



**Mental Health  
Carers NSW**



What carers say  
about NSW  
Mental Health  
Services



# Mental Health Carer Experience Survey

2024–2025

## Acknowledgements

NSW Health acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to their Cultures, Country, and Elders past and present. We commit to building a brighter future together.

We recognise and value the experience-based knowledge of people who have lived and living experience of mental health difficulties or suicide, and the people who care for them. We are thankful to the many carers who completed a Carer Experience Survey (CES).

We gratefully acknowledge the members of the YES and CES advisory committee and colleagues at Mental Health Carers NSW (MHCN) who supported the implementation and ongoing use of the CES. Thanks also to our colleagues at the NSW Ministry of Health, Mental Health Branch and Bureau of Health Information for your support.

## Report produced by:

InforMH  
System Information and Analytics Branch  
NSW Ministry of Health

Published November 2025

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](mailto:INFORMH@health.nsw.gov.au)

SHPN (SIA) 251025  
ISBN 978-1-74231-316-0



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# 2024–25 CES snapshot

**3386**  
surveys returned

Feedback on **341**  
mental health services

Percentage of responses where overall experience was rated as excellent or very good

**71%**  
in all settings

 **64%**  
in hospitals

 **78%**  
in community settings

## Top 5 findings



Overall experience ratings were similar to last year. This reflected an increase in community experience and a decrease in hospital experience



Carer experience in the community improved with twice as many demographic groups achieving the target compared to last year.



79% of Aboriginal carers reported an excellent or very good experience of community services. This was an increase of 8% from the previous year.



Overall, metropolitan services reported a more positive experience than regional services. Regional carer experience improved in the community, but decreased in hospital settings compared to last year



Carers continue to emphasise the importance of feeling involved, listened to and well-informed. Many also highlighted staff attributes such as friendliness, kindness and the value of regular communication and staff availability. These themes have remained consistent with feedback from previous years.



# Glossary, services and acronyms

## Glossary

<b>Aboriginal</b>	Throughout this report, the term 'Aboriginal' is used to refer to Aboriginal and/or Torres Strait Islander people.
<b>Acute inpatient service</b>	A short term, hospital based service that provides intensive care for people experiencing severe mental health symptoms or who cannot be safety supported in the community.
<b>Carer</b>	A family member, partner or friend of someone with a mental illness whose life is also affected by that person's illness, and who provides support and assistance
<b>CES returns</b>	The number of CES surveys completed in a period.
<b>Consumer</b>	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'.
<b>Involuntary legal status</b>	A person with involuntary legal status is someone who received treatment under compulsory treatment provisions in NSW mental health legislation.
<b>Your Experience of Service (YES)</b>	The YES questionnaire is used to collect consumer experience of public mental health services

## Services

<b>Adult and general services</b>	Services that provide mental health support to people aged 18 to 65 years.
<b>Child and adolescent</b>	Services that provide specialist mental health support to people aged under 18 years.
<b>Forensic</b>	Services that provide support to consumers with a mental health impairment or cognitive impairment who are charged with serious offences in the District Court or Supreme Court of NSW, or who have had serious offences proven against them.
<b>Older people</b>	Services that provide specialist mental health support to people aged 65 years and over.

## Acronyms

### *Local Health Districts (LHDs)*

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

### *Specialty Health Networks (SHNs)*

<b>JH&amp;FMHN</b>	Justice Health and Forensic Mental Health Network
<b>SCHN</b>	Sydney Children's Hospitals Network
<b>SVHN</b>	St Vincent's Health Network

# What is the CES?

The Mental Health Carer Experience Survey (CES) is a national tool designed to gather information about carers' experiences of public mental health services.

Carers are the family members, partners or friends who provide support and assistance to a person with a mental illness. Their lives are affected by that illness, and their support often precedes and extends beyond the involvement of mental health services.

Carers are crucial to supporting the recovery and wellbeing of mental health consumers. Their vital contribution is acknowledged in the Fifth National Mental Health and Suicide Prevention Plan (2017) which emphasised that consumers and carers should be at the centre of shaping how services are planned, delivered and evaluated. The centrality of lived experience is also mandated in the NSW Mental Health Commission's Lived Experience Framework.

The CES provides an opportunity for carers to provide feedback about their experience, recognising the unique perspectives carers bring. The survey reflects the National Mental Health Service Standards and is used to support service improvement.

NSW Health aims to offer the CES to all carers. The CES has been available on paper since 2018 and online since 2019 (Appendix 1). Prior to the development of CES, carer experience feedback was not collected in a systematic way. This report reflects mental health carers' experiences of care in 2024–25. It includes feedback about a range of NSW public mental health services provided in both community and hospital settings.

Appendix 2 explains how NSW Health uses CES data to inform ongoing service improvements. Appendix 3 presents a technical summary of the calculations and analysis methods used to create this report.

The image shows a scan of the Mental Health Carer Experience Survey questionnaire. At the top, it features the title 'Mental Health Carer Experience Survey' and the NSW Government logo. A 'Service code:' field is provided. The main text explains the survey's purpose: to gather feedback on carers' experiences over the last three months. It includes sections for 'Who is a carer?' and 'Getting started'. The survey questions are listed below, with a response scale from 'Never' to 'Not Needed'. The first question is 'As a carer with a family member, partner or friend who had contact with this mental health service in the last 3 months, how often did the following occur?'. The questions are:

- You understood what you could expect from the mental health service for yourself and your family member, partner or friend
- You were given an explanation of any legal issues that might affect your family member, partner or friend
- You understood your rights and responsibilities
- Your personal values, beliefs and circumstances were taken into consideration
- You were able to obtain cultural or language support (such as an interpreter) when you needed
- You were given the opportunity to provide relevant information about your family member, partner or friend
- Your opinion as a carer was respected

At the bottom, there are logos for 'Working in association' and 'Mental Health Carers NSW', along with the text 'NSW Health | Mental Health Carer Experience Survey' and a page number '1'.

# How many surveys were returned?

In 2024–2025

**3386**

surveys returned which is an 8% increase from last year

Feedback was provided for

**341**

mental health services

**114**

services in hospital

**227**

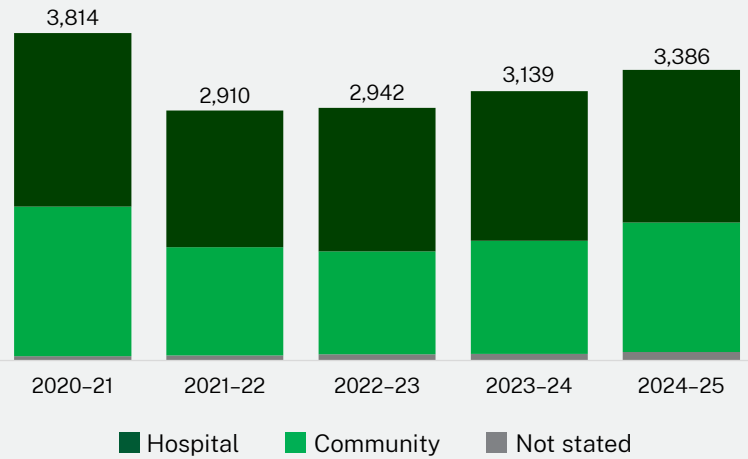
services in community



1508  
about hospitals



1779  
about community settings



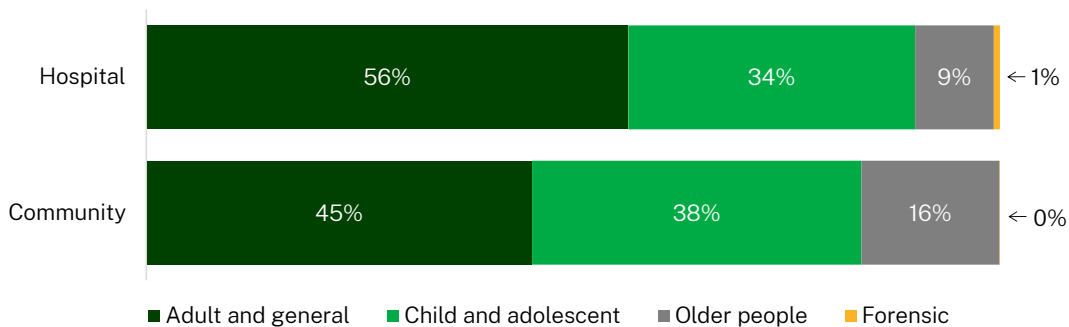
## CES returns increased by 8% in 2024–25

This year, 3,386 surveys were returned, providing feedback about 341 services across both hospital and community settings. Just over half (54%) of the responses were about community services, while the remainder focused on hospital services, meaning that both settings were well represented in the feedback. Half (50%) of the carers who provided feedback about community services completed the survey online. Online feedback about hospital services almost doubled to 32%.

## Most surveys provided feedback about adult and general services

In NSW there are more adult and general services than age-specific or forensic services. This year, half of the surveys returned were about adult and general services, which is consistent with the previous year. There continues to be a large number of CES surveys from child and adolescent and older people’s mental health services. This may reflect higher levels of carer involvement in these age specific services, or that carers of younger or older people are more easily identified.

## Surveys returned by program in 2024–25



# Which carers completed a CES?

It is important to know if some groups of carers are less likely to complete a CES. Since the CES was implemented, a broad range of carers have provided feedback, but more work is needed to reach as many carers as possible.

In late 2023, the CES in NSW was updated to include more inclusive response options to the demographic question about gender.

A question about sexuality was also added to help us better understand if people with different sexual orientations have a different experience of care.

Improving the experience and health outcomes of the LGBTIQ+ community is a significant priority and better data collection is a critical starting point (NSW LGBTIQ+ Health Strategy 2022–2027).



## It is essential for services to identify carers

Identification of carers by services is a vital but often challenging component of collecting feedback. Many people providing care never think of themselves as carers; they feel they are doing what anyone else would in the same situation, looking after their family member, partner or friend. Carers who have direct contact with services may be routinely invited to complete CES, whereas carers that have limited contact may not be aware of the opportunity to provide feedback. Finally, consumers may draw on support from different family members, loved ones or friends at different times and so the idea of a person's primary or main carer may be complex and fluid. Mental health clinicians and services may not always have complete or up-to-date information on a consumer's support networks.

The CES includes several demographic questions to help identify how well represented various groups are, and to understand if particular groups of carers are reporting a different experience. As there is limited data about carers available, we cannot evaluate how representative the CES responses are. As the CES is anonymous, there is no way of knowing how many carers were offered a survey.



## Most carers are caring for their child and/or have been caring for over 10 years

The groups of carers providing feedback has been consistent since the CES was implemented in 2018. Most carer feedback continues to be received from people who care for a child and/or have been providing care for over 10 years. In hospital settings most carers reported being engaged with the service for less than one month, while in the community the duration of care from the service was varied.



## The number of surveys returned by Aboriginal carers increased by 29% compared to last year

This mainly reflected an increase in surveys about hospital settings. Around 7% of community and 8% of hospital returns are from carers who identify as Aboriginal.



## Few carers have provided information about diverse genders and sexuality

In 2024–25, most carers identified as female, with the proportion of males increasing in community settings and decreasing in hospitals compared with the previous year. To date, very few surveys have been received from carers who identify as a gender other than male or female, or who have disclosed their sexuality. This may reflect the demographic profile of carers in some services, but it could also indicate a reluctance to share personal information, possibly due to concerns about stigma or not feeling welcome. These patterns highlight the need for services to talk with consumers and carers about the purpose of experience surveys, including the value of collecting demographic information. This helps ensure that differences in experience across diverse groups can be identified and addressed.

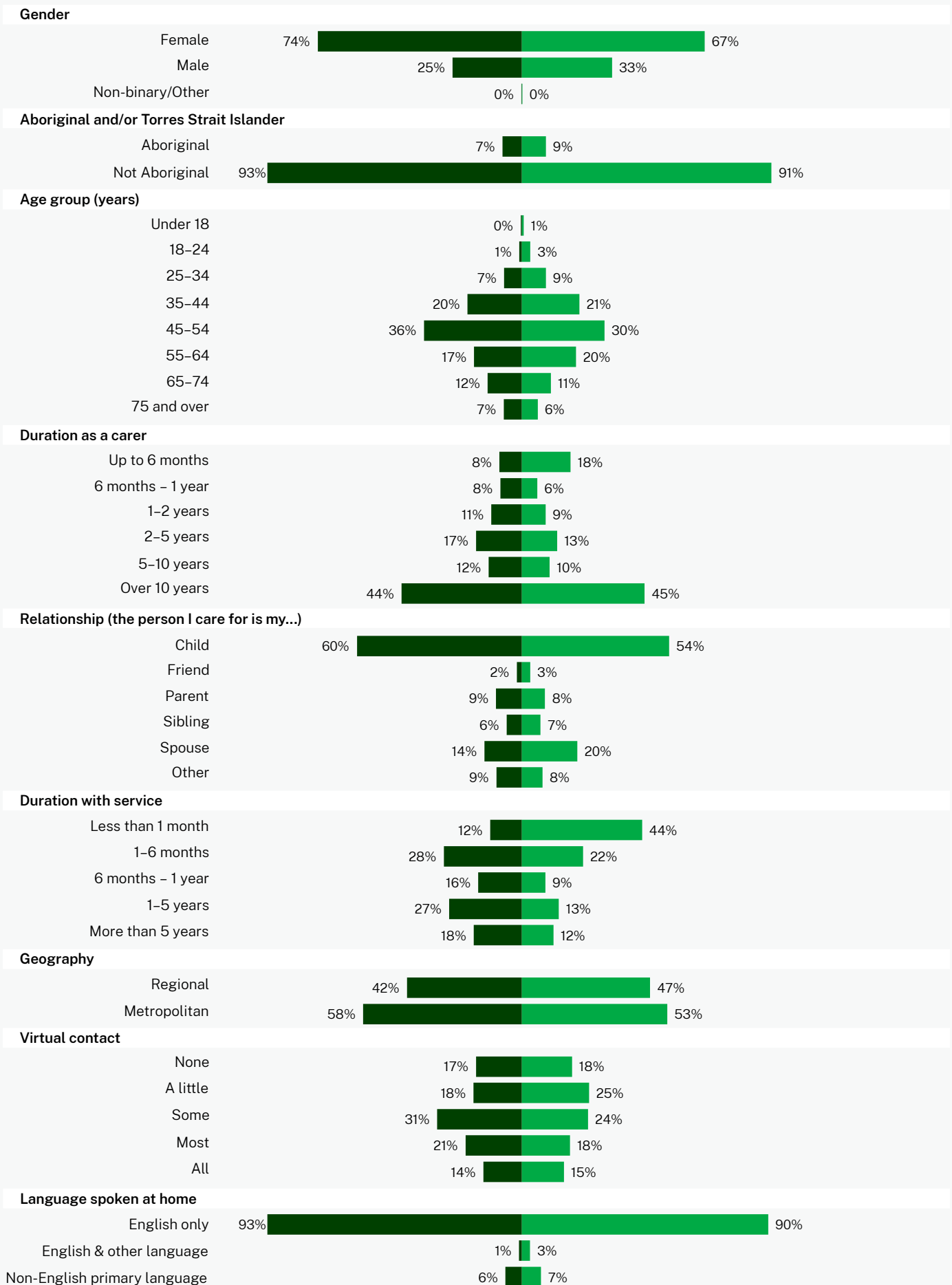
Proportion of CES returns across different groups, 2024–25



Community



Hospital



# How did carers rate their experience?

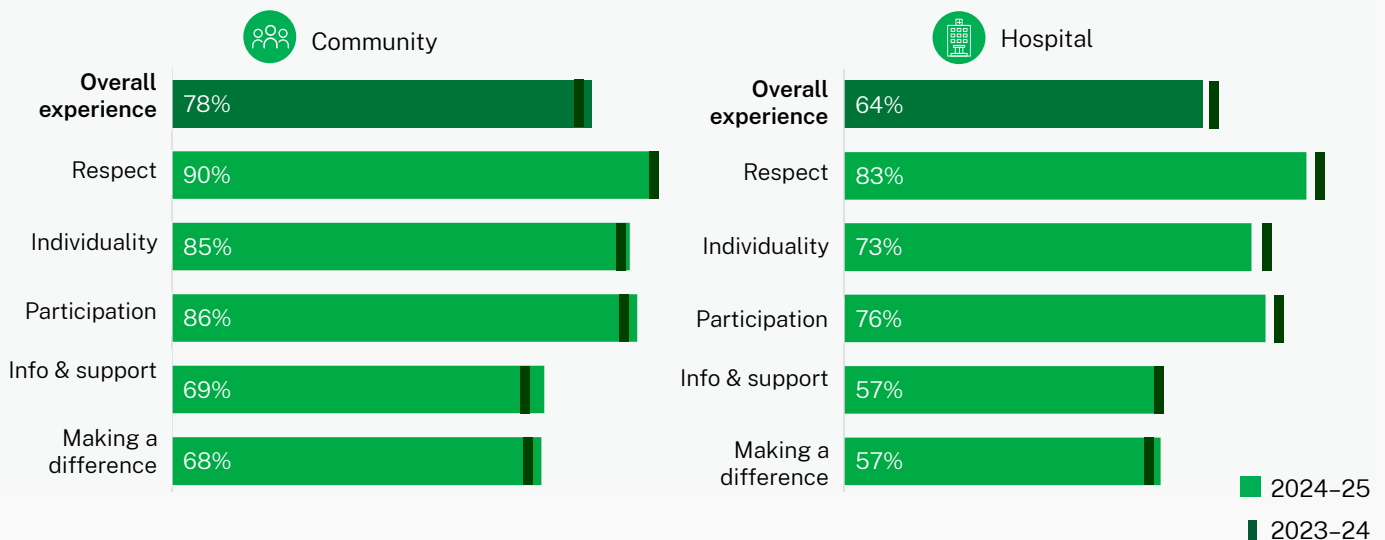
Overall experience is measured using an experience index which combines the scores of questions 1–24 (excluding Q15 and Q19). This method ensures that different areas of experience are included in the overall score. The combined score is used to calculate the percentage of carers reporting an excellent or very good experience. CES questions are grouped into five domains, consistent with those used in the YES survey. For further information about which questions are grouped into each domain, refer to Appendix 4.

This year, experience was similar to the previous year, with 71% of carers reporting an excellent or very good overall experience. Carers who were engaged with community services reported an improvement in experience compared to 2023–24, with the largest improvements noted in the Information and support domain. Hospital experience decreased slightly compared to the previous year.

Across both settings, Respect was the highest rated domain. Making a difference and Information and support were the lowest rated domains, although there was an improvement in both settings compared to 2023–24.

## Overall experience and domain scores by setting, 2022–23 and 2023–24

% excellent or very good



### Questions related to information sharing showed the largest improvements

Across both hospital and community settings, the following questions showed the largest improvements compared to the previous year:

- Q20. An explanation of how to make a compliment or complaint about the mental health service
- Q21. Information about carer support services (such as local groups, carer consultants, counsellors)
- Q22. Information on opportunities to participate in improving this mental health service
- Q24. Information about taking a support person to meetings or hearings if you wished
- Q18. A brochure or other material about your rights and responsibilities (community settings only)

Note: Technical specifications for domain thresholds were updated this year. These have only a small impact on domain rating results, but more accurately reflect individual domain ratings. Details are available in Appendix 3 – Technical Information.

## CES goal ranges and traffic light charts

There are no formal key performance indicators for the CES. To help understand differences across services and groups, an overall experience goal has been developed for this report. These goals have been set based on the best-performing 25% of NSW mental health services. The goal is that 75% of carers report an excellent or very good overall experience (70% for hospital, 80% for community). As the CES domains use different question types, separate goals have also been set for the domains. For more information about how these goals were calculated please see Appendix 3.

Within this report, experience is only shown for groups or services where there are 30 or more surveys returned in the year. This ensures that feedback is less impacted by small numbers of surveys.

Throughout this report we use the following legend to show performance against CES goal ranges:

●	Achieving goal
●	Just below goal
●	Below goal

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

“Being able to help my partner get through a very tough time. The staff were **incredibly supportive** and our psychiatrist **really listened** to our individual concerns.

“Having **knowledgeable professionals** who listened & were **respectful** of our needs. The **kind** interactions with all staff

“**Access to a variety** of services the feeling that we were **not alone** & were **supported** on our journey

### My experience with this service would have been better if...

“I had been **listened to** with **empathy** and **respect** more often. I was given **clear information** about what I could expect for the treatment and hospitalisation of my daughter. Some feedback to my concerns was **conflicting** which added to my stress and caused misunderstanding.

“I had been provided the **support services** available for a carer, **identified as a carer** and more **involved** in how to help at home.

“**More communication** regarding progression & care, treatment options available and social support for me and the person I care for



# Do some groups of carers report a different experience?

Services provide support to a broad range of carers, so it is important to consider if some groups report a different experience of care. To understand differences in carer experiences we compared the overall experience of different groups of carers with the average experience of all carers.



**In the community, the number of groups achieving the goal for overall experience doubled, compared with 2023–24**

In the community, experience improved for most groups, resulting in all groups achieving, or sitting just below the goal. Carers in regional areas reported a less positive experience in both settings compared to the NSW average. In regional hospitals, the experience rating (57%) was 7% lower than last year, although this was not statistically significant. Differences in experience across regional and metropolitan NSW are explored on page 18 of this report.



**Overall experience of community services improved for Aboriginal carers compared with last year**

There was an 8% improvement in experience for Aboriginal carers in community settings with 79% rating their experience as excellent or very good, compared to 71% in the previous year. In both hospital and community settings, Aboriginal carers reported a more positive experience than non-Aboriginal carers. The experience of Aboriginal carers is explored in more detail on page 13.



**Overall experience varies with age**

In all settings, carer experience is less positive as age increases, with the most positive experience reported by people aged 25–55 years. In hospital settings, carers aged 25–34 years reported a more positive experience (66%) compared to last year (55%). The experience of carers aged 65 and over was less positive in hospital compared with previous years. Older carers often commented that they did not feel listened to, although many also noted the kindness and friendliness of the staff.



**Duration of care with the service appears to impact overall experience variably across service settings**

In hospital settings, the most positive experience was reported by people caring for someone engaged with the service for 6 months to 1 year (74%). This was an improvement of 10% compared to 2023–24. In community settings, experience was rated most positively by people caring for someone who was engaged with the service for 1–6 months (83%).

Across both settings, carers engaged with services for more than five years reported the least positive experience (49% hospital; 70% community) which is consistent with 2023–24. For this group, all questions were rated lower with the largest differences noted for

- Q21. Information about carer support services
- Q12. You were given opportunities to enhance your abilities as a carer

These carers often commented that it was difficult to access staff and information, and that experience would be improved by more regular and more empathetic communication.



**People caring for their parent reported the most positive experience**

Carers of their parents reported the most positive experience in both community and hospital settings, which is consistent with 2023–24. In the community, experience scores met or exceeded the goal in overall experience and all domains. In hospital, the most positive results for this group were in the domains of Respect and Participation.

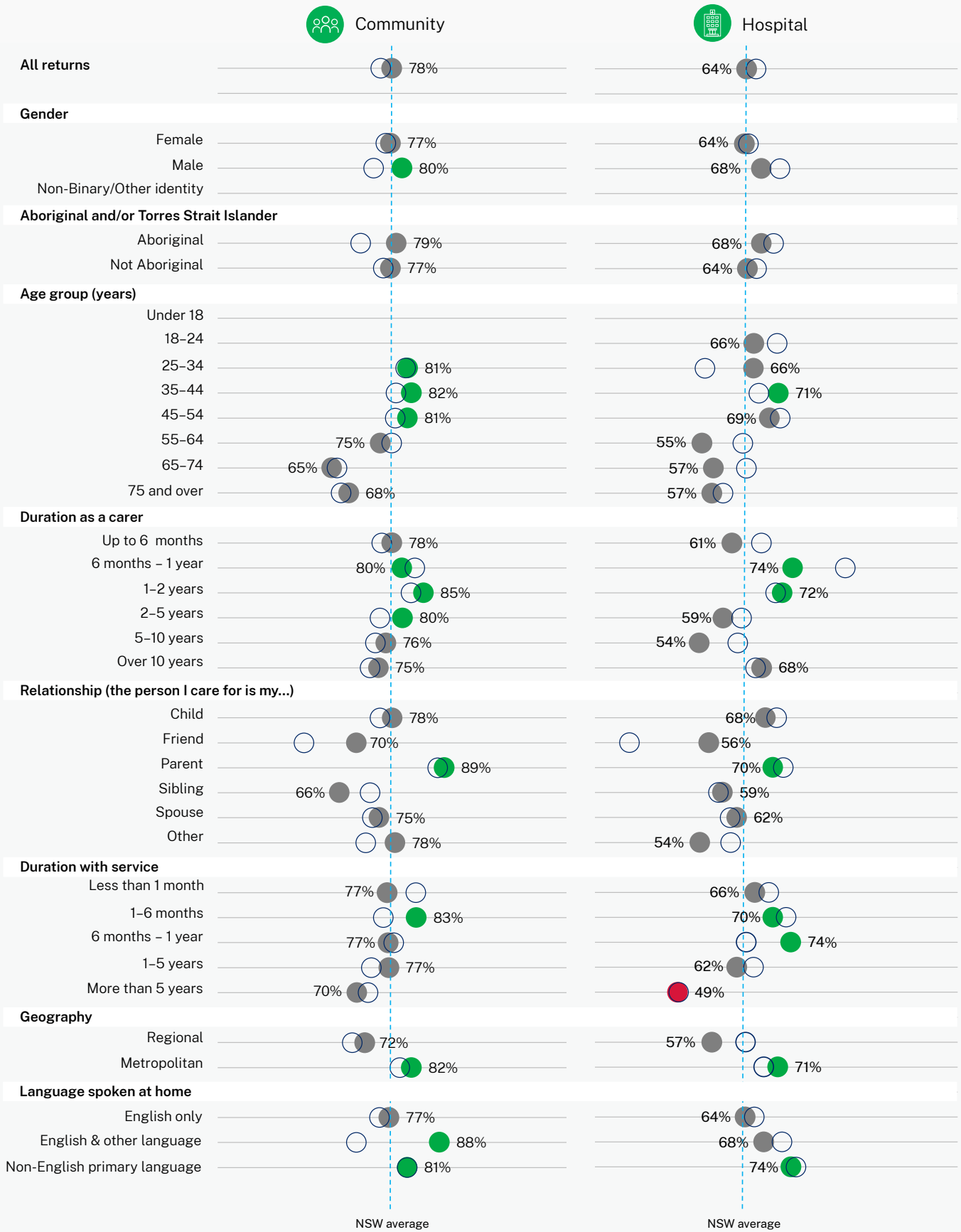
Carers supporting a friend reported improved experiences in hospital settings; however, the number of responses from this group was lower than other groups, so this finding may reflect the views of only a small number of individuals. More work is needed to identify and seek feedback from people caring for friends to better understand the experience of this group.



**Non-English speakers reported a more positive overall experience.**

Compared to English speakers, the only statistically significant difference was among people who speak Southern Asian languages (such as Hindi, Punjabi, Tamil and Urdu), where 83% rated their experience as excellent or very good, which is more positive than English speakers. Speakers of European languages (such as Italian, Greek, German and Spanish) reported the least positive experiences (68% excellent or very good), although this difference was not statistically significant. It is important to interpret these findings with caution as many language groups have a smaller number of surveys returned.

## The overall experience of different groups of carers, 2024–25



### Legend:

#### Community

- Achieving goal (≥80%)
- Just below goal (60% to <80%)
- Below goal (<60%)
- 2023–24

#### Hospital

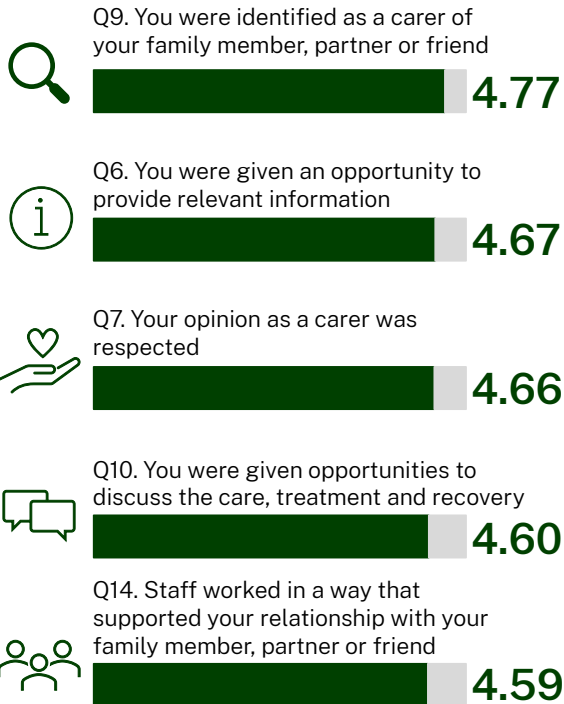
- Achieving goal (≥70%)
- Just below goal (50% to <70%)
- Below goal (<50%)
- 2023–24

# Which questions received the highest and lowest ratings?



## Highest rated

### Community

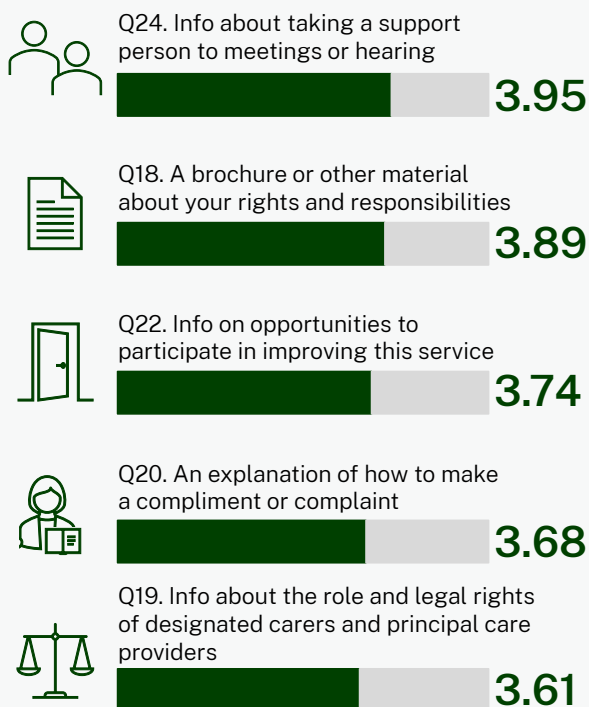


### Hospital



## Lowest rated

### Community



### Hospital





# What was the experience of Aboriginal carers?

The mental health of Aboriginal people is strongly affected by broad social and community factors, including a strong history of survival, healing and resilience. It is also shaped by challenges such as transgenerational trauma, disadvantage and the impacts of colonisation. NSW Health is committed to delivering holistic and culturally safe services to make a positive difference to Aboriginal people, families and communities. This commitment is outlined in the *NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025*.

Aboriginal carers returned 242 surveys this year, an increase of 29% from the previous year. Returns from Aboriginal carers in regional areas increased from 129 to 162 and from 55 to 77 in metropolitan areas. In the community, the proportion of responses completed by Aboriginal people was similar to previous years (7% of returns). In hospital settings, the proportion of surveys from Aboriginal carers increased to 9% (compared to 5% in the previous year). Aboriginal and/or Torres Strait Islander carers are likely to be under-represented in CES feedback, with around 16% of consumers accessing services identifying as Aboriginal in 2024–25. It is important to note that not all consumers may have a carer; not all carers of Aboriginal consumers may be Aboriginal themselves; and some Aboriginal carers may be caring for non-Aboriginal consumers.

## Overall experience improved for Aboriginal carers compared to the previous year

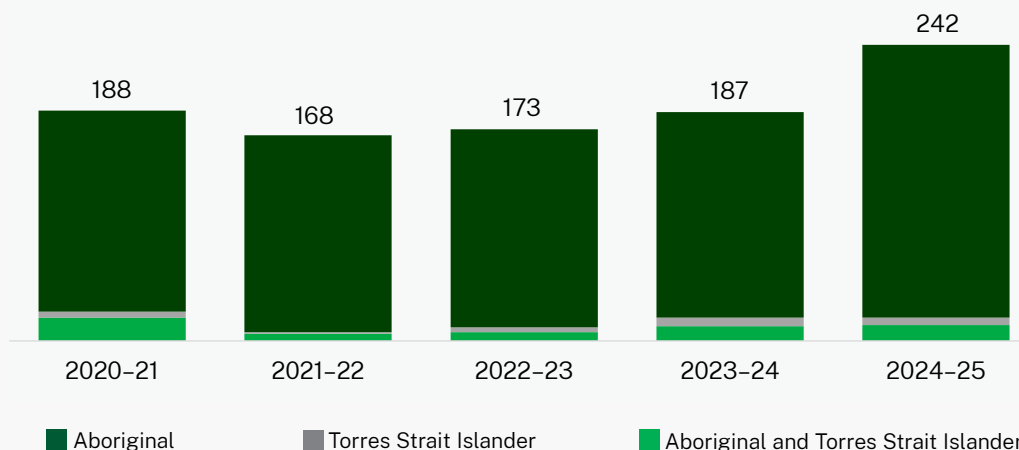
73% of Aboriginal carers rated their overall experience as excellent or very good in 2024–25. There was an increase of 8% in community settings while hospital experience was rated slightly lower than the previous year. No statistically significant differences were found between ratings by Aboriginal carers between 2023–24 and 2024–25.

In community settings, the largest increases were in the domains of Participation and Individuality. Scores improved for two thirds of all questions, including those related to respecting personal values, providing information, involving carers in care decisions and access to after-hours support.

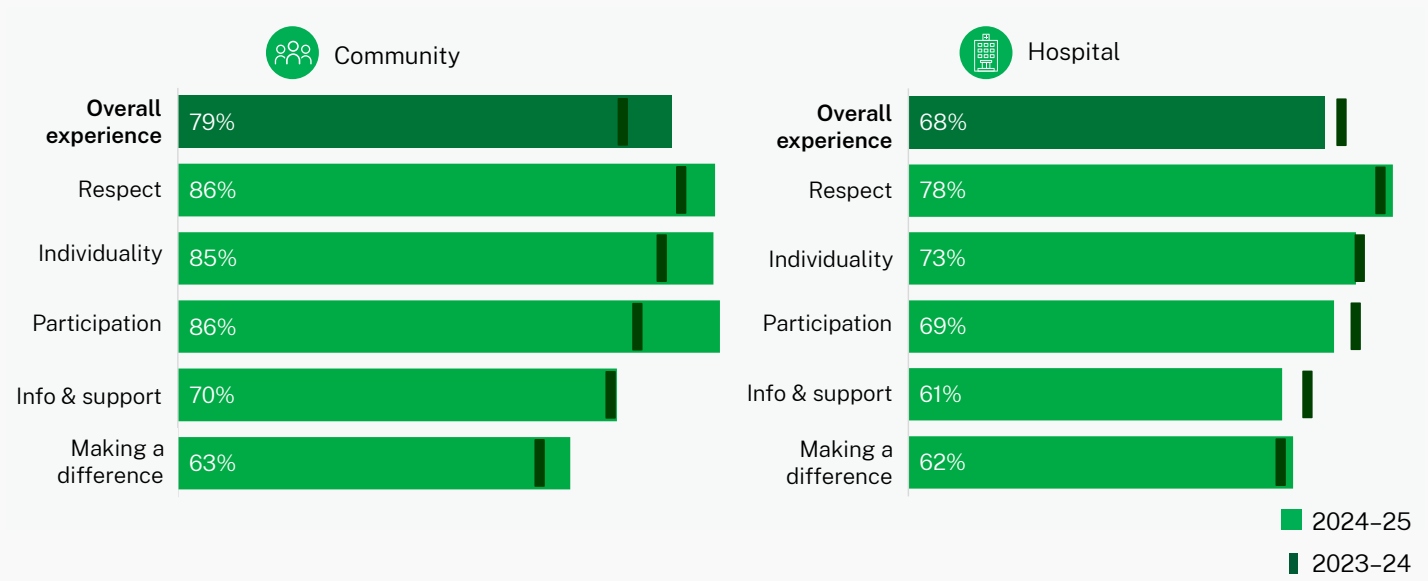
In hospital settings, Respect and Making a difference showed improvement, with **Q1. You understood what you could expect from the mental health service for yourself and your family member, partner or friend** showing an 11% improvement. Carers reported feeling respected, supported and that the care given was non-judgemental. Some carers also noted that the whole family was supported, considered and included in care

I would like to thank the Aboriginal mental health worker from my brother and I for the cultural support, compassion and encouragement that you gave my brother

## Number of CES returns from Aboriginal and Torres Strait Islander people



## Percentage of Aboriginal carers reporting an excellent or very good experience across CES domains, 2023–24 and 2024–25

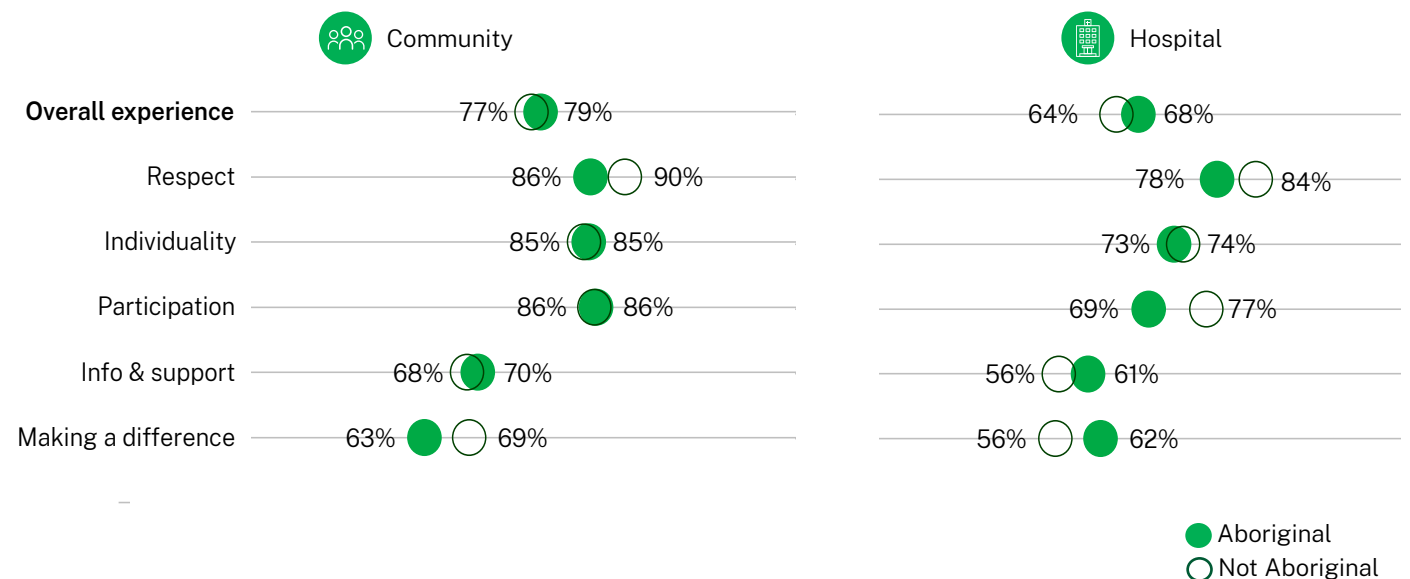


### In community settings, Aboriginal carers reported greater improvements in experience than non-Aboriginal carers

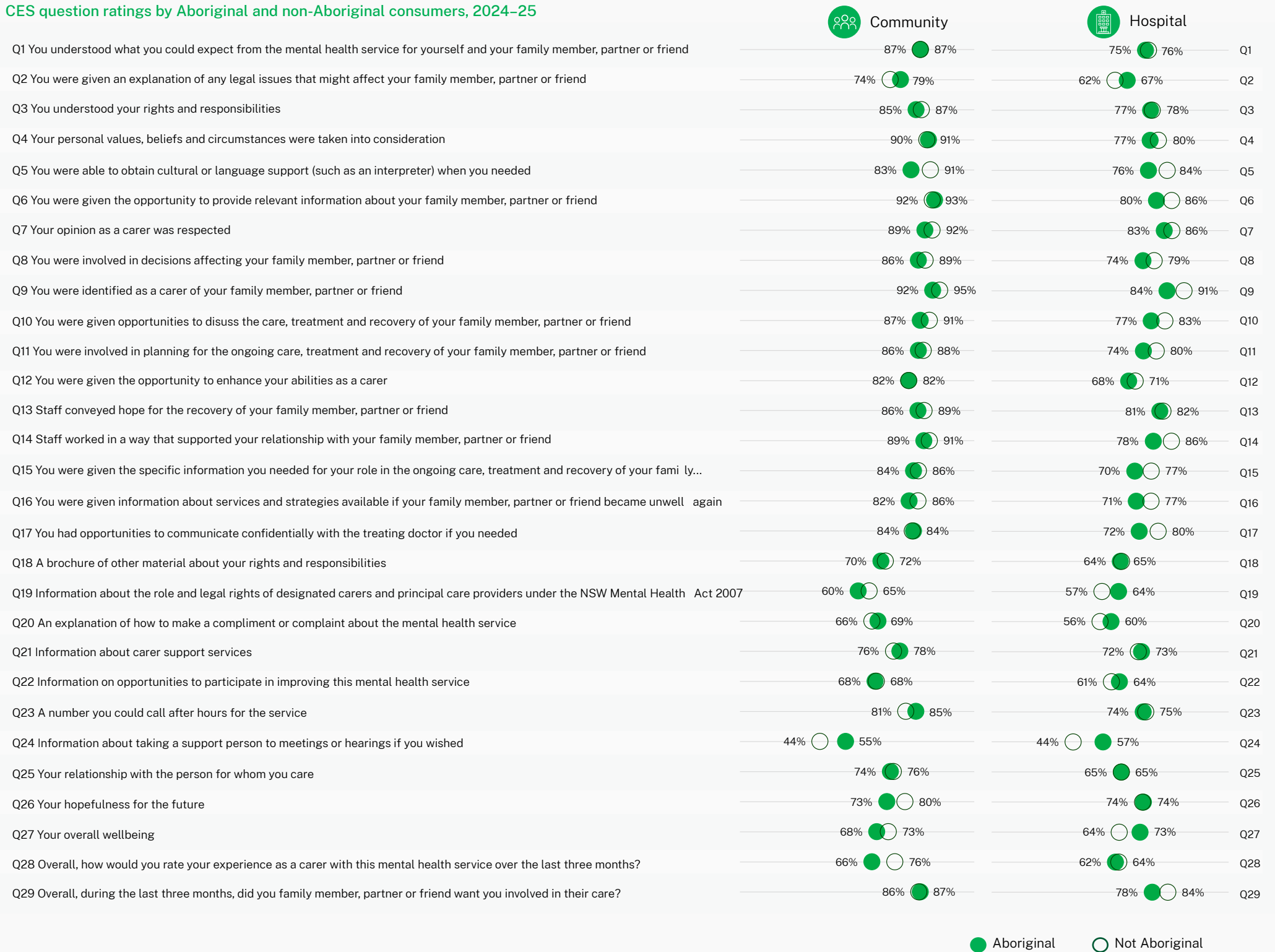
In community settings, Aboriginal carer experience improved across all domains. Experience was rated higher by Aboriginal carers overall and in the domains of Individuality and Information and support. While all carers in the community reported an improvement across domains, this increase was greater for Aboriginal carers than for non-Aboriginal carers in all domains except for Information and support. Aboriginal carers reported more opportunity to discuss and be involved in planning the care of their family member, partner or friend.

Hospital experience was less positive for many groups of carers this year, including Aboriginal carers. The largest decrease for Aboriginal carers was in the domain of Information and Support. While similar decreases were seen for Aboriginal and non-Aboriginal carers in overall experience, Participation and Individuality, Aboriginal carers reported a more positive experience in the domains of Respect and Making a difference, compared to non-Aboriginal carers.

### Percentage of Aboriginal and non-Aboriginal carers reporting an excellent or very good experience across CES domains



## CES question ratings by Aboriginal and non-Aboriginal consumers, 2024–25



# How do LHDs and SHNs compare?

This section shows the percentage of carers reporting an excellent or very good experience across LHDs and SHNs.

When calculating the overall score, hospital and community data need to be combined into a single measure that is not affected by a different mix of hospital and community responses. To do this, hospital and community scores are calculated separately and then combined in an unweighted average.

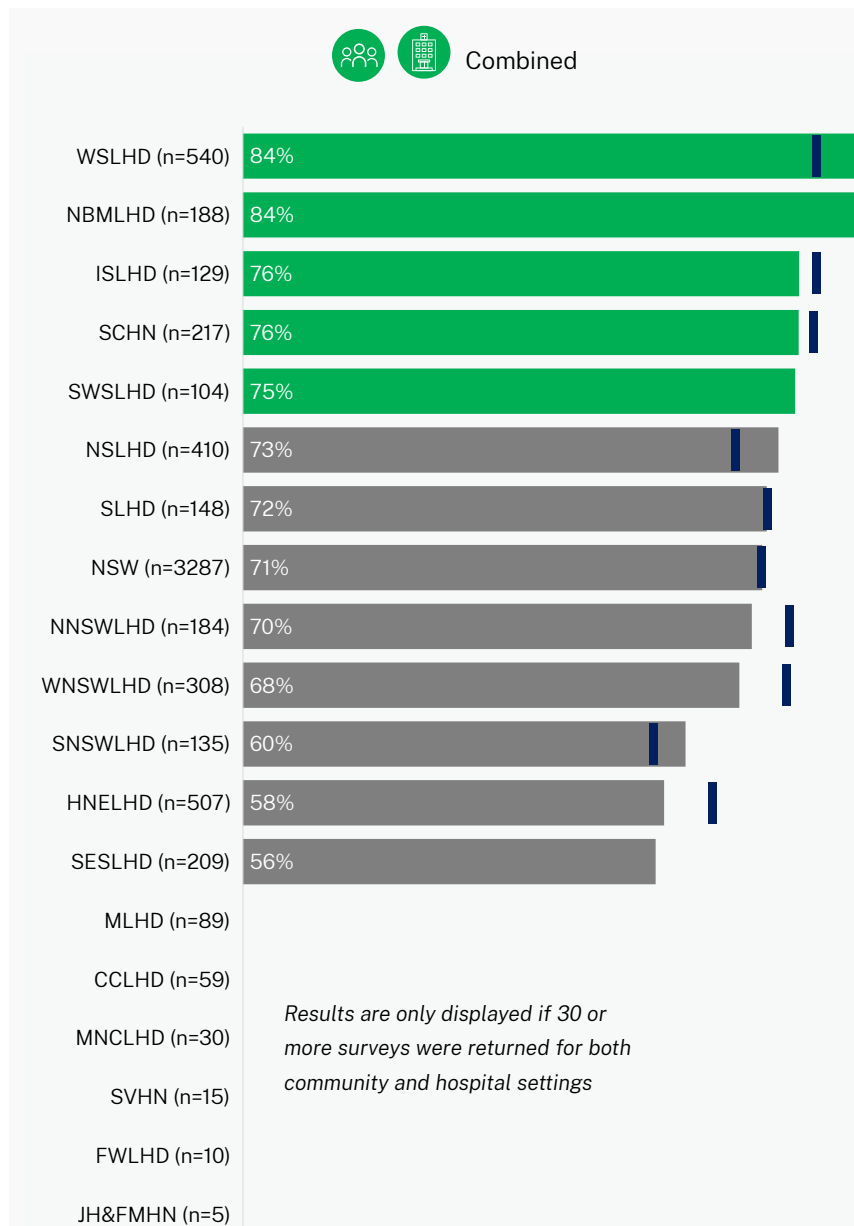
## In 2024–25, five LHDs/SHNs achieved the goal of 75% of carers reporting excellent or very good experience

Two thirds of LHDs/SHNs had sufficient surveys returned from both hospital and community settings to calculate an overall LHDs/SHN score. This was an improvement on 2023–24 and the result of increased hospital returns in 3 LHDs. Overall, most LHDs/SHNs rated their experience similar to, or above the previous year.

In community settings, five LHDs achieved the goal of 80% excellent or very good and one LHD was below the goal (<60%).

In hospital settings, five LHDs/SHNs achieved the goal of 70% excellent or very good, with three scoring below the target (<50%).

There may be many reasons why CES results differ between services or over time. Many services are continuing to work towards hearing from more carers to ensure the feedback is representative of the carers engaged with services.

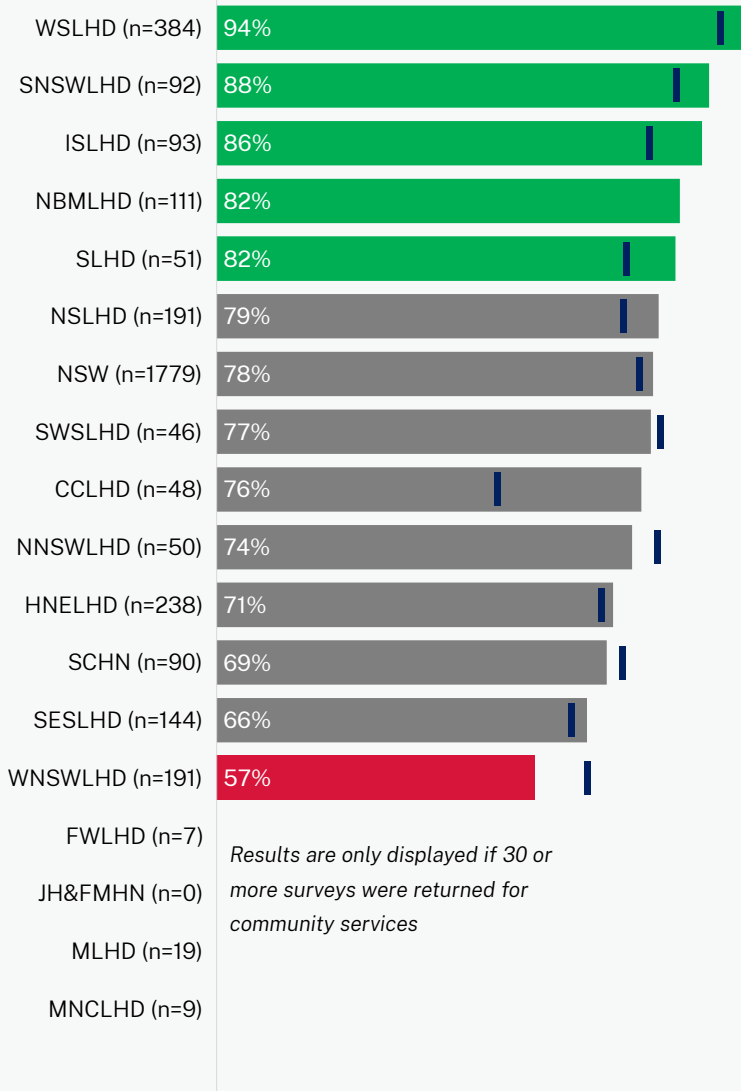


### Legend:

- Achieving goal (≥75%)
- Just below goal (55% to <75%)
- Below goal (<55%)
- | 2023–24

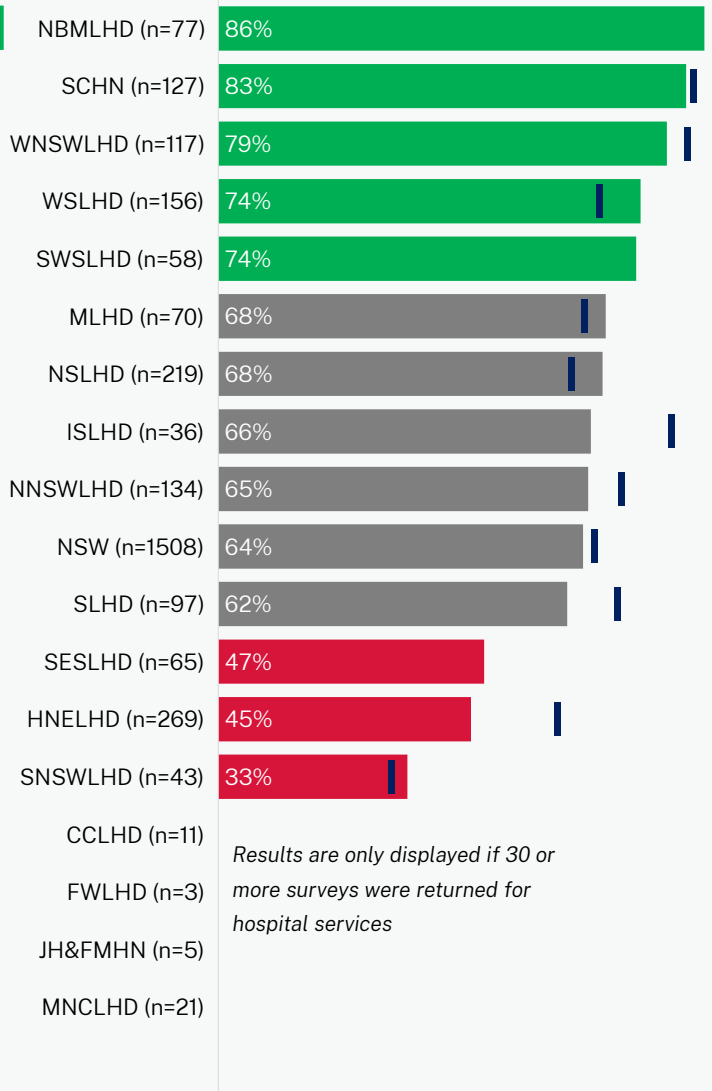
 Community

 Hospital



Legend:

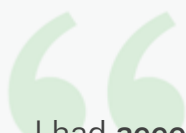
- Achieving goal (≥80%)
- Just below goal (60% to <80%)
- Below goal (<60%)
- | 2023-24



Legend:

- Achieving goal (≥70%)
- Just below goal (50% to <70%)
- Below goal (<50%)
- | 2023-24

My experience with this service would have been better if...



I had **access** to my loved one's treating **doctor** when needed



All staff have current **trauma-informed, neurodiversity-affirming** and **gender-affirming** training, and use gender affirming pronouns, especially for young people experiencing gender dysphoria

# Is there a regional difference in carer experience?

Services in metropolitan and regional areas may see different populations of consumers and carers. Factors such as remoteness and the size of each geographic area mean the way care is delivered needs to be tailored to best meet the needs of each community. This section looks at the experience of regional and metropolitan services across NSW.

LHDs and SHNs have been grouped as follows:

<b>Regional</b>	<b>Metropolitan</b>
Central Coast LHD	Nepean Blue Mountains LHD
Far West LHD	Northern Sydney LHD
Illawarra Shoalhaven LHD	Sydney Children's Hospital Network*
Hunter New England LHD	South Eastern Sydney LHD
Murrumbidgee LHD	Sydney LHD
Mid North Coast LHD	St Vincent's Health Network*
Northern NSW LHD	South Western Sydney LHD
Southern NSW LHD	Western Sydney LHD
Western NSW LHD	

\*These specialty health networks have been included in this group based on geographical location. The Justice & Forensic Mental Health Network has been excluded from this analysis.

## In 2024–25, 44% of CES surveys were about regional services, which is a 3% increase compared to the previous year

The proportion of surveys returned from regional areas increased in both hospital and community settings. For hospital services, 47% of returns came from regional areas, and 42% from community settings. There were some differences in the groups of carers who provided feedback about regional services compared to metropolitan:

- A higher proportion of carers in regional services were Aboriginal (11%) compared to metropolitan areas (4%).
- In metropolitan services, more people were caring for a spouse (19%) or parent (11%), than in regional areas (13% spouse, 6% parent).
- In community settings, a larger proportion (35%) of regional carers had engaged with the service for 1–6 months (24% in metropolitan areas).

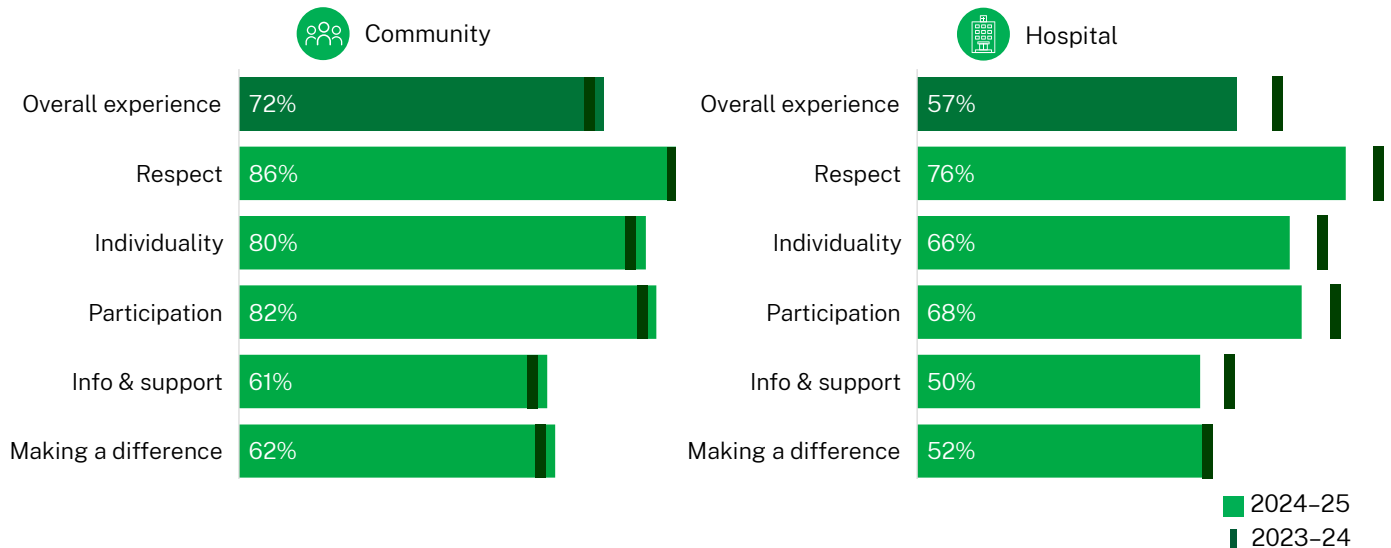
## Regional community experience improved this year

In 2024–25, overall experience improved in community settings in both regional and metropolitan areas. Improvements were seen in all domains, except for Respect, which remained similar to the previous year.

## Carers in regional areas reported a less positive experience of hospital services compared to the previous year

In 2024–25, 57% of carers rated their experience of regional hospitals as excellent or very good, compared to 64% in 2023–24. A decrease was seen across all domains, except for Making a difference, which remained the same as last year. This decrease was not statistically significant. In the free text, carers commented on a lack of available staff or beds, longer wait times and limited access to specialists.

## Percentage of carers in regional NSW reporting an excellent or very good experience across CES domains

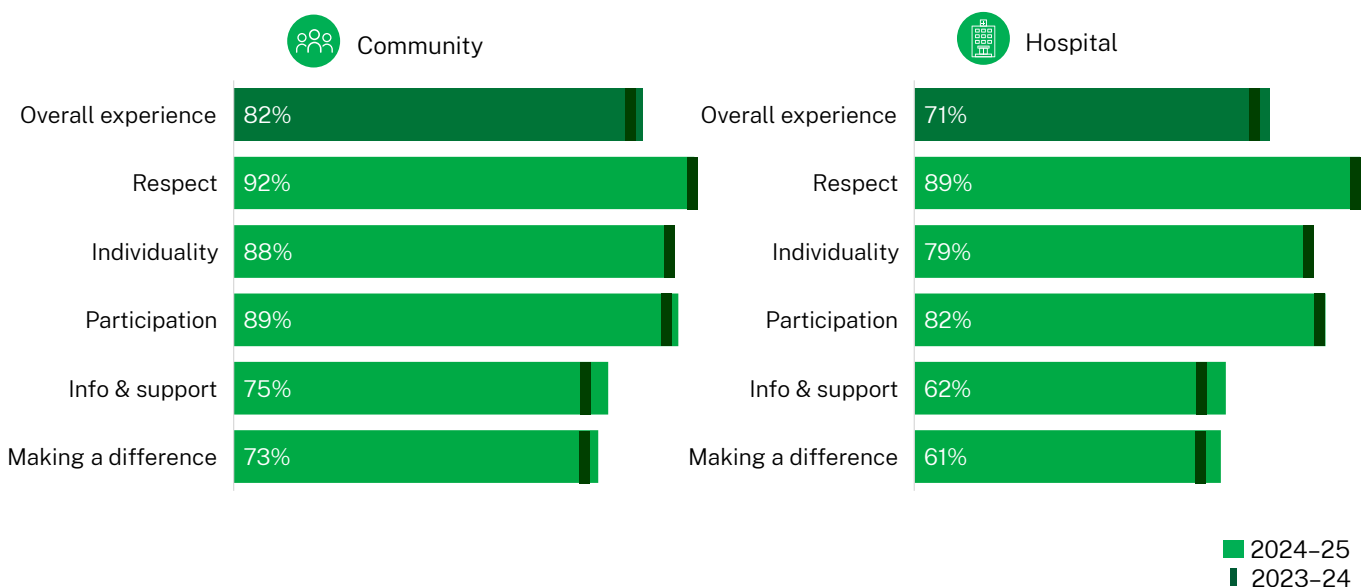


## Carer experience in metropolitan areas improved compared to the previous year

In metropolitan community settings, carer experience improved from 79% in 2023–24 to 82%, with improvement in all domains, except Respect, which showed no change from 2023–24. Improvements were seen across many groups, including those who had been in contact with the service for more than 5 years, carers aged 65 years and over and those caring for a spouse or person other than a family member or friend. Older carers commented positively on the compassion and consideration shown by staff, as well as the concern shown for their own wellbeing as a carer.

In metropolitan areas, hospital experience improved, with 71% of carers reporting an excellent or very good experience. This improvement was seen across most domains with Information and support and Making a difference reporting the largest increases. Many carers in this setting provided positive feedback about being involved in care planning, clear communication and feeling respected.

## Percentage of carers in metropolitan NSW reporting an excellent or very good experience across CES domains



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

“How well they supported me and helped me to learn without judgement”

“Access, being able to provide additional information. The friendly, approachable and extremely supportive staff”

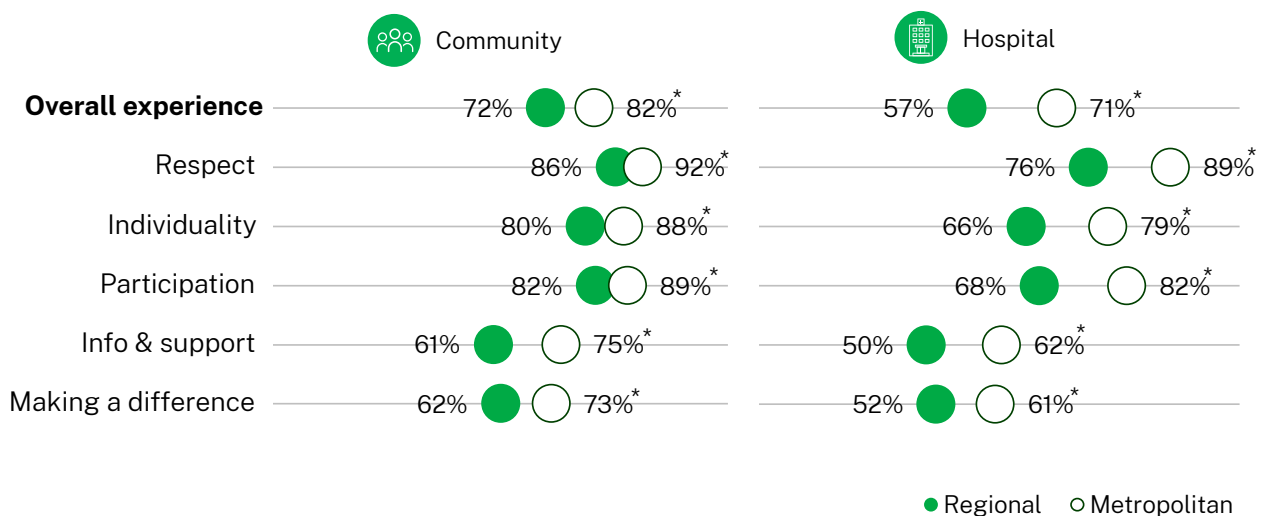


## Carer experience in metropolitan NSW was rated significantly higher than regional areas

In both community and hospital settings, experience in metropolitan areas was rated significantly higher across all domains. The largest differences were in the domains of Respect, Participation and Individuality (hospital) and Information and support (community). In regional areas, the majority of questions were rated significantly lower than in metropolitan services, in both service settings. A less positive experience was related to a lack of information, feeling isolated and unsupported due to distance and a sense of services being under-resourced. A more positive experience was associated with helpful, caring and friendly staff and feeling involved.

For Aboriginal carers, experience was more positive in regional community services compared to metropolitan. For almost all other groups of carers, experience was less positive in regional services, except for carers of people receiving hospital care for 5–10 years.

## Ratings for community and hospital services in regional and metropolitan areas, 2024–25



\* Indicates a statistically significant difference. Information about the methods used to test significance is in Appendix 3.

## Why are ratings so different in regional and metropolitan areas?

NSW Health is committed to ensuring that people living in regional, rural and remote NSW can access high quality, timely healthcare and have excellent patient experiences and optimal health outcomes (NSW Regional Health Strategic Plan 2022–2032).

The rating of overall experience in community services improved in both metropolitan and regional areas in 2024–25. However, metropolitan overall experience continues to be rated 10% higher than in regional areas which reflects a statistically significant difference. In hospital settings, overall experience improved by 3% in metropolitan areas to 71% excellent or very good. The overall experience rating in regional services decreased by 7%. This regional – metropolitan difference is reflected across almost all groups of carers.

Carers in regional areas often face unique challenges that can impact their experience of services. This may include limited access to specialist services, staffing availability and longer travel distances. This difference in experience highlights the importance of ongoing efforts from local services and policy makers to strengthen regional services and ensure carers feel supported, informed and included in care.

## My experience with this service would have been better if...



If we could have stayed as an **outpatient for longer** with the expertise of the **social worker** and **occupational therapist**. Understand that we also can't be held in the system indefinitely due to community need and available resources.

## CES question ratings by Regional and Metropolitan consumers, 2024–25



## Mental Health Carer Experience Survey



Service code:

This survey is about your experiences, as a carer **over the last three months**. By completing this survey, you will help the service better understand how to work with carers towards the recovery of mental health consumers. If you care for more than one person, just think of one of these people when completing the questionnaire.

### Who is a carer?

Carers can come from many different backgrounds but many never think of themselves as carers. Many feel they are doing what anyone else would in the same situation; looking after their family member, partner or friend. Carers are the family member, partner or friend of someone with a mental illness whose lives are also affected by that illness. Carers provide support and assistance to the person with a mental illness.

### Getting started

Your responses to this questionnaire are anonymous. Your experiences are very important to us so we would like you to provide an answer to each question. But you can leave a question blank if you wish. There is space at the end of the survey for you to provide additional feedback about your experiences.

Please put a cross (X) in just one box for each question.

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

As a carer with a family member, partner or friend who had contact with this mental health service in the last 3 months, how often did the following occur?	Never	Rarely	Sometimes	Usually	Always	Not Needed
1. You understood what you could expect from the mental health service for yourself and your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You were given an explanation of any legal issues that might affect your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You understood your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your personal values, beliefs and circumstances were taken into consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You were able to obtain cultural or language support (such as an interpreter) when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You were given the opportunity to provide relevant information about your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your opinion as a carer was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



As a carer with a family member, partner or friend who had contact with this mental health service in the last 3 months, how often did the following occur?	Never	Rarely	Sometimes	Usually	Always	Not Needed
8. You were involved in decisions affecting your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You were identified as a carer of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend (even, if for reasons of confidentiality, you could not be told specific information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. You were given the opportunity to enhance your abilities as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff conveyed hope for the recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff worked in a way that supported your relationship with your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You were given the specific information you needed for your role in the ongoing care, treatment and recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. You were given information about services and strategies available if your family member, partner or friend became unwell again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You had opportunities to communicate confidentially with the treating doctor if you needed (such as by phone, email or in person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a carer with a family member, partner or friend who had contact with this mental health service, in the last 3 months have you been given the following?	Yes	No	Don't know	Not needed
18. A brochure or other material about your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. An explanation of how to make a compliment or complaint about the mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Information about carer support services (such as local groups, carer consultants, counsellors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Information on opportunities to participate in improving this mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. A number you could call after hours for the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Information about taking a support person to meetings or hearings if you wished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a carer with a family member, partner or friend who had contact with this mental health service in the last **3 months**, has your life changed in the following areas?

A lot worse    A little worse    No change    A little better    A lot better    Not needed

25. Your relationship with the person for whom you care

26. Your hopefulness for your future

27. Your overall wellbeing

28. Overall, how would you rate your experience as a carer with this mental health service over the last **three months**?

Poor    Fair    Good    Very good    Excellent    Don't know

29. Overall, during the last **three months**, did your family member, partner or friend want you involved in their care?

Never    Rarely    Sometimes    Usually    Always    Not needed

30. My experience with this service would have been better if...

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

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## Demographics

32. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> I use a different term _____ <input type="checkbox"/> I prefer not to answer
33. What is the main language you speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other _____
34. What is your age?	<input type="checkbox"/> Under 18 years <input type="checkbox"/> 18 to 24 years <input type="checkbox"/> 25 to 34 years <input type="checkbox"/> 35 to 44 years <input type="checkbox"/> 45 to 54 years <input type="checkbox"/> 55 to 64 years <input type="checkbox"/> 65 to 74 years <input type="checkbox"/> 75 years and over
35. Are you of Aboriginal or Torres Strait Island origin?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes - Aboriginal and Torres Strait Islander <input type="checkbox"/> No
36. How long have you been a carer of your family member, partner or friend with a mental illness?	<input type="checkbox"/> Up to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> Over 10 years
37. What is your relationship to the family member, partner or friend for whom you are a carer?	The person I care for is: <input type="checkbox"/> My spouse / partner (including married, defacto) <input type="checkbox"/> My child (including step and in-law) <input type="checkbox"/> My parent (including step and in-law) <input type="checkbox"/> My friend <input type="checkbox"/> My sibling (including step and in-law) <input type="checkbox"/> Other _____
38. How long has your family member, partner or friend been a client of this mental health service?	<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 5 years
39. How much of your contact with this service was by phone or videoconferencing?	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All
40. How do you describe your sexual orientation?	<input type="checkbox"/> Straight <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I use a different term _____ <input type="checkbox"/> Don't know <input type="checkbox"/> I prefer not to answer
41. Did someone help you complete this survey?	<input type="checkbox"/> No <input type="checkbox"/> Yes - carer or consumer worker/peer worker <input type="checkbox"/> Yes - family member, partner or friend <input type="checkbox"/> Yes - another staff member from the service <input type="checkbox"/> Yes - language or cultural interpreter <input type="checkbox"/> 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

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Australian Mental Health Outcomes and Classification Network

## Appendix 2 – About CES

The CES helps public mental health services work with carers 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 CES in 2018 and the electronic version in 2019.

### The CES is a joint project between the NSW Ministry of Health and Mental Health Carers NSW.

Use of the CES is guided by an advisory committee with representatives from Mental Health Carers NSW, the NSW Ministry of Health, carers and consumers, and each LHD and SHN.

### When and how is the CES offered?

The potential for bias is greater in carer feedback than in consumer feedback. This issue is explored in the national guidance to organisations using CES which states:

[I]t is important that services ensure that they are able to identify carers – both those that visit the service as well as those who do not (due to location, work, family life or other barriers). It is important from a statistical and advocacy point of view that all carers have an equal opportunity of being offered a survey... If CES is only offered to carers who visit a facility or who attended an appointment this will introduce systematic bias into the data and the results will not be representative of the population of carers.

With this in mind, the NSW Health guidelines encourage services to offer the CES to all carers of people accessing NSW Health hospital and community mental health services. If consumers have been engaged with more than one team, the CES should be offered by each of these teams. The CES is available to carers aged 11 years or older. To help make the CES more accessible, it has been translated into a range of community languages and is available both on paper and online.

### The CES distribution, collection and reporting process

**Distribution to services:** LHDs/SHNs order blank CES forms and pre-addressed envelopes using the same online ordering process as for other NSW Health forms. Services can also order promotional materials for the electronic CES (eCES) to encourage carers to complete the survey online.

**Identifying services:** Before distributing the CES to carers, services enter a unique four-digit service code in the service identification box on page 1 of the survey. If completing the CES online, this code must be entered by the carer before the survey can be completed. Using this code, carer feedback can be attributed to specific services, while still allowing the carer and consumer to remain anonymous. More information about how services are identified is available in Appendix 3.

**Sampling periods:** NSW Health recommends that the CES is offered to all carers on a continuous basis, either at a consumer's discharge or at regular intervals if there is ongoing contact with services. LHDs/SHNs differ in their approach, and different service types may adopt methods of offering the survey that best fit their model of care.

**Promotion:** Services are encouraged to promote the availability of the CES through posters and the display of collection boxes. The CES can be made available in waiting rooms, but it is important that staff also regularly offer the survey to carers and explain its importance.

**Returns:** Carers place completed paper CES forms in a sealed, reply-paid envelope. These can be placed in collection boxes at the service or posted directly by the carer. Carers who complete the CES online are asked to submit their responses at the end of the survey. These are sent directly to the secure database.

**Processing:** Completed paper surveys are collated and scanned by a commercial organisation under contract to NSW Health.

**Data:** Scanned data from paper forms are provided to InforMH, System Information and Analytics Branch, NSW Ministry of Health, within two weeks of the end of each month. Data are checked, validated and stored in a secure purpose-built SQL (structured query language) database on password-protected NSW Health servers.

**Reporting on CES:** The CES feedback is distributed to services through:

- 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, which include return rates and overall experience scores across LHDs/SHNs
- six-monthly reports on results for each individual question and all free-text responses for long-stay units
- the annual Mental Health Carer Experience of Service report, available publicly.

**Action and change:** Feedback from the CES is used to support service improvement. The 'Action and Change Framework' is used as part of consumer and carer experience measurement in NSW. It helps NSW Health services involve carers and consumers in planning and implementing service improvements. This co-design process is an essential component of the CES.



# Appendix 3 – Technical information

## CES development and validation

The development, validation and psychometric properties of the CES are described in detail at <https://www.amhocn.org/training-and-service-development/experience-measures>.

## Identification of NSW services

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

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 CES reporting because:

- it can be more accurately scanned than a handwritten service name
- it allows CES feedback to be accurately compared to other data on the same service (e.g. consumer feedback).

If service codes are missing or invalid, the response cannot be attributed to an individual LHD/SHN or service. In 2024–25, 99 CES forms were returned without a valid four-digit service code.

## Data 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. CES returns with fewer than 12 of the first 24 questions completed were excluded from analysis.

Overall scores and domain scores were constructed following the methods prepared during the national CES development and align with the methods used in the YES reporting. Testing of significant differences between groups or across LHDs/SHNs was conducted using 95% confidence intervals. These were calculated using Wald's formula for proportions. LHD/SHN totals were calculated for all settings (hospital and community).

Setting-specific averages and confidence intervals were also calculated separately for hospital and community services. We did not undertake standardisation or weighting of items when comparing services, but this approach will be examined for future reporting.

## CES questions use four scoring scales

Frequency scale	Performance scale	Change scale	Performance information	Numerical score
Always	Excellent	A lot better	Yes	5
Usually	Very good	A little better		4
Sometimes	Good	No change		3
Rarely	Fair	A little worse		2
Never	Poor	A lot worse	No	1

A 'Not needed' response option is available for each question.

## The CES goals

Goals for CES scores should align with the methods used to develop the YES target and:

- be clear and understandable to services, carers and consumers
- allow hospital and community results to be combined into a single LHD/SHN figure, without being biased by a different mix of hospital and community services in different LHDs/SHNs
- be consistent across LHD/SHNs
- be challenging but achievable – encouraging good performance and attainable by at least some services.

Many experience surveys use the 75th percentile of current performance as a target. This creates an aspirational goal that can drive change and is considered achievable. Compared to higher goals, it is less likely to be influenced by a small number of unrepresentative or unique services.

Within this report, the NSW goals have been set based on the best-performing 25% of NSW mental health services. The overall experience goal is that 75% of carers report an excellent or very good overall experience (70% for hospital, 80% for community). To understand variation across services, a lower tolerance limit can be used to help identify services below the goal. Based on the 25th percentile the 'below goal' range is defined as below 55% (50% for hospital services, 60% for community services).

## Domain goals



Technical specifications for domain thresholds were updated this year. These have only a small impact on domain rating results, but more accurately reflect individual domain ratings. An individual threshold is applied to each domain for inclusion in the calculation, whereby 50% or more of the domain questions must be answered for a result to be shown. In previous reports, the domain scores were shown if the overall experience validity threshold (at least 12 of the first 24 questions answered) was met.

The CES domains use different question types, leading to different distributions of scores. Therefore, performance goals need to be set separately for different domains. The same methodology used to calculate the overall experience goal was applied to the different rating scales. The goals were calculated separately for hospital and community services.

## Performance targets, by question type and domain



Question type	Domains	Overall		Community		Hospital	
		Low	High	Low	High	Low	High
Overall	Experience index	<55%	≥75%	<60%	≥80%	<50%	≥70%
Frequency scales	Respect, Individuality, Participation	<65%	≥85%	<70%	≥90%	<60%	≥80%
Performance/ Change scales	Information & support, Making a difference	<45%	≥65%	<50%	≥70%	<40%	≥60%

## Comparison of subgroups

	 <b>Community</b>			 <b>Hospital</b>		
	Returns	Excellent or very good %	95% confidence interval	Returns	Excellent or very good %	95% confidence interval
<b>Gender</b>						
Female	1212	77.4	75.0–79.7	888	63.9	60.7–67.0
Male	403	79.9	76.0–83.8	437	67.5	63.1–71.9
Non-binary	4			2		
<b>Aboriginal status</b>						
Aboriginal	117	78.6	71.2–86.1	117	67.5	59.0–76.0
Not Aboriginal	1503	77.4	75.3–79.5	1230	64.5	61.8–67.1
<b>Age group (years)</b>						
Under 18	6			9		
18–24	14			41	65.9	51.3–80.4
25–34	106	81.1	73.7–88.6	117	65.8	57.2–74.4
35–44	327	82.0	77.8–86.1	278	71.2	65.9–76.5
45–54	586	81.1	77.9–84.2	417	69.3	64.9–73.7
55–64	282	75.2	70.1–80.2	269	54.6	48.7–60.6
65–74	195	64.6	57.9–71.3	140	57.1	48.9–65.3
75 and over	101	68.3	59.2–77.4	74	56.8	45.5–68.0
<b>Duration as a carer</b>						
Up to 6 months	130	77.7	70.5–84.8	229	61.1	54.8–67.4
6 months – 1 year	129	79.8	72.9–86.8	74	74.3	64.4–84.3
1–2 years	181	84.5	79.3–89.8	111	72.1	63.7–80.4
2–5 years	270	80.0	75.2–84.8	169	59.2	51.8–66.6
5–10 years	199	76.4	70.5–82.3	135	54.1	45.7–62.5
Over 10 years	705	74.8	71.5–78.0	586	67.6	63.8–71.4
<b>Relationship</b>						
Child	985	77.8	75.2–80.4	709	68.4	65.0–71.8
Friend	30	70.0	53.6–86.4	41	56.1	40.9–71.3
Parent	155	89.0	84.1–94.0	110	70.0	61.4–78.6
Sibling	86	66.3	56.3–76.3	88	59.1	48.8–69.4
Spouse	223	74.9	69.2–80.6	267	62.2	56.4–68.0
Other	148	78.4	71.7–85.0	96	54.2	44.2–64.1
<b>Duration with service</b>						
Less than 1 month	180	76.7	70.5–82.8	180	76.7	70.5–82.8
1–6 months	465	83.0	79.6–86.4	465	83.0	79.6–86.4
6 months – 1 year	255	76.9	71.7–82.0	255	76.9	71.7–82.0
1–5 years	422	77.0	73.0–81.0	422	77.0	73.0–81.0
More than 5 years	274	70.1	64.7–75.5	274	70.1	64.7–75.5
<b>Regional/Metropolitan</b>						
Regional	716	71.8	68.5–75.1	761	71.1	67.9–74.3
Metropolitan	985	81.9	79.5–84.3	652	56.7	52.9–60.6
<b>Sexual orientation</b>						
Bisexual	14			5		
Gay or lesbian	13			13		
Straight	785	77.7	74.8–80.6	456	61.2	56.7–65.7



## The experience of Aboriginal consumers

Across many of the CES questions, Aboriginal people continue to report a different experience when compared to non-Aboriginal people. The table below summarises the percentage of Aboriginal and non-Aboriginal carers rating each question either 4 or 5 (out of 5).

	 Community				 Hospital			
	Aboriginal		Not Aboriginal		Aboriginal		Not Aboriginal	
	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval
Q1	87.2	81.1-93.2	87.0	85.3-88.7	75.0	67.1-82.9	76.3	73.9-78.6
Q2	78.6	70.4-86.7	74.2	71.6-76.8	67.3	58.5-76.0	62.1	59.2-65.1
Q3	85.2	78.7-91.7	87.4	85.7-89.1	77.1	69.5-84.7	77.8	75.5-80.2
Q4	90.5	85.2-95.8	89.9	88.4-91.5	76.9	69.3-84.6	80.5	78.2-82.7
Q5	83.1	74.4-91.8	91.4	88.4-91.5	76.3	66.9-85.6	84.1	80.8-87.5
Q6	93.2	88.6-97.7	92.3	90.9-93.6	79.7	72.4-86.9	86.0	84.1-88.0
Q7	89.0	83.3-94.6	92.1	90.8-93.5	82.9	76.1-89.7	86.1	84.2-88.1
Q8	86.2	79.9-92.5	89.1	87.5-90.7	73.9	65.9-81.9	78.7	76.4-81.0
Q9	92.4	87.6-97.2	95.4	94.3-96.4	84.1	77.3-90.8	91.3	89.7-92.9
Q10	87.1	81.0-93.2	91.1	89.6-92.5	77.4	69.7-85.0	83.2	81.1-85.3
Q11	86.2	79.9-92.5	88.4	86.8-90.0	74.1	66.2-82.1	79.6	77.3-81.8
Q12	82.1	74.8-89.4	82.2	80.2-84.2	67.9	59.2-76.5	70.7	68.0-73.4
Q13	86.1	79.8-92.4	88.7	87.1-90.3	81.0	73.9-88.2	82.4	80.2-84.5
Q14	88.6	82.8-94.4	91.0	89.5-92.4	78.3	70.7-85.8	85.9	84.0-87.9
Q15	84.2	77.5-90.9	86.2	84.4-88.0	70.4	62.1-78.8	77.4	75.1-79.8
Q16	82.3	75.3-89.3	86.1	84.3-87.9	71.1	62.7-79.4	77.3	74.9-79.7
Q17	84.2	77.5-90.9	83.6	81.7-85.5	72.3	64.0-80.6	80.4	78.1-82.6
Q18	70.2	61.0-79.5	72.2	69.5-74.9	64.4	55.0-73.7	64.9	61.8-67.9
Q19	60.5	50.1-70.8	65.3	62.3-68.4	63.6	54.2-73.1	56.6	53.4-59.8
Q20	69.0	59.9-78.1	66.5	63.6-69.4	60.4	50.6-70.2	55.8	52.5-59.0
Q21	78.3	70.5-86.1	75.7	73.3-78.1	73.3	64.9-81.8	72.0	69.2-74.7
Q22	67.7	58.5-76.9	68.3	65.6-71.0	64.0	54.6-73.4	60.6	57.6-63.7
Q23	85.2	78.5-91.9	80.9	78.7-83.0	74.0	65.6-82.5	75.1	72.5-77.7
Q24	68.4	59.1-77.8	73.7	70.9-76.5	71.1	62.1-80.2	62.1	58.9-65.2
Q25	74.3	66.1-82.5	75.5	73.3-77.8	64.8	55.8-73.8	64.8	62.0-67.6
Q26	72.7	64.4-81.1	80.4	78.4-82.5	74.1	66.0-82.2	73.8	71.2-76.3
Q27	68.5	59.8-77.1	73.4	71.1-75.7	72.7	64.4-81.1	63.9	61.1-66.7
Q28	66.4	57.8-75.0	76.3	74.1-78.4	62.3	53.4-71.2	63.7	61.0-66.4
Q29	87.1	81.0-93.2	86.4	84.7-88.2	77.9	70.2-85.5	84.4	82.4-86.5

## The experience of consumers in regional and metropolitan services

Across many of the CES questions, people in regional areas report a different experience when compared to people in metropolitan areas. The table below summarises the percentage of consumers in regional and metropolitan areas rating each question either 4 or 5 (out of 5).

	 <b>Community</b>				 <b>Hospital</b>			
	<b>Regional</b>		<b>Metropolitan</b>		<b>Regional</b>		<b>Metropolitan</b>	
	<b>Excellent or very good %</b>	<b>95% confidence interval</b>	<b>Excellent or very good %</b>	<b>95% confidence interval</b>	<b>Excellent or very good %</b>	<b>95% confidence interval</b>	<b>Excellent or very good %</b>	<b>95% confidence interval</b>
Q1	83.9	81.2-86.6	89.3	87.4-91.2	70.2	66.7-73.6	80.5	77.7-83.4
Q2	67.8	63.7-71.9	79.8	77.0-82.6	58.4	54.3-62.4	66.4	62.8-69.9
Q3	85.2	82.6-87.9	89.1	87.2-91.1	72.7	69.3-76.1	81.5	78.8-84.3
Q4	86.7	84.2-89.3	92.6	90.9-94.2	73.9	70.5-77.3	85.2	82.6-87.8
Q5	80.5	74.5-86.4	94.2	92.1-96.3	77.1	71.8-82.5	86.9	83.3-90.5
Q6	90.3	88.1-92.4	93.9	92.4-95.4	80.3	77.2-83.3	89.2	86.9-91.4
Q7	88.8	86.5-91.0	94.3	92.9-95.8	80.5	77.5-83.5	90.1	88.0-92.2
Q8	84.3	81.6-86.9	92.0	90.4-93.7	71.0	67.5-74.5	83.4	80.8-86.0
Q9	85.5	82.8-88.3	85.5	82.8-88.3	85.5	82.8-88.3	94.3	92.7-96.0
Q10	75.3	72.0-78.6	75.3	72.0-78.6	75.3	72.0-78.6	88.5	86.2-90.7
Q11	72.2	68.8-75.7	72.2	75.7-68.8	72.2	68.8-75.7	84.4	81.8-87.0
Q12	78.0	74.8-81.2	85.1	82.8-87.4	62.6	58.6-66.6	75.3	72.1-78.5
Q13	85.1	82.4-87.7	90.7	88.8-92.5	76.1	72.7-79.4	87.4	85.0-89.8
Q14	86.8	84.3-89.2	93.7	92.2-95.2	79.3	76.1-82.4	90.6	88.5-92.7
Q15	81.4	78.5-84.3	89.2	87.2-91.2	69.6	66.0-73.2	82.6	79.8-85.3
Q16	81.8	78.9-84.7	89.0	87.0-91.0	70.5	66.9-74.1	81.5	78.7-84.3
Q17	78.9	75.8-82.0	87.1	85.0-89.3	72.6	69.1-76.1	85.5	83.0-88.1
Q18	64.0	59.9-68.2	77.4	74.3-80.5	58.8	54.6-62.9	69.7	66.0-73.5
Q19	56.5	51.9-61.1	70.7	67.1-74.2	50.4	46.0-54.8	63.9	60.0-67.9
Q20	62.2	57.9-66.5	71.9	68.4-75.3	48.9	44.5-53.3	62.3	58.2-66.3
Q21	64.5	60.7-68.2	68.9	65.2-72.6	67.6	63.7-71.4	76.1	72.8-79.5
Q22	58.9	54.7-63.0	75.8	72.8-78.9	52.8	48.5-57.1	68.1	64.4-71.8
Q23	78.3	75.1-81.6	83.4	80.9-85.9	72.2	68.5-75.8	78.2	75.0-81.3
Q24	64.1	59.6-68.6	80.5	77.4-83.5	57.1	52.7-61.5	68.8	64.9-72.6
Q25	70.7	67.3-74.2	79.2	76.6-81.8	58.5	54.6-62.5	69.7	66.3-73.1
Q26	75.9	72.7-79.0	83.2	80.8-85.6	69.1	65.5-72.8	78.7	75.7-81.7
Q27	66.4	62.8-69.9	78.1	75.4-80.7	61.6	57.7-65.5	68.1	64.7-71.6
Q28	70.3	67.0-73.7	79.5	76.9-82.0	58.4	54.6-62.3	68.5	65.2-71.9
Q29	84.1	81.4-86.8	88.3	86.2-90.3	81.6	78.6-84.6	86.0	83.5-88.6

# Appendix 4 – CES domains

<b>Making a difference/Impact</b>	
This domain describes how the service contributes to outcomes for individuals. It includes social and emotional wellbeing and physical health.	
Q25	Your <b>relationship with the person</b> for whom you care
Q26	Your <b>hopefulness for your future</b>
Q27	Your <b>overall wellbeing</b>
Q28	<b>Overall, how would you rate your experience as a carer with this mental health service over the <i>last three months</i>?</b>
<b>Information and support</b>	
This domain describes how the service works for the individual. It includes resources such as written information, a care plan, and access to peer support.	
Q1	You understood <b>what you could expect from the mental health service</b> for yourself and your family member, partner or friend
Q2	You were given an <b>explanation of any legal issues</b> that might affect your family member, partner or friend
Q3	You understood your <b>rights and responsibilities</b>
Q16	You were given <b>information about services and strategies</b> available if your family member, partner or friend became unwell again
Q18	A brochure or other <b>material about your rights and responsibilities</b>
Q20	An <b>explanation of how to make a compliment or complaint</b> about the mental health service
Q21	<b>Information about carer support services</b> (such as local groups, carer consultants, counsellors)
Q22	Information on <b>opportunities to participate in improving this mental health service</b>
Q23	A <b>number you could call after hours for the service</b>
Q24	<b>Information about taking a support person</b> to meetings or hearings if you wished
<b>Individuality</b>	
This domain describes how the service meets an individual's needs. It includes sensitivity to culture, gender and faith and the importance of personal values and beliefs.	
Q4	Your <b>personal values, beliefs and circumstances were taken into consideration</b>
Q5	You were able to obtain <b>cultural or language support</b> (such as an interpreter) when you needed
Q12	You were given the <b>opportunity to enhance your abilities as a carer</b>
Q14	Staff worked in a way that <b>supported your relationship</b> with your family member, partner or friend
<b>Participation</b>	
This domain describes how the service provides opportunities for engagement, choice and involvement in the process of service delivery.	
Q6	You were given the <b>opportunity to provide relevant information</b> about your family member, partner or friend
Q8	You were <b>involved in decisions</b> affecting your family member, partner or friend
Q10	You were given <b>opportunities to discuss the care, treatment and recovery of your family member, partner or friend</b> (even, if for reasons of confidentiality, you could not be told specific information)
Q11	You were <b>involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend</b>
Q17	You had <b>opportunities to communicate confidentially with the treating doctor</b> if you needed (such as by phone, email or in person)
<b>Respect</b>	
The domain describes how the service provides the individual with a welcoming environment where they are recognised, valued and treated with dignity.	
Q7	Your <b>opinion as a carer was respected</b>
Q9	You were <b>identified as a carer</b> of your family member, partner or friend
Q13	<b>Staff conveyed hope</b> for the recovery of your family member, partner or friend
<b>Additional NSW questions</b>	
Q15	<b>You were given the specific information you needed</b> for your role in the ongoing care, treatment and recovery of your family member, partner or friend
Q19	Information about <b>the role and legal rights of designated carers and principal care providers</b> under the NSW Mental Health Act 2007

Notes: Q29 is not included in the domain structure. The additional NSW questions do not contribute to the overall score.

