



Your Experience of Service

What consumers
say about NSW
Mental Health
Services

2018–2019



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. Many thanks to the Aboriginal Strategic Leadership Group and the Aboriginal and Torres Strait Islander staff members who provided guidance and feedback. 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.

Report produced by:

InforMH
System Information and Analytics Branch
NSW Ministry of Health

Published October 2019

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

Please check with InforMH for any amendments.

INFORMH@health.nsw.gov.au



Contents

| | |
|---|----|
| Foreword | 2 |
| Summary | 3 |
| How many consumers completed a YES? | 4 |
| Which consumers completed a YES? | 6 |
| What did consumers say about their experience? | 8 |
| Which groups of consumers report a different experience? | 10 |
| Highest and lowest scoring questions | 12 |
| How do LHDs and SHNs compare? | 14 |
| What has changed? | 16 |
| Information about physical health | 20 |
| A focus on Aboriginal and/or Torres Strait Islander consumers | 22 |
| Future directions | 27 |
| Appendix 1 – Your Experience of Service | 28 |
| Appendix 2 – YES questionnaire | 29 |
| Appendix 3 – Technical information | 33 |
| Appendix 4 – YES domains | 38 |
| Appendix 5 – Glossary | 39 |



Foreword

NSW Health aims to deliver excellent community and hospital mental health services. The people who use these services are the best judge of whether we are achieving that aim. The Your Experience of Service (YES) survey asks consumers of New South Wales mental health services about their care and support. Their 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 is one the Secretary's key priorities for the NSW Health system. By working together with patients and staff to improve the experience of our service users we are able to focus on the value of the services we provide instead of the volume of people accessing services.

Mental health services have led the way in NSW in building consumer experience into their way of working. Through YES we have heard from consumers that mental health staff have the largest impact on experience. This highlights the importance of caring for our staff as well as our consumers. Every staff member has the opportunity to improve the experience of the 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. In the year ahead we look forward to further developments, including the release of new translated YES versions, and the release of an electronic version of the Carer Experience Survey (eCES).

We would like to thank the many consumers who have completed YES questionnaires and worked with our services to make change happen. We also 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

Deputy Secretary

Health System Strategy and Planning

NSW Ministry of Health

Summary

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

More than 26,000 YES questionnaires were returned in 2018–19

This represents around 36 per cent of hospital consumers and 6 per cent of community consumers. Overall returns increased by more than 2000 (9%) compared with last year. More than 100 services received feedback via the electronic YES (eYES) and around 2500 questionnaires were completed by Aboriginal and/or Torres Strait Islander people.

A broad range of people complete YES

YES returns from hospital services are broadly representative of all NSW hospital consumers. In community YES returns, men and women, Aboriginal and/or Torres Strait Islander consumers and people receiving involuntary care were well represented. People under 25 and people receiving very brief care (less than 24 hours) remain under-represented in the community.

Most people reported a positive experience of care

Nearly three quarters of people completing YES reported that their overall experience was excellent or very good (74%). In community settings, more people reported that their overall experience was excellent or very good (79%) compared to hospital units (70%). The most positive experiences were reported for the domains of Respect, Individuality, and Safety and Fairness. The lowest scores were reported for the Information and Support domain.

Some groups of people report a different experience

People treated in hospital settings reported significantly less positive experiences than people receiving community care. In both settings the least positive experience was reported by people who were treated involuntarily. People who identified as 'other' gender identity reported a less positive experience in both hospital and community settings. In community care, females, young people (less than 18 years) and older people (over 65 years) reported the most positive experiences. In hospital care, people with longer stays reported a less positive experience.

Experience in hospitals is improving

The experience of hospital care has improved slightly but significantly in the last four years. Across hospital and community settings more consumers are reporting an excellent or very good experience across Local Health Districts (LHDs) and Speciality Health Networks (SHNs) compared with previous years.

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

In community settings, Aboriginal and/or Torres Strait Islander people reported a significantly less positive experience in all YES domains when compared with other consumers. Across both hospital and community services the largest difference was in the domain of Respect. More Aboriginal and/or Torres Strait Islander people recalled receiving information about physical health compared to other groups.



How many consumers completed a YES?

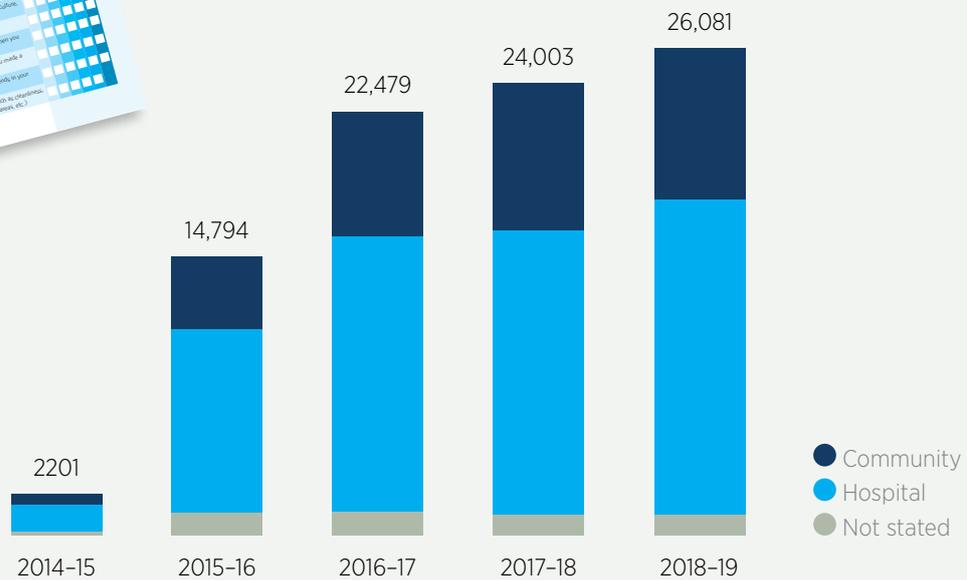


In 2018-19

26,081

YES questionnaires were returned.

This is an increase of 2078 returns (9%) compared with last year.



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

YES questionnaires are offered by staff and available in waiting rooms using displays and 'hotboards'. YES questionnaires are anonymous so there is no way of knowing how many consumers were offered a questionnaire. In 2018-19 we estimate that the number of YES returns is equivalent to around 36 per cent of all hospital consumers and approximately 6 per cent of community consumers.

More than 100 services received feedback via the online YES questionnaire

Since the introduction of the online YES questionnaire (eYES) approximately 3 per cent of hospital returns and 6 per cent of community returns have been completed online. Older persons' mental health services have returned the highest proportion of online questionnaires (6%) compared with Child and Adolescent services (5%) and Adult and General services (3%).

The best things about this service were ...

I felt safe, respected and cared for



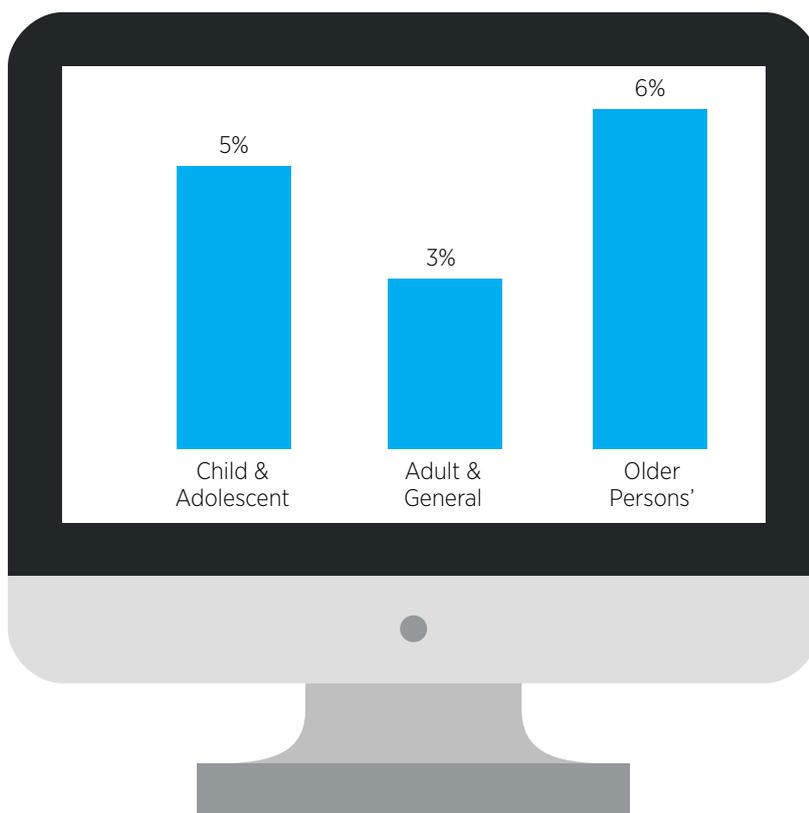
Almost 10% of questionnaires were completed by Aboriginal and/or Torres Strait Islander people

Of the 2500 questionnaires returned, 70 per cent of YES questionnaires completed by Aboriginal and/or Torres Strait Islander people were about hospital services. Of these, the largest number came from Adult and General services (90%) followed by Child and Adolescent services (7%). In the community, Adult and General services had the largest proportion of returns (55%) followed by Forensic services (20%) and Child and Adolescent services (19%).

YES is available in 21 community languages

In 2018–19, a small number of questionnaires (32) were completed in a language other than English. Most were received from metropolitan districts and networks, particularly Western Sydney and Sydney LHDs. Vietnamese (25%) and Arabic (22%) were the most frequently used translations.

The proportion of YES questionnaires completed online



Which consumers completed a YES?

YES hospital returns remain broadly representative of all NSW consumers. 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 and/or Torres Strait Islander 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. Younger people, males and people from different cultural and linguistic backgrounds often don't complete health surveys. This makes it more difficult to ensure services meet their needs. We compared YES returns with information about which people received support in NSW hospital and community mental health services in 2018-19.

A representative sample of hospital consumers returned a YES questionnaire

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

Aboriginal and/or Torres Strait Islander consumers are well represented in YES returns

Around 8 per cent of community returns and 11 per cent of hospital YES questionnaires were completed by people who identify as Aboriginal and/or Torres Strait Islander. This is proportional to the number of Aboriginal and/or Torres Strait Islander people accessing mental health services.

Better strategies are needed to engage people with brief contact and young people with YES in the community

In community YES returns, men and women, Aboriginal and/or Torres Strait Islander consumers and people receiving involuntary community care were well represented. Of NSW community mental health service consumers, 30 per cent are under 25 but only 23 per cent of YES returns were from this age group. This is a slight increase from the 22 per cent in 2017-18.

People who have long-term contact with services are much more likely to complete a YES questionnaire. In 2018-19 around 33 per cent of consumers had care for more than six months but they made up more than half (51%) of YES returns. More than 37 per cent of individuals seen by community mental health services only had contact for 24 hours or less. However, only around 4 per cent of all YES returns were from this group.

We need to continue efforts to reach more community consumers, especially those people who have brief contact with services. We also need to be cautious when interpreting community findings, because they may not include the voices of some groups of consumers.

My experience would have been better if ...

More classes were available like art, cooking and exercise. I found there was a lot of sitting round counting down the hours





Community

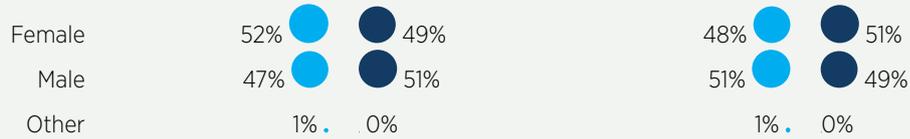


Hospital

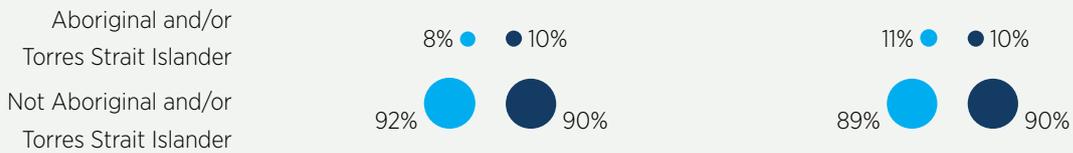
YES returns NSW consumers

YES returns NSW consumers

Gender



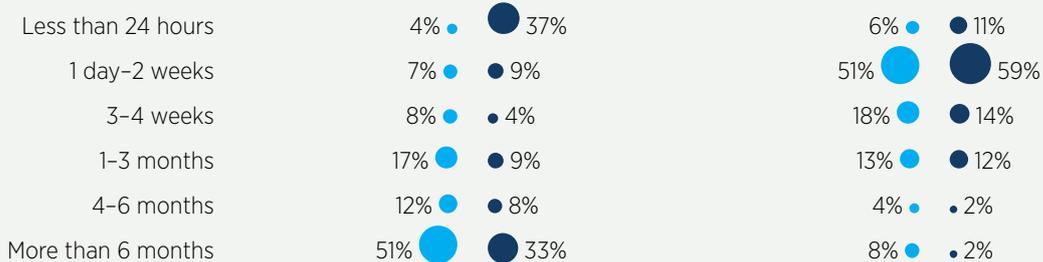
Aboriginal and/or Torres Strait Islander



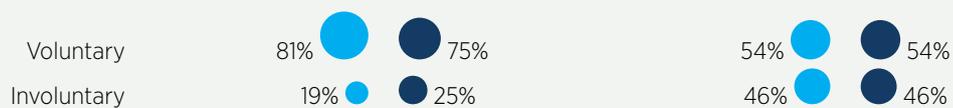
Age Group



Duration of Contact



Legal Status



What did consumers say about their experience?

Using the overall experience score, 74% of people reported an excellent or very good experience.

Two-thirds of people (67%) rated their experience as excellent or very good on a single summary question (Q26).

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 and Fairness.

This section looks at the average experience for all consumers. The next section (page 10) explores whether some groups of consumers have a different experience.

Using the overall experience score

Overall experience is calculated by combing the scores of questions 1-22. This ensures that different areas of experience are included in the overall score. This score is used to calculate the percentage of consumers reporting an excellent or very good experience, which is included as a key performance indicator for LHDs/SHNs. The initial target is 80 per cent of consumers reporting an excellent or very good overall experience (85% in community care, 75% in hospital care).

This year 74 per cent of people reported an excellent or very good experience overall. Consumers in community settings reported a more positive experience (79% excellent or very good) compared with hospital services (70% excellent or very good).

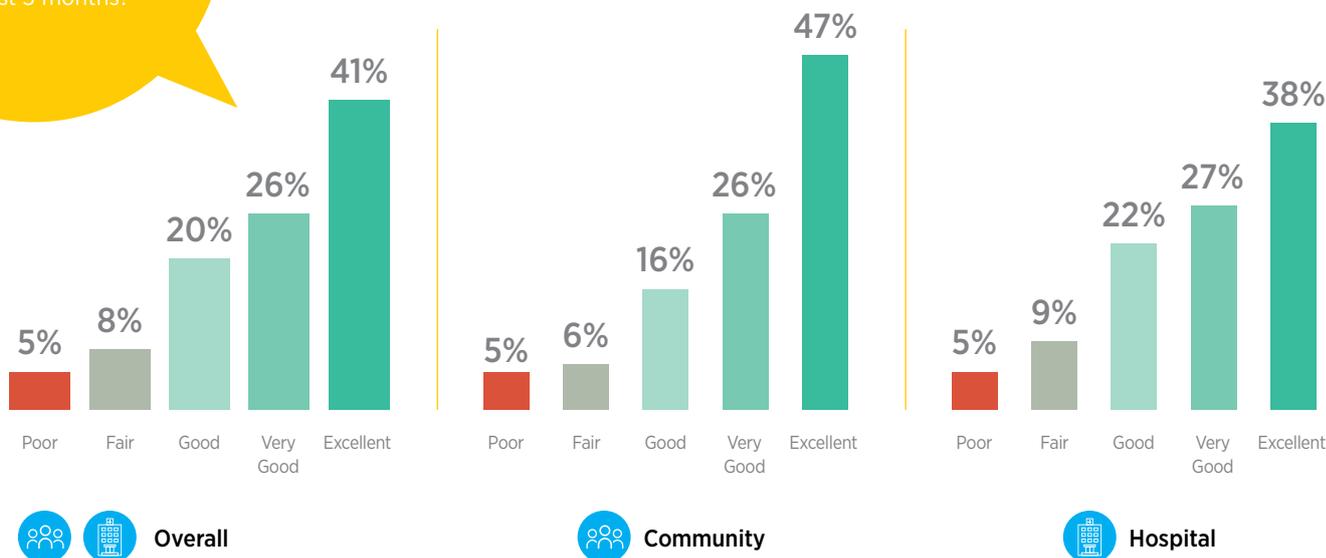
Across the six YES domains, the most positive experiences were reported for Respect, Individuality, and Safety and Fairness. Overall, fewer people rated their access to Information and Support as excellent or very good.

Using results from question 26

Another way to view overall experience is by using question 26, which asks people to summarise their experience in a single question. Around two thirds of people described their overall experience as excellent (41%) or very good (26%) on this question.

People in community settings reported a more positive experience than people in hospital care. Nearly three quarters (73%) of people in community settings reported that their experience was excellent (47%) or very good (26%).

Question 26
Overall, how would you rate your experience of care with this service in the last 3 months?



Overall experience score

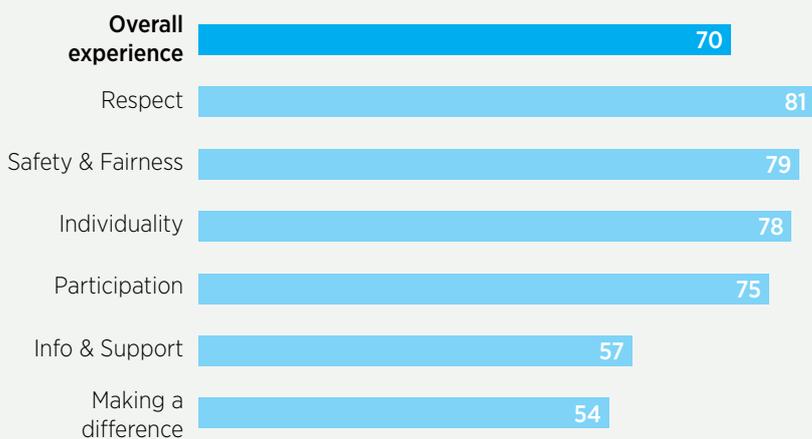
Community

Per cent Excellent or Very Good



Hospital

Per cent Excellent or Very Good



The best things about this service were ...

I always feel comfortable and there is no judgement



Which groups of consumers report a different experience?

People receiving involuntary care reported the least positive experience of care, however around two thirds still described their overall care as excellent or very good.

People who identified as other gender identity reported a less positive experience than people who identified as male or female.

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

In hospital care, people with long hospital stays reported the least positive experiences.

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 other data in this report. Some apparent differences between services may be simply because they see different groups of people. For this analysis we used a statistical comparison which tests whether groups differ after adjusting for all other variables.

Involuntary care is linked to less positive experience

People who received involuntary care were less likely to report positive experiences. Despite this, most of this group still reported that their experience was excellent or very good (72% of involuntary community consumers, 65% of involuntary hospital consumers). Around one in six people said that they were unsure if they had been treated involuntarily, and this group also reported less positive experiences.

People who identified their gender as 'other' reported a less positive experience

Across both hospital and community settings, people who did not identify as male or female reported a significantly less positive experience. In the community, 60 per cent rated their experience as excellent or very good, compared with 46 per cent in hospital settings. Over 200 YES questionnaires were returned from this group. The Commonwealth is currently working with NSW Health and other States and Territories to modify this question to include additional options.

Aboriginal and/or Torres Strait Islander people report a less positive experience in community settings

The experience of Aboriginal and/or Torres Strait Islander people in hospital services is similar to that of other groups. However, in community services Aboriginal and/or Torres Strait Islander people reported a less positive experience. These differences are explored further in the focus section on Aboriginal and/or Torres Strait Islander experience on page 20.

In community care, females, young people and older people reported the most positive experiences

In the community, younger (under 18 years) and older (over 65 years) people were more likely to report their experience as excellent or very good, compared with people aged 18–65. Many specialist youth and older persons' services were rated very positively by consumers. On average around 72 per cent of people aged 25–54 rated their experience as excellent or very good, which is significantly lower than for other age groups. In community care, people with very brief contact (less than 24 hours) reported a less positive experience; however, these consumers remain very under-represented in YES returns and this should be interpreted with caution.

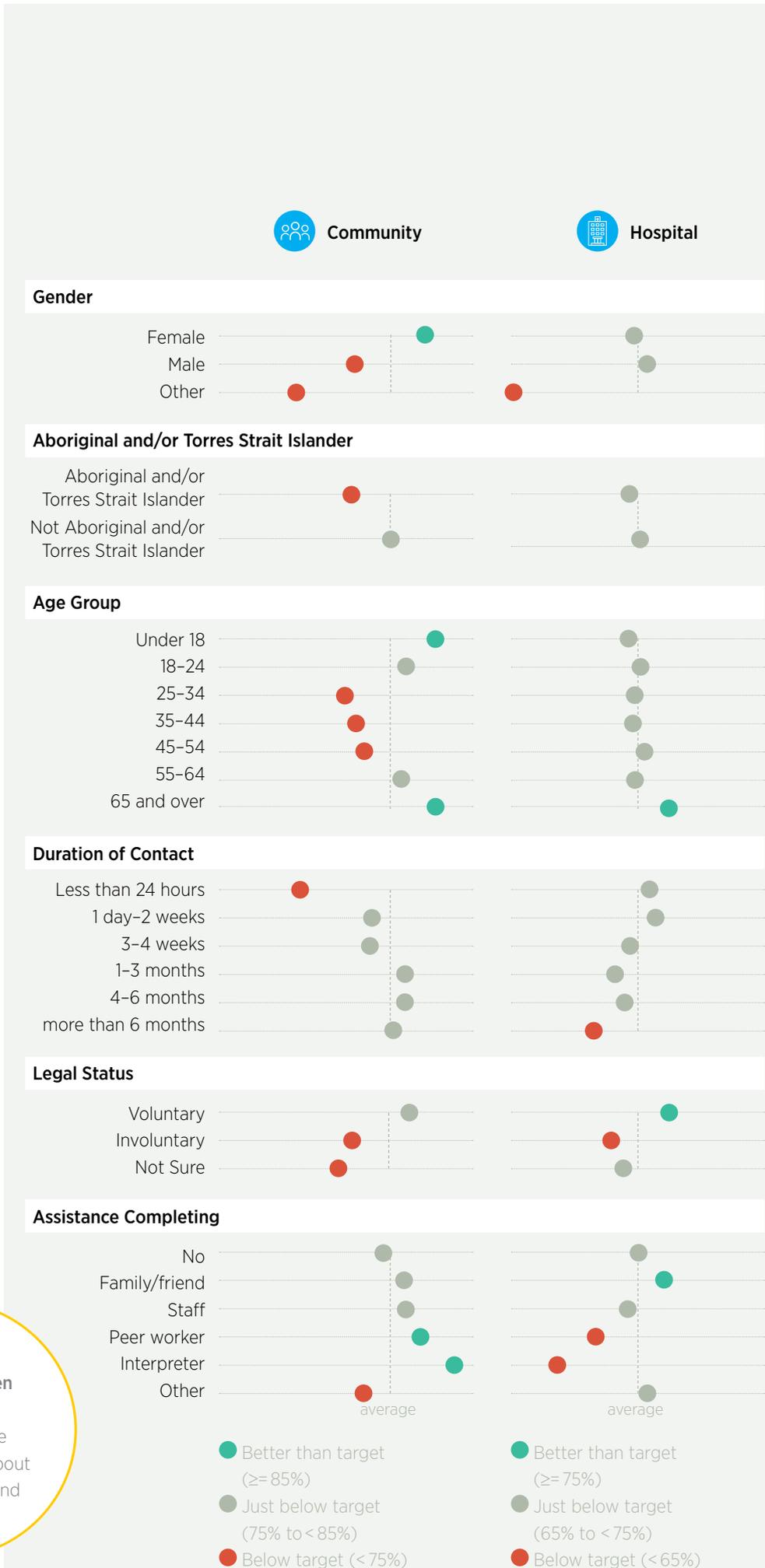
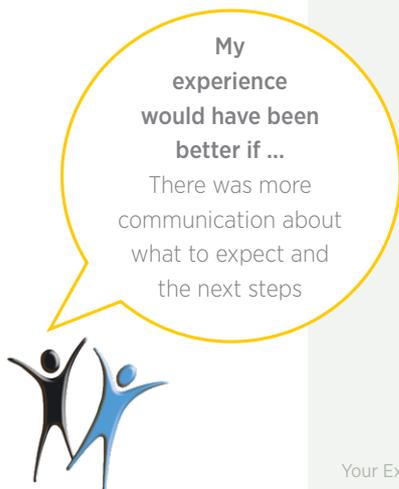
The best things about this service were ...

The staff made it great! I am a new, healthier person both physically and mentally



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

In hospital care, older consumers generally reported more positive experiences. As with community care, this may be because there were many returns from specialist older persons' services, which are generally rated more positively than adult or general services. For people in hospital, the longer their stay less positively they reported their experience.



Highest and lowest scoring questions



Community

Q1:
You felt welcome at this service

Q4:
Your privacy was respected

Q2:
Staff showed respect for how you were feeling

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

Q3:
You felt safe using this service

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

Q4:
Your privacy was respected

Q1:
You felt welcome at this service

Q2:
Staff showed respect for how you were feeling

Q18:

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.)

Q21:

Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)

Q16:

There were activities you could do that suited you

Q19:

Explanation of your rights and responsibilities

Q20:

Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)

4.1

4.0

3.9

3.8

3.7

Q16:

There were activities you could do that suited you

Q21:

Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)

Q19:

Explanation of your rights and responsibilities

Q18:

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.)

Q20:

Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)



How do LHDs and SHNs compare?

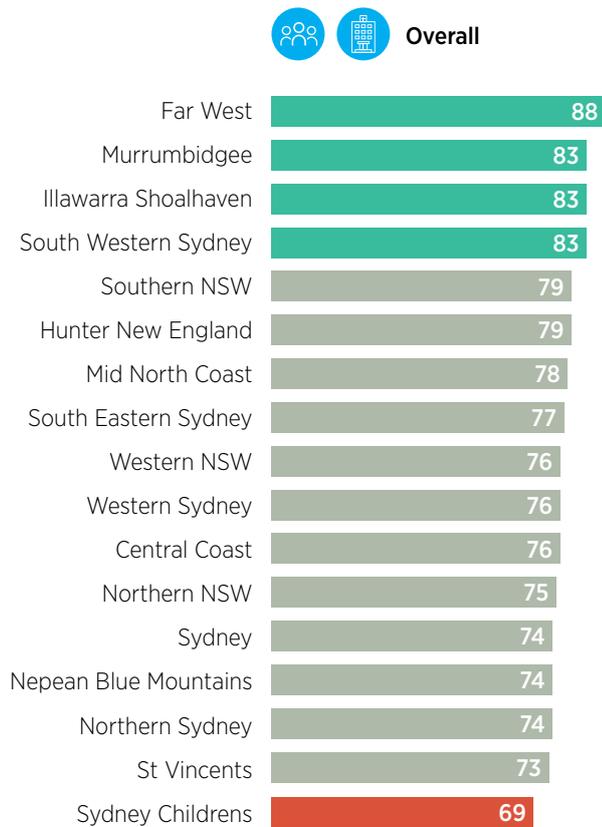
This section looks at the percentage of consumers reporting an excellent or very good experience across LHDs and SHNs using the experience index (the average of questions 1–22). This percentage is first calculated separately for community and hospital responses for each LHD/SHN. The overall percentage is then calculated as the average of community and hospital scores for each LHD/SHN. Inpatient and community data need to be combined into a single performance measure that is not altered by a different mix of inpatient and community responses between LHDs/SHNs. The simplest method for this is to calculate inpatient and community scores separately and then combine them in a simple unweighted average.

For 2018–19 a target was set for the percentage of people reporting an excellent or very good experience. The initial target is 80 per cent of consumers reporting an excellent or very good overall experience (85% in community care, 75% in hospital care).

In 2018–19, four districts achieved this target. Two of these were rural districts and two were metropolitan districts. In community care, half of the LHDs/SHNs had 85 per cent or more of consumers reporting an excellent or very good experience. In hospital settings, five LHDs/SHNs had 75 per cent or more of consumers reporting an excellent or very good experience. These scores do not adjust for the different mix of consumers accessing LHDs/SHNs. For more information about the representativeness of YES returns at the LHD/SHN level, please see the supplement report.

Note:

Justice Health and Forensic Mental Health Network results are reported separately on page 14 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.



- Better than target (≥80%)
- Just below target (70% to <80%)
- Below target (<70%)

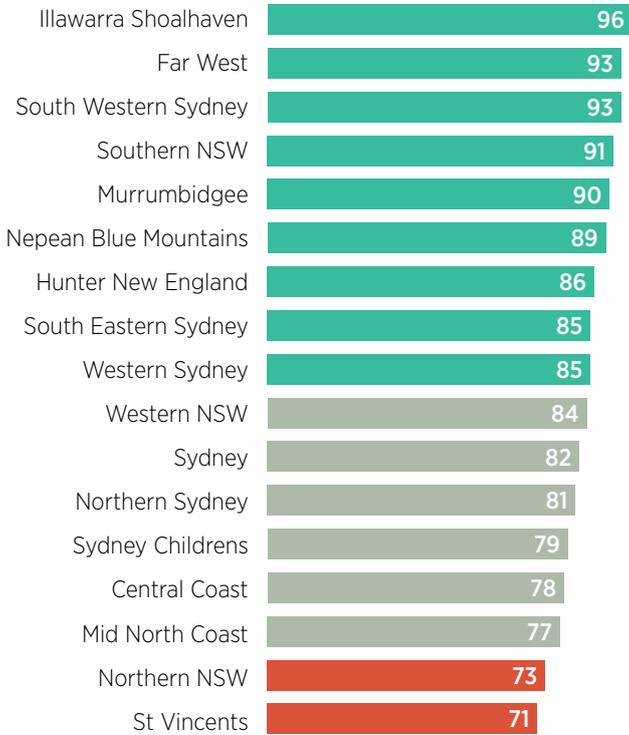
The best things about this service were ...

The time and effort put into the sessions. The materials to use as follow up to better understand the lessons

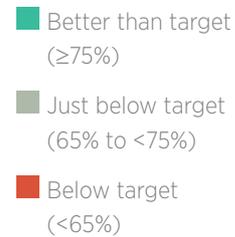
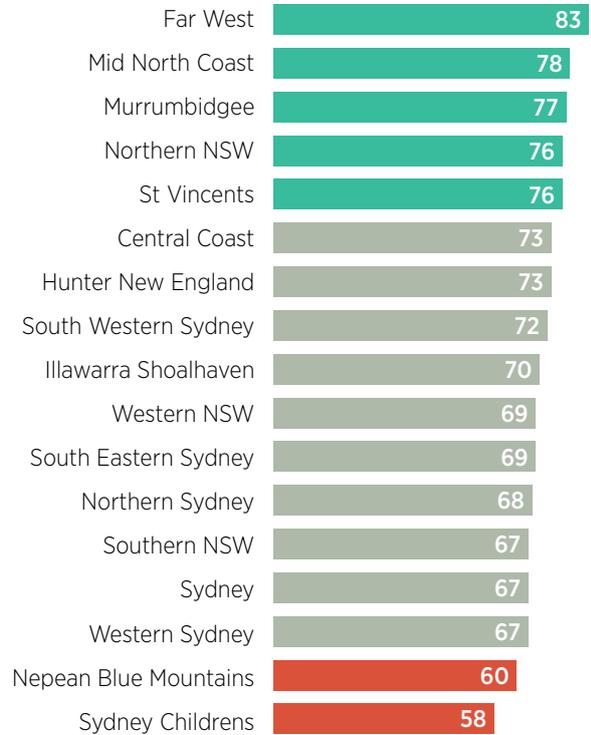




Community



Hospital



What has changed?

Overall experience has improved in 2018-19 compared with the previous three years.

The experience of hospital care has improved significantly in the last four years.

Measuring change is complex, because the mix of consumers and services changes each year as YES returns continue to increase.

The experience of Aboriginal and/or Torres Strait Islander people has declined in the community but remained stable in hospital settings.

Community experience is stable but hospital experience is improving

To test for change, we looked at the percentage of consumers reporting an excellent or very good experience over the last four years. Overall experience has improved slightly in 2018-19 compared with previous years. Most of this is due to improved experience scores reported by consumers accessing hospital services.

| Percentage of NSW consumers reporting an excellent or very good experience | | | | |
|--|---------|---------|---------|---------|
| | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
| Community | 79% | 79% | 78% | 79% |
| Hospital | 67% | 67% | 69% | 70% |
| Overall | 73% | 73% | 73% | 74% |

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 and/or Torres Strait Islander people has declined in the community

In hospital settings, the experience of Aboriginal and/or Torres Strait Islander people has improved slightly since 2015. However, in the community the percentage of people reporting an excellent or very good experience has decreased from previous years. In community services this decrease can be seen across all YES domains.

| Percentage of Aboriginal and/or Torres Strait Islander consumers reporting an excellent or very good experience | | | | |
|---|---------|---------|---------|---------|
| | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
| Community | 78% | 73% | 73% | 72% |
| Hospital | 66% | 69% | 68% | 68% |
| Overall | 72% | 71% | 70% | 70% |

My experience would have been better if ...
I was able to have my family more involved



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.



Action and change in Murrumbidgee LHD

Our mental health inpatient units at Wagga Wagga Base Hospital have developed a number of initiatives and improvements based on the feedback received through the YES surveys.

Considerable work has been done to improve the activity schedule for consumers and ensure that these are advertised in the units every week. The schedules include physical activities, occupational therapy, social work, psychology and pharmacy groups, relaxation and art and craft.

We heard that consumers wanted clearer communication about unit policies and processes, so consumer information booklets have been made available for all consumers. The ward rules have also been revised with consumer input and are less restrictive and more consistent – rules are only there to promote safety, not restriction.

We have also begun permitting mobile phone use in the acute unit and made mobile phones accessible for use under supervision in our high dependency unit.

In our older persons' unit, we have a continued focus on improving care planning processes and ensuring that this includes consumer and family/ carer input and collaborative goal-setting.



Positive changes made by Illawarra Shoalhaven Community Teams

This year 94% of people who completed the YES survey about our community teams reported an excellent or very good experience. This is a big improvement from last year's 84%. Over the past 12 months we have focused on ways to improve the experience of consumers. One strategy we have used has been to further embed a trauma informed approach into our service delivery and interventions.

Many of the consumers accessing the Rehabilitation Service have mental health conditions resulting from, or impacted by, trauma. By making these changes to our service delivery, we have seen an improvement in our YES survey responses. Clients have consistently reporting feeling 'safe' and 'respected' in this service and that they have gained hope and improved their sense of well-being by connecting with us. We have also seen a large improvement in the questions that were scored the lowest in 2017-18, in particular those that asked about access to peer support and the ability to manage day to day life.

The following programs were developed and run throughout the past year:

1. A 'Connections' group: This 9-week group focused on the impact of trauma on our ability to build and maintain relationships. Through this group program, participants learned how past experiences shape our brain and influence our thoughts and behaviours. Participants learned a range of practical strategies that assist in 'reshaping' neural pathways and that equip us with the skills to seek out and foster connection with others.
2. A series of Neuroscience education workshops titled 'What's Going On Up There?'. These groups explored how and why our brains work the way they do, what keeps our brains healthy and how we can change how our brains are 'wired'. The group series covered topics such as Neuroplasticity, Neurochemicals, the Neuroscience of Mindfulness, and the Gut-Brain Axis.
3. In response to multiple requests, this group was followed by a 4-week educational program specifically exploring 'the Neuroscience of Trauma'. We explored the changes that occur in our brain in response to trauma and significant events and how these changes impact on us: for instance, how memory, concentration and

emotional control are affected. This group also looked at neuroplasticity – the brain’s ability to grow and change – and what practical things we can do to encourage positive changes in our brains.

From these group programs, trauma-informed resources were developed that can be used by all team members in our individual rehabilitation work.

‘It takes the judgement out of it. I’ve always thought I’m like this because there’s something wrong with me but it’s just how our brains have been changed by the stuff we’ve been through’

‘I see other people differently now. I think “that’s just their trauma response, it’s not about me”. I don’t get so defensive’

‘It’s really clear now, I’m not broken. My brain has responded to trauma in a pretty predictable way. Now I know I can rewire my brain and calm my amygdala’

Improving physical health

YES provides helpful data about whether consumers recall being given information about physical health. We are very lucky in Shoalhaven Community Mental Health Rehabilitation to have a part-time Health Education Officer. This has allowed us to provide a holistic service which addresses the physical health needs of consumers. Since this change, there has been an improvement in several YES questions, in particular those about diet, exercise, sexual health and medication side effects.

Every person who comes to the Rehabilitation Service is offered a ‘Metabolic Screen’ and basic physical health assessment with our Health Education Officer.

Physical health interventions include individual education and support around diet, smoking cessation, physical activity and lifestyle. The Health Education Officer also assists clients to access services and treatments where necessary and liaises with GPs and specialists to support individual clients. A weekly gym session, supervised by the Health Education Officer, is offered as a way of increasing physical activity and reducing anxiety around attending gyms.

A ‘Healthy Lifestyle’ group has run back to back throughout the year. This group looks at food choices, healthy meal preparation, smoking, physical activity and how medication can impact physical health. Male only and Female only versions of this group have also been run, recognising that some participants feel more comfortable discussing issues, particularly around weight and diet, with people of their own gender.

This range of interventions assists the Rehabilitation Service to provide comprehensive support that helps clients address their rehabilitation goals and make positive changes in their lives. Due to the Health Education Officer’s involvement, many clients are now able to respond ‘Yes’ to questions 27–32 on their YES Survey; that the service has provided advice on physical health



Information about physical health

In 2018–19 more people in hospital services recalled receiving information about physical health compared with last year.

Aboriginal and/or Torres Strait Islander people recall receiving more information in hospital compared with other groups.

Aboriginal and/or Torres Strait Islander people recall receiving more information about sexual health than other groups.

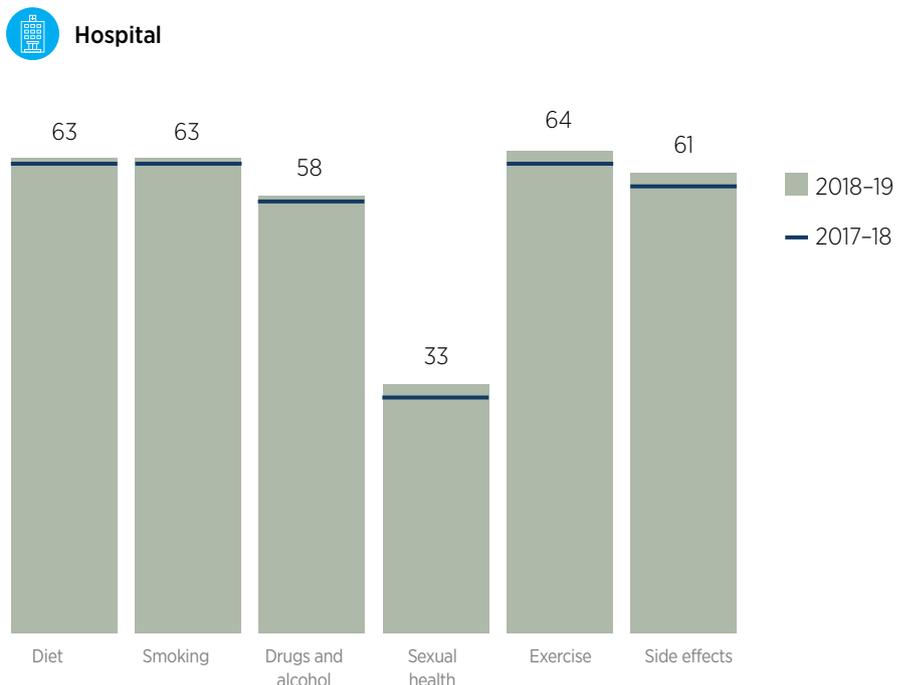
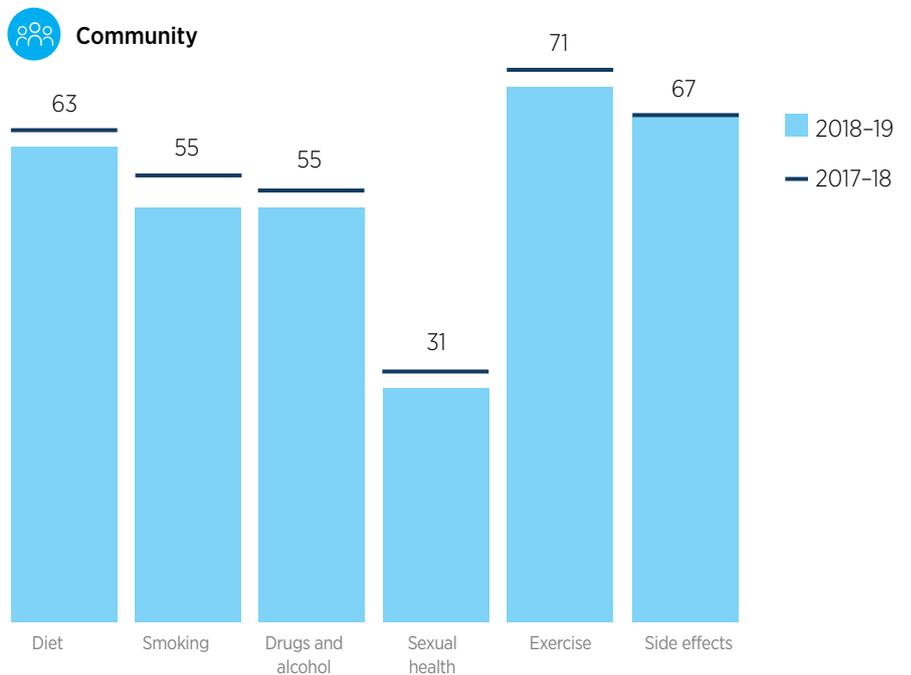
In the community, Aboriginal and/or Torres Strait Islander people recalled more information about smoking, drugs and alcohol.

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).

In hospital the amount of people who recalled information about physical health has increased slightly

This year more people treated in hospital reported recalling information across all of the HeAL questions compared with 2017–18. The largest improvements were in the questions relating to sexual health (31% in 2017–18 to 33% in 2018–19), exercise (62% in 2017–18 to 64% in 2018–19) and side effects (59% in 2017–18 to 61% in 2018–19). In community settings, people recalled less information across all of the HeAL questions compared with last year.

Percentage of people who recalled information about physical health



The best things about this service were ...

I am hoping it has and will help me get on top of my diabetes



Aboriginal and/or Torres Strait Islander people recall more information about physical health in hospital settings than other groups

Across all of the HeAL questions, more Aboriginal and/or Torres Strait Islander people recalled receiving information when compared with other groups. The largest difference was in the area of sexual health, with 42 per cent of Aboriginal and/or Torres Strait Islander people recalling information compared with 32 per cent of other groups. People might not recall receiving information for many reasons. Not all information is relevant for all people and although services may provide information, 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 Aboriginal and/or Torres Strait Islander people recalled more information about smoking, sexual health, drugs and alcohol

While Aboriginal and/or Torres Strait Islander people were more likely to recall information in some areas, they were less likely to be informed about exercise, diet and medication side effects in the community. Interestingly, Aboriginal and/or Torres Strait Islander people in the community also rated Q8 (You had access to your treating doctor or psychiatrist when you needed) and Q15 (Staff discussed the effects of your medication and other treatments with you) significantly lower than other groups. For question 8, 76 per cent of Aboriginal and/or Torres Strait Islander people reported an excellent or very good experience, compared with 83 per cent of non-Aboriginal and/or Torres Strait Islander people. For question 15, 82

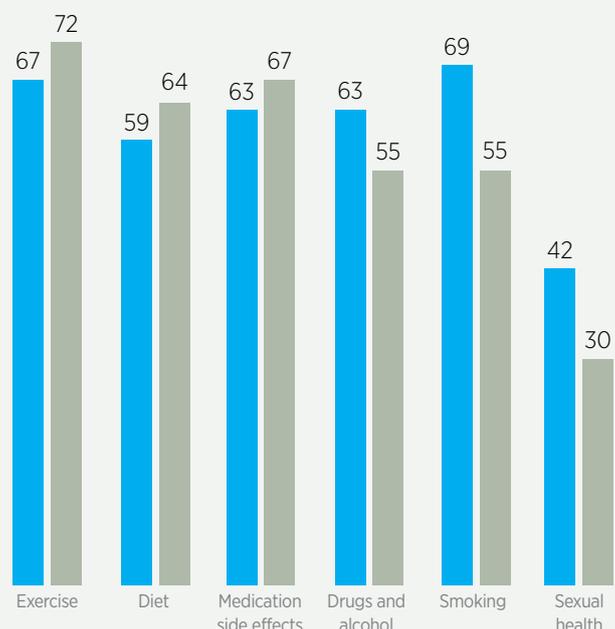
per cent of Aboriginal and/or Torres Strait Islander people chose a rating of excellent or very good compared with 88 per cent of non-Aboriginal and/or Torres Strait Islander people.

Smoking was frequently mentioned in free-text responses by Aboriginal and/or Torres Strait Islander people

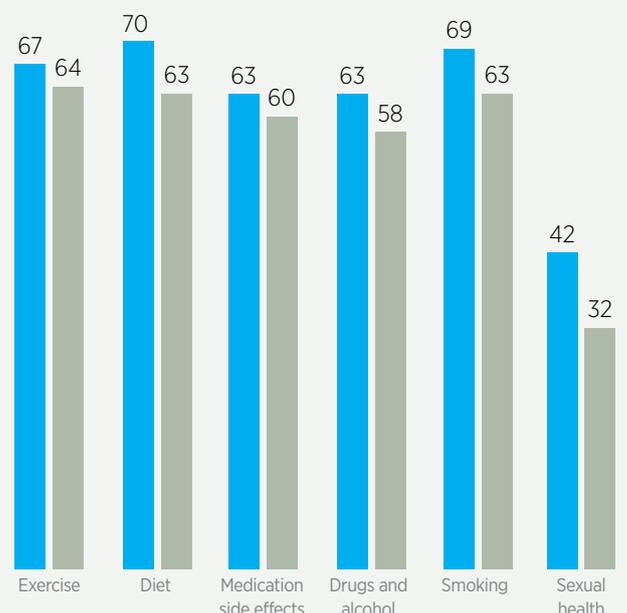
Compared with other groups, more Aboriginal and/or Torres Strait Islander people rated information about smoking as 'applicable' to them. While Aboriginal and/or Torres Strait Islander people recalled receiving more information about smoking, it is also frequently mentioned in the free-text comments as something that could be improved. Many people commented that their experience would have been better if designated smoking areas were available and they were able to smoke more frequently.

Percentage of people who recalled information about physical health

Community



Hospital



A focus on Aboriginal and/or Torres Strait Islander consumers



It is important to acknowledge different factors that can impact the experience of Aboriginal and/or Torres Strait Islander people, including the historical aspects and impact 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 and/or Torres Strait Islander. Since YES was implemented in NSW in 2015, almost 8000 questionnaires have been completed by Aboriginal and/or Torres Strait Islander people. In 2018-19 this makes up approximately 8 per cent of community and 11 per cent of hospital YES returns. The YES questionnaire was not designed and tested with Aboriginal and/or Torres Strait Islander groups. Despite this, a representative sample of Aboriginal and/or Torres Strait Islander people use YES to provide feedback.

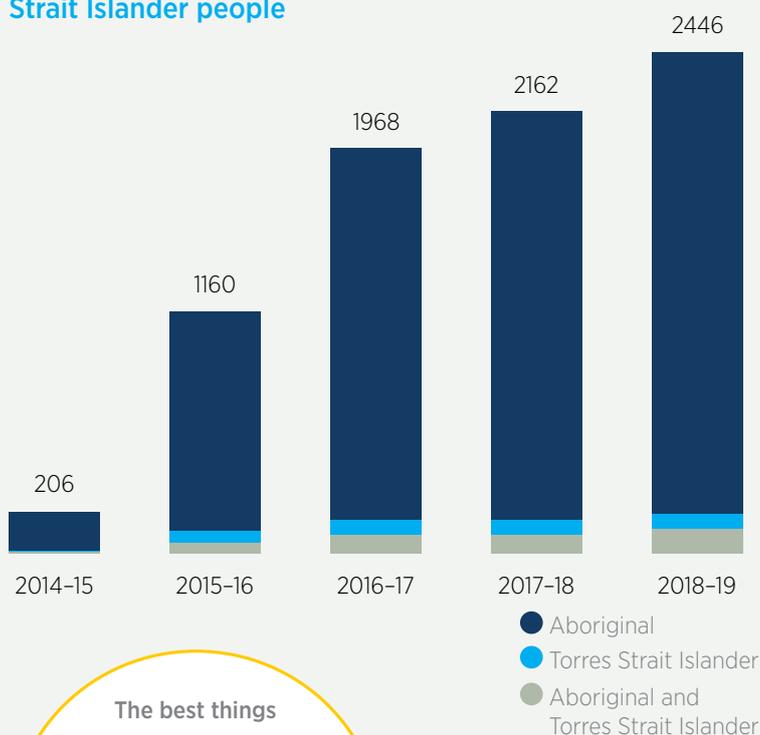
The difference in experience across hospital and community services is small

Overall, Aboriginal and/or Torres Strait Islander people reported a more positive experience in community settings compared to hospital services. Although it follows the same pattern, this difference in experience is smaller when compared with non-Aboriginal and/or Torres Strait Islander consumers. The domains of Respect, Individuality, Making a Difference and Safety and Fairness are rated similarly across hospital and community settings whereas Information and Support was rated more positively in the community.

Older Aboriginal and/or Torres Strait Islander people report a less positive experience and are less likely to complete a YES questionnaire

More young Aboriginal and/or Torres Strait Islander people (less than 24 years) completed a YES questionnaire (29% of hospital and 32% of community returns) compared with people aged 65+ years (2% of hospital and 6% of community returns). This group of older people also report a less positive experience when compared with other age groups.

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

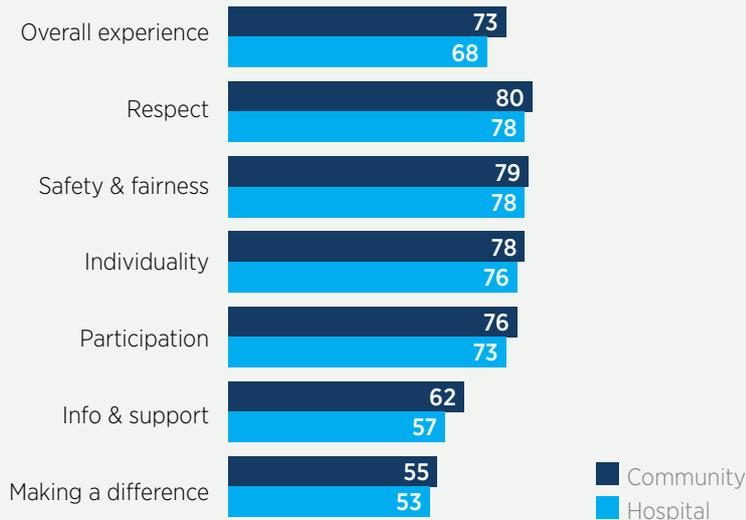


The best things about this service were ...

How supportive, helpful and friendly the workers are. It felt like they wanted to be here to help and it is not just a job

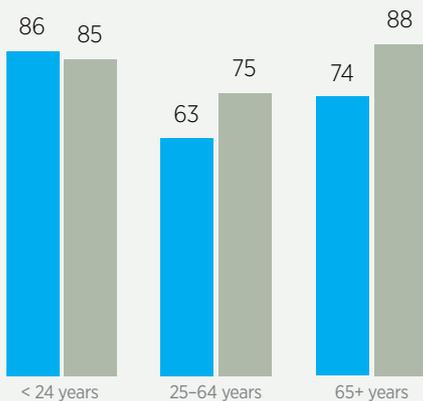


Percentage of Aboriginal and/or Torres Strait Islander people reporting an excellent or very good experience



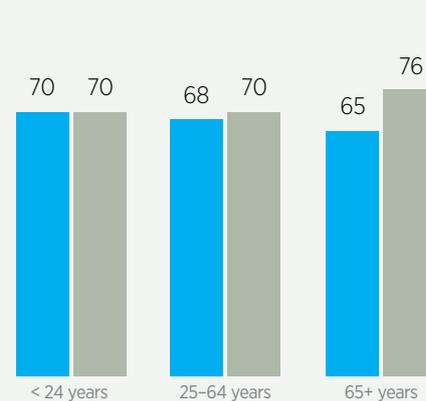
Community

% excellent/very good



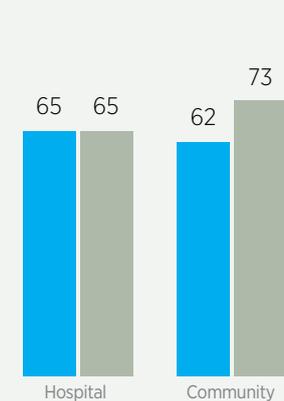
Hospital

% excellent/very good



Involuntary

% excellent/very good



■ Aboriginal and/or Torres Strait Islander
■ Not Aboriginal and/or Torres Strait Islander

In the community, Aboriginal and/or Torres Strait Islander people treated involuntarily report a less positive experience than other involuntary groups

A higher proportion of Aboriginal and/or Torres Strait Islander people stated that they were treated involuntarily in the community (22%) compared with non-Aboriginal and/or Torres Strait Islander people (15%). Less people in this group

also rated their overall experience as excellent or very good (62% in the community) compared with non-Aboriginal and/or Torres Strait Islander people (73%).

My experience would have been better if ...

Being Indigenous I would have liked to have been connected with the hospital's Indigenous support staff during my stay



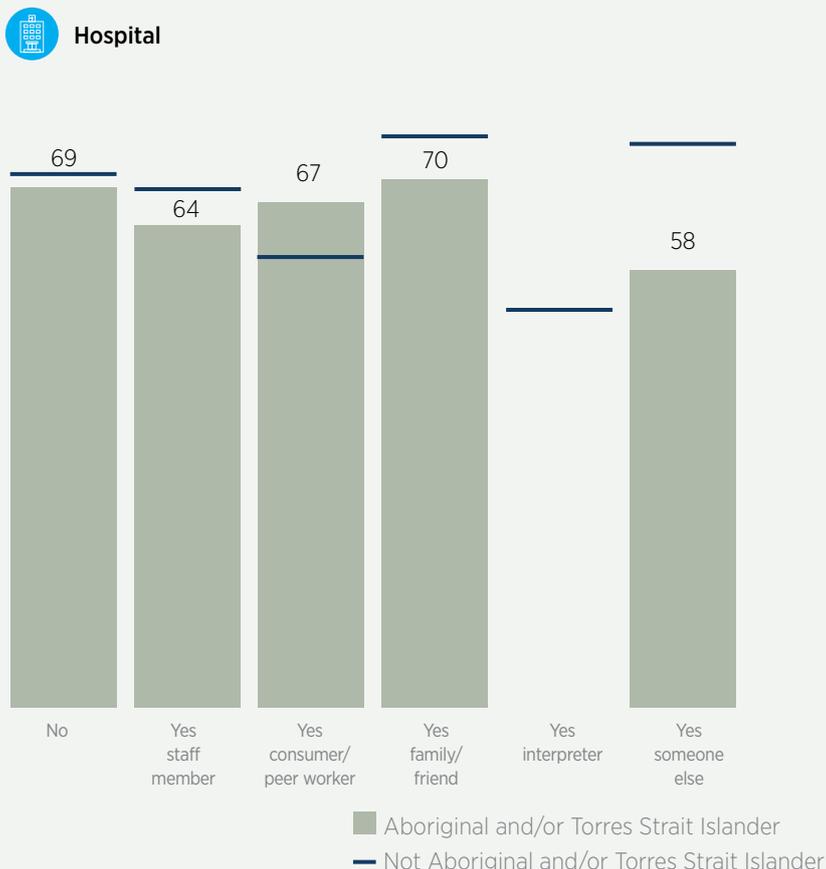
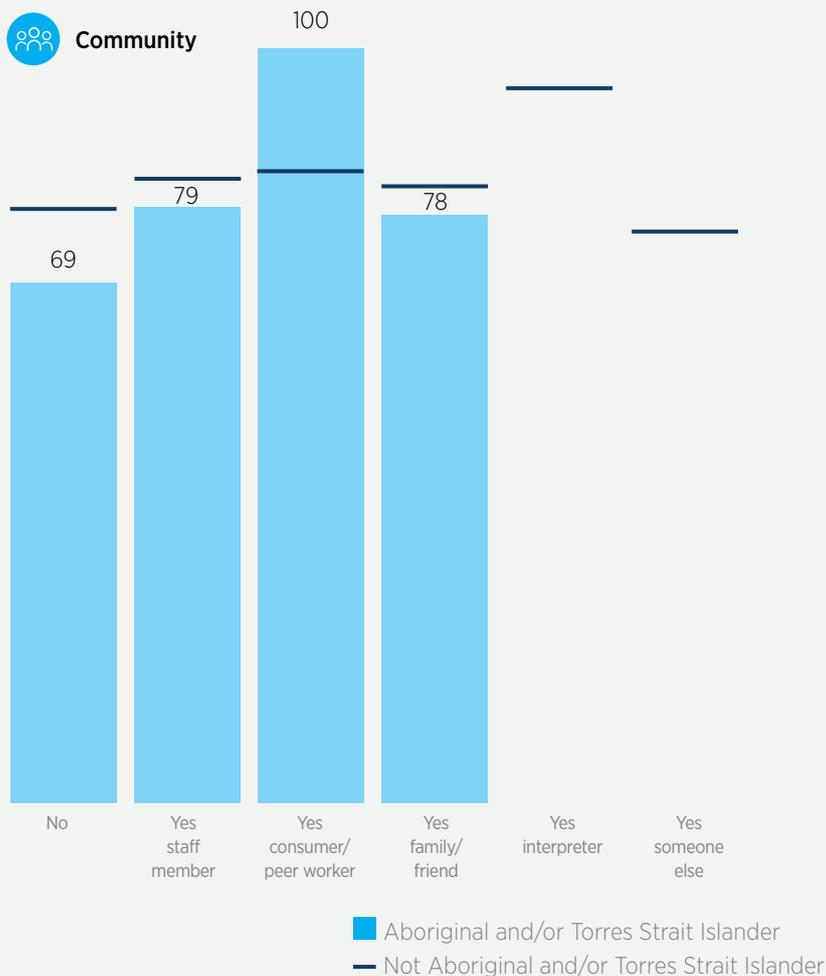
Aboriginal and/or Torres Strait Islander people assisted to complete YES by a peer worker reported a more positive experience

More Aboriginal and/or Torres Strait Islander people received assistance completing YES questionnaires (18%) compared with other groups (14%). In hospital, this assistance was often provided by staff members, and in the community settings people were most often helped by family or friends. Aboriginal and/or Torres Strait Islander people who were assisted by a staff member reported a less positive experience. People also reported a less positive experience when assisted by a language or cultural interpreter or family member or friend in the community. This is similar to other groups of consumers accessing services in the community, but non-Aboriginal and/or Torres Strait Islander people in hospital settings reported a less positive experience when assisted by a peer worker. The terms 'peer worker' or 'language/cultural interpreter' may include Aboriginal health workers.

The largest difference in experience was reported in the domain of Respect

Across hospital and community services the domain of Respect was rated significantly lower by Aboriginal and/or Torres Strait Islander people. Around 78 per cent of Aboriginal and/or Torres Strait Islander people in hospital and 80 per cent of people treated in the community rated that the service 'Usually' or 'Always' provided a welcoming environment where they were recognised, valued and treated with dignity. While this still represents the majority of people, these questions are rated significantly lower when compared with other groups of people. When a service was rated positively, people often mentioned that they felt they were treated as an individual and respected and that staff were 'approachable', 'welcoming', 'caring' and 'friendly'. When answering what could be better about the service,

Overall experience rating by response to the question *Did someone help you to complete this survey?*



Scores are not calculated when fewer than 30 returns

Aboriginal and/or Torres Strait Islander people frequently mentioned that staff did not communicate respectfully and were 'rude' or 'judgemental'.

"If staff could be less judgmental and prejudiced. If staff could refrain from using stereotypical or negative words"

"The nurses are so caring for me, I felt like I was completely safe and they are so welcoming"

The experience of Aboriginal and/or Torres Strait Islander people in hospitals is similar to other groups

In hospital services Aboriginal and/or Torres Strait Islander people reported a similar experience to non-Aboriginal/Torres Strait Islander people across all domains except Respect. The domains of Information and Support and Making a Difference were rated higher by Aboriginal and/or Torres Strait Islander people compared with other groups. When exploring individual questions, the largest difference was reported on Q6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.). Using the free-text questions, Aboriginal and/or Torres Strait Islander people frequently mentioned that their experience would be improved with more activities, increased time outdoors and more freedom. Although there are a number of common themes, staff appear to have the largest impact on the experience of Aboriginal and/or Torres Strait Islander people in hospitals. People frequently suggested 'more peer workers' and 'more Aboriginal workers'.

"More Aboriginal workers"

"More freedom to go outside"

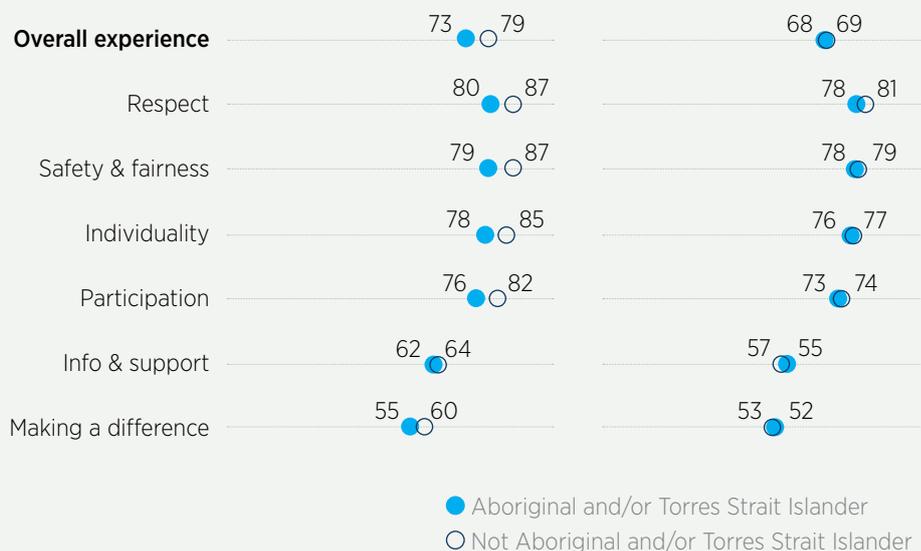
"If there was an activities nurse it would have helped the days to pass better"

Community

% Excellent or very good

Hospital

% Excellent or very good



Aboriginal and/or Torres Strait Islander people report a significantly less positive experience in the community

All YES domains were rated significantly lower by Aboriginal and/or Torres Strait Islander people in the community settings. The largest differences were in the domains of Respect, Safety and Fairness and Individuality. When exploring individual questions, the largest difference was reported on Q8. (You had access to your treating doctor or psychiatrist when you needed) and Q1. (You felt welcome at this service). These themes also frequently appeared in the free-text responses, with people specifically mentioning access to their psychiatrist as something that could be improved. Aboriginal and/or Torres

Strait Islander people often used the word 'judgement' in the free-text responses as both positive and negative. For example, when describing the best thing about a service 'being able to talk without judgement' and when describing what could be better: 'if staff were less judgemental'. Other themes that occurred in the free-text responses included long waiting times, lack of public transport/parking and not enough information about what to do in a crisis. Where community services were rated positively, people mentioned that staff were flexible and that services offered groups and activities.





Community

% Excellent or very good



Hospital

% Excellent or very good



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

Please see appendix 3 for the scores used in this graph

Future directions

Making YES more accessible

In NSW, YES should be made available to all consumers of mental health services. In 2018 an online version of YES (eYES) was introduced. The website will be enhanced in late 2019 to include 21 community languages. Further translations are currently underway to make YES available in 36 languages (see Appendix 3 for a full list of languages).

Gender and sexuality are being explored nationally

National discussions regarding questions about gender and sexuality have been facilitated by the Australian Mental Health Outcomes and Classification Network (AMHOCN). Demographic questions are used to determine whether certain groups of people have a different experience than others. It has been agreed nationally that questions on gender identity and sexuality should be included. In NSW, reports are designed to ensure that services can't use these demographics to identify an individual consumer's feedback, but can look at patterns of experience for different groups of people.

Responsive reporting

In 2019, an interactive YES report was released using the Qlik Sense platform. This enables services to view and explore their data online. Further enhancements to this report are currently in development and will provide additional information, including the YES domains and individual question ratings.

Hearing from consumers of Community Managed Organisations (CMOs)

A specific CMO version of the YES questionnaire (YES-CMO) has been designed to gather feedback from people accessing non-government mental health services. A pilot of the YES-CMO is being supported by the NSW Ministry of Health in partnership with the Mental Health Coordinating Council (MHCC).

Hearing from carers

Since the release of the Mental Health Carer Experience Survey (CES) in mid-2018, 177 public mental health services in NSW have received feedback from Carers. Over 1000 carer surveys have been returned and services are continuing to focus on hearing from more carers. To help with this goal, an online version of the CES (eCES) were released in October 2019. The eCES will be available in 26 languages with further translations underway (see Appendix 3 for a full list of languages).

Consumer and Carer Experience events

To support the ongoing collection and use of consumer and carer feedback, the NSW YES and CES Advisory Committees have planned and participated in a number of events. Following the Consumer and Carer Experience Forum in 2018 and the Consumer and Carer Experience Workshop in 2019, future events are planned where services can share action and change initiatives and learn from each other's experiences.

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

I was treated with respect and they treated my needs as an individual person and not a number



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

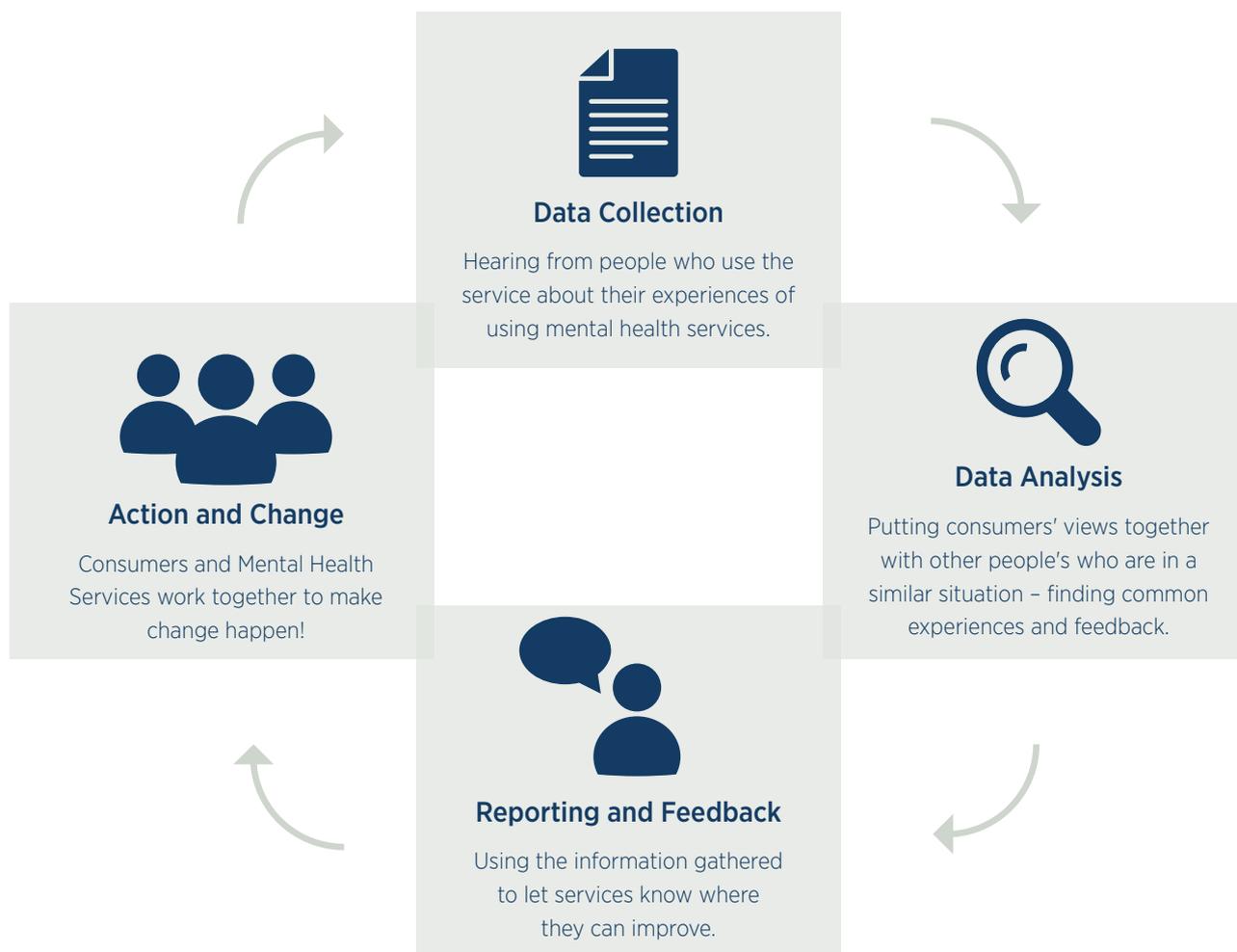
YES feedback is provided to services using a range of reports:

- 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.

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.





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"/> |
| 2. Staff showed respect for how you were feeling | <input type="checkbox"/> |
| 3. You felt safe using this service | <input type="checkbox"/> |
| 4. Your privacy was respected | <input type="checkbox"/> |
| 5. Staff showed hopefulness for your future | <input type="checkbox"/> |
| 6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.) | <input type="checkbox"/> |
| 7. Staff made an effort to see you when you wanted | <input type="checkbox"/> |
| 8. You had access to your treating doctor or psychiatrist when you needed | <input type="checkbox"/> |
| 9. You believe that you would receive fair treatment if you made a complaint | <input type="checkbox"/> |
| 10. Your opinions about the involvement of family or friends in your care were respected | <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"/> |



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"/> |
| 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"/> |
| 14. Staff discussed the effects of your medication and other treatments with you | <input type="checkbox"/> |
| 15. You had opportunities to discuss your progress with the staff caring for you | <input type="checkbox"/> |
| 16. There were activities you could do that suited you | <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"/> |

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"/> |
| 19. Explanation of your rights and responsibilities | <input type="checkbox"/> |
| 20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.) | <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"/> |
| 22. Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.) | <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"/> |
| 24. The effect the service had on your ability to manage your day to day life | <input type="checkbox"/> |
| 25. The effect the service had on your overall well-being | <input type="checkbox"/> |
| 26. Overall, how would you rate your experience of care with this service in the last 3 months? | <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.
- Completed questionnaires are collated and scanned by a commercial scanning organisation under contract to NSW Health.
- 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 received by InforMH is checked, validated and stored in a secure, purpose-built SQL (structured query language) database on password-protected NSW Health servers.
- Data 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 2018–19, of 26,081 completed YES questionnaires received, 24,769 (95%) had a valid 4-digit service identifier.

Analysis

Initial data manipulation for this report was conducted using Statistical Analysis Software (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 used in developing the national YES questionnaire.

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 2019.

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.

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

The experience of Aboriginal and/or Torres Strait Islander people

| | |
|-----|--|
| Q1 | You felt welcome at this service |
| Q2 | Staff showed respect for how you were feeling |
| Q3 | You felt safe using this service |
| Q4 | Your privacy was respected |
| Q5 | Staff showed hopefulness for your future |
| Q6 | Your individuality and values were respected |
| Q7 | Staff made an effort to see you when you wanted |
| Q8 | You had access to your treating doctor or psychiatrist when you needed |
| Q9 | You believe that you would receive fair treatment if you made a complaint |
| Q10 | Your opinions about the involvement of family or friends in your care were respected |
| Q11 | The facilities and environment met your needs |
| Q12 | You were listened to in all aspects of your care and treatment |
| 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 |
| Q16 | There were activities you could do that suited you |
| Q17 | You had opportunities for your family and carers to be involved in your treatment and care if you wanted |
| 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 |
| Q22 | Convenience of the location for you |
| 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? |

Across many of the YES questions, Aboriginal and Torres Strait Islander people reported a significantly different experience when compared with non-Aboriginal people. This table summarises the percentage of people reporting an excellent or very good experience across each of the YES questions. Ninety-five per cent confidence intervals (CIs) are shown to indicate significance.

|  Community | | | |  Hospital | | | |
|--|-------------|--|-------------|---|-------------|--|-------------|
| 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 | |
| % excellent/ very good | 95% CI | % excellent/ very good | 95% CI | % excellent/ very good | 95% CI | % excellent/ very good | 95% CI |
| 84 | (82.6-86.1) | 91 | (91.1-91.8) | 84 | (83.4-85.4) | 88 | (87.2-87.9) |
| 87 | (84.8-88.1) | 91 | (91.1-91.8) | 84 | (83.3-85.3) | 87 | (87.0-87.6) |
| 86 | (84.6-87.9) | 91 | (90.9-91.7) | 84 | (83.1-85.1) | 86 | (85.7-86.4) |
| 87 | (84.9-88.2) | 93 | (92.2-92.9) | 85 | (83.6-85.6) | 88 | (87.2-87.8) |
| 84 | (82.6-86.1) | 89 | (88.2-89.0) | 84 | (82.7-84.7) | 86 | (85.4-86.1) |
| 88 | (86.0-89.2) | 93 | (92.3-93.0) | 86 | (84.8-86.7) | 90 | (89.9-90.5) |
| 84 | (82.0-85.6) | 90 | (89.1-90.0) | 83 | (82.3-84.4) | 86 | (85.7-86.4) |
| 76 | (73.7-78.0) | 83 | (82.8-83.9) | 75 | (74.1-76.5) | 75 | (74.9-75.8) |
| 79 | (77.0-81.1) | 85 | (84.9-85.9) | 78 | (77.0-79.4) | 80 | (79.1-80.0) |
| 85 | (83.1-86.7) | 91 | (90.2-91.0) | 85 | (83.7-85.8) | 88 | (87.9-88.5) |
| 83 | (81.5-85.1) | 91 | (90.3-91.1) | 83 | (81.9-84.0) | 84 | (83.3-84.0) |
| 83 | (81.1-84.7) | 89 | (88.9-89.7) | 80 | (79.3-81.5) | 84 | (83.6-84.3) |
| 81 | (79.3-83.1) | 86 | (85.6-86.5) | 78 | (76.5-78.8) | 78 | (78.0-78.8) |
| 81 | (78.7-82.6) | 84 | (83.6-84.7) | 76 | (74.9-77.3) | 77 | (76.5-77.3) |
| 82 | (80.0-83.7) | 88 | (87.4-88.3) | 80 | (78.7-80.9) | 81 | (80.4-81.2) |
| 71 | (68.7-73.6) | 76 | (75.8-77.1) | 71 | (69.5-72.1) | 68 | (67.1-68.1) |
| 80 | (78.1-82.2) | 86 | (85.5-86.5) | 81 | (79.5-81.9) | 84 | (83.6-84.3) |
| 69 | (66.4-70.9) | 71 | (70.7-71.9) | 62 | (60.6-63.3) | 62 | (61.8-62.8) |
| 70 | (67.3-71.7) | 70 | (69.3-70.6) | 63 | (61.9-64.6) | 62 | (61.5-62.5) |
| 66 | (63.0-67.9) | 65 | (64.8-66.2) | 62 | (60.3-63.1) | 60 | (59.5-60.5) |
| 69 | (66.8-71.3) | 72 | (71.0-72.3) | 64 | (62.5-65.2) | 64 | (63.1-64.0) |
| 67 | (64.7-69.3) | 72 | (71.8-73.0) | 61 | (60.0-62.8) | 62 | (62.0-62.9) |
| 61 | (58.6-63.3) | 65 | (64.4-65.7) | 59 | (57.6-60.4) | 59 | (58.1-59.0) |
| 60 | (57.2-62.0) | 63 | (62.5-63.8) | 57 | (56.1-58.9) | 56 | (55.3-56.3) |
| 62 | (59.2-63.9) | 66 | (65.6-66.9) | 60 | (58.4-61.2) | 60 | (59.2-60.2) |
| 68 | (66.2-70.7) | 73 | (72.8-74.0) | 63 | (61.5-64.2) | 64 | (63.7-64.6) |

Translated YES questionnaires

YES is currently available in 21 community languages. Further translations of the YES questionnaire, Mental Health Carer Experience Survey (CES) and Kessler 10 (K10) are currently underway. The following table lists the languages that YES is currently available in and the additional languages that will be available in late 2019.

| Languages available | | Languages in development | |
|---------------------|------------|--------------------------|---------|
| Arabic | Korean | Armenian | Polish |
| Assyrian | Macedonian | Bengali | Punjabi |
| Chinese Simplified | Nepali | Bosnian | Samoan |
| Chinese Traditional | Persian | Burmese | Serbian |
| Croatian | Russian | Farsi | Tagalog |
| Dari | Spanish | French | Tibetan |
| Dinka | Tamil | Japanese | Urdu |
| Greek | Thai | Khmer | |
| Hindi | Turkish | | |
| Indonesian | Vietnamese | | |
| Italian | | | |



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 |

Overall Experience Score (100 x Average of validly completed questions 1–22)/5

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

Appendix 5 – Glossary

Adult & General service

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 & Adolescent service (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:

- 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 NSW mental health legislation's compulsory treatment provisions.

Older Persons' 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 and this was not under compulsory treatment provisions.

YES returns

The number of YES questionnaires completed in a period.



