



What consumers
say about NSW
Mental Health
Services



Your Experience of Service

2019-2020



Health



Acknowledgements

We gratefully acknowledge the support of members of the YES advisory committee and colleagues at BEING, the NSW Ministry of Health Mental Health Branch and the Bureau of Health Information. Most importantly, thank you to the many consumers who take the time and effort to complete a YES questionnaire and the BEING and NSW Health staff who have worked together to improve services using the YES feedback.

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Please note that there is the potential for minor revisions of data in this report.

Please check with InforMH for any amendments.

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Foreword

NSW Health is committed to delivering excellent community and hospital mental health services. The people who use these services are the best judge of whether we are achieving that aim. Over the last five years the Your Experience of Service (YES) questionnaire has been used to gather feedback from people accessing NSW mental health services. This feedback helps to guide improvement so that services align with what is most important to consumers.

As the Deputy Secretaries for Patient Experience, and System Performance and Health System Strategy and Planning, we are passionate about delivering safe and high-quality health care. In 2019–20, improving patient safety and experience was one of the Secretaries' key priorities for the NSW Health system. While we have seen progress, our services should continually look for ways to improve the experience of the people they are engaging with.

With COVID-19 impacting how services provide support, it is more important than ever to hear from consumers about their experiences of care during this time. Services and consumers have had to adapt quickly to new ways of working together. Despite the challenges we have faced, we have also had an opportunity to be innovative and trial new ways of connecting with people.

Earlier this year we received our 100,000th YES questionnaire. This milestone demonstrates that consumers do want to provide feedback and influence how service might be improved. In response to that feedback, the action and change framework means that every staff member has the opportunity to improve the experience of consumers and carers who engage with their service. By listening to consumer feedback and co-designing action and change initiatives, every service can continue to improve.

Thank you to the many consumers who have completed YES questionnaires over the years and worked with our services to make change happen. We would also like to thank the NSW Health staff who continue to work together with consumers to improve services each and every day.



Susan Pearce

Deputy Secretary

Patient Experience and System
Performance

NSW Ministry of Health



Nigel Lyons

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Health System Strategy and Planning

NSW Ministry of Health

Summary

YES is a nationally developed questionnaire designed to gather information from consumers of mental health services about their experience of care. This report summarises the fifth full year of YES data in NSW public mental health services.

More than 23,000 YES questionnaires were returned in 2019–20

This represents around one third (34%) of all mental health consumers admitted to hospital and 4 per cent of all community mental health consumers. Around 11 per cent of all returned questionnaires (2347) were completed by Aboriginal people. Overall returns decreased by 11 per cent compared with last year. Since the implementation of YES in 2015, 112,793 questionnaires have been returned.

COVID-19 has impacted how consumer experience is collected

Due to the impacts of COVID-19, there has been a decrease in the number of YES questionnaires completed, particularly for community services. Overall returns decreased by 11 per cent (2846) compared to last year (down by 6% for consumers who were admitted to hospital and 17% for the community services). The largest decrease in returns occurred in the final quarter of the 2019–20 financial year, during the peak of the pandemic.

Most people reported a positive experience of care

Three quarters of people completing YES reported that their overall experience was Excellent or Very Good (75%). In community settings, more people reported that their overall experience was Excellent or Very Good (80%) compared to hospital units (70%). The most positive experiences were reported for the domains of Respect, Individuality, and Safety & fairness. The lowest scores were reported for the Making a difference domain.

Experiences in community services have improved

The experience of community care has improved slightly compared with previous years, up 1 percentage point compared to 2018–19. Most of the improvement was reported for the first three months of the COVID-19 pandemic (April–June), when compared with the same period last year. The experience of consumers accessing forensic mental health services in the community has significantly improved.

The experience of Aboriginal and Torres Strait people in the community has improved

This year, the experience of Aboriginal consumers improved by 1 percentage point across both hospital and community services. The largest improvements were in the domains of Making a difference, Information & support and Safety & fairness. Despite improvements across all YES domains for community consumers, Aboriginal consumers continue to report a less positive experience than non-Aboriginal consumers.

Timely, accurate information is associated with more positive experiences

People who rated their overall experience as 'Excellent' or 'Very Good' recalled information about physical health better than those who had a less positive experience (28 percentage points for the community consumers and 22 percentage points for hospital consumers). People who reported a more positive experience in developing their care plan were more likely to recall receiving information about smoking.

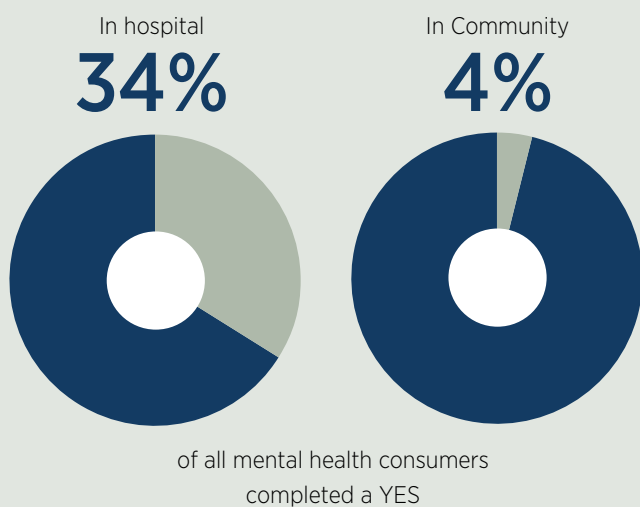


2019–20 YES snapshot

On 5 December 2019 the

100,000th

YES questionnaire was returned



75% of people rated their overall experience as Excellent or Very Good

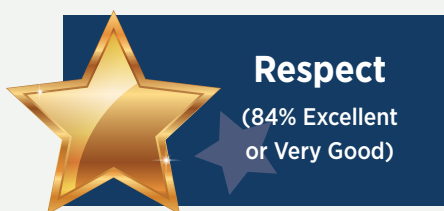


70%
of hospital consumers

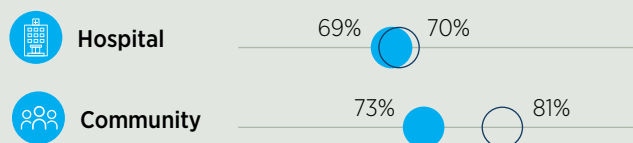


80%
of community consumers

The highest-rated domains are



Aboriginal people report a less positive experience than non-Aboriginal people in the community



● Aboriginal and/or Torres Strait Islander
○ Not Aboriginal and/or Torres Strait Islander

Groups who were more likely to recall receiving information about smoking include:

- Aboriginal consumers
- Consumers in hospital for more than six months
- Consumers who reported a positive experience developing a care plan

How many consumers completed a YES questionnaire?

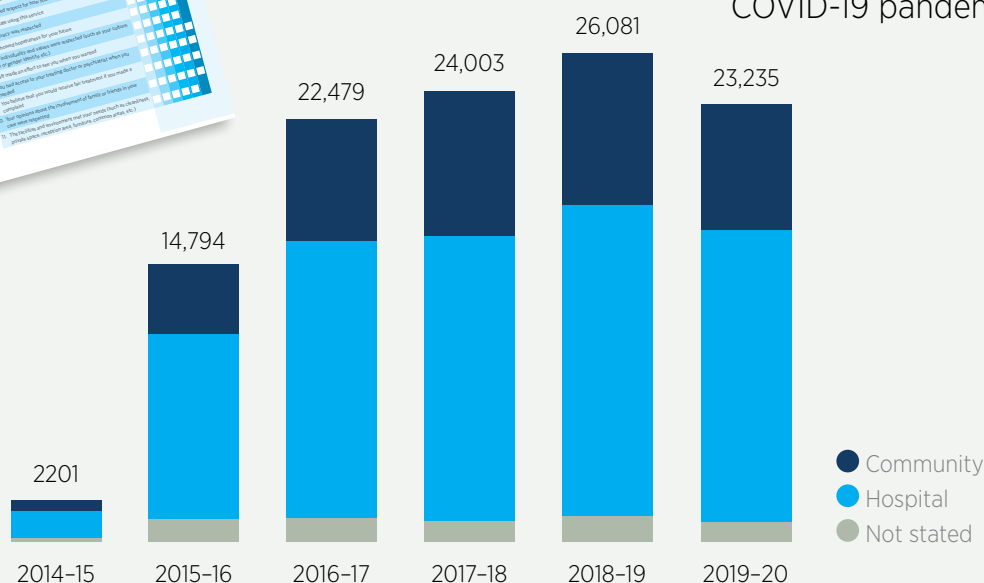


In 2019–20

23,235

YES questionnaires were returned.

This is a decrease of 11 per cent compared to last year. The largest decrease in returns occurred in the final quarter of the 2019–20 financial year, during the peak of the COVID-19 pandemic.



NSW aims to offer YES to all consumers, not just a sample

YES questionnaires are offered by staff and available online, in consumer spaces such as waiting areas and using displays and 'hotboards'. YES questionnaires are anonymous, so there is no way of knowing how many consumers were offered a questionnaire. In 2019–20, 149 hospital units and 291 community teams received feedback using YES. We estimate that the number of YES returns is equivalent to around 34 per cent of all hospital consumers and approximately 4 per cent of community consumers. Please see the technical summary for information about how YES return rates are calculated.

COVID-19 has impacted how consumer feedback is collected

Services have made many adjustments to their usual care and support during the COVID-19 pandemic. Overall there were fewer hospital admissions, and community services provided a much greater proportion of care by telephone or video. Throughout this time, YES became less easily accessible to consumers. Many services were required to remove paper copies of the questionnaire and promotional information such as posters and brochures from consumer spaces. As a result, there have been fewer YES questionnaires completed, particularly in the community. Hospital consumers provided 6 per cent fewer returns and community consumers 17 per cent fewer returns compared with last year.

Around 11% of questionnaires were completed by Aboriginal people

This year, 2347 questionnaires were completed by Aboriginal people. Of these approximately 76 per cent were from hospital services. Aboriginal people were equally likely to complete YES online, with 2 per cent of hospital and 13 per cent of community returns being completed via eYES.

Almost 14% of community questionnaires were completed online

Uptake of the online YES questionnaire (eYES) has increased compared to the previous year. Approximately 4 per cent of hospital returns and 14 per cent of community returns were completed online. During the peak of the COVID-19 pandemic in NSW, there was an increase in the proportion of questionnaires completed online in the community.



Which consumers completed a YES questionnaire?

YES hospital returns remain broadly representative of all consumers in NSW. We can be confident that YES is providing an accurate view of NSW hospital consumer experience.

YES community returns include a good balance of men and women, Aboriginal consumers and people receiving involuntary community care.

People under 25 and people with very brief care remain under-represented in community YES returns.

We need to hear from all consumers

It is important to know if some groups of consumers are less likely to complete a YES questionnaire. We compared YES returns with information about which people received support in NSW hospital and community mental health services in 2019–20. Younger people and people with brief contact in the community are often under-represented in YES. This makes it more difficult to ensure services meet their needs.

A representative sample of consumers in hospital services returned a YES questionnaire

YES returns from hospital services are broadly representative of all hospital consumers. People aged 65+ years and people with briefer periods in hospital remain slightly under-represented in YES returns.

Aboriginal and/or Torres Strait Islander consumers continue to be well represented in YES

Around 9 per cent of community returns and 12 per cent of hospital YES questionnaires were completed by people who identify as Aboriginal. This is proportional to the number of Aboriginal people accessing mental health services.

We need to continue efforts to reach more consumers in community services, especially those people who have brief contact with services

With community YES returns, men and women, Aboriginal consumers and people receiving involuntary care were well represented. People aged less than 25 years continue to be under-represented. Around 32 per cent of community consumers are aged 25 years or under but only 23 per cent of YES questionnaires were from this age group.

People who have long-term contact with services are much more likely to complete a YES questionnaire. This year around 24 per cent of consumers had care for more than six months but they made up more than half (51%) of YES returns. In 2019–20, 44 per cent of people accessing mental health services in the community had a brief duration of contact (less than 24 hours). This is an increase of 7 per cent compared with last year. Despite this increase, only 3 per cent of YES returns were represented by this group.

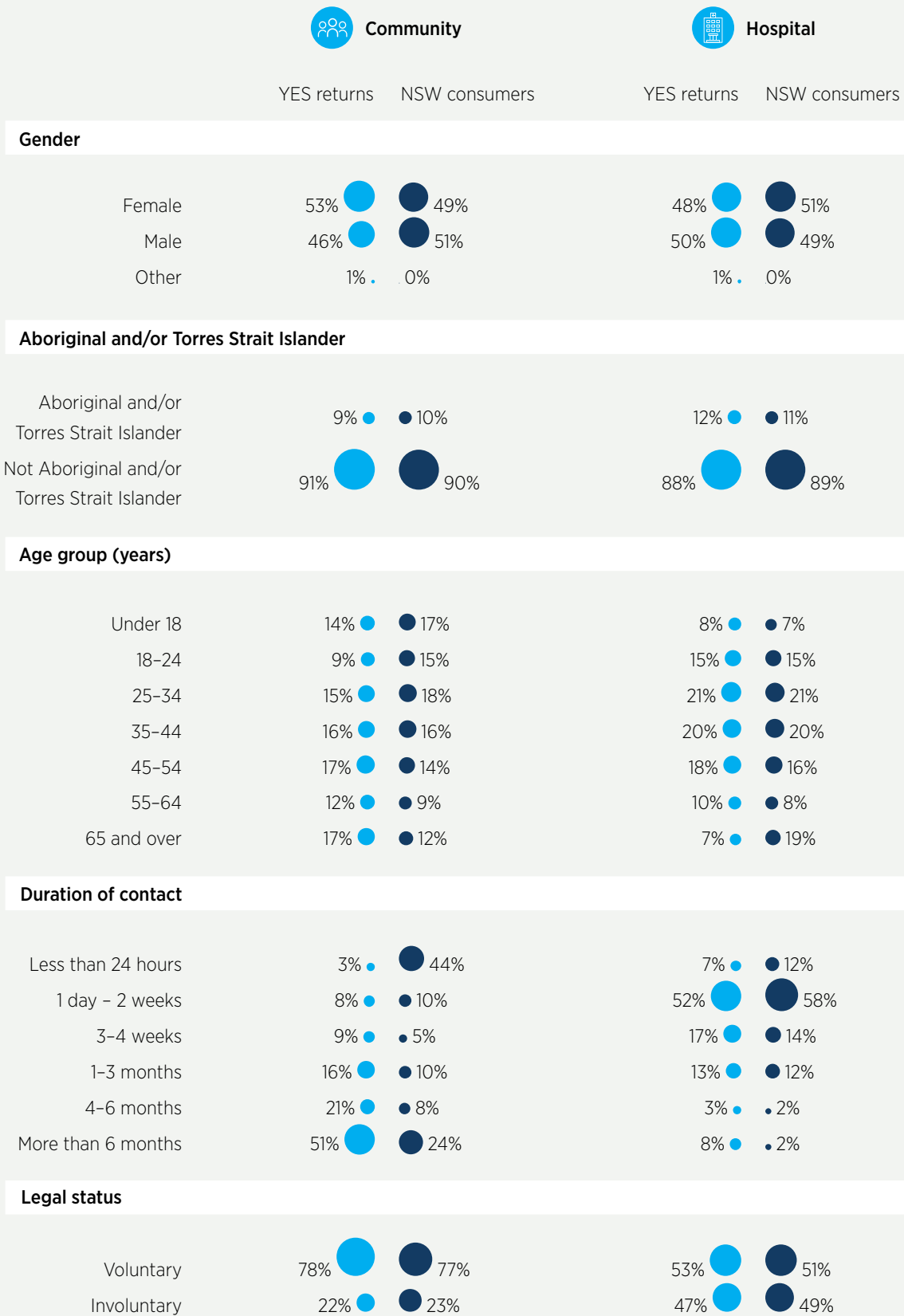
We need to be cautious when interpreting community findings because they may not include the voices of some groups of consumers.

The best things about this service were...

How kind and respectful everyone in this hospital was.
It is a place of safety.



Proportion of YES returns compared with people accessing mental health services



Note: Due to rounding, the percentages for each category may not add to 100 per cent.



What did consumers say about their experience?

75% of people reported an Excellent or Very Good experience.

People in community settings report a more positive experience than people in hospital care.

The most positive experiences were reported for the domains of Respect, Individuality, and Safety & fairness.

This section looks at the average experience for all consumers. The next section explores whether some groups of consumers have a different experience.

Overall experience is measured using an experience index

The overall experience index combines the scores of questions 1–22. This ensures that different areas of experience are included in the overall score. This score is used when calculating the percentage of consumers reporting an Excellent or Very Good experience, which is included as a key performance indicator for Local Health Districts/Specialty Health Networks (LHDs/SHNs). The current KPI target is 80 per cent of consumers reporting an Excellent or Very Good overall experience (85% in community care, 75% in hospital services).

This year 75 per cent of people reported an Excellent or Very Good experience

Consumers in community services reported a more positive experience (80% Excellent or Very Good) compared to hospital services (70% Excellent or Very Good). Across the six YES domains, the most positive experiences were reported for domains of Respect, Individuality, and Safety & fairness. Overall, fewer people rated their access to information and support as Excellent or Very Good. Information about the questions included in each YES domain is available in Appendix 4.

Overall experience score



My experience would have been better if...

"Clear communication about about what was happening and who was responsible for my care"

"Family members could visit for a longer period of time"

"I had easier access to my doctor over the phone"

"I knew more about the medications I am on"

"The nurses were excellent, caring and supportive"

The best things about this service were...

"They were easy to communicate with. They explained everything to me and helped me understand the terminology"

"Being a leader in my own recovery journey"



Which groups of consumers report a different experience?

People under 18 and over 65 years in the community reported the most positive experience, with many returns from age-specific services

People who had brief contact with community services reported a less positive experience.

Aboriginal people in the community reported a less positive experience compared to non-Aboriginal consumers.

It is important to know whether some groups of people have a different experience of care, because services should meet the needs of all consumers. Knowing which groups of people report a different experience also helps when interpreting the data in this report. Some apparent differences between services may be simply because they see different groups of people.

Aboriginal and/or Torres Strait Islander people reported a less positive experience in community settings than non-Aboriginal consumers

The experience of Aboriginal people in hospital services is similar to that of non-Aboriginal consumers. However, in community services only 73 per cent of Aboriginal people reported an Excellent or Very Good overall experience compared to 81 per cent of non-Aboriginal people. These differences are explored further on page 23 of this report

Young people and older people reported the most positive experiences of community services

People aged under 18 years and over 65 years were more likely to report their experience as Excellent or Very Good compared to other age groups. As in previous years, many specialist youth and Older Peoples' services were rated more positively than Adult and General services. In community care, people with brief contact (less than four weeks) and those who received care involuntarily reported a less positive experience.

In hospital care, people with long stays reported a less positive experience

People who are in hospital for more than six months reported a less positive experience compared to people with a shorter duration of hospital care. People who were assisted by a peer worker or 'other' person to complete the questionnaire also reported a less positive experience in hospital settings. The experience of these groups has decreased when compared to last year.

The experience of people who identified their gender as 'Other' has improved

Across both hospital and community settings the experience of this group improved when compared to last year. It is important to note that the number of returns from this group is small (245) compared to the number of returns from people who identified their gender as male (10,716) or female (10,536). In community services, 76 per cent of 'Other'-gendered people rated their experience as Excellent or Very Good compared to 60 per cent in 2018-19. In hospital settings 54 per cent rated their experience as Excellent or Very Good, and although this remains below target it is an improvement from the 46 per cent in the previous year.

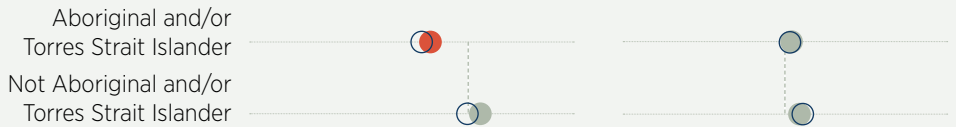
The overall experience of different groups of consumers



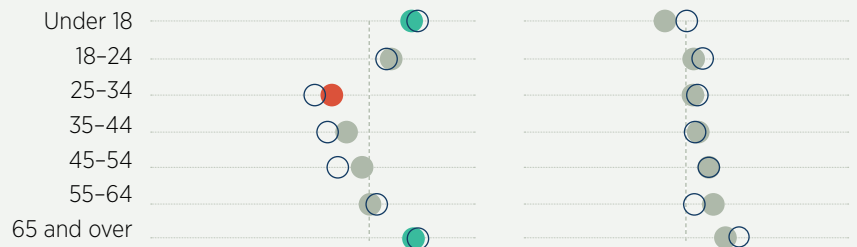
Gender



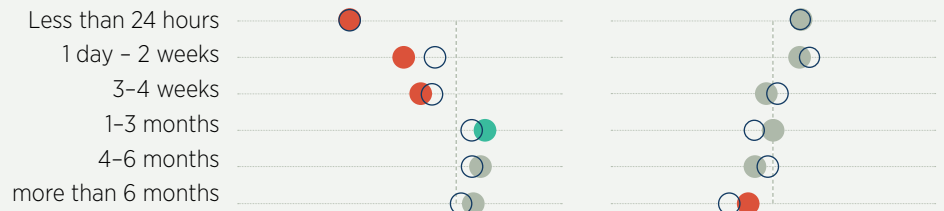
Aboriginal and/or Torres Strait Islander



Age group



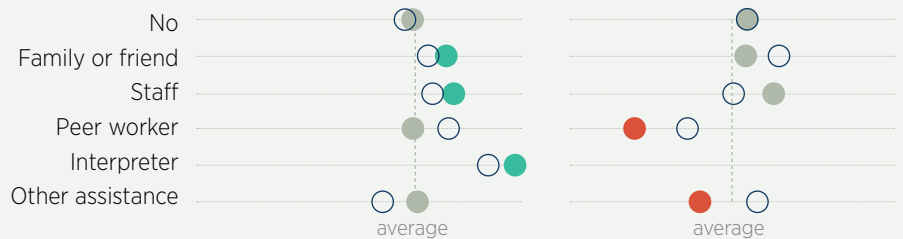
Duration of contact



Legal status



Assistance completing



My experience would have been better if... I didn't feel judged.



- Better than target (≥ 85%)
- Just below target (75% to < 85%)
- Below target (< 65%)
- 2018-19



Highest and lowest scoring questions



Community

Q2:
Staff showed respect for how you were feeling

Q4:
Your privacy was respected

Q6:
Your individuality and values were respected (such as your culture, faith or gender identity)

Q1:
You felt welcome at this service

Q11:
The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)

5.0

4.7

4.6

4.5

4.4

Hospital



Q6:
Your individuality and values were respected (such as your culture, faith or gender identity)

Q10:
Your opinions about the involvement of family or friends in your care were respected

Q1:
You felt welcome at this service

Q4:
Your privacy was respected

Q2:
Staff showed respect for how you were feeling



How do LHDs and SHNs compare?



This section looks at the percentage of consumers reporting an Excellent or Very Good experience across LHDs and SHNs using the experience index (the average of questions 1-22). Hospital and community data need to be combined into a single performance measure that is not altered by a different mix of hospital and community responses between LHDs/SHNs. The simplest method for this is to calculate hospital and community scores separately and then combine them in a simple unweighted average.

The target is that 80 per cent of consumers report an Excellent or Very Good experience (85% in community care and 75% in hospital care).

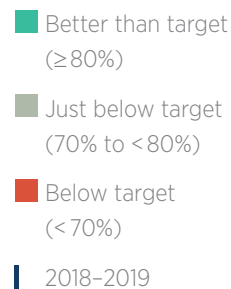
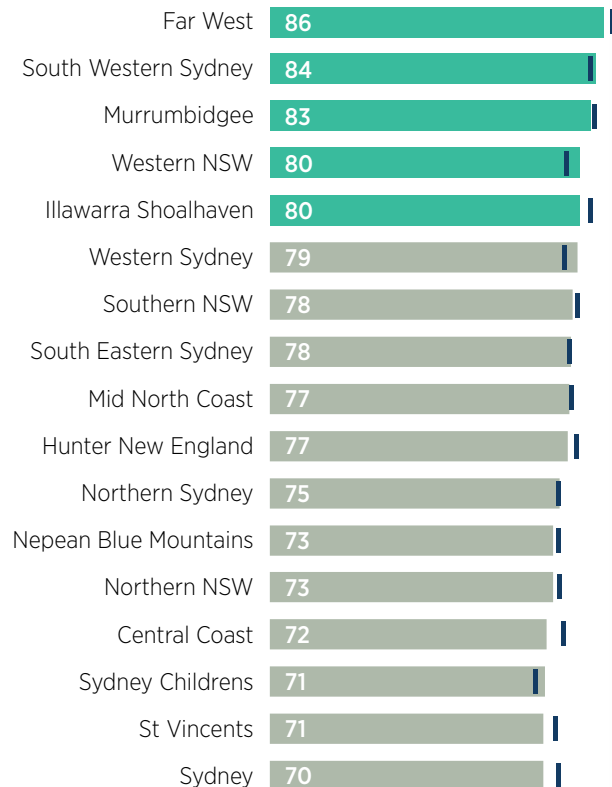
In 2019-20, five districts achieved the target, which is one more than last year. Three of these were rural districts and two were metropolitan districts. In community care, more than half of the LHDs/SHNs met the target. In hospital settings, three LHDs/SHNs met the target. This is less than the five LHDs/SHNs who achieved the target in 2018-19.

This year a blue line has been used to show the percentage of people who reported an Excellent or Very Good experience in 2018-19. This shows that the scores from WNSWLHD, WSLHD and SCHN* have improved from the previous year. It also highlights where the percentage of people reporting an Excellent or Very Good experience has decreased from the previous year.

**For a list of acronyms, see Appendix 5 – Glossary and acronyms*

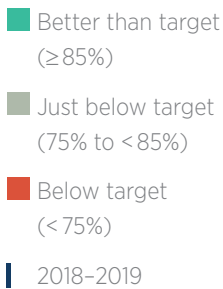
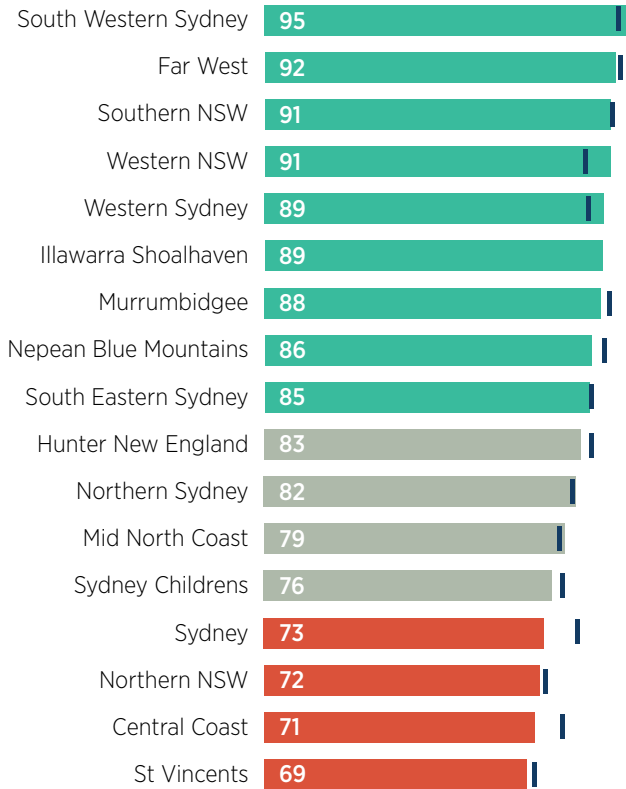
Note:

Justice Health and Forensic Mental Health Network results are reported separately on page 16 of the supplement report. Caution is needed when comparing results for the Justice Health and Forensic Mental Health Network to other LHDs and SHNs. People report less positive experiences in inpatient and involuntary care. All consumers in the Forensic Hospital and Long Bay Hospital are receiving involuntary care and a large proportion of community team responses are from people receiving outreach care in a corrections setting.

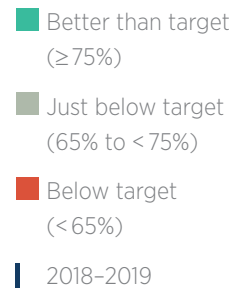
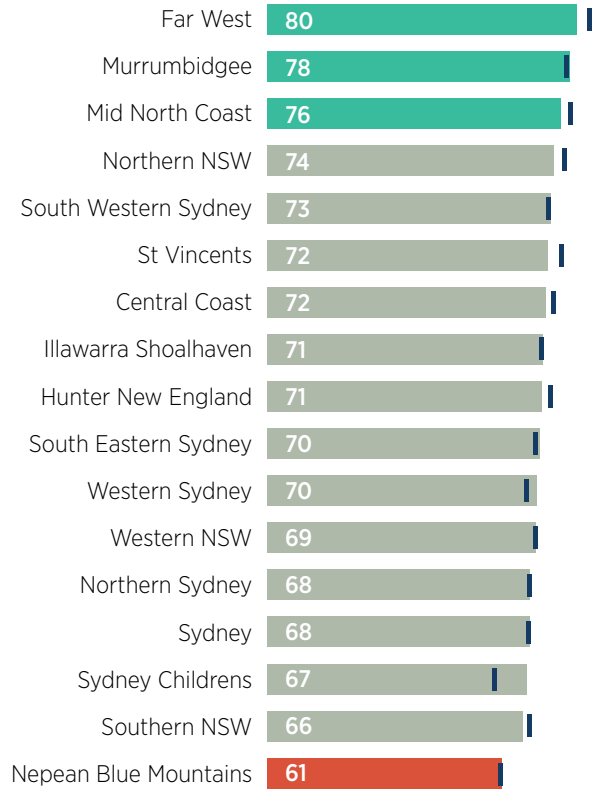




Community



Hospital



The best things about this service were...
 Feeling respected, flexibility, freedom and emotional support.



Information about physical health

In 2019–20 there was little change in the proportion of people who recalled receiving information about physical health compared with last year.

Aboriginal consumers were more likely to recall receiving information about physical health compared to other consumers.

People who recalled receiving information about physical health were more likely to rate their overall experience as Excellent or Very Good.

The physical health of people using mental health services is a critical priority. NSW has added questions to YES which ask whether consumers remember being given information about six aspects of physical health care. These questions were based on the Healthy Active Lives (HeAL) declaration (for more information see www.iphys.org.au).

Overall, there was little change in the proportion of people who recalled information about physical health

People in hospital settings continue to recall more information about smoking, drugs and alcohol and sexual health compared to community settings. This year people in hospital recalled less information about smoking (61%) compared with last year (63%). A more detailed breakdown of this information is available for each LHD/SHN in the supplement report.

Aboriginal people recalled more information about physical health than other groups

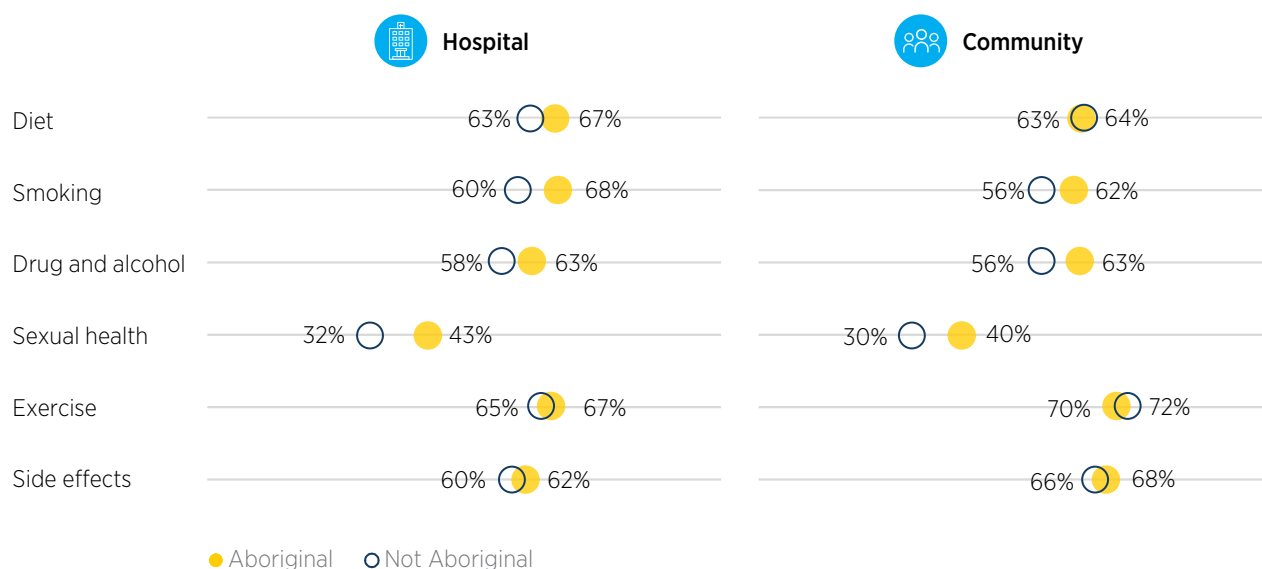
In hospital settings, Aboriginal people recalled receiving more information across all the HeAL questions when compared to other groups. The same is true in the community except for the areas of diet and exercise. In the community, Aboriginal people recalled less information across all physical health questions compared to last year. The largest difference was in the questions related to smoking and drugs and alcohol, where a drop of 6 per cent was noted.

If, how and when information is provided to consumers has a large impact on their overall experience

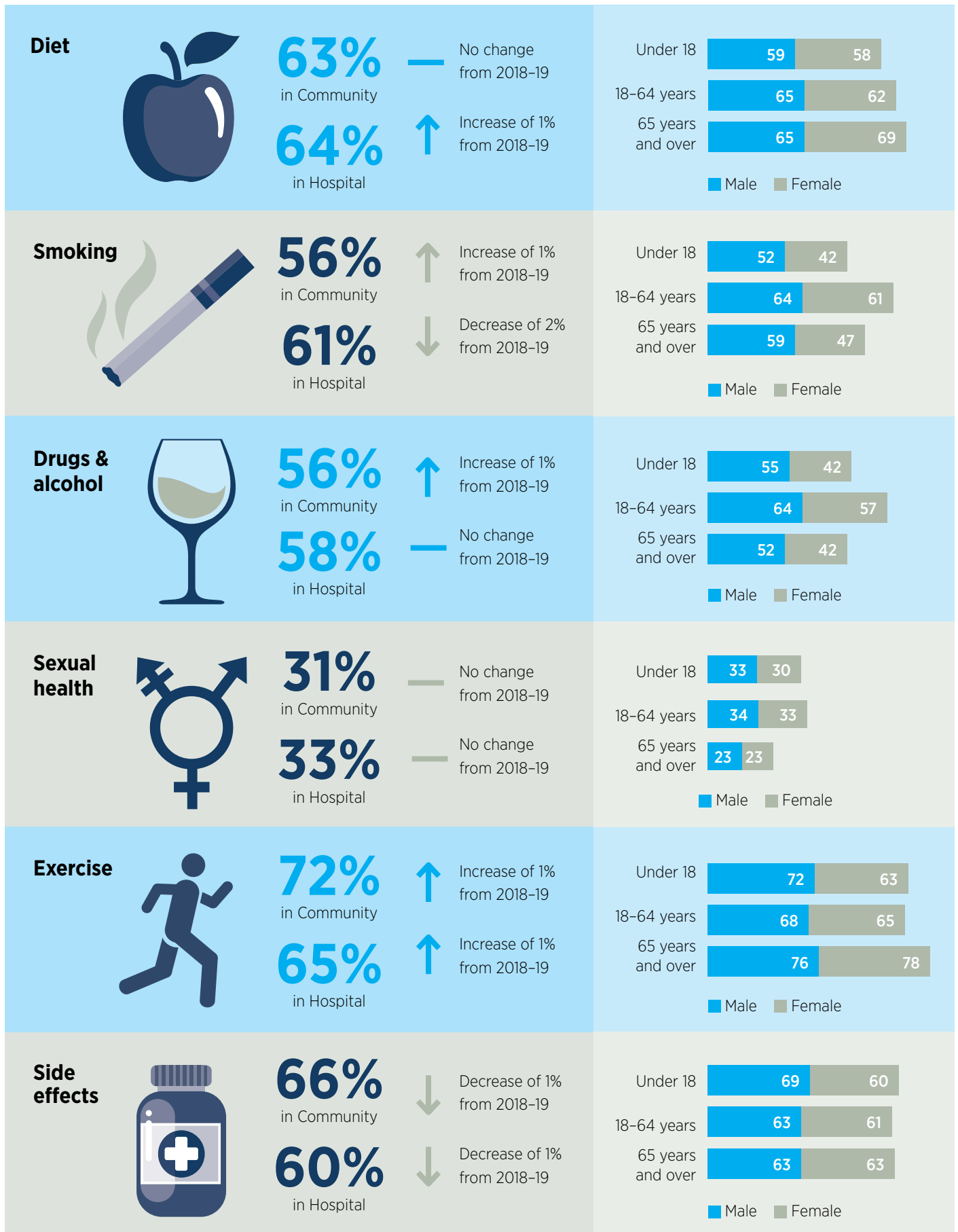
When consumers recalled being given information about physical health, they were more likely to rate their overall experience as Excellent or Very Good. This suggests that a consumers' overall experience of a service can be greatly impacted by if, how and when information is provided. The following table summarises the percentage of people who recalled receiving information across the HeAL questions, grouped by how they rated their overall experience.

Percentage of people who recalled information about physical health

	Poor/Fair/Good overall experience	Very Good/Excellent overall experience
Diet	43%	70%
Smoking	41%	65%
Drugs & alcohol	40%	63%
Sexual health	20%	36%
Exercise	48%	75%
Side effects	39%	71%



Percentage of people who recalled receiving information about physical health



A focus on smoking

Aboriginal consumers were more likely to recall being given information about smoking.

Consumers of forensic mental health services were less likely to recall receiving information about smoking.

People who reported a more positive experience developing a care plan more often recalled being given information about smoking.

According to the National Drug Strategy Household Survey (NDSHS, 2019), approximately 20 per cent of people with a mental illness smoke, compared to 9.9 per cent of people without a mental illness. Smoking rates may be as high as 70 per cent for people living with psychotic disorders (Morgan, 2011, People living with psychotic illness 2010, Report on the second Australian National Survey, Australian Govt, Canberra).

Information about smoking is more applicable to certain groups

In YES, people who don't smoke can indicate that questions about smoking are 'Not Applicable' to them. Consumer groups who have higher rates of smoking would be expected to have a lower proportion of 'Not Applicable' answers.

Aboriginal people and people accessing forensic mental health services are more likely to indicate that information about smoking is relevant to them. This is consistent with evidence that Indigenous Australians are 2.5 times as likely as non-Indigenous Australians to smoke daily (NDSHS, 2019). In community settings, consumers who were treated involuntarily also indicated that information about smoking was more applicable.

People aged 65 years and over are more likely to select 'Not Applicable', indicating that they do not require information about smoking. This is supported by the National Drug Strategy Household Survey (NDSHS, 2019) which found that the number of people aged 70 and over who smoke has decreased over the last three years.

When calculating recall rates in this focus section, 'Not Applicable' responses are excluded.

Consumers who were less than 18 years old, had brief contact or were unsure about their legal status were significantly less likely to recall being given information about smoking

Consumers with brief contact (less than 24 hours) may represent those accessing crisis services. It is important to consider the appropriate time in a consumer's mental health treatment to discuss topics such as smoking. For example, crisis intervention or initial assessment may not be the most appropriate time to provide this information. As a result, we could expect to see this group recalling less information about physical health topics such as smoking. People might not recall information for many reasons. For example, services may provide information, but if it is not provided at the right time or in the right way for that individual then it may not be remembered.

In community settings, people engaged with the service between 4 and 6 months and those treated involuntarily more often recalled being given information about smoking

These small but significant differences between groups of people suggest that some groups may have more opportunities to receive information about physical health issues such as smoking. For example, consumers treated involuntarily may have more frequent or consistent contact with the service and therefore more opportunity to receive information. Those who identified as 'Other' gender identity recalled receiving information about smoking significantly less than Male and Female gender identity groups in the community.

My experience would have been better if...
I was given help to stop smoking.



In hospital settings, Aboriginal people, people aged 25–64 years and those with longer stays more often recalled receiving information about smoking

Where consumers are engaged with services for longer periods (more than six months) there may be more opportunity to include information about smoking as part of their care and treatment. Females and people aged 65 years and over recalled receiving information about smoking significantly less than other groups in hospital settings.

People accessing forensic services are more likely to select smoking as applicable but less likely to recall receiving information

People accessing forensic mental health services were 11 per cent more likely to indicate that smoking was applicable to them in hospital and 22 per cent more likely in the community.

Yet only 45 per cent of consumers accessing forensic hospital services and 40 per cent of consumers accessing forensic community services recalled being given information about smoking.

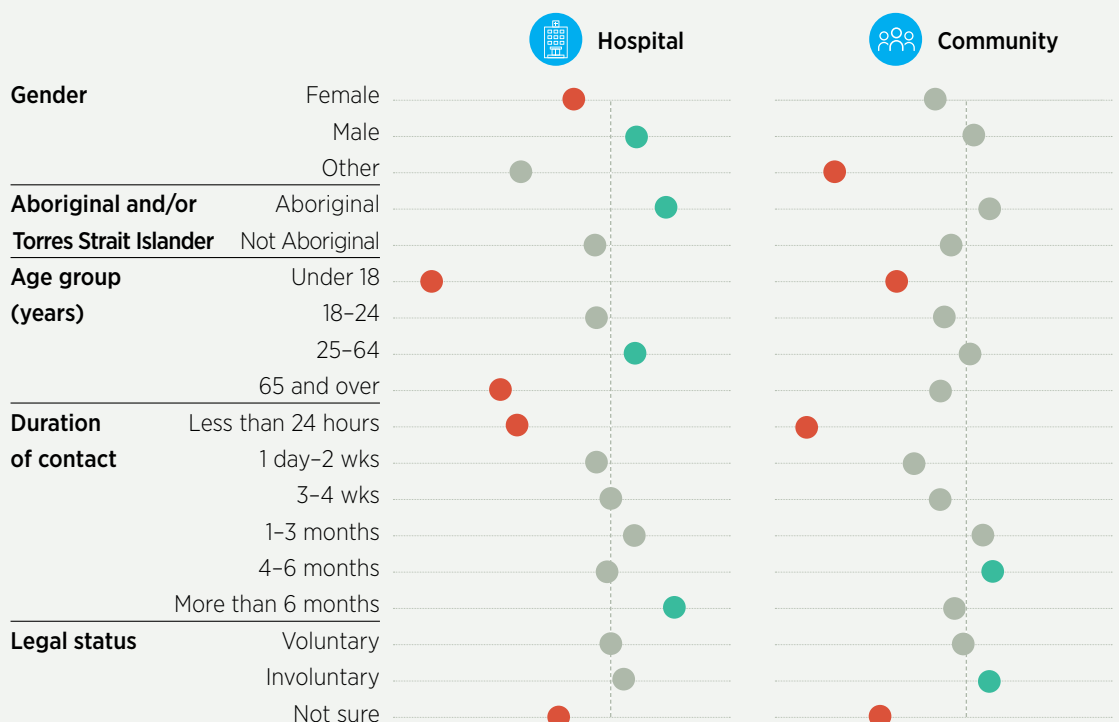
Smoking was more frequently mentioned in the free-text comments by people who recalled receiving information about it

In hospital settings, smoking was often mentioned as something that could be improved. Many people commented that their experience would have been better if designated smoking areas were available and if they were able to smoke more frequently. However, free-text comments also showed that many consumers want help in quitting. Some people reported that their care would have been improved if they had received more information and support. Some people also reported that receiving help to stop smoking had been one of the best things about their experience of care.

People who reported a more positive experience in developing a care plan were more likely to recall receiving information about smoking

Consumers who rated Q21. *Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)* as Excellent, more often reported being given information about smoking (71% in hospital and 69% in community). Where Q21 was rated as Poor, only 40 per cent of hospital and 23 per cent of community consumers recalled receiving information about smoking. This suggests that when information about smoking is included as part of comprehensive care planning it is more likely to be provided or recalled.

Percentage of people who recalled being given information about smoking



Note: See Appendix 3 for information about significance testing.

- Significantly more
- No significant difference
- Significantly less



What has changed?

Overall experience in the community has improved.

The experience of Aboriginal consumers has improved across hospital and community services compared to last year.

Consumers accessing forensic mental health services had a significantly more positive experience in the community compared to last year.

Both hospital and community experience is improving

To test for change, we looked at the percentage of consumers reporting an Excellent or Very Good experience over the last five years. Overall experience has improved slightly in 2019-20 compared with previous years. Both hospital and community services have shown an improvement in experience since YES was introduced.

Percentage of NSW consumers reporting an Excellent or Very Good experience

	2015-16	2016-17	2017-18	2018-19	2019-20
Community	79%	79%	78%	79%	80%
Hospital	67%	67%	69%	70%	70%
Overall	73%	73%	73%	74%	75%

Changes are not due to a different mix of consumers

To test whether changes from year to year may have been caused by a different mix of consumers or services, we calculated the overall experience after adjusting for different factors such as age and length of time with the service. As the difference between standardised and unstandardised rates was very small, these have not been presented in the report.

The experience of Aboriginal people has improved

In hospital settings, the experience of Aboriginal people has improved since 2015. In the community, experience is similar to what has been reported over the previous three years.

Percentage of Aboriginal consumers reporting an Excellent or Very Good experience

	2015-16	2016-17	2017-18	2018-19	2019-20
Community	78%	73%	73%	72%	73%
Hospital	66%	69%	68%	68%	69%
Overall	72%	71%	70%	70%	71%

The best things about this service were...

I've been here before and it had improved tremendously since my last visit.



The experience of consumers accessing forensic mental health services has improved in the community but decreased in hospital settings

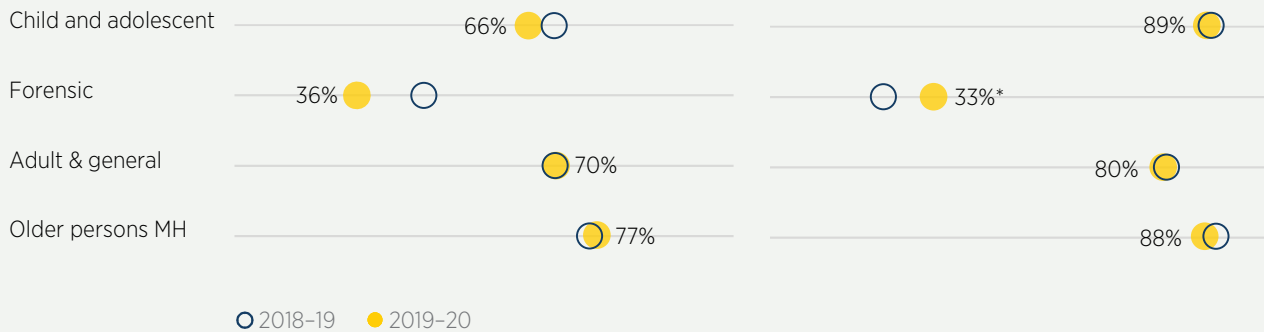
In the community, experiences in Child and Adolescent, and Adult and General services were similar to last year. In Older Peoples' services, there was a slight decrease in experience, with 88 per cent of people reporting an Excellent or Very Good experience in 2019–20 compared to 91 per cent in 2018–19. There was a significant improvement in the experience of consumers accessing forensic services in the community, which increased from 23 per cent in 2018–19 to 33 per cent in 2019–20. It is important to note that forensic services in the community are often provided as outreach to custodial settings. In hospital services there were no statistically significant changes. The experience of people accessing hospital Child and Adolescent services deteriorated by 4 per cent compared to last year. There was a drop of 12 per cent in the amount of people reporting an Excellent or Very Good experience in forensic hospital services.

The best things about this service were...
 They never judged me and it was good to open up about things that I couldn't talk to other inmates about.



Hospital

Community



*Indicates a statistically significant difference.

Note: Information about the methods used to test significance is given in Appendix 3.



Experience has improved across many LHDs/SHNs

Since YES was introduced in 2015, many LHDs/SHNs have seen an increase in the number of people reporting an Excellent or Very Good experience. There may be many reasons why YES results differ between services or over time. Many services have implemented action and change initiatives using YES data to improve consumer experience. LHDs/SHNs with less than 30 returns in a year are not displayed. Please see Appendix 3 for more details.

Percentage of consumers reporting an Excellent or Very Good experience across LHDs/SHNs each year



Experience of Aboriginal and Torres Strait Islander consumers



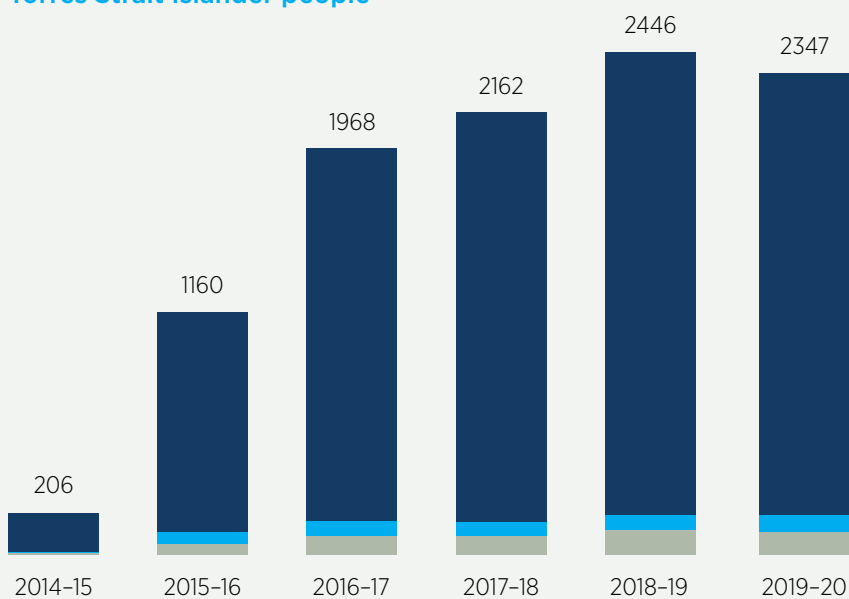
It is important to acknowledge different factors that can impact the experience of Aboriginal people, including the historical aspects and impacts of colonisation. Health is strongly affected by broader social and community factors, including transgenerational trauma and disadvantage.

This year, 10 per cent of all people accessing hospital and community mental health services in NSW identified as Aboriginal. Since 2015, 10,289 YES questionnaires have been completed by Aboriginal people. In 2019-20 this makes up approximately 9 per cent of community and 12 per cent of hospital returns. Although we have seen a small decrease in the number of questionnaires completed this year, the proportion completed by Aboriginal people has not changed. The YES questionnaire was not designed and tested with Aboriginal groups. Despite this, Aboriginal consumers are just as likely to complete a YES questionnaire as non-Aboriginal consumers.

Aboriginal consumers report feeling less respected in community mental health services

Although overall experience improved for Aboriginal consumers, they continue to report a less positive experience of community mental health services compared to non-Aboriginal people. The largest difference between Aboriginal and non-Aboriginal consumers was in the domain of Respect. This domain includes question items such as Q1. *You felt welcome at this service* and Q12. *You were listened to in all aspects of your care and treatment*. Most Aboriginal consumers (78%) reported that they felt they were treated with dignity and respect. However, this proportion is much lower than in non-Aboriginal consumers (88%).

Number of YES questionnaires completed by Aboriginal and Torres Strait Islander people



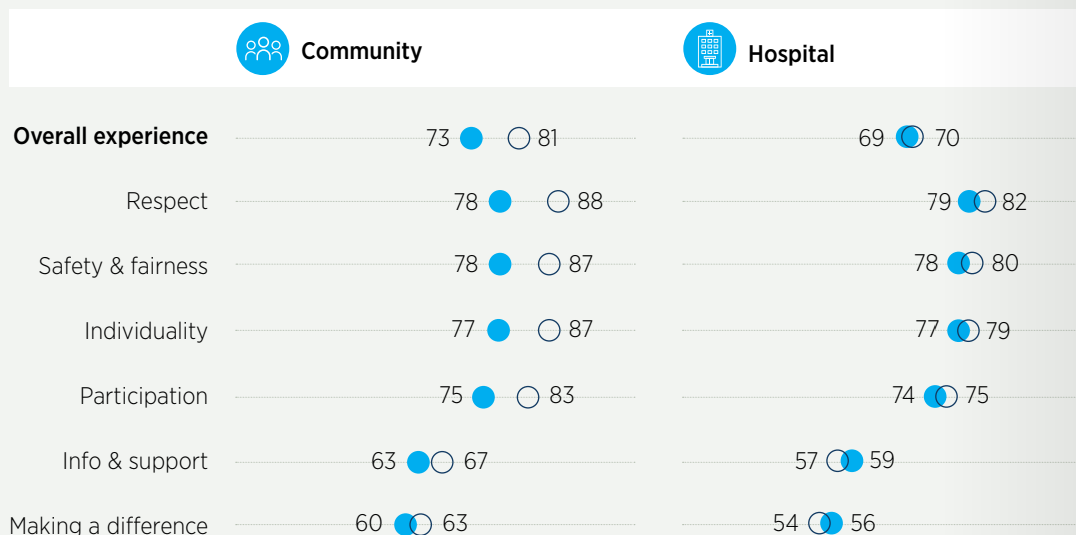
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander

My experience would have been better if... My Aboriginal culture was respected.



Percentage of consumers reporting an Excellent or Very Good experience across YES domains

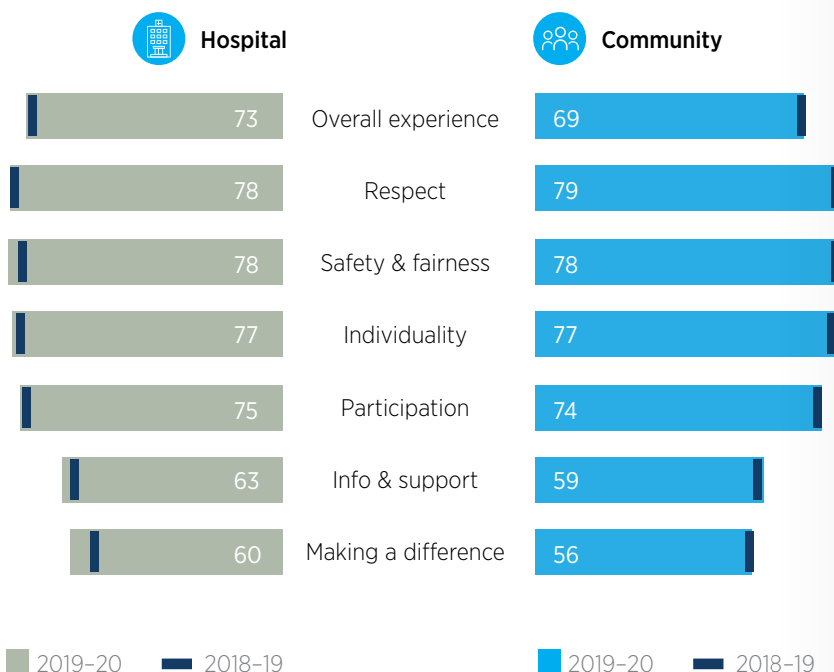
● Aboriginal and/or Torres Strait Islander
○ Not Aboriginal and/or Torres Strait Islander



This year, Aboriginal consumers reported that hospital services made a bigger difference to their well-being

Making a difference and Information & support are the lowest-scored domains across all groups of people. This year, 60 per cent of Aboriginal people in hospital rated Making a difference as Excellent or Very Good. This is an increase of 7 per cent from 2018-19. Information & support and Safety & fairness had an increase of 4 per cent compared to last year. These improvements have helped to decrease the gap between the experience of Aboriginal people and other groups across these domains.

Percentage of Aboriginal consumers reporting an Excellent or Very Good experience across YES domains



The best things about this service were...

The Aboriginal health staff made me feel so supported and safe.



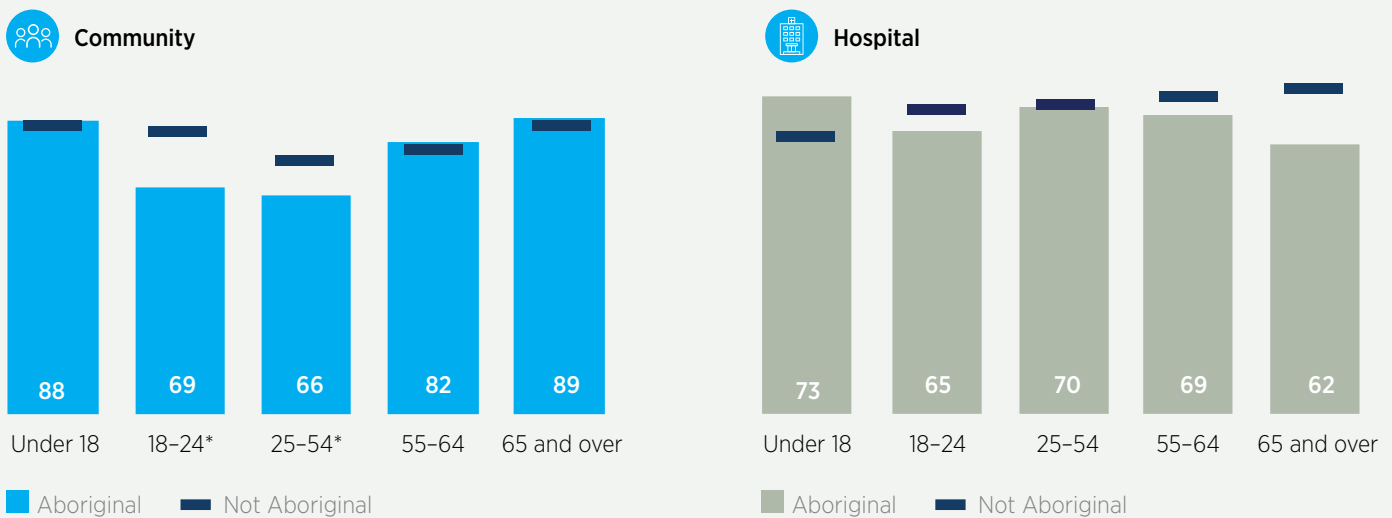
Aboriginal people aged 18–54 in the community reported a significantly less positive experience compared to non-Aboriginal people

In the community, Aboriginal people aged under 18 years and over 65 years reported a more positive experience than Aboriginal people of other ages. When comparing Aboriginal people with non-Aboriginal people, the largest difference is seen between the ages of 18 and 54, with Aboriginal people reporting a significantly less positive experience.

In hospital settings the differences between Aboriginal people and non-Aboriginal people were not statistically significantly different. Aboriginal people aged under 18 years reported a more positive experience than non-Aboriginal people in the same age group. Using the free-text questions, young Aboriginal consumers frequently commented that the best things about the service were the helpful and caring staff and being able to connect with other young people. For non-Aboriginal people, the older the consumer, the more positive the experience. For Aboriginal consumers, the pattern is reversed, with consumers aged over 65 years reporting the least positive experience compared to other age groups.

Aboriginal people rate their opportunities for family and carers to be involved lower than other groups

Q17. *You had opportunities for your family and carers to be involved in your treatment and care if you wanted* was rated lower by Aboriginal people in hospital and community settings compared to other groups. On average, Aboriginal people in the community rated this question as 4.19 (out of 5) compared to non-Aboriginal groups who rated 4.50. Other questions rated lower by Aboriginal consumers in the community are Q1. *You felt welcome at this service*, Q8. *You had access to your treating doctor or psychiatrist when you needed*, Q7. *Staff made an effort to see you when you wanted* and Q9. *You believe that you would receive fair treatment if you made a complaint*.



* Indicates a statistically significant difference.

Note: Information about the methods used to test significance is given in Appendix 3.





Community

% Excellent or Very Good



Hospital

% Excellent or Very Good



● Aboriginal and/or Torres Strait Islander
○ Not Aboriginal and/or Torres Strait Islander

2019–20 achievements

Highest number of questionnaires returned

Hospital

Goulburn Mental Health Inpatient Service (Chisholm Ross) –
512 returns

Community

Justice Health Adult Ambulatory Service –
322 returns



Most improved services

Community

Katoomba Mental Health Team –
From **69% to 97%** Excellent/Very Good

Canterbury Core Adult Mental Health Team –
From **58% to 71%** Excellent/Very Good

Coffs Harbour Mental Health Adult Service –
From **69% to 83%** Excellent/Very Good

Bathurst Community Mental Health Service –
From **71% to 84%** Excellent/Very Good



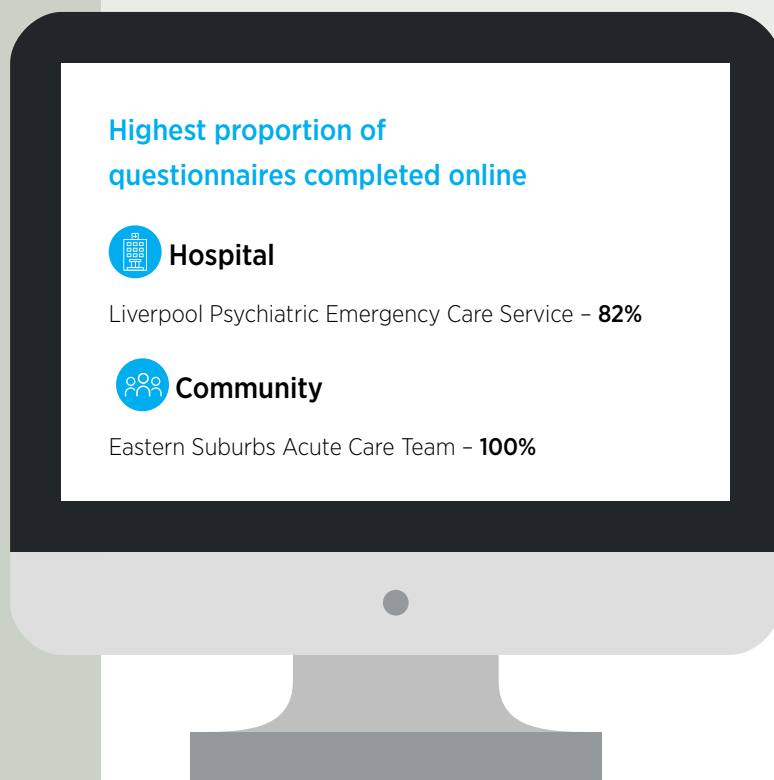
Most improved services

Hospital

St George Acute Inpatient Unit –
From **47% to 75%** Excellent/Very Good

Nepean Hospital Psychiatric
Emergency Care Centre –
From **51% to 81%** Excellent/Very Good

Prince of Wales Observation
Adult Acute (Kiloh) –
From **43% to 65%** Excellent/Very Good



Highest proportion of questionnaires completed online

Hospital

Liverpool Psychiatric Emergency Care Service – **82%**

Community

Eastern Suburbs Acute Care Team – **100%**



Appendix 1 – Your Experience of Service

Your Experience of Service (YES) helps public mental health services to work with consumers to improve their care and support. This national questionnaire was designed and named in partnership with mental health consumers throughout Australia. NSW implemented the paper version of YES in 2015 (see Appendix 2 – YES questionnaire) and the electronic version in 2018.

For information regarding the development of YES, please see Appendix 3 – Technical Information.

When and how is YES offered?

YES should be offered to all consumers of NSW Health hospital, community and community residential services who are

aged 11 years or older. If they see more than one team, the YES questionnaire should be offered by each of these teams.

YES is offered on a continuous basis, either at discharge or at regular intervals for consumers who have long episodes of care.

Reporting on YES

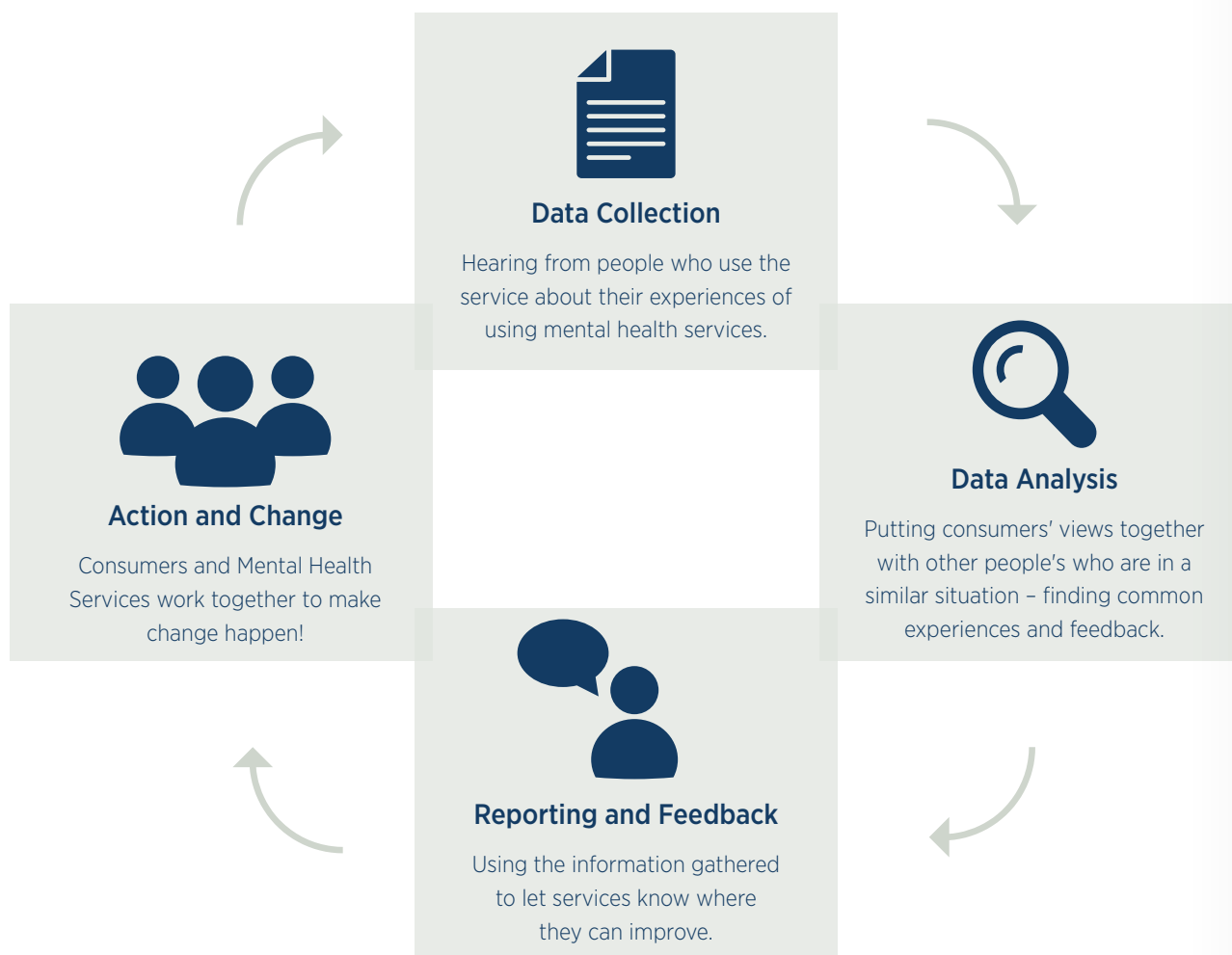
YES feedback is provided to services using a range of reports:

- monthly reports on the number of returns and overall experience
- quarterly reports on results for each individual question and all free-text responses for individual hospital units or community teams

- quarterly summary reports include return rates and the percentage of people reporting an excellent or very good experience across LHDs/SHNs.
- six-monthly reports on results for each individual question and all free-text responses for long-stay units.
- The annual *Your Experience of Service* report, available publicly.

Action and change

Feedback from YES questionnaires is used to support service improvement. The 'Action and Change Framework' helps NSW Health services to involve consumers in planning and implementing service improvements. This process of co-design is an essential component of the YES initiative in NSW.





Appendix 2 – Questionnaire

Your Experience of Service

Service:

Your feedback is important. This questionnaire was developed with mental health consumers. It is based on the Recovery Principles of the Australian National Standards for Mental Health Services. It aims to help mental health services and consumers to work together to build better services. If you would like to know more about the survey please ask for an information sheet.

Completion of the questionnaire is voluntary. All information collected in this questionnaire is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it.

Please put a cross in just one box for each question, like this ...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------

These questions ask **how often** we did the following things ...

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not Applicable
1. You felt welcome at this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff showed respect for how you were feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. You felt safe using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Your privacy was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Staff showed hopefulness for your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Staff made an effort to see you when you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. You had access to your treating doctor or psychiatrist when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. You believe that you would receive fair treatment if you made a complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Your opinions about the involvement of family or friends in your care were respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



These questions ask **how often** we did the following things ...

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not Applicable
12. You were listened to in all aspects of your care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff worked as a team in your care and treatment (for example, you got consistent information and didn't have to repeat yourself to different staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff discussed the effects of your medication and other treatments with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You had opportunities to discuss your progress with the staff caring for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. There were activities you could do that suited you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask **how well** we did the following things ...

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Poor	Fair	Good	Very Good	Excellent	Not Applicable
18. Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Explanation of your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of your experience with the service in the last 3 months or less please rate the following:	Poor	Fair	Good	Very Good	Excellent
23. The effect the service had on your hopefulness for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The effect the service had on your ability to manage your day to day life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The effect the service had on your overall well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Overall, how would you rate your experience of care with this service in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask **if** we did the following things ...

In the last 3 months, has the service advised you about the following:	Yes	No	Not sure	Not Applicable
27. Healthy eating and diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Alcohol and drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Exercise and physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Possible physical side effects of some medications (such as weight gain, diabetes or heart disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. My experience would have been better if ...

.....

.....

.....

34. The best things about this service were ...

.....

.....

.....



This information helps to show whether some groups of people are missing out on giving their feedback. It also shows if some groups of people have a better or worse experience than others. Knowing this helps to focus efforts to build better services. No information collected in this section will be used to identify you.

What is your gender?

- Male Female Other

What is the main language you speak at home?

- English Other

Are you of Aboriginal or Torres Strait Islander origin?

- No
 Yes - Aboriginal
 Yes - Torres Strait Islander
 Yes - Aboriginal and Torres Strait Islander

What is your age?

- Under 18 years 18 to 24 years
 25 to 34 years 35 to 44 years
 45 to 54 years 55 to 64 years
 65 years and over

How long have you been receiving care from this service on this occasion?

- Less than 24 hours 1 day to 2 weeks
 3 to 4 weeks 1 to 3 months
 4 to 6 months More than 6 months

At any point during the last 3 months were you receiving involuntary treatment (such as an involuntary patient or on a community treatment order) under Mental Health Legislation?

- Yes, involuntary patient/on a community treatment order
 No, I was always a voluntary patient
 Not Sure

Did someone help you complete this survey?

- No
 Yes - family or friend
 Yes - language or cultural interpreter
 Yes - consumer worker or peer worker
 Yes - another staff member from the service
 Yes - someone else

Thank you for your time and comments
Please place the completed questionnaire in the envelope provided and return by mail

InforMH
 Reply Paid 3975
 Sydney NSW 2001

© 2013 The Secretary to the Department of Health (Vic) developed with funding from the Australian Government Department of Health



Appendix 3 – Technical information

YES development and validation

The development, validation and psychometric properties of the YES questionnaire are described in detail at

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-conexp>

YES NSW collection method

NSW protocols are based on the national “YES guide for Organisations”, available at

<https://www.amhocn.org/publications/your-experience-service-yes-guidance-organisations>

The stages of YES distribution, collection and reporting in NSW are:

- **Distribution to services:** LHDs/SHNs order blank YES questionnaires and pre-addressed envelopes using the same online ordering process as other NSW Health forms. Services can order eYES promotional materials to assist consumers to complete the questionnaire online.
- **Sampling periods:** NSW Health recommends that YES is offered to all consumers on discharge from a service and at least annually for people in ongoing contact with services. LHDs/SHNs differ in their approach, and some focus on periodic (annual or six-monthly) census periods for consumers with ongoing contact.
- **Identifying services:** Before distribution, services enter a unique four-digit service code in the service identification box on page 1 of the YES questionnaire. If completing YES online, this code must be entered by the consumer before the questionnaire can be completed.
- **Offering:** Services are encouraged to promote the availability of YES through posters and the display of collection boxes, and to include offering of YES in service discharge protocols. Services are encouraged to use peer workers to promote and support YES collection wherever possible.
- **Returning:** Consumers place completed YES questionnaires in a sealed, reply-paid envelope or in the collection boxes provided. Alternatively, consumers who complete eYES are asked to submit their responses online; these are sent directly to the secure database.
- **Processing:** Completed questionnaires are collated and scanned by a commercial scanning organisation under contract to NSW Health.
- **Data:**
 - Data is provided monthly to InforMH, System Information and Analytics Branch, NSW Ministry of Health, within two weeks of the end of the reporting period.
 - Data is then checked, validated and stored in a secure, purpose-built SQL (structured query language) database on password protected NSW Health servers.
 - Analysis and reporting is conducted by InforMH.

Identification of NSW services

The YES questionnaire is anonymous and contains no identifying information. Therefore, in order to report on services, all services must be accurately identified on the YES questionnaire.

All NSW Mental Health Services are registered in a central database, the Mental Health Service Entity Register (MH-SER), and have a unique four-digit numerical code. This four-digit code is used in YES reporting because (i) it can be more accurately scanned than a handwritten service name, and (ii) it allows data on YES questionnaire return rates or responses to be accurately compared to other data on the same service.

If service codes are missing or invalid, the response cannot be attributed to an individual LHD/SHN or service.

Services are provided with a monthly report showing the number of returns with missing service identifiers, and the details of any handwritten names. The rate of service identification error has declined when compared with previous years.

In 2019–20, of 23,235 completed YES questionnaires received, 22,330 (96%) had a valid four digit service identifier.

Analysis

Initial data manipulation for this report was conducted using SAS and statistical analyses were conducted using Stata SE v15. Missing, invalid or duplicate answers were recoded as null. YES returns with less than 12 of the first 22 questions completed were excluded from analysis. Overall scores and domain scores were constructed following the methods prepared during the national YES development. Testing of significant differences between groups or over time was conducted using 95 per cent confidence intervals. These were calculated using the WALD formula for proportions. Non-overlapping confidence intervals were used to identify significant differences.

YES questions use two scoring scales

Frequency scale	Performance scale	Numerical score
Always	Excellent	5
Usually	Very Good	4
Sometimes	Good	3
Rarely	Fair	2
Never	Poor	1

Estimation of return rates



To estimate return rates, the following denominators were used:

For hospital episodes: the number of episodes of hospital care ending in the year (separations), including same-day episodes, plus the number of people remaining in hospital on 30 June 2020.

For community episodes: the number of episodes where an individual had at least one face-to-face contact with a community mental health team within the year. In the current report, people whose only service contact in the year occurred by telephone were excluded.



Analysis of change

To examine change in experience over time we calculated the percentage of people reporting an Excellent or Very Good experience using the experience index. The table below shows the percentage of people reporting an Excellent or Very Good experience across LHDs/SHNs in each financial year.

	 Hospital					 Community				
	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
CCLHD	68%	71%	73%	73%	72%	76%	72%	79%	78%	71%
FWLHD	63%	79%	78%	83%	80%	88%	93%	88%	93%	92%
HNELHD	71%	71%	67%	73%	71%	86%	84%	82%	86%	83%
ISLHD	67%	68%	72%	70%	71%	91%	85%	84%	96%	89%
JH&FMHN	25%	39%	32%	35%	20%	78%	33%	25%	23%	33%
MLHD	79%	71%	73%	77%	78%	79%	74%	87%	90%	88%
MNCLHD	70%	75%	76%	78%	76%	63%	71%	75%	77%	79%
NBMLHD	71%	57%	55%	60%	61%	80%	70%	77%	89%	86%
NNSWLHD	67%	57%	69%	76%	74%	78%	76%	83%	73%	72%
NSLHD	69%	66%	69%	68%	68%	79%	82%	80%	81%	82%
SCHN		68%	70%	58%	67%				79%	76%
SESLHD	64%	70%	71%	69%	70%	83%	86%	86%	85%	85%
SLHD	65%	68%	66%	67%	68%	73%	72%	79%	82%	73%
SNSWLHD	64%	64%	68%	67%	66%	76%	83%	85%	91%	91%
SVHN	69%	71%	77%	76%	72%	75%	61%	95%	71%	69%
SWSLHD	55%	60%	64%	72%	73%	76%	86%	78%	93%	95%
WNSWLHD	70%	67%	70%	69%	69%	74%	82%	89%	84%	91%
WSLHD	64%	66%	67%	67%	70%	80%	83%	84%	85%	98%



The experience of Aboriginal and/or Torres Strait Islander people (average question rating out of 5)

	 Hospital		 Community	
	Aboriginal and/or Torres Strait Islander	Not Aboriginal and/or Torres Strait Islander	Aboriginal and/or Torres Strait Islander	Not Aboriginal and/or Torres Strait Islander
Q1 You felt welcome at this service	4.42	4.49	4.36	4.64
Q2 Staff showed respect for how you were feeling	4.40	4.47	4.39	4.65
Q3 You felt safe using this service	4.40	4.43	4.35	4.62
Q4 Your privacy was respected	4.41	4.48	4.46	4.68
Q5 Staff showed hopefulness for your future	4.39	4.45	4.28	4.52
Q6 Your individuality and values were respected	4.46	4.59	4.44	4.69
Q7 Staff made an effort to see you when you wanted	4.39	4.43	4.28	4.55
Q8 You had access to your treating doctor or psychiatrist when you needed	4.15	4.13	4.09	4.36
Q9 You believe that you would receive fair treatment if you made a complaint	4.20	4.25	4.14	4.41
Q10 Your opinions about the involvement of family or friends in your care were respected	4.42	4.52	4.40	4.61
Q11 The facilities and environment met your needs	4.38	4.37	4.41	4.62
Q12 You were listened to in all aspects of your care and treatment	4.29	4.37	4.31	4.53
Q13 Staff worked as a team in your care and treatment	4.20	4.22	4.21	4.46
Q14 Staff discussed the effects of your medication and other treatments with you	4.17	4.17	4.15	4.39
Q15 You had opportunities to discuss your progress with the staff caring for you	4.28	4.30	4.26	4.50
Q16 There were activities you could do that suited you	4.04	3.98	3.97	4.20
Q17 You had opportunities for your family and carers to be involved in your treatment and care if you wanted	4.27	4.39	4.19	4.50
Q18 Information given to you about this service	3.79	3.82	3.91	4.09
Q19 Explanation of your rights and responsibilities	3.83	3.81	3.90	4.05
Q20 Access to peer support	3.81	3.78	3.83	3.88
Q21 Development of a care plan with you that considered all of your needs	3.87	3.84	3.93	4.07
Q22 Convenience of the location for you	3.78	3.83	3.95	4.13
Q23 The effect the service had on your hopefulness for the future	3.71	3.71	3.70	3.86
Q24 The effect the service had on your ability to manage your day to day life	3.68	3.66	3.70	3.85
Q25 The effect the service had on your overall well-being	3.77	3.75	3.76	3.91
Q26 Overall, how would you rate your experience of care with this service in the last 3 months?	3.84	3.87	3.90	4.12

Across many of the YES questions, Aboriginal and Torres Strait Islander people reported a different experience when compared to non-Aboriginal people. The table above summarises the average rating out of 5 across each of the YES questions.

Appendix 4 – YES domains

Making a difference (in this report, referred to as 'Making a difference' or 'Impact')	
Q23	The effect the service had on your hopefulness for the future
Q24	The effect the service had on your ability to manage your day to day life
Q25	The effect the service had on your overall well-being
Q26	Overall, how would you rate your experience of care with this service in the last 3 months?
Providing information and support (in this report, referred to as 'Info & support')	
Q18	Information given to you about this service
Q19	Explanation of your rights and responsibilities
Q20	Access to peer support
Q21	Development of a care plan with you that considered all of your needs
Valuing individuality (in this report, referred to as 'Individuality')	
Q6	Your individuality and values were respected
Q16	There were activities you could do that suited you
Supporting active participation (in this report, referred to as 'Participation')	
Q8	You had access to your treating doctor or psychiatrist when you needed
Q10	Your opinions about the involvement of family or friends in your care were respected
Q13	Staff worked as a team in your care and treatment
Q14	Staff discussed the effects of your medication and other treatments with you
Q15	You had opportunities to discuss your progress with the staff caring for you
Q17	You had opportunities for your family and carers to be involved in your treatment and care if you wanted
Showing respect (in this report, referred to as 'Respect')	
Q1	You felt welcome at this service
Q2	Staff showed respect for how you were feeling
Q4	Your privacy was respected
Q5	Staff showed hopefulness for your future
Q7	Staff made an effort to see you when you wanted
Q12	You were listened to in all aspects of your care and treatment
Ensuring safety and fairness (in this report, referred to as 'Safety & fairness')	
Q3	You felt safe using this service
Q9	You believe that you would receive fair treatment if you made a complaint
Q11	The facilities and environment met your needs

Note: Question 22 was removed from the domain structure but continues to contribute to the overall score.



Appendix 5 – Glossary and acronyms

Glossary

Adult and general services	Services that provide mental health support to people aged 18 to 65 years.
Carer	A family member, partner or friend of someone with a mental illness whose life is also affected by that person's illness. Carers provide support and assistance.
Child and Adolescent Mental Health Services (CAMHS)	Services that provide specialist mental health support to people aged less than 18 years.
Consumer	Any person who identifies as having a current or past lived experience of psychological or emotional issues, distress or problems, irrespective of whether they have a diagnosed mental illness and/or have received treatment. Other ways people may choose to describe themselves include 'peer', 'survivor', 'person with a lived experience' and 'expert by experience'.
Forensic consumer	A person who the Court has: <ul style="list-style-type: none">• found unfit to be tried for an offence and ordered to be detained in a correctional centre, mental health facility or other place;• found not guilty by reason of mental illness or nominated a limiting term and ordered to be detained in a prison, hospital or other place; or• found not guilty by reason of mental illness and released into the community subject to conditions.
Involuntary care	A person with involuntary status received treatment under the NSW mental health legislation compulsory treatment provisions.
Older Persons' Mental Health Service (OPMHS)	Services that provide specialist mental health support to people aged 65 years and over.
Voluntary care	A person with voluntary status received treatment which was under compulsory treatment provisions.
YES returns	The number of YES questionnaires completed in a period.

Acronyms

Local Health Districts (LHDs)

CCLHD	Central Coast LHD
FWLHD	Far West LHD
HNELHD	Hunter New England LHD
ISLHD	Illawarra Shoalhaven LHD
MLHD	Murrumbidgee LHD
MNCLHD	Mid North Coast LHD
NBMLHD	Nepean Blue Mountains LHD
NNSWLHD	Northern NSW LHD
NSLHD	Northern Sydney LHD
SESLHD	South Eastern Sydney LHD
SLHD	Sydney LHD
SNSWLHD	Southern NSW LHD
SWSLHD	South Western Sydney LHD
WNSWLHD	Western NSW LHD
WSLHD	Western Sydney LHD

Specialty Health Networks (SHNs)

JH&FMHN	Justice Health and Forensic Mental Health Network
SCHN	Sydney Children's Hospitals Network
SVHN	St Vincent's Health Network



