered.' Below this text is a list of 11 items, each with a range and a description: 91-100 SUPERIOR FUNCTIONING in a wide range of activities. 81-90 GOOD FUNCTIONING in all areas, occupationally and socially effective 71-80 SLIGHT IMPAIRMENT in social, occupational, or school functioning (e.g. infrequent interpersonal conflict, temporarily failing behind in schoolwork) 61-70 SOME DIFFICULTY in social, occupational, or school functioning , but generally functioning well, has some meaningful interpersonal relationships. 51-60 MODERATE DIFFICULTY in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers) 41-50 SERIOUS IMPAIRMENT in social, occupational, or in school functioning(e.g., no friends, unable to keep job) in some areas. 31-40 MAJOR IMPAIRMENT IN SEVERAL AREAS, such as work or school, family relations (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger childer, is defiant at home, and failing at school). 21-30 INABILITY TO FUNCTION socially or occupationally in almost all areas (e.g., stays in bed all day; no job, home, or friends). 11-20 OCCASSIONAL HYGIENE PROBLEMS, fails to maintain minimal personal hygiene; unable to function independently. 1-10 PERSISTENT HYGIENE PROBLEMS, inability to maintain minimal personal hygiene. Unable to function without harming self or others or without considerable external support (e.g. nursing care and supervision) 0 Inadequate information. Below the list is a field for 'Clinician rated SOFAS score: (using the above scale, enter a number between 0-100)' with a text input box. At the bottom left are 'Save' and 'Cancel' buttons. At the bottom right is a paragraph of text: 'The rating of overall psychological functioning on a scale of 0-100 was operationalized by Luborsky in the Health-Sickness Rating Scale. (Luborsky L: "Clinicians' Judgments of Mental Health." Archives of General Psychiatry 7:407-417, 1962). Spitzer and colleagues developed a revision of the Health-Sickness Rating Scale called the Global Assessment Scale (GAS) (Endicott J, Spitzer RL, Fleiss JL, et al.: "The Global Assessment Scale: A Procedure for Measuring Overall Severity of Psychiatric Disturbance." Archives of General Psychiatry 33:766-771, 1976). The SOFAS is derived from the GAS and its development is described in Goldman HH, Skodol AE, Lave TR: "Revising Axis V for DSM-IV: A Review of Measures of Social Functioning." American Journal of Psychiatry 149:1148-1156, 1992

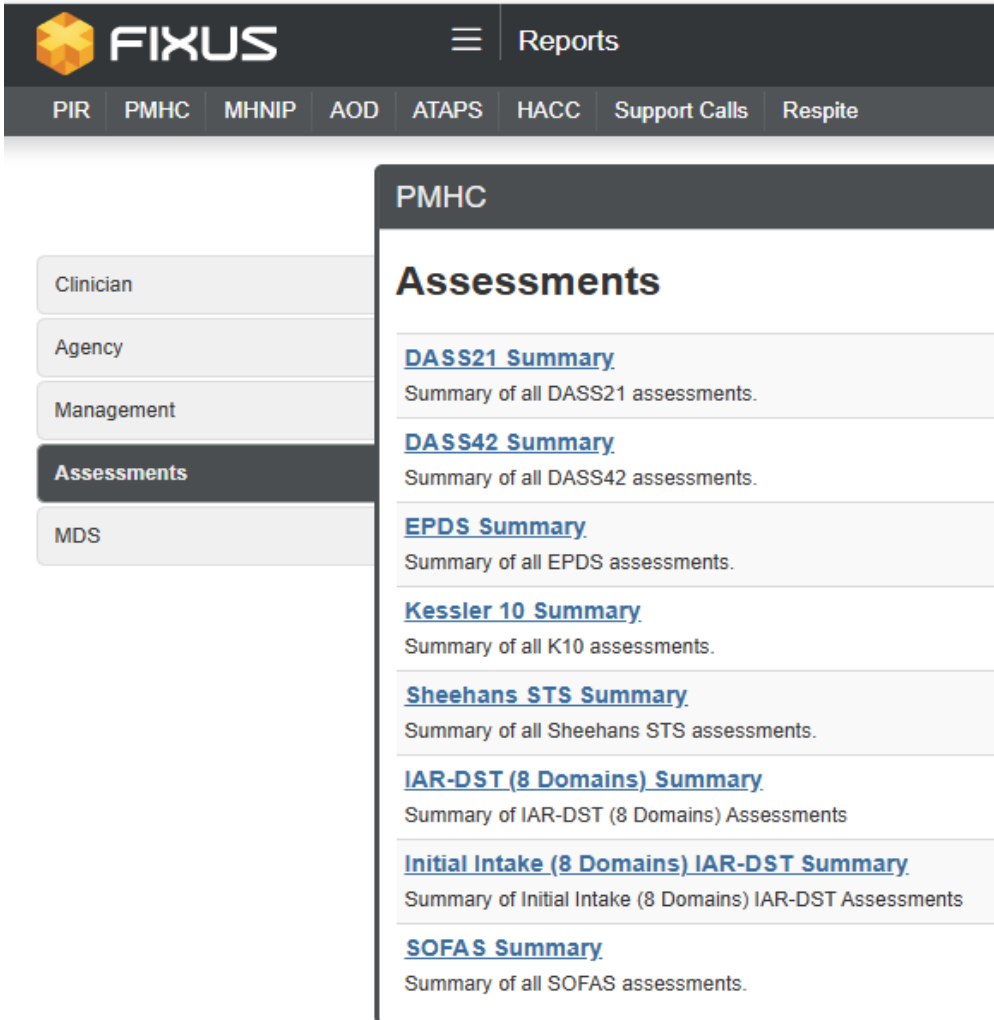
Generating a SOFAS report from FIXUS

Clinicians and service providers can also generate a report of all SOFAS assessments for their service. To see the summary of pre and post scores:

Open FIXUS reports window by clicking on this icon and select reports



Select PMHC, Assessments and SOFAS Summary



Select a date range and View Report

Start Date	<input type="text" value="10/01/2025"/>	End Date	<input type="text" value="10/04/2025"/>	<input type="button" value="View Report"/>
Agencies	<input type="text" value="Albury Wodonga Aboriginal Health S"/>	ShowClientName	<input type="text" value="No"/>	

1 of 1 Find | Next

SOFAS Summary

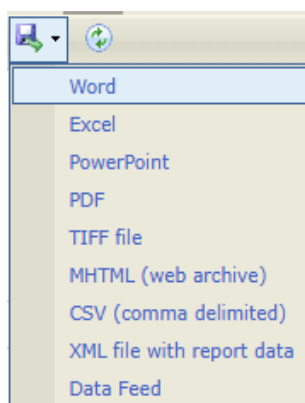
Report Period: 10-Jan-2025 to 10-Apr-2025
Agencies: All Agencies

Referral ID	Client Name	Assessor	Score	Assessment Date
-------------	-------------	----------	-------	-----------------

Powered by Fixus

Report created Thursday, April 10, 2025 | Page 1 of 1

To download the report, click on the window icon and select type of report.



Reporting SOFAS Assessments via Folio

Reporting of SOFAS Assessments by PMHC service providers **not** using web-based FIXUS will occur via completion of a SOFAS Performance Report Template or a FIXUS data extract to be uploaded monthly to Folio as part of a Social and Occupational Functioning Assessment Scale (SOFAS) Checklist. This will occur in the same manner as the PMHC MDS Checklist.

Checklist questions will include the following:

1. Which month is the report for?
2. Please provide the ZIP file of data reports for SOFAS.

References

- Rickwood, D.J., Mazzer, K.R., Telford, N.R., Parker, A.G., Tanti, C.J. and McGorry, P.D. (2015). Changes in psychological distress and psychosocial functioning in young people visiting headspace centres for mental health problems. *Medical Journal of Australia*, 202: 537-542. <https://doi.org/10.5694/mja14.01696>
- Rogers, J. C., & Holm, M. B. (2016). Functional assessment in mental health: lessons from occupational therapy. *Dialogues in Clinical Neuroscience*, 18(2), 145–154. <https://doi.org/10.31887/DCNS.2016.18.2/jrogers>



Leadership



Collaboration



Respect



Accountability



Innovation