



What consumers  
say about NSW  
Mental Health  
Services



# Your Experience of Service

2020–2021



## Acknowledgements

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

## Report produced by

InforMH  
System Information and Analytics Branch  
NSW Ministry of Health

Published December 2021

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) 210919  
978-1-76081-960-6 (print)  
978-1-76081-961-3 (online)



# Contents

Foreword	2
Summary	3
2020–21 YES snapshot	4
How many consumers completed a YES questionnaire?	5
Which consumers completed a YES questionnaire?	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
Information about physical health	16
What has changed?	18
Experience of Aboriginal and Torres Strait Islander consumers	21
2020–21 achievements	25
Appendix 1 – Your Experience of Service	26
Appendix 2 – Questionnaire	27
Appendix 3 – Technical information	31
Appendix 4 – YES domains	35
Appendix 5 – Glossary and acronyms	36



# Foreword

Consumer experience should be at the centre of mental health care. Over the last six years, Being – Mental Health Consumers and the NSW Ministry of Health have worked in partnership to support services to gather feedback from consumers using the Your Experience of Service (YES) questionnaire. This feedback is essential for evaluating and improving mental health services as it highlights what is most important to consumers.

We need to ensure the voices of people with mental health issues are heard by decision makers, service providers and the community. YES is vital to achieving this, as it enables people to give ongoing feedback anonymously.

Since YES was made available in NSW in 2015, over 130,000 questionnaires have been completed. Over the last two years, it has been especially important to continue hearing feedback, as COVID-19 created unique challenges and affected how services provided care and support.

Through YES, consumers have told us that staff have the largest impact on their experience. Often it is not the therapeutic intervention, medication or service delivery that is commented on, it's that the staff were friendly, caring, compassionate and helpful. It's the people that make the biggest impact. This means that every staff member has the opportunity to improve the experience of people coming into contact with services.

It is fantastic to see so many services already using the feedback collected through YES to look for opportunities to improve through action and change. We encourage all services to hear what is most important to consumers and continue to look for opportunities to improve.

Thank you to the many consumers who have completed YES questionnaires. Your ongoing feedback helps services understand what they are doing well and where they can improve. Thank you also to the NSW Health staff who hear that feedback and work together with consumers to improve services.



Irene Gallagher  
Chief Executive Officer  
Being – Mental Health Consumers Inc.

# Summary

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

## More than 24,000 YES questionnaires were returned in 2020–21

This represents around 38 per cent (16,732 returns) of all mental health consumers admitted to hospital and 4 per cent (6430 returns) of all community mental health consumers. Around 11 per cent of all returned questionnaires (2497) were completed by Aboriginal people. Overall, returns increased by 4 per cent compared with last year. Since the rollout of YES in 2015, 136,877 questionnaires have been returned.

## More people completed YES online in the community

Since eYES was implemented in 2018, the proportion of surveys completed online has more than doubled each year. In 2020–21, this figure increased in the community to 30 per cent of questionnaires (16% higher than the previous year). Around 5 per cent of hospital returns are completed online, with the highest proportion coming from older people's hospital services (9%).

## Experience has improved compared to previous years

Across both hospital and community settings, the percentage of people reporting an excellent or very good experience has improved by 1 percentage point compared to in 2019–20. In community settings, males had a significantly more positive experience compared to the previous year (77% in 2019–20; 80% in 2020–21). In hospital, young adults (18–24 years) and people in hospital for 3–4 weeks reported statistically significant improvements in experience compared to the previous year.

## The experience of Aboriginal and Torres Strait Islander people has improved

This year, the overall experience of Aboriginal people in community mental health services increased from 73 per cent excellent or very good in 2019–20 to 77 per cent in 2020–21. While Aboriginal consumers continue to report a less positive experience compared to non-Aboriginal consumers, the gap is smaller than it has been in previous years. The experience of Aboriginal consumers in hospital also improved this year (69% in 2019–20 to 72% in 2020–21). In hospital, Aboriginal consumers continue to report a similar experience to non-Aboriginal consumers.

## The experience of consumers accessing forensic mental health services has significantly improved

In hospital forensic services, the proportion of people reporting an excellent or very good experience increased from 36 per cent in 2019–20 to 54 per cent in 2020–21. In community forensic services, the following groups reported a significant improvement in experience: males, Aboriginal consumers, people aged less than 18 years, people aged 35–44 years, those engaged with the service for 3 weeks to 3 months and those receiving voluntary care.

## It is important to acknowledge the impact of the COVID-19 pandemic on the experience of consumers

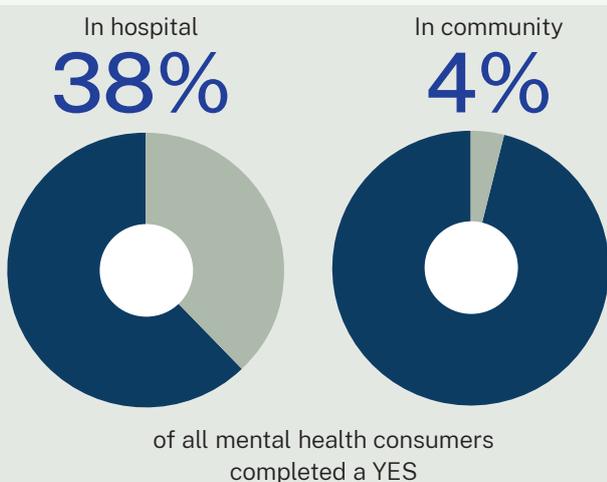
Although not explored in detail in this report, it is important to consider the possible impacts of COVID-19 when interpreting these results. The report 'Consumer and carer experience of NSW mental health services during the 2020 COVID-19 pandemic' explores the impacts of COVID-19 in more detail and is available at <https://www.health.nsw.gov.au/mentalhealth/participation/Pages/partners.aspx>.



# 2020–21 YES snapshot

More than  
**136,000**

YES questionnaires have been returned since March 2015



**76%** of people rated their overall experience as excellent or very good



**71%**  
of hospital consumers



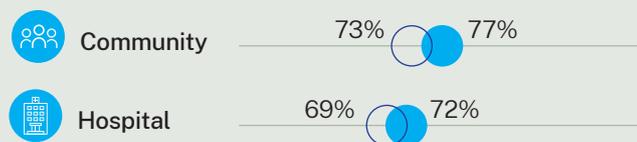
**81%**  
of community consumers

The experience of the following groups has improved



## The experience of Aboriginal people has improved

Percentage of Aboriginal consumers reporting an excellent or very good overall experience



● 2020–21  
○ 2019–20

## The largest improvements were in the domains of:

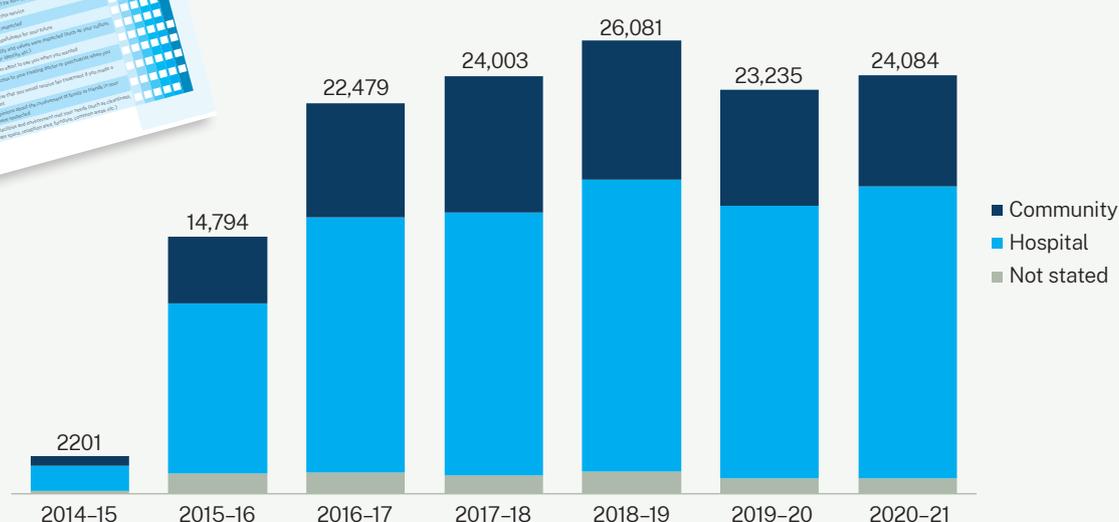
- Community
- Respect
  - Safety & fairness
  - Individuality
  - Participation
- Hospital
- Info & support
  - Making a difference

# How many consumers completed a YES questionnaire?



In 2020–21 **24,084** YES questionnaires were returned.

This is an increase of 4 per cent compared to last year.



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

YES questionnaires are offered by staff and available online, in consumer spaces such as waiting areas and using displays and 'hotboards'. YES questionnaires are anonymous, so there is no way of knowing how many consumers were offered a questionnaire. In 2020–21, 153 hospital units and 313 community teams received feedback using YES. We estimate that the number of YES returns is equivalent to around 38 per cent of all hospital consumers and approximately 4 per cent of community consumers. Please see the technical summary in Appendix 3 for information about how YES return rates are calculated.

## Around 30% of community questionnaires were completed online

Uptake of the online YES questionnaire (eYES) has increased compared to previous years. Approximately 5 per cent of hospital returns and 30 per cent of community returns were completed online. The proportion of surveys completed online in the community has increased by more than double each year since eYES was implemented in 2018. Adult and general (37%) and child and adolescent (28%) services had the largest proportions of eYES returns in community settings, whereas older people's services had the largest proportion of eYES returns in hospital settings (9%).

## More than 11% of questionnaires were completed by Aboriginal people

This year, 2497 questionnaires were completed by Aboriginal people. Of these, approximately 73 per cent were about hospital services. Aboriginal people were as likely as non-Aboriginal people to complete YES online, with 3 per cent of hospital and 31 per cent of community returns being completed via eYES.

## Despite the impacts of COVID-19, returns increased from last year

Throughout 2019–20 and 2020–21, the COVID-19 pandemic has affected how services deliver care and how consumer feedback is collected. Despite these impacts, over 24,000 surveys were completed this year, which is a 4 per cent increase from last year. By continuing to collect feedback throughout the pandemic, services have a unique opportunity to understand how consumers have experienced the different ways in which services have provided care and support.



# Which consumers completed a YES questionnaire?

---

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

---

*In YES community returns, people with very brief care (less than 24 hours) and people under 25 years old are under-represented.*

## We need to hear from all groups of consumers

It is important to know if some groups of consumers are less likely to complete a YES questionnaire. We compared YES returns with information about people who received support in NSW hospital and community mental health services in 2020–21. Younger people and people with brief contact in the community are under-represented in YES. This makes it more difficult to ensure services meet their needs. Please note, NSW health data details the biological sex of an individual and not the gender they identify with. Therefore the 'other' gender identity category used in YES cannot be compared with the people accessing services, as this category is only used when biological sex is not clear at birth and will always be reported as 0 per cent.

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

YES returns from hospital services are broadly representative of all hospital consumers. People with brief stays in hospital (1 day to 2 weeks) are slightly under-represented. People aged 65 years and over have been under-represented in previous years, but in 2020–21, YES hospital returns are broadly representative of all age groups.

## Aboriginal consumers continue to be well represented in YES

Around 9 per cent of community returns and 12 per cent of hospital YES questionnaires were completed by people who identify as Aboriginal and/or Torres Strait Islander. This is proportional to the rate of Aboriginal people accessing mental health services. Throughout this report the term Aboriginal will be used to represent Aboriginal and Torres Strait Islander people.

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

Men and women, Aboriginal consumers and people receiving involuntary care were well represented in community YES returns. People aged less than 25 years continue to be under-represented, although this has improved from previous years. Around 32 per cent of community consumers are aged 25 years or under, but only 25 per cent (23% in 2019–20) of YES questionnaires returned were from this age group.

People who have long-term contact with services are much more likely to complete a YES questionnaire. This year around 23 per cent of consumers had care for more than six months, but they made up almost half (46%) of YES returns. In 2020–21, 45 per cent of people accessing mental health services in the community had a brief duration of contact (less than 24 hours), but only 5 per cent of YES returns were completed by this group.

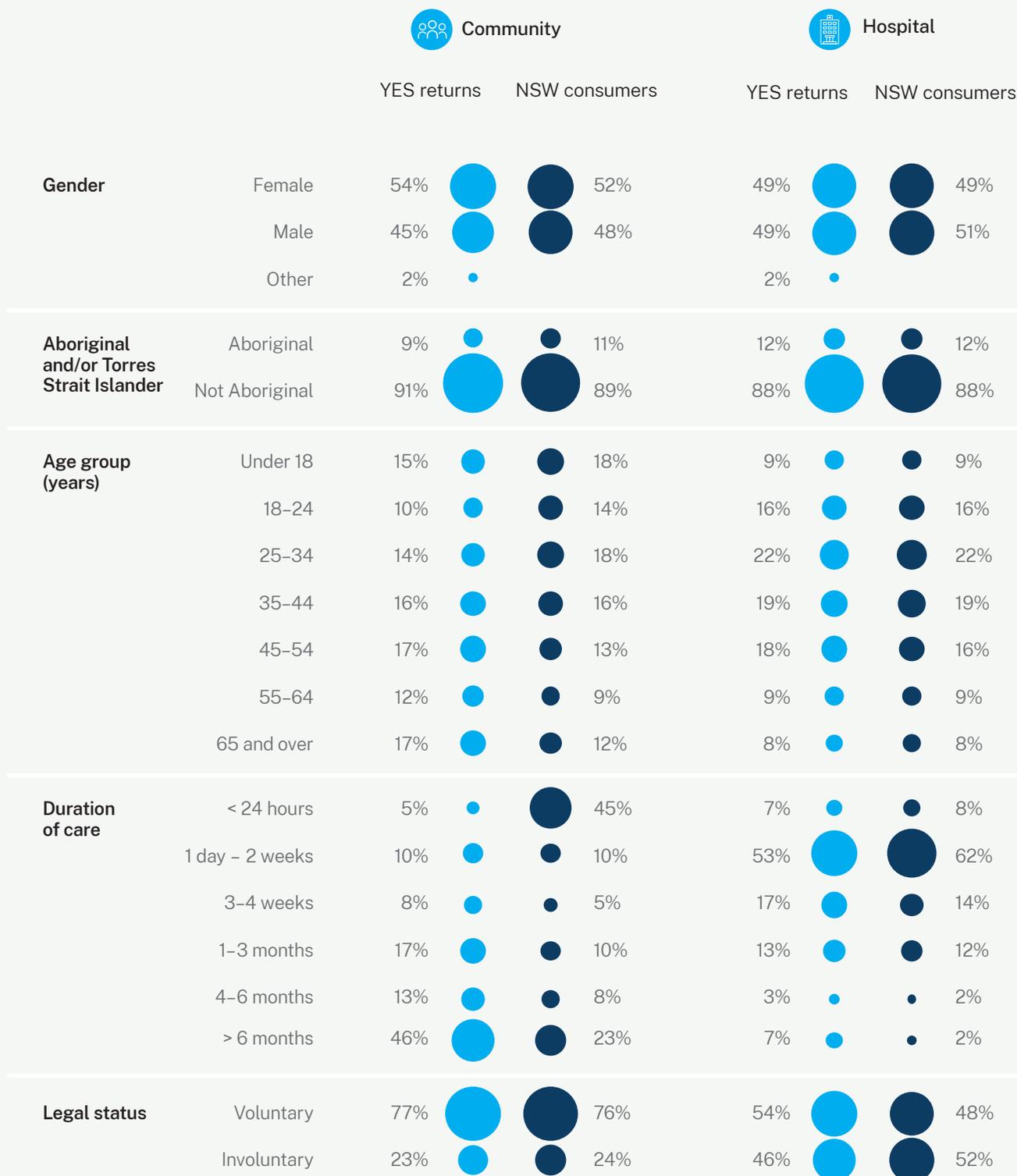
We need to be cautious when interpreting community findings because they may not include the voices of some groups of consumers.

The best things about this service were...

The nurses were always so caring and lovely to be around. They made me feel safe and cared for.



## Proportion of YES returns compared with people accessing mental health services



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



# What did consumers say about their experience?

76% of people reported an excellent or very good experience.

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

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

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

## Overall experience is measured using an experience index

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

This year 76 per cent of people reported an excellent or very good experience

Consumers in community services reported a more positive experience (81% excellent or very good) compared to hospital services (71% excellent or very good). Across the six YES domains, the most positive experiences were reported for domains of Respect, Safety & fairness, and Individuality. Overall, fewer people rated their access to information and support and the Making a difference domain as excellent or very good. Information about the questions included in each YES domain is available in Appendix 4. On page 18 we will explore how these scores have changed over time.

## Overall experience score



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

"It was easier to access the service. The service was good but I had to go through several other services to get there"

"I had been involved in my care plan. There were lots of things that weren't discussed with me"

"If I knew the rules and what was expected of me. A formal orientation would have been helpful"

"My partner was contacted to update him on my progress. Especially because I didn't have access to my mobile"

"The wonderful people. Both the psychiatrist and mental health social worker"

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

"There were a lot of good things but the best was that the staff were so nice to us"

"The peer support and activities"



# Which groups of consumers report a different experience?

---

**People 18–24 years and over 65 years reported the most positive experiences compared to other age groups.**

---

**People who had brief contact with community services (less than 24 hours) or longer durations of care with hospital services (more than 6 months) reported a less positive experience.**

---

**People who identified their gender as 'Other' reported a less positive experience.**

---

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

## People who identified their gender as 'Other' had a less positive experience

It is important to note that the number of returns from this group is small (367) compared to the number of returns from people who identified their gender as male (10,519) or female (11,203). Each year, this group continues to return more YES questionnaires than the previous year. In community services, 72 per cent of 'Other'-gendered people rated their experience as excellent or very good compared with 83 per cent of females and 80 per cent of males. In hospital settings 56 per cent rated their experience as excellent or very good compared with 70 per cent of females and 73 per cent of males. Across both hospital and community settings, the largest difference between 'Other'-gendered people and males and females were in the domains of Making a difference and Individuality. In the free-text comments people stated that their experience would have been better if...

*'The psychiatrist and staff had greater awareness about LGBTQ+ matters, trans suicide risk and overall trans health issues'*

*'My cultural and gender identity was respected'*

## Older consumers (65 years and over) report a more positive experience

Across both hospital and community settings, older consumers continue to report a more positive experience than other age groups. Over 70 per cent of surveys returned from older consumers related to specialist older people's services. Older consumers rated these services more positively (84% excellent or very good) than adult and general services (77% excellent or very good). Young consumers (aged 18–24 years) reported a more positive experience of community services.

## The duration of contact affects experience differently in hospital and community settings

In hospital, people generally report a less positive experience where there is a longer duration of care. Consumers with brief contact reported a more positive experience (76% excellent or very good), whereas those in hospital for more than six months reported a less positive experience (63% excellent or very good). The opposite pattern is seen in community services, with 71 per cent of people having brief contact (less than 24hrs) reporting an excellent or very good experience, compared with 83 per cent of people engaged with the service for more than six months.

## The experience of involuntary consumers is no longer well below the target

In 2020–21, involuntary consumers reported a slightly more positive experience compared to previous years. Involuntary consumers reporting an excellent or very good experience increased by one percentage point compared to 2019–20 and this is now in the 'just below the target' category in both hospital and community settings.



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



# The overall experience of different groups of consumers



- Legend:**
- Community**
    - Better than target (≥85%)
    - Just below target (75% to <85%)
    - Below target (<75%)
    - 2019-20
  - Hospital**
    - Better than target (≥75%)
    - Just below target (65% to <75%)
    - Below target (<65%)
    - 2019-20

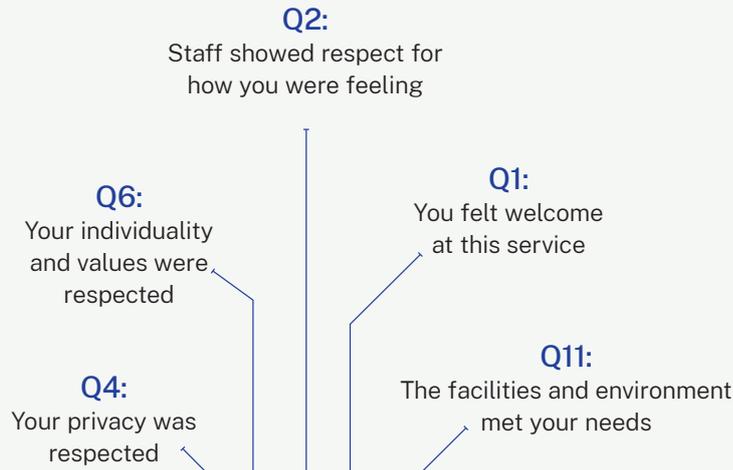
Note: For 2019-20 figures the coloured outline of the dot corresponds to the previous year's performance against the target.



# Highest- and lowest-scoring questions



Community



5.0

4.7

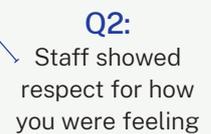
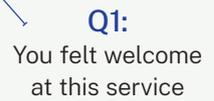
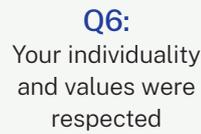
4.6

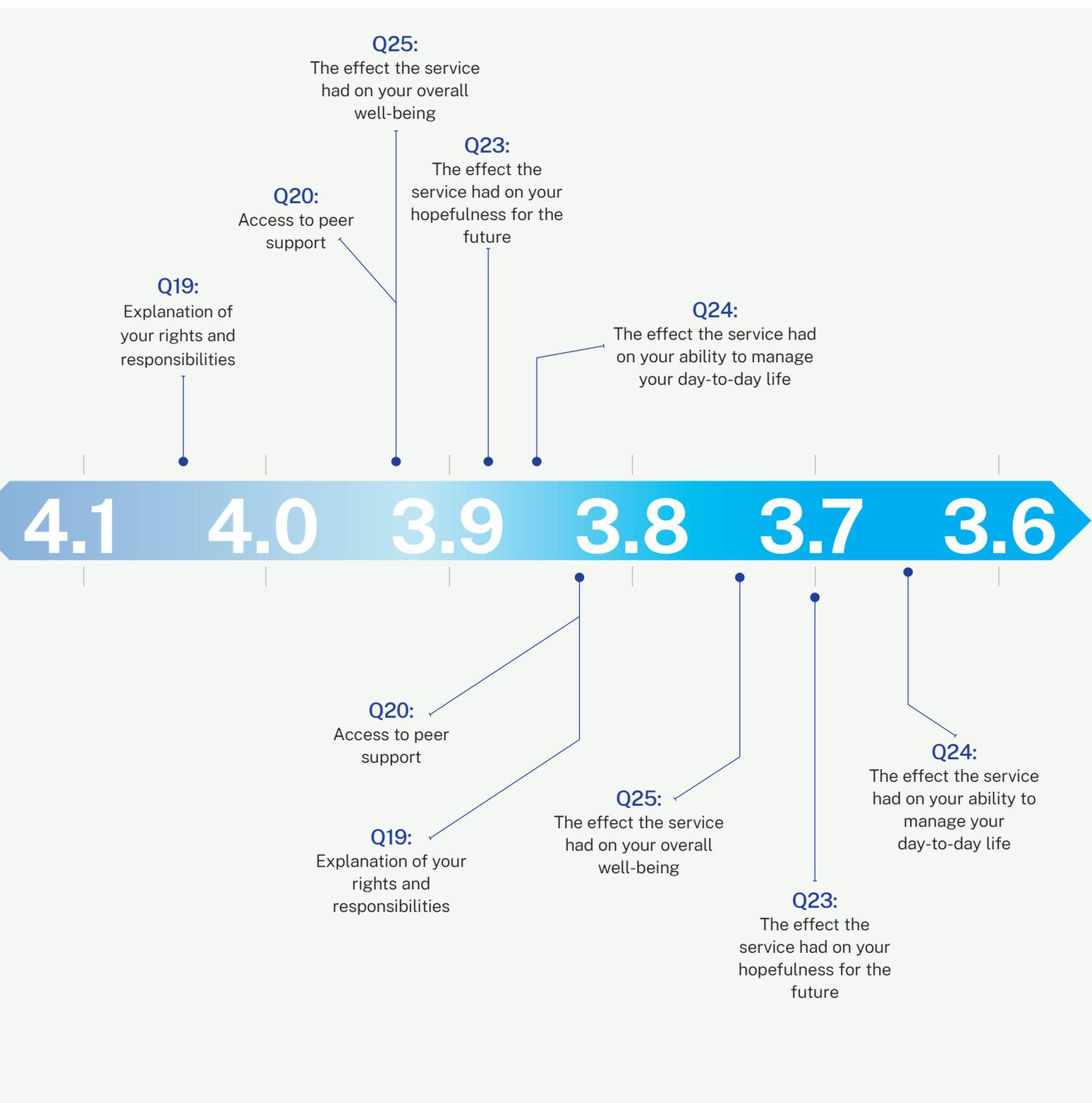
4.5

4.4



Hospital





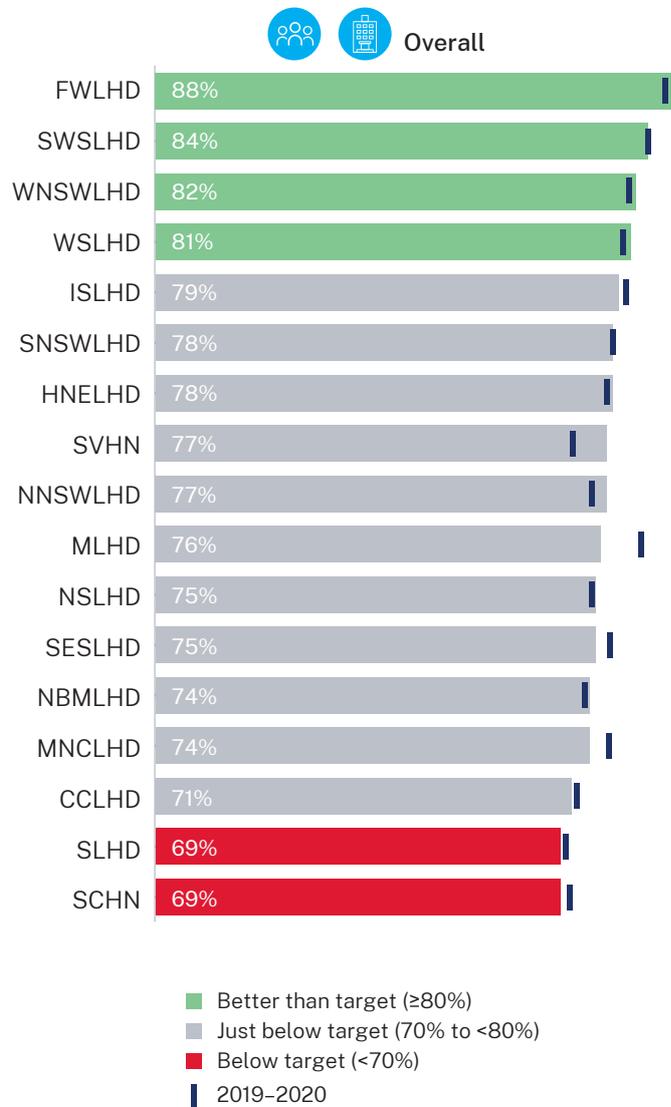
# How do LHDs and SHNs compare?

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

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

In 2020–21, four districts achieved the target. Two of these were rural districts and two were metropolitan districts. In community care, seven of the LHDs/SHNs met the target. In hospital settings, five LHDs/SHNs met the target, which is two more than last year. Seven districts achieved the target in community settings, which is two less than last year.

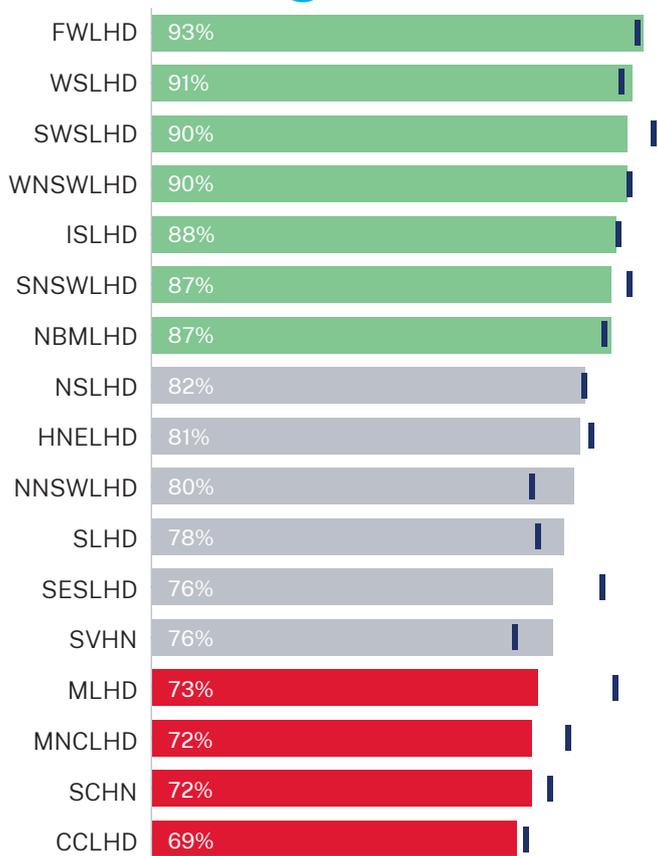
Overall, seven LHDs/SHNs reported improved experience compared with 2019–20. St Vincent’s Health Network (SVHN) reported the largest increase, from 71 per cent excellent or very good in 2019–20 to 77 per cent in 2020–21. In community services, six LHDs/SHNs reported improved experience, while nine reported a less positive experience compared to the previous year. In hospital settings, most LHDs/SHNs reported improved experience (12 LHDs/SHNs).



**Notes:**

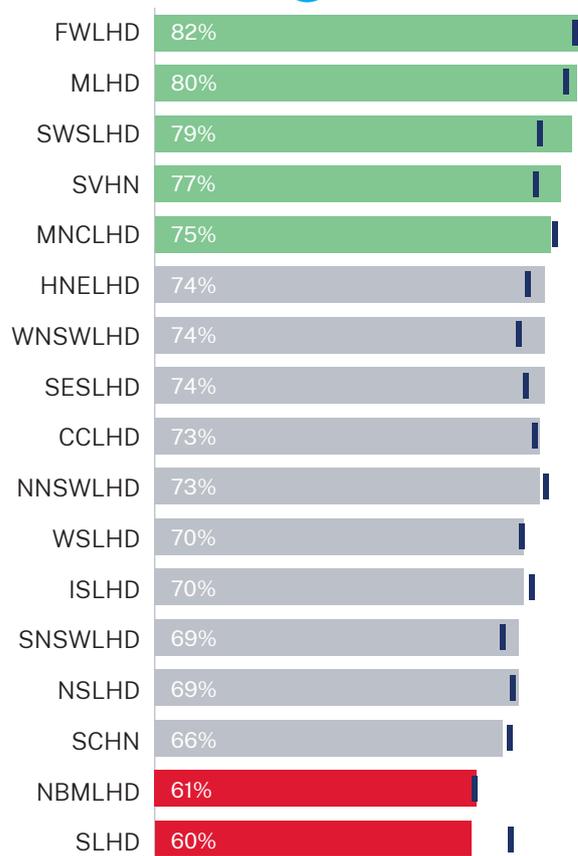
- For a list of acronyms, see Appendix 5 – Glossary and acronyms
- Justice Health and Forensic Mental Health Network results are reported separately on page 16 of the supplement report. Caution is needed when comparing results for the Justice Health and Forensic Mental Health Network to other LHDs and SHNs. Overall, 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 correctional setting.

 Community



■ Better than target ( $\geq 85\%$ )  
■ Just below target (75% to  $< 85\%$ )  
■ Below target ( $< 75\%$ )  
| 2019-2020

 Hospital



■ Better than target ( $\geq 75\%$ )  
■ Just below target (65% to  $< 75\%$ )  
■ Below target ( $< 65\%$ )  
| 2019-2020

The best things about this service were...  
How fast people call back so no-one slips through the cracks



# Information about physical health

*In 2020–21 there was little change in the proportion of people who recalled receiving information about physical health compared with last year.*

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

The physical health of people using mental health services is a key priority for NSW. 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](http://www.iphys.org.au)). When providing information to people it is important to consider how and when it is given. Not all information is relevant for 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.

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

As in previous years, more people recalled being given information about exercise, diet and medication side effects, across both hospital and community settings. Younger consumers are less likely to recall being given information about physical health than other age groups, in particular on the topics of smoking and drugs and alcohol. Older consumers recall being given information about diet, exercise and medication side effects more than other age groups.

## Fewer people recalled receiving information about sexual health than in previous years

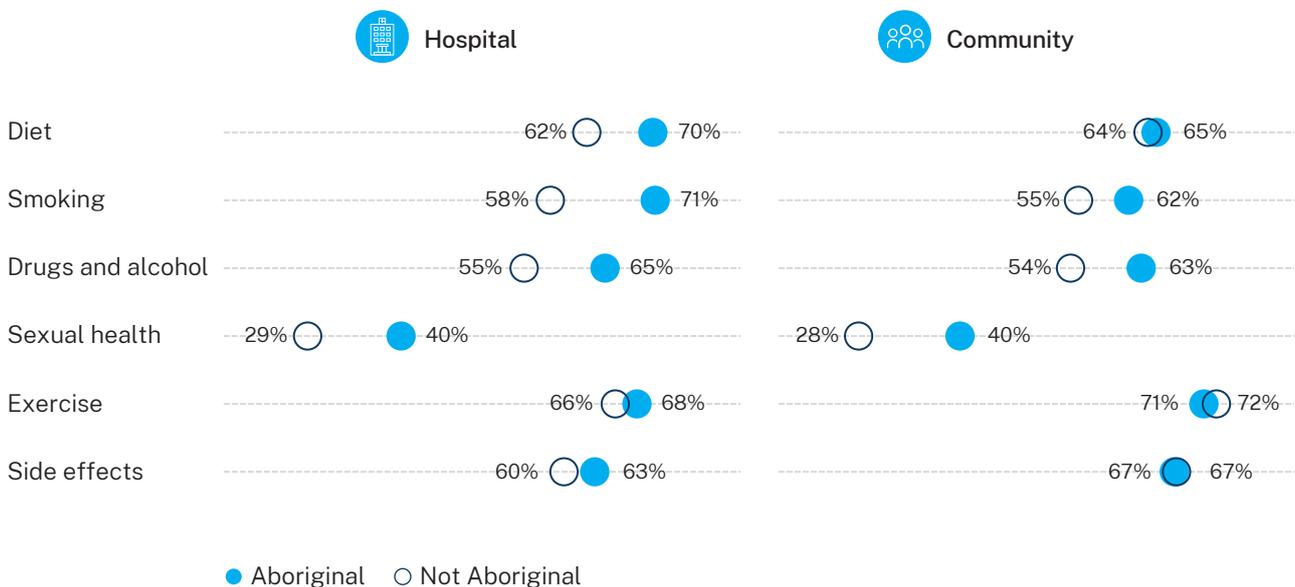
Sexual health is a topic that most consumers report they do not recall receiving information about. Older consumers are less likely to recall receiving information about sexual health, especially when they have a longer duration of care.

People aged 18–64 who have been engaged with the service for more than six months are the most likely to recall receiving information about sexual health (38%).

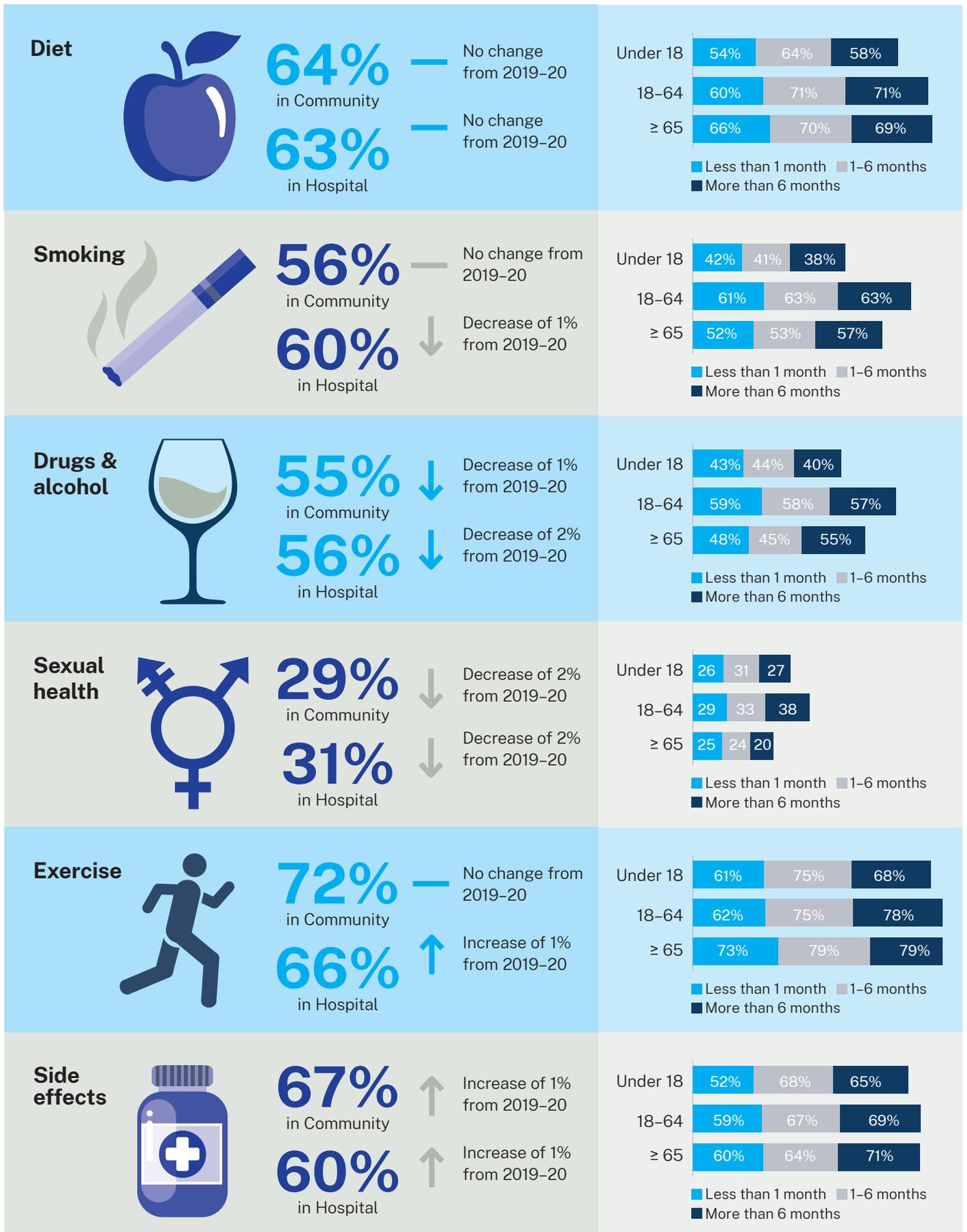
## More Aboriginal people recalled receiving information about physical health than other groups

In hospital settings, more Aboriginal people recalled receiving information across all the HeAL questions when compared to non-Aboriginal people. The same is true in community settings, except for the areas of diet and exercise. More Aboriginal people recalled information across most physical health questions compared to last year. Decreases from the previous year were noted in the topics of sexual health (in hospital) and side effects (in community settings).

## Percentage of Aboriginal and non-Aboriginal people who recalled receiving information about physical health



Percentage of people who recalled receiving information about physical health



# What has changed?

## Both hospital and community experience improved

To test for change, we looked at the percentage of consumers reporting an excellent or very good experience over the last five years. Overall experience has improved slightly in 2020–21 compared with previous years. Both hospital and community services have shown an improvement in experience since YES was introduced.

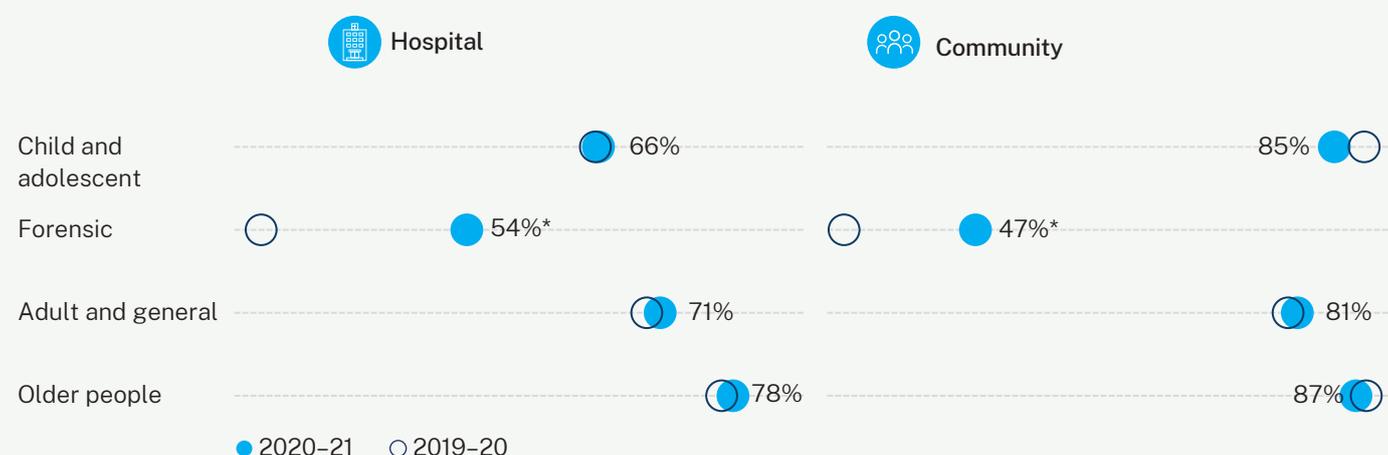
Percentage of NSW consumers reporting an excellent or very good experience						
	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21
Community	79%	79%	78%	79%	80%	<b>81%</b>
Hospital	67%	67%	69%	70%	70%	<b>71%</b>
Overall	73%	73%	73%	74%	75%	<b>76%</b>

## The experience of Aboriginal people has improved

Across both hospital and community settings, the experience of Aboriginal consumers has improved in 2020–21 compared to previous years. In hospital services, the largest improvement was for Aboriginal people aged 18–24 years. The percentage of people in this age group reporting an excellent or very good experience increased from 65 per cent in 2019–20 to 77 per cent in 2020–21. There were no statistically significant changes for Aboriginal consumers in community settings. More detail about the experience of Aboriginal consumers is explored on page 21.

Percentage of Aboriginal consumers reporting an excellent or very good experience						
	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21
Community	78%	73%	73%	72%	73%	<b>77%</b>
Hospital	66%	69%	68%	68%	69%	<b>72%</b>
Overall	72%	71%	71%	70%	71%	<b>75%</b>

## Percentage of consumers reporting an excellent or very good experience across service types



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

## The experience of consumers accessing forensic mental health services has significantly improved

In hospital forensic services, the proportion of people reporting an excellent or very good experience increased from 36 per cent in 2019–20 to 54 per cent in 2020–21. The largest improvement was in the Information & support domain, which increased from 28 per cent to 43 per cent excellent or very good. In the free-text comments, people stated that they felt supported and listened to and that the service gave them hope for the future. Many consumers in inpatient forensic services also commented that the food was one of the best things about the service.

In community forensic services, the following groups reported a significant improvement in experience: males, Aboriginal consumers, people aged less than 18 years and 35–44 years, those engaged with the service from 3 weeks to 3 months and those receiving voluntary care. It is important to note that forensic services in the community are often provided as outreach to custodial settings. In the community the domains of Respect, Safety & fairness, and Participation had the largest improvements. Many consumers stated that the best thing about the service was the staff, describing them as ‘caring’, ‘friendly’ and ‘supportive’.

## Males reported a more positive experience in community settings

Males reported a significant improvement across all YES domains, except for Individuality, when compared to 2019–20. Overall experience increased from 77 per cent excellent or very good in 2019–20 to 80 per cent in 2020–21. Many males stated that the best thing about the service was the access to and availability of the staff. Specific staff members were frequently mentioned, with males often commenting that the case managers were friendly and understanding. Communication and convenience was highlighted as a key theme, with many males stating they appreciated the home visits and regular phone calls, which increased their feelings of being safe and supported.

## Young adults (18–24 years) and people in hospital for 3–4 weeks reported significant improvements in hospital settings

The experience of young adults (18–24 years) increased from 69 per cent excellent or very good in 2019–20 to 73 per cent in 2020–21. Whether they had a more or less positive experience, similar themes were expressed in the free-text comments. When young adults had a positive experience, they often commented that the best things about the service were

- the feelings of safety,
- the compassion, support and understanding of the staff,
- feeling a sense of trust and non-judgement and
- the opportunities to participate in activities and make new friends.

Where young adults reported a less positive experience, they often stated that their experience would have been better if there were more activities, more time with staff, less feelings of being judged and more information about the treatments and what to expect from the service.

For people in hospital for 3–4 weeks, experience improved from 67 per cent excellent or very good in 2019–20 to 71 per cent in 2020–21. The free-text responses showed similar themes for this group, with the staff, as individuals and teams, having the largest impact on people’s experience.

## People in hospital reported a more positive experience of developing their care plan (Q21)

Q21. *Development of a care plan with you that considered all of your needs* was rated significantly higher this year compared to in 2019–20. This was the only question for which there was a statistically significant change, with an increase from 64 per cent excellent or very good in 2019–20 to 66 per cent in 2020–21. Many people who rated this question highly commented that being involved in developing their care plan gave them hope and supported them to plan for the future. People also commented that involving their family in care planning helped them to transition more easily back to their life in the community.

## COVID-19 was mentioned by many consumers in the free-text comments

Although COVID-19 is not being explored in detail in this report, it is important to note that consumers often mentioned the impacts of COVID-19 on their experience of mental health services throughout 2020–21. In hospital settings, consumers often mentioned that COVID-19 restricted visitors, leave and activities. Many people commented that they knew this was not the fault of the staff or services and that they appreciated the care provided.

In community settings, people often reported that they appreciated the phone or online support throughout COVID-19, and that staff and services adapted well when changes occurred. Some people stated that they would have preferred face to face support and if groups could have continued, but many commented that they felt the staff were doing the best they could under the circumstances.



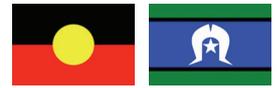
## Experience has improved across many LHDs/SHNs

Since YES was introduced in 2015, many LHDs/SHNs have seen an increase in the proportion 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 fewer than 30 returns in a year are not displayed. Please see Appendix 3 for more details.

## Percentage of consumers reporting an excellent or very good experience across LHDs/SHNs each year



# Experience of Aboriginal and Torres Strait Islander consumers



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

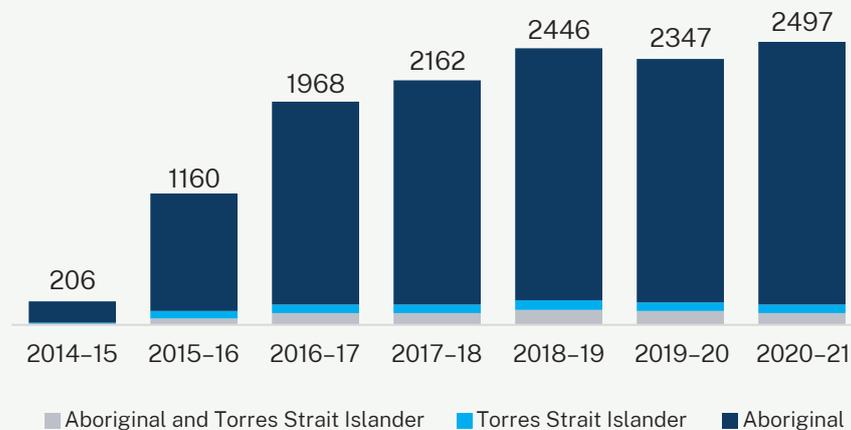
This year, 10 per cent of all people accessing hospital and community mental health services in NSW identified as Aboriginal. Since 2015, 12,786 YES questionnaires have been completed by Aboriginal people. In 2020–21, Aboriginal people returned 2,497 YES questionnaires, which makes up 9 per cent of community and 12 per cent of hospital returns. The YES questionnaire was not designed and tested with Aboriginal groups. Despite this, Aboriginal consumers are just as likely to complete a YES questionnaire as non-Aboriginal consumers.

## The overall experience of Aboriginal consumers has improved in 2020–21

In community settings, overall experience increased from 73 per cent excellent or very good in 2019–20 to 77 per cent in 2020–21. This is where we typically see the largest gap in overall experience between Aboriginal and non-Aboriginal consumers. The domain of Respect had the largest improvement in community services, increasing from 78 per cent to 83 per cent excellent or very good. Many Aboriginal consumers who had a positive experience commented that they felt listened to and that the staff took into account the things they said.

In hospital settings, overall experience increased from 69 per cent excellent or very good in 2019–20 to 72 per cent in 2020–21. The Information & support domain had the largest increases, from 59 per cent excellent or very good in 2019–20 to 63 per cent in 2020–21.

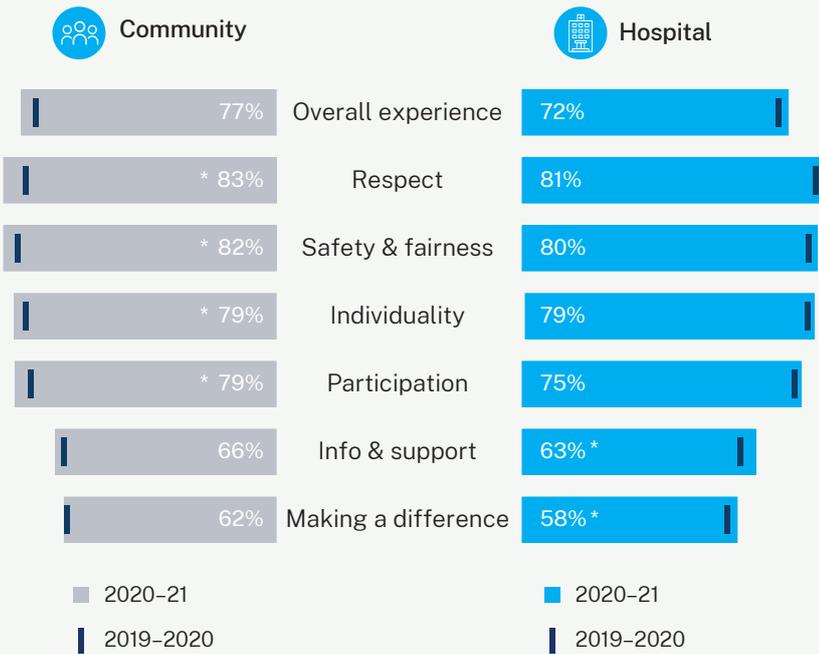
## Number of YES questionnaires completed by Aboriginal and Torres Strait Islander people



The best things about this service were...  
They engaged with me constantly. I felt safe and like I was an equal



## Percentage of Aboriginal consumers reporting an excellent or very good experience across YES domains in 2019–20 and 2020–21



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

### Aboriginal consumers continue to report a less positive experience than non-Aboriginal consumers in community mental health services

Although overall experience improved for Aboriginal consumers, they continued to report a less positive experience of community mental health services compared to non-Aboriginal people. In previous years, the largest difference has been in the domain of Respect. This year, with the improvements in the Respect domain, this is no longer the largest gap between Aboriginal and non-Aboriginal people, although it remains significantly less positive. The domains of Individuality and Safety & fairness had the largest gap between Aboriginal and non-Aboriginal people. Some Aboriginal people who rated these domains as less positive commented that their experience would have been better if...

*'They listened to what I had to say'  
 'I wasn't ignored, and the people cared about me'  
 'I didn't have to wait so long for help'*

### The experience of Aboriginal consumers in hospital was similar to or better than non-Aboriginal people

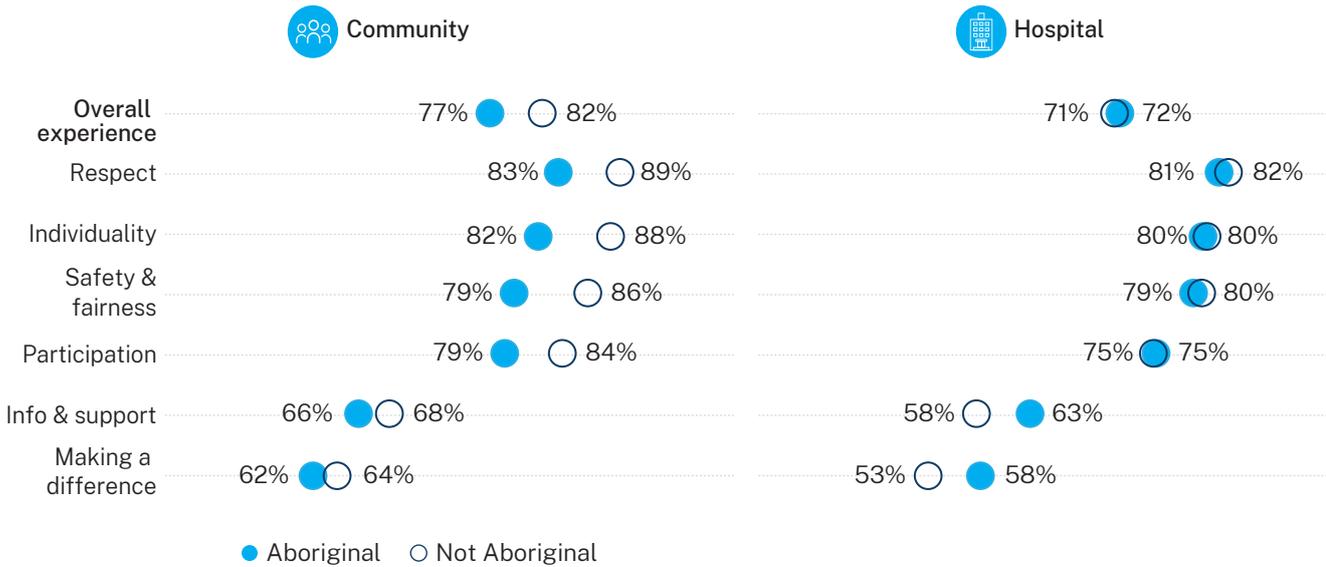
The domains of Information & support and Making a difference were rated significantly higher by Aboriginal consumers compared to non-Aboriginal consumers. These consumers often commented that staff communicated regularly and clearly with them, helping them to feel well informed. People frequently mentioned that they felt important and listened to.

### Aboriginal people aged 25–54 reported a significantly less positive experience in community settings compared to non-Aboriginal people

The experience of Aboriginal people aged 25–54 years in community settings has increased from 65 per cent excellent or very good in 2019–20 to 71 per cent in 2020–21. Despite this increase, the experience of Aboriginal people in this age group remains significantly less positive than that of non-Aboriginal people of the same age. The experience of Aboriginal consumers aged 18–24 in community settings has improved significantly from the previous year (69% in 2019–20; 82% in 2020–21) and is no longer significantly different to non-Aboriginal people.

In hospital settings, there was no significant difference between Aboriginal and non-Aboriginal people across different age groups. Compared to 2019–20, there was a significant improvement in the experience of Aboriginal people aged 18–24 in hospital (65% in 2019–20; 77% in 2020–21).

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



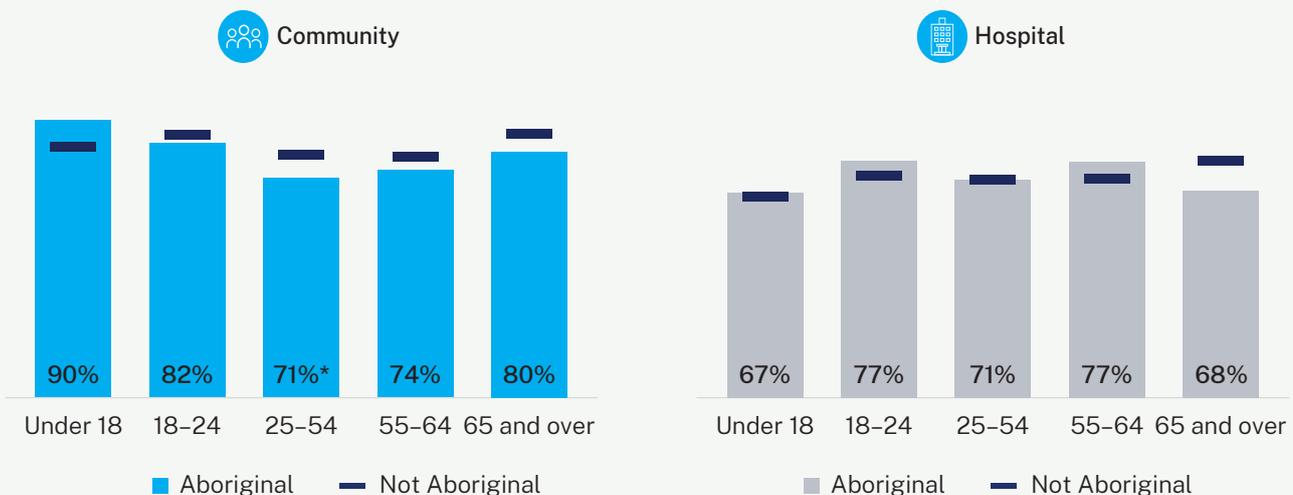
### Aboriginal people in community settings rated the facilities and environment (Q11) and access to their treating doctor or psychiatrist (Q8) lower than non-Aboriginal people

While many of the YES questions were rated significantly lower by Aboriginal people in community settings, the biggest difference was for Q11. *The facilities and environment met your needs.* Around 84 per cent of Aboriginal consumers rated this question as usually or always, compared to 92 per cent of non-Aboriginal consumers. Q8. *You had access to your treating doctor or psychiatrist when you needed,* and Q15. *You had opportunities to discuss your progress with the staff caring for you,* also had some of the largest differences.

### Feeling listened to was a key theme in the free-text comments for Aboriginal consumers

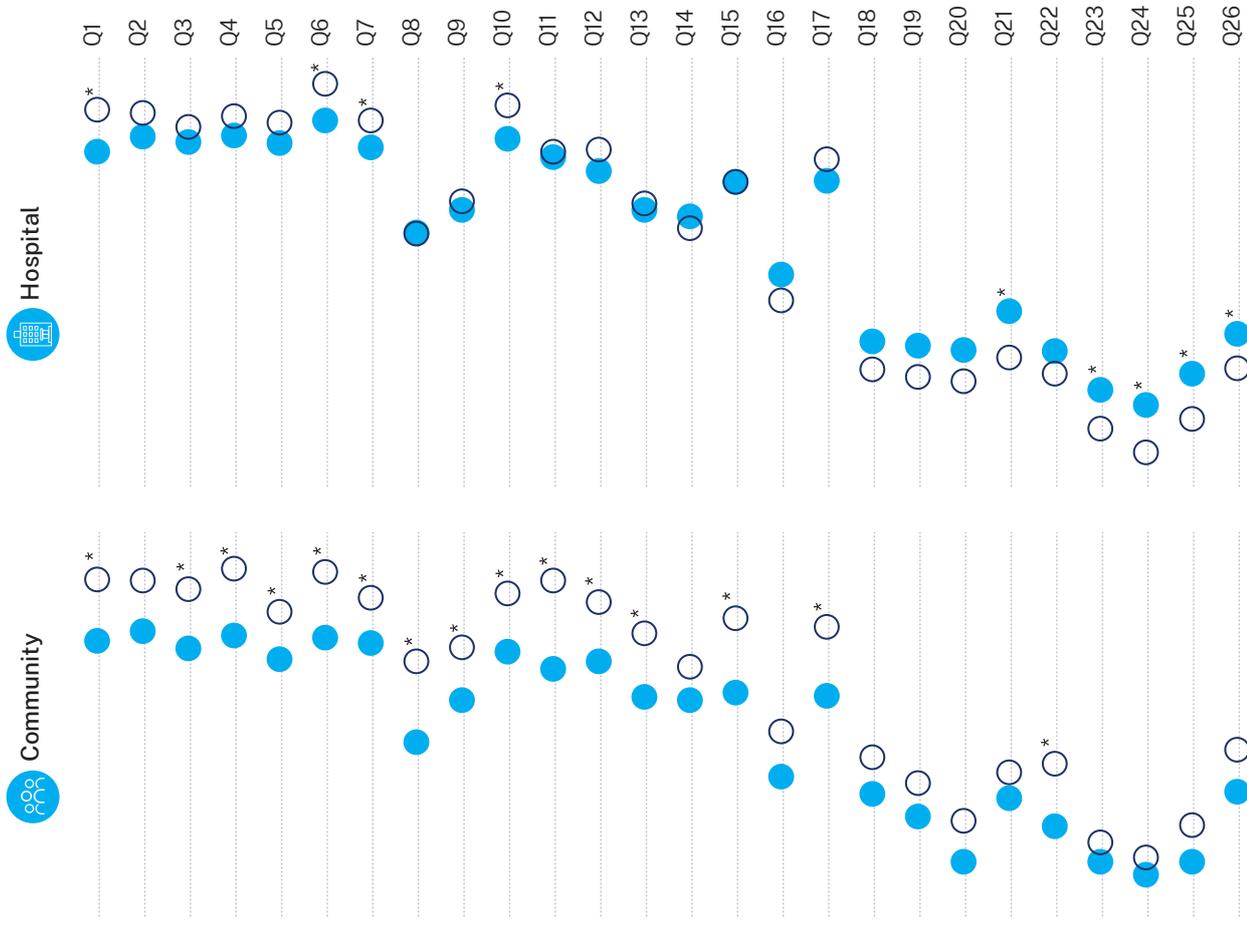
Where Aboriginal people reported a more positive overall experience, they often commented in the free text that they felt listened to and understood by staff. Aboriginal people often mentioned staff qualities such as trustworthiness, honesty, friendliness, caring and understanding. Where Aboriginal people reported a less positive experience, they mentioned similar themes, stating that they did not feel listened to, felt that staff were judgemental and did not treat them as individuals or take into account what they had to say.

## Percentage of Aboriginal and non-Aboriginal consumers reporting an excellent or very good experience across different age groups



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

Percentage of Aboriginal and non-Aboriginal consumers reporting an excellent or very good experience on each question



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

○ Not Aboriginal ● Aboriginal

\*statistically significant difference

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?

# 2020–21 achievements

## Highest number of questionnaires returned

### Hospital

Goulburn Mental Health Inpatient Service (Chisholm Ross) – **528 returns**  
Highest number of returns 5 years in a row

### Community

Justice Health Adult Ambulatory Service – **227 returns**  
Highest number of returns 4 years in a row



## Most improved services

### Community

Marrickville Core –  
From **64% to 83%** excellent/very good

Blacktown Access and Assessment Team –  
From **79% to 94%** excellent/very good

Justice Health Adult Ambulatory Service –  
From **23% to 36%** excellent/very good

Windsor Mental Health Team –  
From **80% to 92%** excellent/very good



## Most improved services

### Hospital

Morrisset Medium Secure Inpatient Unit –  
From **57% to 76%** excellent/very good

Westmead Acute Inpatient Service (C4B) –  
From **72% to 90%** excellent/very good

Hornsby Ku-ring-gai Mental Health Intensive Care Service –  
From **56% to 71%** excellent/very good

St George Psychiatric Emergency Care Centre –  
From **67% to 82%** excellent/very good

## Highest proportion of questionnaires completed online

### Hospital

Liverpool Mental Health Unit East – **100%** (of 76 returns)  
Liverpool Psychiatric Emergency Care Service – **99%** (of 161 returns)

### Community

Eastern Suburbs Acute Care Team – **100%** (of 91 returns)  
Eastern Suburbs Adult Mental Health Team – **97%** (of 71 returns)

# Appendix 1 – Your Experience of Service

Your Experience of Service (YES) helps public mental health services 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) and the electronic version in 2018.

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

## When and how is YES offered?

YES should be offered to all consumers of NSW Health hospital, community and community residential services who are aged 11 years or older. If they see more than one team, the YES questionnaire should be offered by each of these teams.

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

## Reporting on YES

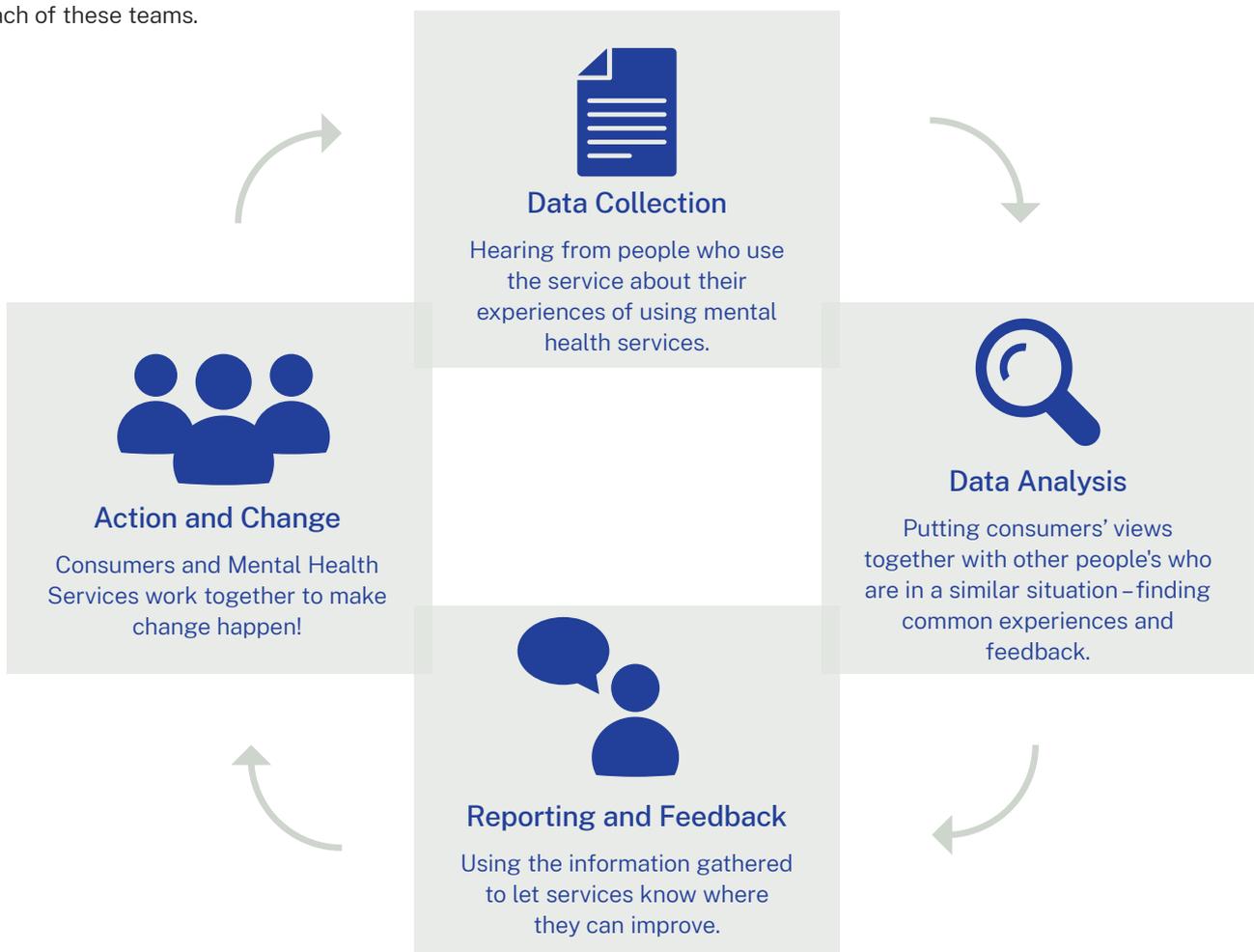
YES feedback is provided to services using a range of reports:

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

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

## Action and change

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



# Your Experience of Service

## Appendix 2 – Questionnaire

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 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

<https://www.amhocn.org/your-experience-service-surveys>

## YES NSW collection method

NSW protocols are based on the national 'YES guide for licensed organisations', available at

<https://www.amhocn.org/your-experience-service-surveys>

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 for other NSW Health forms. Services can order eYES promotional materials to assist consumers to complete the questionnaire online.
- **Returning:** Consumers place completed YES questionnaires in a sealed, reply-paid envelope or in the collection boxes provided. Alternatively, consumers who complete eYES submit their responses online; these are then sent directly to the secure database.
- **Processing:** Completed questionnaires are collated and scanned by a commercial scanning organisation under contract to NSW Health.
- **Data:**
  - Data is provided monthly to InforMH, System Information and Analytics Branch, NSW Ministry of Health, within two weeks of the end of the reporting period.
  - Data is then checked, validated and stored in a secure, purpose-built SQL (structured query language) database on password-protected NSW Health servers.
  - Analysis and reporting is conducted by InforMH.
- **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 their unique four-digit 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 offer YES as part of service discharge protocols. Services are encouraged to use peer workers to promote and support YES collection wherever possible.

## 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 to previous years.

In 2020–21, 96 per cent (23,162) of the 24,084 completed YES questionnaires received had a valid four-digit service identifier.

## Analysis

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

## YES questions use two scoring scales

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

## Estimation of return rates

To estimate return rates, the following denominators were used:

**For hospital episodes:** the number of episodes of hospital care ending in the year (separations), including same-day episodes, plus the number of people remaining in hospital on 30 June 2021.

**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.

Changes in the delivery of community Mental Health services during COVID make it difficult to estimate community return rates reliably. A large proportion of services were delivered by telephone or video. These contacts are usually excluded when estimating the proportion of consumers responding, because most services don't currently have ways of offering YES to people whose only contact was via Telehealth.

## Analysis of change

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

	 Hospital						 Community					
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
CCLHD	68%	71%	73%	73%	72%	73%	76%	72%	79%	78%	71%	69%
FWLHD	63%	79%	78%	83%	80%	82%	88%	93%	88%	93%	92%	93%
HNELHD	71%	71%	67%	73%	71%	74%	86%	84%	82%	86%	83%	81%
ISLHD	67%	68%	72%	70%	71%	70%	91%	85%	84%	96%	89%	88%
JH&FMHN	25%	39%	32%	35%	20%	41%	78%	33%	25%	23%	33%	48%
MLHD	79%	71%	73%	77%	78%	80%	79%	74%	87%	90%	88%	73%
MNCLHD	70%	75%	76%	78%	76%	75%	63%	71%	75%	77%	79%	72%
NBMLHD	71%	57%	55%	60%	61%	61%	80%	70%	77%	89%	86%	87%
NNSWLHD	67%	57%	69%	76%	74%	73%	78%	76%	83%	73%	72%	80%
NSLHD	69%	66%	69%	68%	68%	69%	79%	82%	80%	81%	82%	82%
SCHN		68%	70%	58%	67%	66%				79%	76%	72%
SESLHD	64%	70%	71%	69%	70%	74%	83%	86%	86%	85%	85%	76%
SLHD	65%	68%	66%	67%	68%	60%	73%	72%	79%	82%	73%	78%
SNSWLHD	64%	64%	68%	67%	66%	69%	76%	83%	85%	91%	91%	87%
SVHN	69%	71%	77%	76%	72%	77%	75%	61%	95%	71%	69%	76%
SWSLHD	55%	60%	64%	72%	73%	79%	76%	86%	78%	93%	95%	90%
WNSWLHD	70%	67%	70%	69%	69%	74%	74%	82%	89%	84%	91%	90%
WSLHD	64%	66%	67%	67%	70%	70%	80%	83%	84%	85%	89%	91%



## The experience of Aboriginal and Torres Strait Islander people

Across many of the YES questions, Aboriginal and Torres Strait Islander people reported a different experience when compared to non-Aboriginal people. The table below summarises the percentage of people rating each question as 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%	83.9–89.5	92%	91.7–93.1	85%	82.9–86.3	88%	87.9–89.0
Q2	88%	84.8–90.3	92%	91.5–92.9	86%	84.4–87.6	88%	87.6–88.7
Q3	86%	83.1–88.8	91%	90.7–92.1	85%	83.8–87.1	87%	86.2–87.4
Q4	87%	84.3–89.9	93%	92.6–94.0	86%	84.5–87.7	88%	87.3–88.4
Q5	85%	81.9–87.9	89%	88.5–90.2	85%	83.8–87.0	87%	86.7–87.8
Q6	87%	84.1–89.7	93%	92.3–93.7	87%	85.9–89.0	91%	90.3–91.3
Q7	86%	83.5–89.3	91%	89.8–91.4	85%	83.3–86.6	87%	86.9–88.0
Q8	77%	73.6–80.9	85%	83.8–85.8	77%	75.3–79.2	77%	76.4–77.9
Q9	81%	77.8–84.6	86%	85.1–87.0	79%	77.4–81.3	80%	79.4–80.8
Q10	86%	82.6–88.7	91%	90.2–91.8	86%	84.1–87.4	89%	88.2–89.3
Q11	84%	80.9–87.1	92%	91.5–93.0	84%	82.4–85.8	85%	84.0–85.2
Q12	85%	81.8–87.8	90%	89.4–91.0	83%	81.1–84.6	85%	84.1–85.4
Q13	81%	78.2–84.7	87%	86.5–88.2	79%	77.4–81.2	80%	79.2–80.6
Q14	81%	77.9–84.5	84%	83.2–85.2	79%	76.8–80.7	78%	76.9–78.4
Q15	82%	78.6–85.1	89%	87.8–89.6	82%	80.0–83.6	82%	81.2–82.5
Q16	74%	70.0–78.2	78%	77.0–79.6	73%	71.3–75.6	71%	70.2–71.9
Q17	82%	78.0–85.1	88%	87.0–88.9	82%	80.1–83.9	84%	83.2–84.6
Q18	72%	68.6–76.2	76%	74.7–77.0	67%	65.2–69.6	65%	64.0–65.7
Q19	70%	66.5–74.2	74%	72.3–74.7	67%	64.8–69.2	64%	63.3–65.0
Q20	66%	61.9–70.4	70%	68.6–71.3	67%	64.3–68.9	64%	62.8–64.6
Q21	72%	68.3–75.9	74%	73.2–75.6	70%	67.9–72.3	66%	65.1–66.7
Q22	69%	65.5–73.4	75%	74.0–76.4	66%	64.2–68.7	64%	63.6–65.3
Q23	66%	62.2–70.2	68%	66.7–69.2	63%	60.7–65.3	59%	58.6–60.3
Q24	65%	60.9–69.0	67%	65.3–67.9	62%	59.3–63.9	57%	56.4–58.1
Q25	66%	62.2–70.2	70%	68.3–70.8	64%	62.1–66.7	60%	59.5–61.2
Q26	73%	68.9–76.4	77%	75.4–77.7	68%	65.8–70.3	65%	64.1–65.7

# Appendix 4 – YES domains

<b>Making a difference (in this report, referred to as ‘Making a difference’ or ‘Impact’)</b>	
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?
<b>Providing information and support (in this report, referred to as ‘Info &amp; support’)</b>	
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
<b>Valuing individuality (in this report, referred to as ‘Individuality’)</b>	
Q6	Your individuality and values were respected
Q16	There were activities you could do that suited you
<b>Supporting active participation (in this report, referred to as ‘Participation’)</b>	
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
<b>Showing respect (in this report, referred to as ‘Respect’)</b>	
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
<b>Ensuring safety and fairness (in this report, referred to as ‘Safety &amp; fairness’)</b>	
Q3	You felt safe using this service
Q9	You believe that you would receive fair treatment if you made a complaint
Q11	The facilities and environment met your needs

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



# Appendix 5 – Glossary and acronyms

## Glossary

<b>Adult and general services</b>	Services that provide mental health support to people aged 18 to 65 years.
<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. Carers provide support and assistance.
<b>Child and Adolescent Mental Health Services (CAMHS)</b>	Services that provide specialist mental health support to people aged less than 18 years.
<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>Forensic consumer</b>	A person who the Court has: <ul style="list-style-type: none"> <li>• found unfit to be tried for an offence and ordered to be detained in a correctional centre, mental health facility or other place;</li> <li>• 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</li> <li>• found not guilty by reason of mental illness and released into the community subject to conditions.</li> </ul>
<b>Involuntary care</b>	A person with involuntary status received treatment under the NSW mental health legislation compulsory treatment provisions.
<b>Older People's Mental Health Service (OPMHS)</b>	Services that provide specialist mental health support to people aged 65 years and over.
<b>Voluntary care</b>	A person with voluntary status received treatment which was under compulsory treatment provisions.
<b>YES returns</b>	The number of YES questionnaires completed in a period.

## 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
<b><u>Other</u></b>	
<b>MH</b>	Mental Health
<b>PECC</b>	Psychiatric Emergency Care Centre



