What consumers say about NSW Mental Health Services

Your Experience of Service

2021-2022





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. We are thankful to the many consumers who completed a YES questionnaire.

We gratefully acknowledge the support and expertise of members of the YES and CES advisory committee and colleagues at BEING, the NSW Ministry of Health's Mental Health Branch, Patient Experience Team/System Purchasing Branch, and the Bureau of Health Information. We are also grateful to the BEING and NSW Health staff who continue to work together to improve services using YES feedback.

Report produced by

InforMH System Information and Analytics Branch NSW Ministry of Health

Published November 2022

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

Please check with InforMH for any amendments.

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SHPN (SIA) 220891 ISBN 978-1-76023-353-2



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Glossary, services and acronyms

Glossary

Aboriginal	Within this report, the term 'Aboriginal' is used to represent Aboriginal and/or Torres Strait Islander people.
Acute inpatient	A person who is experience acute symptoms of a mental illness and is receiving care in a hospital inpatient setting
Carer	A family member, partner or friend of someone with a mental illness whose life is also affected by that person's illness. Carers provide support and assistance.
Consumer	Any person who identifies as having a current or past lived experience of psychological or emotional issues, distress or problems, irrespective of whether they have a diagnosed mental illness and/or have received treatment. Other ways people may choose to describe themselves include 'peer', 'survivor', 'person with a lived experience' and 'expert by experience'.
Involuntary care	A person with involuntary legal status receiving treatment under compulsory treatment provisions in NSW mental health legislation.
YES returns	The number of YES questionnaires completed in a period.

Services

Adult and general	Services that provide mental health support to people aged 18 to 65 years.
Child and adolescent	Services that provide specialist mental health support to people aged under 18 years.
Forensic	 Services that provide support to consumers that a court has found to be either: unfit to be tried for an offence and ordered to be detained in a correctional centre, mental health facility or other place not guilty by reason of mental illness or nominated a limiting term and ordered to be detained in a prison, hospital or other place not guilty by reason of mental illness and released into the community subject to conditions.
Older people	Services that provide specialist mental health support to people aged 65 years and over.

Acronyms

Local Health Districts (LHDs)		Specialty Hea	Ith Networks (SHNs)
CCLHD	Central Coast LHD	JH&FMHN	Justice Health and Forensic Mental Health
FWLHD	Far West LHD		Network
HNELHD	Hunter New England LHD	SCHN	Sydney Children's Hospitals Network
ISLHD	Illawarra Shoalhaven LHD	SVHN	St Vincent's Health Network
MLHD	Murrumbidgee LHD	Other	
MNCLHD	Mid North Coast LHD	MH	Mental Health
NBMLHD	Nepean Blue Mountains LHD	PECC	Psychiatric Emergency Care Centre
NNSWLHD	Northern NSW LHD	HeAL	Healthy Active Lives (HeAL) declaration
NSLHD	Northern Sydney LHD	KPI	Key Performance Indicator
SESLHD	South Eastern Sydney LHD		Ney renormance indicator
SLHD	Sydney LHD		
SNSWLHD	Southern NSW LHD		
SWSLHD	South Western Sydney LHD		
WNSWLHD	Western NSW LHD		
WSLHD	Western Sydney LHD		

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 seventh full year of YES data in NSW public mental health services.

A total of 21,087 YES questionnaires were completed in 2021–22

While this was a 12% decrease compared to last year, this is a fantastic achievement considering the additional challenges that consumers and services have experienced throughout this year. Hospitals continued to receive more YES returns (14,800) compared to community settings (5442) and around half of all community questionnaires were completed online.

Experience scores declined slightly compared to previous years

78% of consumers who completed a YES survey about care in community settings rated their experience as excellent or very good (3% decrease from 2020–21). While experiences of age-specific child and adolescent and older people's services were similar to last year, experience in adult and general and forensic services decreased.

69% of consumers rated their experience of hospital services as excellent or very good (2% decrease from 2020–21). For older people's services, hospital experience was similar to last year, while experience across other types of services decreased.

ISLHD and FWLHD had the highest-rated experience of service

In community settings, 92% of consumers in ISLHD rated their experience as excellent or very good. In hospital, 79% of consumers in FWLHD reported an excellent or very good experience. This is the sixth year in a row that FWLHD has had the topranking experience score for care in hospitals.

Half of all consumers recalled receiving information about physical health

On average, 54% of consumers in community settings and 52% in hospitals recalled receiving information about physical health topics. People were more likely to recall receiving information about exercise and diet and less likely to recall information about sexual health.

The experience of Aboriginal consumers is similar in hospital and community settings

In 2021–22, 12% of YES returns were from Aboriginal consumers. In both hospital and community services, 69% of Aboriginal consumers reported an excellent or very good experience. While this is similar to the experience of non-Aboriginal people in hospital, the experience of Aboriginal consumers in the community is around 10% lower than non-Aboriginal consumers.

It is important to acknowledge the ongoing impacts of the COVID-19 pandemic on the experience of consumers

Throughout 2021–22, the COVID-19 pandemic continued to affect how services provide care to mental health consumers. Many consumers commented about the impact of COVID-19 on their experience stating that pandemic health restrictions meant they had limited access to family and friends, group activities and leave. People have varied experience of remote or virtual care with many stating that they missed face-to-face contact, but valued the convenience and time saved on travel.

What is YES?

Your Experience of Service (YES) is a national questionnaire designed to gather information about people's experiences of public mental health services. The questionnaire reflects the National Mental Health Service Standards and is made available by the Australian Government Department of Health.

NSW Health aims to offer YES to all consumers. This report reflects consumer experiences of care in 2021–22. It includes feedback about a range of public mental health services provided in both community and hospital settings.

Consumers can complete YES on paper or online. YES has been offered on paper since 2015 and online since 2018. YES is anonymous, so there is no way of knowing how many consumers were offered a questionnaire.

Appendix 1 explains how NSW Health uses the YES questionnaires to inform ongoing service improvements. Appendix 3 presents a technical summary of the calculations and analysis methods used to create this report.



2021–22 YES snapshot



The overall experience of the following groups improved:

Consumers accessing SHN services in the community (+11% to 64%)



Consumers accessing older people's services in the community (+1% to 88%)



Consumers with a duration of care between 1–3 months in hospital settings (+2% to 69%)

How many consumers have completed a YES questionnaire?

In 2021-22 **21,087**

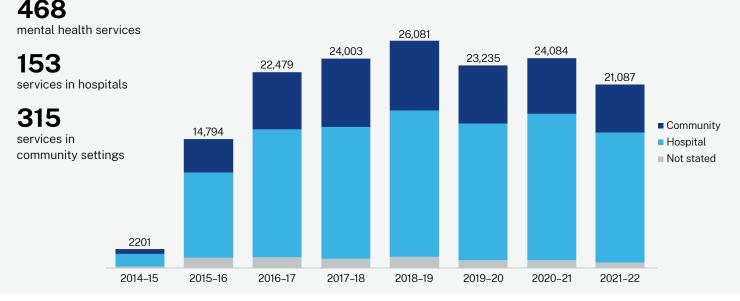




questionnaires returned

Total returns decreased 12% compared to last year.

Feedback was provided about



Despite the impacts of COVID-19, more than 21,000 questionnaires were completed

Over the past few years, the COVID-19 pandemic has affected how services deliver care and how consumer feedback is collected. With telehealth now considered a standard part of mental health care, services have needed to adapt how they offer YES to ensure that all consumers have an opportunity to give feedback about their experience. In 2021–22, 14,800 questionnaires were completed about hospital units and 5442 were completed about community services. We estimate that this is equivalent to around 35% of all hospital consumers and 4% of all community consumers. Services are continuing to explore ways to increase the number of YES questionnaires completed in community settings.

12% of questionnaires were completed by Aboriginal people

This year, 2346 questionnaires were completed by Aboriginal people. Most questionnaires from Aboriginal consumers related to adult and general services (83%) followed by child and adolescent services (11%). Aboriginal people were as likely as non-Aboriginal people to complete YES online.

Almost half of returns about community services were completed online

The proportion of YES questionnaires completed online has increased each year. Around 48% of community and 5% of hospital questionnaires were completed online in 2021–22. In community settings, a higher proportion of people accessing adult and general services (57%) and child and adolescent services (26%) used the online version of YES compared to previous years. In hospital, older people's mental health services had the highest proportion of surveys completed online (9%). People who were assisted by a peer worker to complete YES were more likely to use the online version (73% in community, 20% in hospital) as were people accessing brief care in hospital services (less than 24 hours).

Which consumers completed a YES questionnaire?

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 2021–22.

The best things about this service were... The nurses were always so caring and lovely to be around. The made me feel safe and cared for.

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

YES returns from hospital services are broadly representative of all hospital consumers, although people with brief stays in hospital (1 day to 2 weeks) are slightly under-represented. This means we can be confident that YES is providing an accurate view of NSW hospitals consumer experience.

Aboriginal consumers are well represented in YES

Aboriginal consumers remain well represented in the YES feedback. In 2021–22, around 10% of community and 13% of hospital YES questionnaires were completed by Aboriginal consumers. Most returns from Aboriginal consumers provide feedback about adult and general services.

Young people (under 25 years) and those with brief contact (less than 24 hours) in community settings are under-represented

While many groups are well represented in YES feedback, we need to continue efforts to reach more consumers in the community. This year, we updated our methods of calculating the number of consumers who accessed community services to include those who only received care virtually. Offering a YES questionnaire can be more challenging for services that support consumers virtually and many services have implemented strategies using SMS and email. If using the old method of calculation, which focuses on face-to-face care, we estimate that the number of YES returns is equivalent to around 7% of community consumers. Please note that this year the estimated return rate is lower at 4% due to the change in calculation method.

People aged under 25 years continue to be under-represented with around 32% of community consumers falling in this age group but only 21% of YES questionnaires being from this group. People who have long-term contact with community services are much more likely to complete a YES questionnaire. In 2021–22, around 32% of people accessing mental health services in the community had a brief duration of contact (less than 24 hours) but only 4% of YES returns were completed by this group.

We are hearing from more young people with a gender identity other than male or female

Around 2% of consumers identified as neither male or female. This proportion is higher in younger age groups and has increased compared to previous years. The YES survey currently asks if the respondent's gender is male, female, or other. NSW Health medical record data records the biological sex of an individual only and does not record gender identity. Therefore, it is not possible to establish the number of gender-diverse consumers receiving care and whether this group is well represented in YES returns.

Comparison of YES returns and NSW Health data about people accessing mental health services, 2021–22

		Hos	pital	Community		
		YES returns NSW consumers		YES returns	NSW consumers	
Gender	Female Male Other	50% 47% 2%	50% 50% • 0%	57% 40% 2%	46% 54% • 0%	
Aboriginal and/or Torres Strait Islander	Aboriginal Not Aboriginal	13% 87%	12% 87%	10% 90%	13%	
Age group (years)	Under 18 18–24 25–34 35–44 45–54 55–64 65 and over	9% 15% 21% 18% 17% 10% 9%	 11% 15% 21% 19% 16% 9% 9% 	12%10%13%16%18%14%17%	 17% 15% 19% 16% 13% 9% 11% 	
Duration of care	< 24 hours 1 day – 2 weeks 3–4 weeks 1–3 months 4–6 months > 6 months	6% 54% 17% 13% 3% 7%	 7% 63% 14% 11% 2% 3% 	4% 13% 10% 17% 12% 44%	 32% 15% 5% 9% 8% 32% 	
Legal status	Voluntary Involuntary	54% 46%	49%	77% 23%	74% 26%	

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

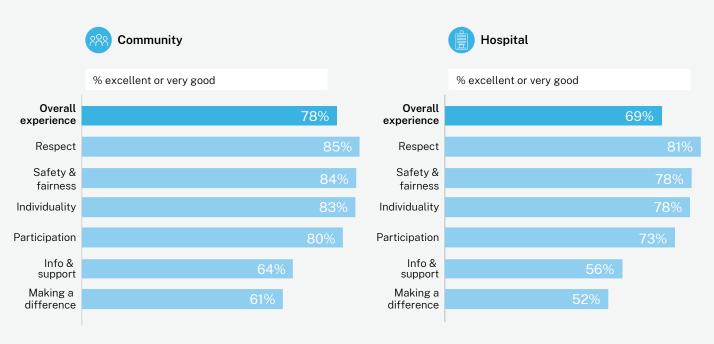
How did consumers rate their experience in 2021–2022?

Overall experience is measured using an experience index which 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 LHDs/SHNs. The current Key Performance Indicator (KPI) target is 80% of consumers reporting an excellent or very good experience (85% in community care, 75% in hospital services).

This year, 73% of consumers rated their overall experience as excellent or very good

Consumers of community services continued to report a more positive experience (78% excellent or very good) compared to hospital services (69% excellent or very good). Across both hospital and community settings, the highest-rated YES domain was Respect, which describes how services provide individuals with a welcoming environment where they are recognised, valued and treated with dignity. Three domains, Safety and fairness, Individuality and Participation, were also rated highly, while fewer people rated the Information and support and Making a difference domains as excellent or very good. Information about the questions included in each YES domain is available in Appendix 4. The feedback collected using YES is provided to services every month to support service improvement and is included as part of service evaluation and design initiatives.

Overall experience and domain scores by setting, 2021–22



Which groups of consumers report a different experience?

Services should meet the needs of all consumers. This section explores whether some groups of people have a different experience of care.

> My experience would have been better if... The staff listened to me when I was clearly extremely upset about being scheduled.

My experience would have been better if... Staff were forthcoming about my admission. I came voluntarily. I was then made an involuntary patient with no discussion or reason provided.

This year, almost all groups reported a decrease in overall experience

The largest decreases were for people receiving care from forensic services in both hospital (9% decrease) and community settings (14% decrease) and for Aboriginal people (9% decrease) and those receiving brief care (less than 24 hours) in the community (16% decrease).

In community settings, people receiving care from older people's services and those engaged with the service for 3–4 weeks reported a slightly more positive experience compared to last year. In hospitals, people receiving care for 1–3 months reported an improved experience.

Older consumers report the most positive experiences

Consumers aged 65 years and over had an overall experience score of 86% in community settings, and 75% in hospitals. Where care was provided by an age-specific older persons service, the experience was more positive (89% community, 78% hospital) compared with care received in an adult and general service (79% community, 71% hospital). Across all services, consumers aged 55–64 years also had more positive experience scores than most younger age groups.

Services with the highest overall experience ratings from consumers aged 65 years and over



Wollongong Hospital – 90% (74 returns)



Blacktown Ambulatory – 97% (39 returns)

Young consumers (aged under 18 years) reported a less positive of hospital services (62%). In the free-text comments, they often mentioned that their experience would have been better if there was more privacy, activities, access to phones and if they were able to see their family and friends more.

Services with the highest overall experience ratings from consumers under 18 years



Wollongong/Shellharbour Ambulatory – 98% (44 returns)

Impact of legal and acute inpatient status

Consumers who engaged in care voluntarily reported a more positive experience compared to those receiving care involuntarily. This is consistent across all demographic groups and service types. It is important to note that the experiences of people receiving care in a forensic mental health service cannot be compared with other service types. All consumers of forensic services are receiving involuntary care, and a large proportion of community team responses are from people receiving outreach care in a correctional setting.

Consumers in acute hospital settings generally reported a less positive experience overall (68%), compared to consumers of non-acute services (74%). The only exception was for consumers accessing older people's mental health services, where people reported a more positive experience of acute hospital services (78%) than non-acute hospital services (73%).



Acute hospital services with the best experience ratings

- Kempsey Hospital 89% (94 returns)
- Braeside Hospital 86% (39 returns)
- Manning Base Hospital 84% (202 returns)

Services with the best experience ratings from consumers who received care involuntarily

Res Community

- Parramatta Ambulatory 85% (207 returns)
- Blacktown Ambulatory 85% (66 returns)



- Byron Central Hospital 91% (33 returns)
- Manning Base Hospital 90% (52 returns)

People whose gender identity is other than male or female had a less positive experience

Each year there are more responses from people who identified their gender as other. Work is underway to update YES to include additional response options for this question. It is important to note that the number of returns from this group is small (472) compared to the number of returns from people who identify as male (8683) or female (10,013).

Consumers who identify as other continued to report a lower overall experience score than male and female consumers. In 2021–22, fewer people in this group reported an excellent or very good overall experience compared to 2020–21, with a higher number of people rating their experience as good. Most returns from consumers who identified as neither male or female were about child and adolescent or adult and general services. Children and adolescents in this group reported better care in community settings (72%) compared to hospital settings (44%). People accessing adult services, who identified their gender as other, also reported better care in community settings (63%) compared to hospital settings (55%).

For this group of consumers, question 6 (Your individuality and values were respected) was rated lower compared to male and female consumers. In the free-text comments this group often mentioned the importance of staff using the correct pronouns, privacy and feeling as though their gender identity and sexuality were respected.

My experience would have been better if... They respected my gender identity as male and didn't make me use female bathrooms and sleep in female bedrooms but rather, gave me a separate bedroom and bathroom.

> My experience would have been better if... My dead name was crossed out on meal trays.

My experience would have been better if... My sexuality was treated with respect and privacy.

> My experience would have been better if... The staff were more understanding, and all worked towards using my correct name and pronouns.

My experience would have been better if... My gender identity was respected.

Overall experience of different groups of consumers by setting, 2020–21 and 2021–22

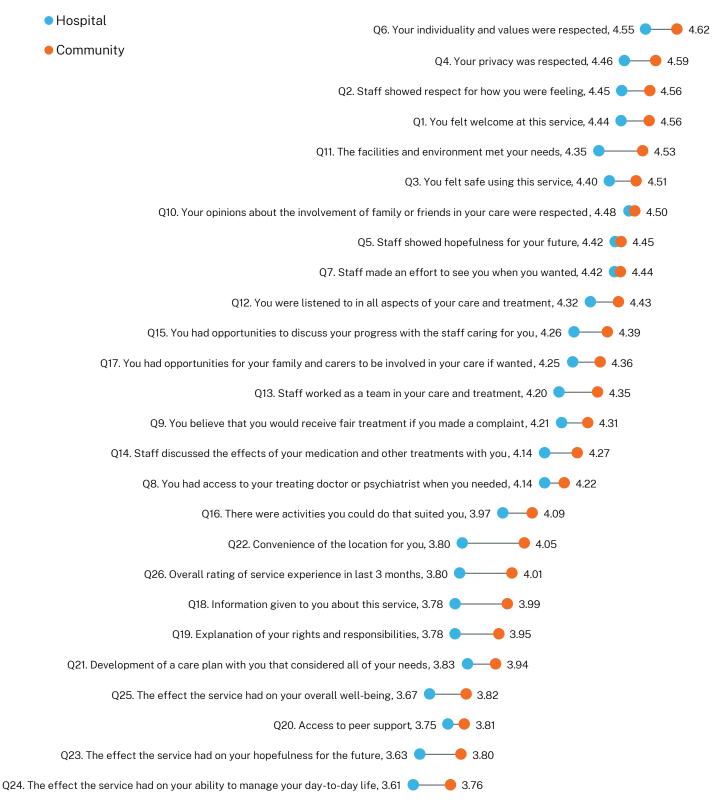
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Just below target (75% to <85%) Just below target (65% to <75%)				
 Below target (<75%) Below target (<65%) 				
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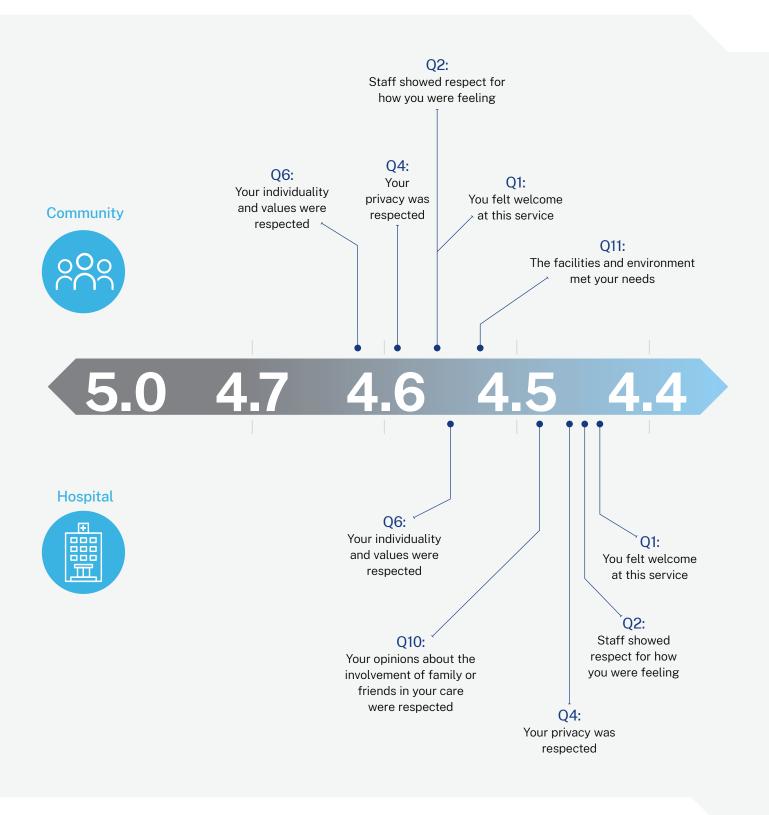
How did consumers rate the YES questions in 2021–22?

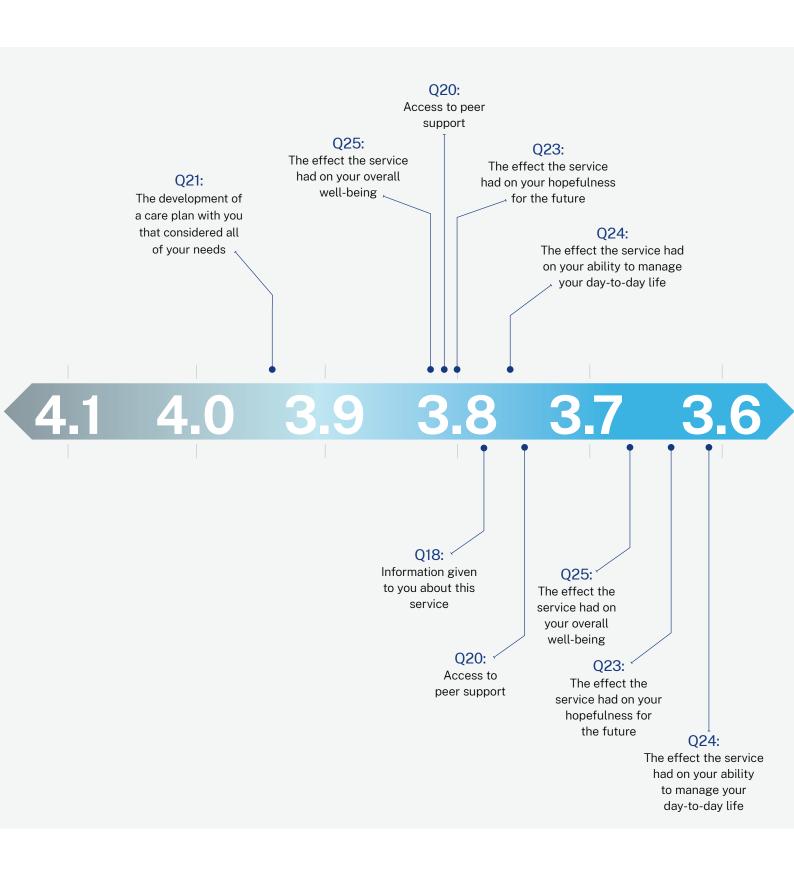
YES questions are rated on a scale of 1 (Poor/Never) to 5 (Excellent/Always). This graph shows the average rating of YES questions across hospital and community services.



15

Which questions received the highest and lowest ratings in 2021–22?







How do experiences in LHDs and SHNs compare?

This section looks at overall experience across LHDs and SHNs using the percentage of consumers reporting an excellent or very good experience. 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. To do this, hospital and community scores are calculated separately and then combined in an unweighted average.

The target is 80% of consumers reporting an excellent or very good experience (85% in community settings, 75% in hospital care).

In 2021–22, four LHDs/SHNs achieved the target

In community settings, six LHDs/SHNs met the target which is one less than last year. In hospitals, two LHDs/SHNs met the target, which is three fewer than last year.

Overall, five LHDs/SHNs reported an improvement in experience compared to 2020–21 (ISLHD, NBMLHD, SCHN, SLHD, SVHN). Two districts (NBMLHD and SLHD) had improved scores across both hospital and community settings.

There may be many reasons why YES results differ between LHD/SHN services or over time. Changes in experience are explored in more detail on page 22.

Notes:

FWLHD	83%
SWSLHD	82%
SVHN	81%
ISLHD	81%
NBMLHD	78%
WSLHD	77%
NNSWLHD	75%
SESLHD	74%
SNSWLHD	74%
HNELHD	73%
NSLHD	73%
MNCLHD	73%
SLHD	72%
SCHN	72%
WNSWLHD	72%
CCLHD	71%
MLHD	69%

Overall

■ Better than target (≥80%)

- Just below target (70% to <80%)
- Below target (<70%)</p>
- 2020-2021

• Refer to Glossary for a list of acronyms including LHD and SHN names.

 \cdot Refer to the YES supplement report for further details of results in each LHD and SHN.

• Exercise caution when comparing results for the Justice Health and Forensic Mental Health Network to other LHDs and SHNs. Overall, people report fewer positive experiences in hospital 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.

ISLHD	92%					
SWSLHD	89%					
NBMLHD	89%					
SVHN	88%					
WSLHD	88%					
FWLHD	87%					
NNSWLHD	82%					
SNSWLHD	81%					
SCHN	81%					
SLHD	80%					
NSLHD	80%					
HNELHD	79%					
WNSWLHD	75%					
SESLHD	74%					
MNCLHD	72%					
CCLHD	68%					
MLHD	66%					
■ Better than target (≥85%) ■ Just below target (75% to <85%)						

Below target (<75%)

2020-2021

Community



FWLHD	79%				
SESLHD	75%				
SWSLHD	74%				
SVHN	74%				
CCLHD	74%				
MNCLHD	73%				
MLHD	71%				
ISLHD	69%	1			
WNSWLHD	69%	1.			
NNSWLHD	68%	1.			
HNELHD	67%	11.			
SNSWLHD	67%	1			
WSLHD	67%	1			
NBMLHD	66%				
NSLHD	66%				
SLHD	64%				
SCHN	63%	I			
 Better than target (≥75%) Just below target (65% to <75%) Below target (<65%) 					

19

2020-2021

What can the free-text responses tell us about consumer experience?

YES includes two free-text questions inviting people to respond to the statements My experience would have been better if... and The best things about this service were....

In 2021–22, consumers wrote almost 250,000 words in the free-text comments. People were more likely to write longer responses when they had a less positive overall experience and when commenting on question 33 (My experience would have been better if...). Since the start of the COVID-19 pandemic, comments have become longer from people who had a less positive experience and who completed YES online. The online version of YES provides a larger space for consumers to provide a comment and many took the opportunity to provide detailed feedback this year.

My experience would have been better if...

psychiatrist treatment service hospital NURSES smoke family

thank feel leave phone Stay food

patients doctors staff

help activities allowed room

health **EXPERIENCE** medication

support face home

access

covid

care people

Top 30 words in free-text questions

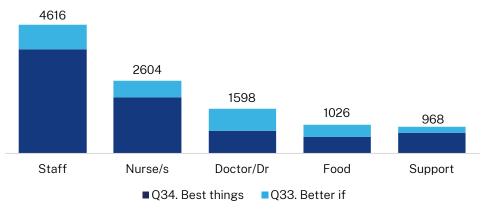
The best things about this service were...

support Deople access helpful getting food service great NUISE good friendly thank team nice kind Safe patients doctors staff understanding excellent everyone help activities excellent everyone mental everything nurses care health caring

Staff have the largest impact on experience

'Staff' was the most frequently mentioned word in both free-text fields, which emphasises the powerful impact they have on consumer experiences. In 2021–22, the words 'staff', 'doctor' and 'nurse' were mentioned over 9000 times. Most consumers expressed their gratitude to staff, noting the support received from a wide range of roles including mental health professionals, peer support workers and nurses as well as cleaning and catering staff. Staff qualities such as 'friendliness', 'kindness', 'compassion' and 'understanding' were often mentioned as the best things about a service. Some consumers noted they would have felt the experience was better if staff fostered trust by introducing themselves at the start of a shift. Consumers also requested increased access to peer workers and Aboriginal health workers, and better access to staff in the evenings and on weekends. Food was commonly mentioned alongside staff. For many consumers, good food and kind staff were joint highlights of the experience.

Count of most frequently used words, 2021-22



In the free-text comments, people stated that the best things about this service were...

- Getting three square meals a day when at home I only eat one meal a day.
- Environment was good, staff were excellent, other patients were cool, facilities very good and food excellent. A good experience at a difficult time.
- Every nurse/social worker was so caring and didn't bat an eyelid to any embarrassing and/or traumatic moments. They tried to celebrate the small things and cheered me on even though I did not want to go on. Thank you for everything, the food, patience and coffees.
- The nurses were lovely, and the food was really good.
- The staff were awesome the food was exceptional the quality of staff including my doctor was above my expectations. Very grateful for the quality of care.

Many consumers made comments about medication

While medication was more often included in comments about what could be improved about a service, many people also mentioned it as one of the best things about their experience. When highlighted as a positive, people said that they valued how the service assisted them to access medications and information about them. Similarly, when mentioned as something that could have been improved, people often commented on the need for more information about medication options and side effects and more opportunities to discuss medications with a doctor.

My experience would have been better if...

 I was given a printed copy of the medication I was given so I could get my GP to continue prescribing it and continue on the road to wellness in my community.

Navigating the mental health system was sometimes challenging

People often commented on the time taken to access services, and the challenges of understanding how individual services work, as well as the connections between hospital and community services.

My experience would have been better if...

- The doctors were more approachable. I think they should wear name tags.
- The waiting list was not so long.
- Hospital emergency triage was quicker. I presented to the Emergency Department at 3pm and did not get admitted to the ward until 11pm. Sitting in a waiting room for hours during an acute mental health crisis was detrimental to my wellbeing.
- I could have accessed the acute care supports without having to go through the triage service.
- There was someone to see you after hours especially in a crisis.
- I received an information pack when I arrived about the staff, mealtimes, activities, facilities, as well as about any medications and side effects.

Consumers had mixed feelings about the impact of COVID-19

Over the last few years, many consumers have commented about the impact of COVID-19 on their experience. They noted pandemic health restrictions meant they had limited access to family and friends, group activities and leave, resulting in them feeling bored or anxious. People had varied experiences of remote or virtual care with many stating that they missed face-to-face contact, but valued the convenience and time saved on travel.

The best things about this service were...

 The convenience of being able to use the video link without leaving my home. This is a major plus for me as we are in lockdown from COVID-19. It also saves me travelling 2 hours to and from appointments.

My experience would have been better if...

 COVID-19 restrictions were eased, visitors were allowed and walk groups were operating. However, safety was paramount and appreciated so thank you.

My experience would have been better if... I was given a printed copy of the medication I was given so I could get my GP to continue prescribing it and continue on the road to wellness in my community.



What changed compared to the previous year?

Both hospital and community experiences declined slightly

The percentage of consumers reporting an excellent or very good experience declined in 2021–22 (decrease of 3% in community, 2% in hospital). This is a change from the increases seen over the previous four years and highlights the impact of the sustained pressures on the mental health system because of the COVID-19 pandemic. Experience scores are now similar to those reported in 2017–18.

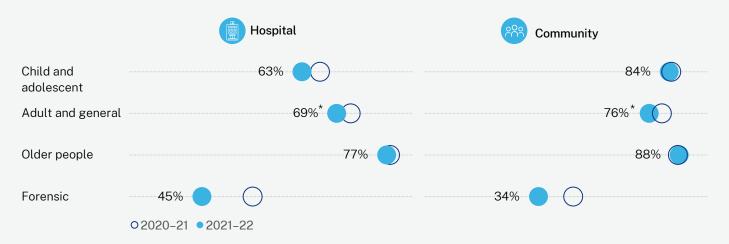
Overall experience of consumers by setting, 2015–16 to 2021–22							
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Community	79%	79%	78%	79%	80%	81%	78%
Hospital	67%	67%	69%	70%	70%	71%	69%
Overall	73%	73%	73%	74%	75%	76%	73%

The experience of Aboriginal people is the same across hospital and community settings

Across both hospital and community settings the experience of Aboriginal consumers has decreased compared to previous years. While experience decreased for Aboriginal people overall, there were some subgroups of Aboriginal people who reported a more positive experience compared to 2020–21. In hospital services, Aboriginal people aged 45–54 years, those engaged with the service for less than 24 hours or between 1–3 months and those who identified with a gender other than male or female reported an improved experience. In community settings, people aged 55 years and over and those engaged with the service for 1 day to 2 weeks or 4–6 months reported an improved experience. More detail about the experience of Aboriginal consumers is explored on page 28.

Overall experience of consumers by setting, 2015–16 to 2021–22							
	2015-16	2016-17	2017-18	2018–19	2019-20	2020-21	2021-22
Community	78%	73%	73%	72%	73%	77%	69%
Hospital	66%	69%	68%	68%	69%	72%	69%
Overall	72%	71%	71%	70%	71%	75%	69%

Overall experience of consumers by setting, 2020–21 and 2021–22



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

The experience of consumers accessing adult and general services was significantly lower than last year

Across both hospital and community services, experience of adult and general care dropped to 76% in community (from 81%) and 69% in hospital (from 71%). Although the decrease in forensic mental health services appears larger, this was not statistically significant due to a smaller number of questionnaires returned in that group.

Virtual care had an impact on experience

Consumers who said that none of their care was provided virtually reported the largest decrease in experience (from 75% to 68% in community, from 76% to 61% in hospital). A smaller drop in experience scores was observed for consumers who received some level of care virtually.

The experience of consumers accessing forensic mental health services declined

In hospital forensic services, the proportion of people reporting an excellent or very good experience decreased compared to last year (from 54% to 45%). The largest change was in the domain of Individuality, which decreased from 68% in 2020–21 to 58% in 2021–2022.

Forensic services in the community are often provided as in-reach to custodial settings. In 2021–22, the overall experience score for community forensic care fell from 47% to 34%. The largest changes were for the domains of Safety and fairness (from 57% to 42%), and Participation (from 53% to 37%).

Consumers in both settings used freetext fields to suggest their experiences would have been better if they had a greater choice of therapy groups, and more access to friends and family as well as to their treating team. My experience would have been better if...

- I could see a doctor about medication or physical health more often.
- I knew how long I would be a patient for.

Aboriginal consumers reported a more positive experience of forensic services than non-Aboriginal consumers. However, this gap was smaller than it has been in previous years.

The experience of involuntary consumers and people accessing acute hospital services declined

The experience of involuntary consumers in community settings decreased compared to last year in both hospital (from 66% to 63%) and community settings (from 75% to 70%). The same pattern was seen for Aboriginal consumers. In hospital settings, the experience scores from consumers accessing acute hospital services decreased (from 71% to 68%). In contrast, the experience of consumers accessing non-acute hospital services increased slightly (from 73% to 74%).

Improved experiences were reported by people receiving care for 1 day to 4 weeks in community settings, and 1–3 months in hospitals

In community settings, 77% of people receiving care for 1 day to 2 weeks rated their experience as excellent or very good (increase from 76%). For those receiving care for 3–4 weeks this percentage increased from 77% in 2020–21 to 80% in 2021–22. In hospitals, 69% of consumers who received care for 1–3 months reported an excellent or very good experience (from 66% in 2020–21).

Decreases were seen across all of the YES questions

In community settings, question 21 (Development of a care plan with you that considered all of your needs) saw the biggest change in score compared to last year. In hospital services, the largest decrease from the previous year was seen for question 17 (Q17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted).

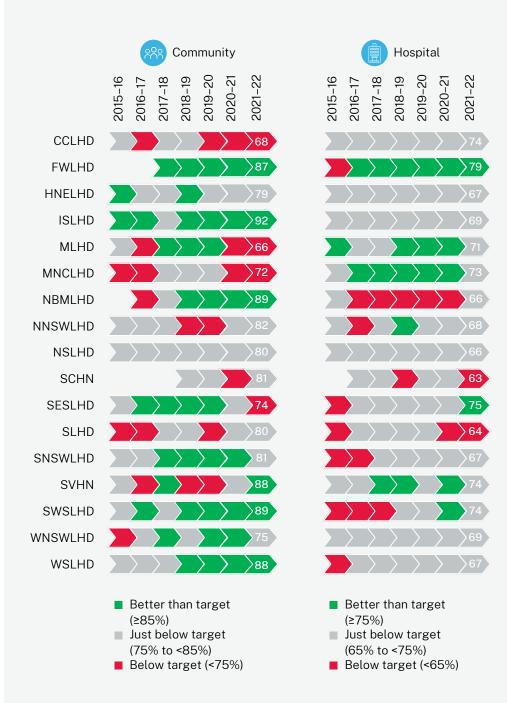
People report different experiences across LHDs/SHNs

Overall, five districts/networks reported an improved overall experience compared with 2020–21. SVHN reported the largest increase in overall experience (from 77% to 81%) which was largely due to an increase in people reporting a positive experience in community settings (from 76% to 88%).

There are many reasons why YES results differ between services or over time. Services continue to implement local 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.



Overall experience scores for LHDs/SHNs by setting each year



Notes: Refer to Appendix 3 for experience scores for each LHD/SHN by year and setting. Data are not shown when there are less than 30 questionnaires returned in the year.

How many consumers recalled getting information about physical health?

Improving the physical health of people using mental health services is a key priority for NSW Health. The YES questionnaire asks whether consumers remember being given information about six aspects of physical health care. These questions were based on the <u>Healthy Active</u> <u>Lives (HeAL) declaration</u>.

Information about physical health is a priority for mental health services

Starting in 2022–23, a new improvement measure for LHD/SHN performance using the YES physical health questions will be implemented. This measure uses the unweighted average across all six HeAL questions (where consumers answered three or more questions). The target is for 65% of consumers to recall receiving information about physical health.

Percentage of consumers who recalled information across all physical health questions in 2021–22 sv

The highest recall was for consumers engaged with WSLHD in community settings and FWLHD in hospitals.

Recall of information about physical health fell slightly in 2021–22

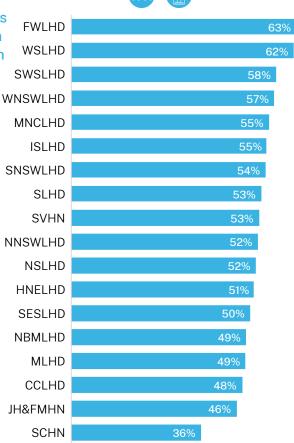
When providing information to people, it is important to consider how and when it is given. Not all information is relevant for everyone and although services may provide information, if it is not provided at the right time or in the right way for that individual then it may not be remembered. Just over half of all consumers recalled receiving information about physical health in 2021–22. Recall was 54% in community settings compared to 52% in hospitals. The topics with the highest recall continued to be exercise, diet and medication side effects.

Overall

In hospital settings, consumers accessing non-acute services were more likely to recall physical health information (65%) compared with people receiving acute care (50%).

Recall varied by age, and increased with longer durations of care

Younger consumers remained less likely to recall receiving information about physical health than other age groups, especially about smoking, alcohol and drug use. Older consumers had higher recall of information about exercise, diet and medication side effects than other age groups. Consumers with longer durations of care had higher rates of recall. This underlines the need for care teams to plan where, when and how information about physical health will be provided during the recovery journey.



The following performance targets will be used from 2022–23:

- Better than target/achieving target: ≥65%
- Just below target: 55 to 64%
- Below target/not performing: <55%

New target from 2022-23



People recall information about physical health better when care is delivered virtually

The way physical health information is discussed with consumers has been affected by the increased use of virtual care. Many consumers who received care virtually appeared to recall physical health information better than those who only received face-to-face care. This was particularly the case where telehealth enabled consumers to have more contact with services.

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

Consumers of all ages continued to recall receiving less information about sexual health than other physical health topics. Recall of this topic in 2021–22 was 27%, which is the lowest level recorded since YES was implemented. Older consumers continued to be least likely to recall receiving information about sexual health. Consumers aged 18–64 years who were engaged with the service for 1–6 months were the most likely to recall receiving information about sexual health.

Aboriginal consumers recalled information about physical health more than other groups

Aboriginal consumers continued to have better recall of physical health information. Recall rates for this group are higher than non-Aboriginal consumers for all physical health questions in hospital settings, and for most questions in community settings.

Higher scores for physical health questions are associated with higher experience scores

60% of consumers who rated their overall experience as excellent or very good recalled receiving information about physical health. Where people reported a less positive overall experience, only 36% recalled receiving information about physical health.

> My experience would have been better if... There had been some in-person contact with my treating team. COVID-19 obviously prevented that, and telehealth is a decent stand-in, but for physical health checks it is just not possible to have symptoms fully assessed online.

Community catchments and hospital facilities that had strong performance on physical health recall in 2021–22



Community settings

 Parramatta City CMH – 94% recall. This service had 100% recall of information about four physical health topics, and the highest rate of recall of sexual health information of any service in a community setting (66%).



Acacia Rehab Inpatient – 93% recall. This service had recall of 90% or higher on five out of six physical health topics, including sexual health.

Percentage of Aboriginal and non-Aboriginal people who recalled receiving information about physical health by setting, 2021-2022



Percentage of consumers who recalled receiving information about physical health by setting and duration of care, 2021–22

Exercise	69% in Community 63% in Hospital	 Decrease of 3% from 2020-21 Decrease of 3% from 2020-21 	Under 1861%71%70%18-6458%73%74%≥ 6567%76%73%
Healthy eating	59% in Community 61% in Hospital	 Decrease of 4% from 2020–21 Decrease of 2% from 2020–21 	Under 1854%59%63%18-6459%65%68%≥ 6558%64%56%
Side effects	64% in Community 57% in Hospital	 Decrease of 4% from 2020-21 Decrease of 3% from 2020-21 	Under 1852%59%62%18-6457%63%67%≥ 6553%59%63%
Smoking	54% in Community 54% in Hospital	 Decrease of 2% from 2020-21 Decrease of 6% from 2020-21 	Under 18 40% 39% 42% 18-64 55% 58% 62% ≥ 65 43% 48% 48%
Drugs & alcohol	52% in Community 52% in Hospital	 Decrease of 2% from 2020-21 Decrease of 4% from 2020-21 	Under 1838%40%18-6458%55%55%≥ 6540%42%38%
Sexual health	25% in Community 28% in Hospital	Decrease of 4% from 2020–21 Decrease of 3% from 2020–21	Under 18 23 31 24 18-64 27 30 35 ≥ 65 17 18 19

Less than 1 month 🔳 1–6 months 📕 More than 6 months

1 27



What was the experience of Aboriginal consumers?

The mental health of Aboriginal people is affected by broad social and community factors. This includes strengths such as First Nations people's history of survival, healing and resilience. It is also shaped by challenges including 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 consumers remain well represented in the YES sample

Since the YES questionnaire commenced in 2015, a total of 15,132 YES questionnaires have been completed by First Nations Australians. Of these, 3% were from Torres Strait Islander people, 5% were from people who were both Aboriginal and Torres Strait Islander, and 92% were from Aboriginal people.

The YES questionnaire was not designed and tested with Aboriginal consumers, yet engagement with the questionnaire is strong. In 2021–22, 12% of YES returns (2,346 responses) were from Aboriginal consumers. 77% of responses were about hospitals and 23% were about community settings.

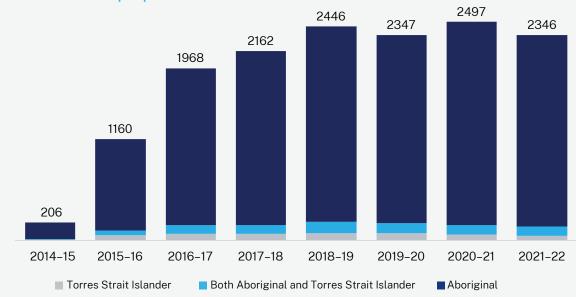
In 2021–22, the total number of returns received from Aboriginal consumers decreased by 6% compared to the previous year. This was a smaller drop than the drop we observed for non-Aboriginal consumers, which means Aboriginal consumers remain well represented in YES feedback.

Younger and middle-aged Aboriginal people are more likely to complete YES

In 2021–22, 13% of YES returns were from Aboriginal consumers under the age of 65 years, compared to 3% from those aged 65 years and over. This reflects the younger age profile of Aboriginal people in the NSW population.

Aboriginal people's experience of *Safety and fairness* and *Participation* in the community decreased from last year

In 2021–22, Aboriginal consumers in the community rated the six YES domains lower than in 2020–21. Two domains (Safety and fairness and Participation) were rated significantly lower than last year. Aboriginal consumers accessing Child and adolescent and Adult and general services in the community reported a significant decrease in experience this year compared to 2020–21. Older people's mental health services were the only program that reported an increase in overall experience for Aboriginal consumers.



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

Aboriginal consumers noted the following in their free-text comments:

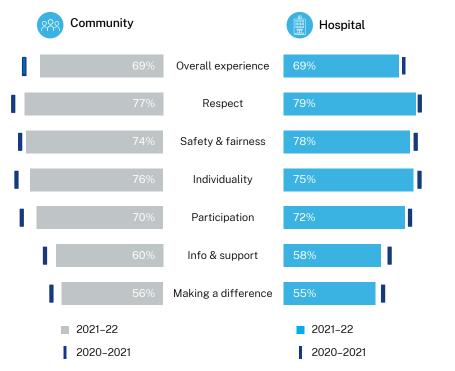
The best thing about the service was...

- Great caring professional staff who respected my Aboriginality.
- My experience was high-quality, positive, and encouraging.
 I will definitely let my own Aboriginal community know of this specialised service.

My experience would have been better if...

- I was provided with a welcome package like a book about a "big sis, lil sis" programme.
- I was listened to.
- I was provided better information about the admission, because I had zero knowledge before attending and was absolutely terrified to come here.

Percentage of Aboriginal consumers reporting a very good or excellent experience across domains by setting, 2020–21 and 2021–22

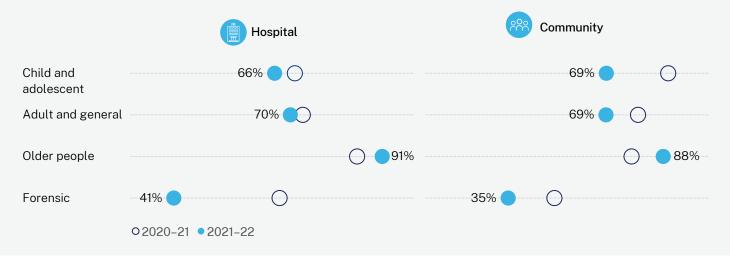


National Sorry Day 2022

It is estimated that as many as 1 in 10 Aboriginal children in Australia were removed from their families between 1910 and 1970. On 26 May 2022, NSW Health made a formal apology on behalf of its hospitals and institutions for their historical role in unacceptable practices, including the removal of Aboriginal babies and children from their families. Many Survivors of the Stolen Generations were in attendance to hear the heartfelt apology by the Secretary of NSW Health, Susan Pearce.

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Aboriginal consumers' overall experience scores for services by setting, 2020–21 and 2021–22



In community settings, Aboriginal consumers continued to report a less positive experience than non-Aboriginal peers

In community settings, 69% of Aboriginal consumers rated their experience as excellent or very good. In past years, community settings have been where the largest gap occurred between Aboriginal and non-Aboriginal consumers' experience. In 2020–21, we saw the gap between the experience of Aboriginal and non-Aboriginal people in community settings decrease. This year, that gap has widened slightly again. In hospital settings, there was no difference in the experience of Aboriginal consumers when compared to non-Aboriginal consumers.

In hospital, Aboriginal consumers rated the domains of Information and support and Making a difference higher than non-Aboriginal people

Aboriginal consumers' overall experience of hospital services is similar to that of non-Aboriginal people. At the domain level, Respect and Safety and fairness were rated slightly lower by Aboriginal people, but two other domains (Information and support and Making a difference) were rated higher.

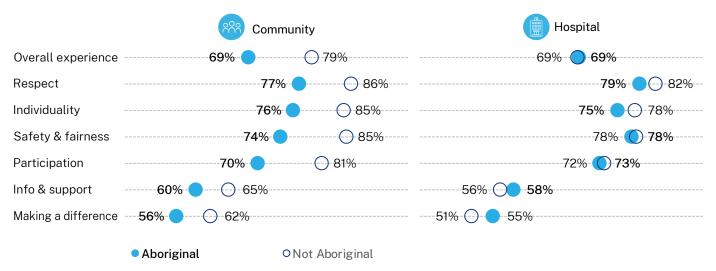
Aboriginal consumers report a more positive experience of non-acute hospital services compared to non-Aboriginal consumers. In 2021–22, around 12% of YES returns from Aboriginal consumers in hospital were about non-acute hospital units. The experience of this group improved from 80% excellent or very good in 2020–21 to 82% in 2021–22. While the experience of acute hospital services is similar when comparing Aboriginal and non-Aboriginal people, experience in non-acute hospital care is more positive for Aboriginal consumers. Though all questions were rated higher by Aboriginal consumers, the largest differences were for questions 14, 24 and 25 (Q14. *Staff discussed the effects of your medication and other treatments with you*, Q24. The effect the service had *on your ability to manage your day-today life*, Q25. The effect the service had *on your overall well-being*).

Services where Aboriginal consumers reported the most positive experiences



- Manning Base Hospital 93% (41 returns)
- Broken Hill Hospital 90% (32 returns)
- Armidale Hospital 89% (39 returns)

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



Percentage of Aboriginal and non-Aboriginal consumers reporting an excellent or very good experience on each YES question	Community	Hospital	
Q1 You felt welcome at this service	83% • •	84% O *	5
Q2 Staff showed respect for how you were feeling	84%	85% 💽 * 📿 2	22
Q3 You felt safe using this service	81%	84% 💽* Q3	33
Q4 Your privacy was respected	84%	84% O * Q4	24
Q5 Staff showed hopefulness for your future	79% 🔵 🔿 *	84% 💽 * Q5	25
Q6 Your individuality and values were respected	84%	86% O *	<u> 3</u> 6
Q7 Staff made an effort to see you when you wanted	78% • •	84% C * Q7	77
Q8 You had access to your treating doctor or psychiatrist when you needed	72% • • •	74% 💽 Q8	38
Q9 You believe that you would receive fair treatment if you made a complaint	76% 🌑 🔿 *	78% 💽 29	60
Q10 Your opinions about the involvement of family or friends in your care were respected	79% • • *	84% CO*	210
Q11 The facilities and environment met your needs	83%	83% O	<u>2</u> 11
Q12 You were listened to in all aspects of your care and treatment	81% • • *	82% 💽 Q12	2 12
Q13 Staff worked as a team in your care and treatment	77% • • • *	77% 🔘 013	Q13
Q14 Staff discussed the effects of your medication and other treatments with you	76% 🔵 🔿 *	76% 🔵 Q14	Q14
Q15 You had opportunities to discuss your progress with the staff caring for you	77% • • •	79% 💽	215
Q16 There were activities you could do that suited you	70% • •	Q16	Q16
Q17 You had opportunities for your family and carers to be involved in your treatment and care if you wanted	76% 🌑 🕓 *	78% 🕐 *	217
Q18 Information given to you about this service	65% • • •	63% 🔵 Q18	Q18
Q19 Explanation of your rights and responsibilities	65% • • •	Q19 G4%	2 19
Q20 Access to peer support	64%	@ 62% Q2(Q20
Q21 Development of a care plan with you that considered all of your needs	64% 🔵 🔿 *	() 66%	221
Q22 Convenience of the location for you	66% • • •	62% O	Q22
Q23 The effect the service had on your hopefulness for the future	61%	Q2:	Q23
Q24 The effect the service had on your ability to manage your day to day life	58%	Q 58% Q24	Q24
Q25 The effect the service had on your overall well-being	60%	OD 61% Q25	Q25
Q26 Overall, how would you rate your experience of care with this service in the last 3 months?	65%	0 63%	Q26

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

Aboriginal

🔿 Not Aboriginal

Is there a regional difference in consumer experience?

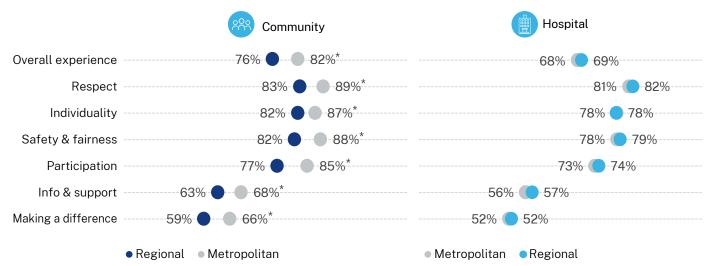
Services in metropolitan and regional areas see different populations of consumers and carers. There may also be different obstacles to delivering care or ease of communication, due to service location and geographical size differences. This section looks at the experience of regional and metropolitan services across NSW. LHDs and SHNs have been grouped as follows:

Regional	Metropolitan	
CCLHD	NBMLHD	
FWLHD	NSLHD	
HNELHD	SCHN*	
ISLHD	SESLHD	
MLHD	SLHD	
MNCLHD	SVHN*	
NNSWLHD	SWSLHD	
SNSWLHD	WSLHD	
WNSWLHD		

lotes: * These speciality health networks have been included in the metropolitan group based on geographical ocation. The Justice and Forensic Mental Health network as been excluded from this analysis

In 2021–22, 51% of YES questionnaires returned were about regional mental health services. Consumer experiences of hospital care were similar across regional and metropolitan areas, whereas in community settings, consumers of regional services reported a significantly less positive experience across all domains.

Percentage of consumers reporting an excellent or very good experience of regional and metropolitan services across domains, 2021–22



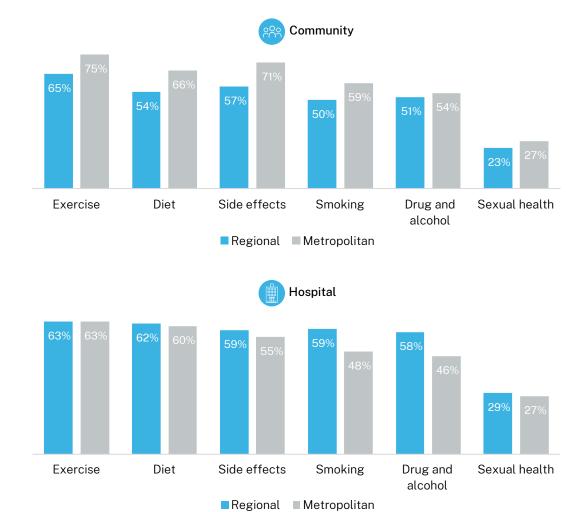
Access to doctors and care planning is rated lower in regional community services

All YES questions were rated lower by consumers of regional community services compared with metropolitan services. Questions 8, 18 and 21 had the biggest difference in scores compared to metropolitan services (Q8. You had access to your treating doctor or psychiatrist when you needed, Q21. Development of a care plan with you that considered all of your needs, Q18. Information given to you about this service).

All demographic groups rated their experience of care in regional community services lower than in metropolitan services. The largest differences were for people with brief contact (less than 24 hours), those receiving care involuntarily and those aged between 18–44 years. In hospital settings, people who engaged with regional services for more than 4 months rated their experience higher than those in metropolitan services for the same duration of care.

Recall of physical health questions was rated higher by consumers of regional hospital services

For regional locations, all physical health questions were rated higher in hospital services but lower in community services compared to metropolitan locations. The largest differences in hospital were for questions related to drugs and alcohol (58% regional, 46% metropolitan) and smoking (59% regional, 48% metropolitan). In community, the largest differences were for side effects (57% regional, 71% metropolitan), diet (54% regional, 66% metropolitan) and exercise (65% regional, 75% metropolitan).

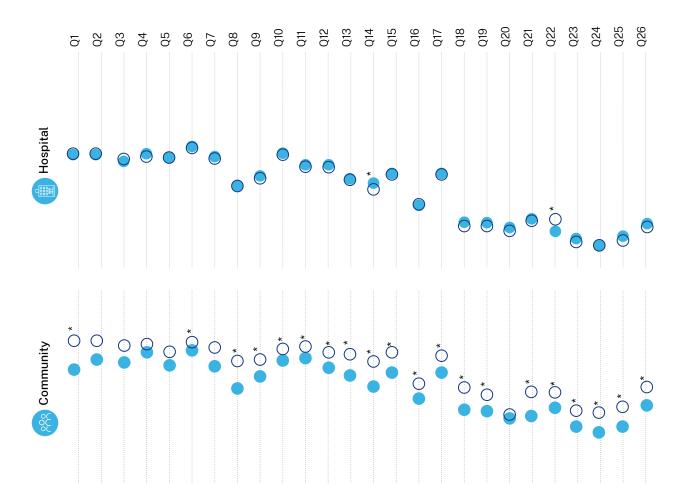


The proportion of people who recalled information about physical health across regional and metropolitan services, 2021–22



Percentage of consumers reporting a very good or excellent experience on each YES question across regional and metropolitan services, 2021–22

- 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?



2021–22 Achievements



LHD/SHN with the highest overall experience score

📄 Hospital

FWLHD: overall experience score of 79% – FWLHD has had the top score for six years in a row



ISLHD: overall experience score of 92%

LHD/SHN with the most improved overall experience score



NBMLHD: overall experience score improved by 5% to 66%

Real Community

SVHN: overall experience score improved by 12% to 88%

Most improved hospital services

- Shellharbour rehabilitation unit: from 59% to 83% (30 returns)
- Macquarie Hospital Figtree unit: from 50% to 73% (30 returns)
- Cumberland Waratah rehab: from 54% to 74% (145 returns)
- HNE Mater Older Persons unit: from 59% to 79% (75 returns)
- Nepean High Dependency unit: from 48% to 64% (89% returns)
- ST George Acute unit: from 62% to 77% (162 returns)

Most improved services in community settings

- Older People's Lake Macquarie: from 72% to 88% (50 returns)
- Shoalhaven Older People's: from **74% to 87%** (30 returns)
- Parramatta Care Coordination team: from 89% to 98% (47 returns)
- Parramatta Acute Care team: from 81% to 86% (278 returns)

Highest number of YES questionnaires returned

Community catchments

Parramatta Ambulatory: 633 returns Orange Ambulatory: 605 returns

Hospital clusters

HNE Mater Hospital: 1,105 returns Hornsby Hospital: 817 returns

Services in a community setting

Parramatta Acute Care team: 279 returns St George Acute Care Mental Health (T1): 219 returns

Service in a hospital

Hornsby Ku-Ring-Gai Acute Mental Health Unit: 496 returns Goulburn Mental Health Inpatient Service: 465 returns

Largest increase in number of YES questionnaires returned compared to 2020–21

Community clusters

Orange Ambulatory: 605 returns (237 more) Dubbo Ambulatory: 248 returns (197 more)

Hospital clusters

Shellharbour Hospital: 654 returns (175 more)

Services in a community setting

St George Acute Care Mental Health (T1): 219 returns (144 more) Parramatta Acute Care team: 279 returns (119 more)





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 freetext 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.





Data Collection

Hearing from people who use the service about their experiences of using mental health services.



Action and Change

Consumers and Mental Health Services work together to make change happen!



Reporting and Feedback

Using the information gathered to let services know where they can improve.



Data Analysis

Putting consumers' views together with other people's who are in a similar situation – finding common experiences and feedback.





Appendix 2 –

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 ..

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

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						
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)						
14. Staff discussed the effects of your medication and other treatments with you						
15. You had opportunities to discuss your progress with the staff caring for you						
16. There were activities you could do that suited you						
17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted						

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.)						
19. Explanation of your rights and responsibilities						
20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)						
21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)						
22. Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.)						

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					
24. The effect the service had on your ability to manage your day to day life					
25. The effect the service had on your overall well-being					
26. Overall, how would you rate your experience of care with this service in the last 3 months?					

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				
28. Smoking				
29. Alcohol and drug use				
30. Sexual health				
31. Exercise and physical activity				
32. Possible physical side effects of some medications (such as weight gain, diabetes or heart disease)				

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 years18 to 24 years25 to 34 years35 to 44 years45 to 54 years55 to 64 years65 years and over
How long have you been receiving care from this service on this occasion?	Less than 24 hours1 day to 2 weeks3 to 4 weeks1 to 3 months4 to 6 monthsMore 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
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	Yes - consumer worker or peer worker Yes - another staff member from the service Yes - someone else
© 2013 The Secretary to the Department of Health (Vic) developed with funding from the Australian Government Department of Health	



| Mental Health & Wellbeing Consumer | Advisory Group



Health

GOVERNMENT

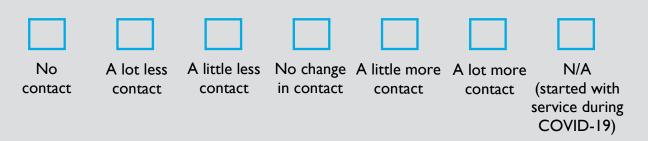
NH700007

Tell us about your experience during COVID-19

How much of your care with this service was by phone or online (e.g. videoconferencing such as Skype)



How has COVID-19 changed the amount of contact you have with the mental health service (including face to face and phone/online)



How has your experience of care with this service changed during COVID-19? My experience has been...





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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/yourexperience-service-surveys

YES NSW collection method

 $\ensuremath{\mathsf{NSW}}$ 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 and SHNs order blank YES questionnaires and pre-addressed reply-paid 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.

Sampling periods: NSW Health recommends that YES is offered to all consumers on discharge from a service and on a regular basis for people in ongoing contact with services. Each service tailors its own approach, for example, some focus on periodic (annual or six-monthly) census periods.

Identifying services: Before distribution, services record their unique four-digit code in the service identification box on page 1 of the paper questionnaire. If completing YES online, a valid service code must be entered by the consumer before the questionnaire can be initiated.

Offering: Services are encouraged to promote the availability of YES through posters, display collection boxes, and offer YES as part of service discharge protocols. They are also encouraged to use peer workers to promote and support YES collection.

Returning: Consumers return completed paper questionnaires in the collection boxes provided at the service or via post using the supplied replypaid envelope. Alternatively, consumers can respond via eYES online. **Data processing:** Completed paper questionnaires are collated and scanned by a commercial scanning organisation under contract to NSW Health. Online responses are uploaded directly to the database. The data are:

- provided monthly to InforMH, System Information and Analytics Branch, NSW Ministry of Health, within two weeks of the end of the reporting period
- checked, validated and stored in a secure, purpose-built structured query language (SQL) database on password-protected NSW Health servers
- analysed and reported by InforMH.

Identification of NSW services

The focus of the YES questionnaire is to support individual services to improve the care and support that they provide. To support this, each survey response includes a unique four-digit numerical code. The code allows the service to be identified from the list held in the central database known as the Mental Health Service Entity Register (MH-SER). This code is used in YES reporting because it can be more accurately scanned than a handwritten service name. It also allows data on YES questionnaire return rates and responses to be accurately compared to other data about the same service. The YES questionnaire is anonymous. Although respondents can provide demographic information, no identifying information is recorded.

Ongoing reporting tracks the number of paper returns with missing or invalid service codes. Where a service code on a paper response is missing or invalid, the response cannot be attributed to an individual LHD, SHN or service. The number of paper responses returned with a missing or invalid service code remains stable at around 5% per year.

Analysis

Data analysis for this report was conducted using SAS software, Excel and Power BI. Further statistical analyses were conducted using Stata SE v15. Missing, invalid or duplicate answers were recoded as null. YES returns with fewer than 12 of the first 22 questions completed were excluded from analysis. 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% 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 2022.

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.

Experience index

The overall experience index is calculated using the average of questions 1–22 to generate a score out of 100.

Scores for the experience index are summarised into five bands ranging from Excellent to Poor. For example, if a consumer rates all questions 4 out of 5, their experience index would be 80. Using an index ensures the measure reflects diverse aspects of the experience.

Excellent: 100
Very good: 80-99
Good: 60–79
Fair: 40–59
Poor: 20-39

Overall experience score (% excellent or very good overall experience)

The overall experience score measures the percent of consumers who had an excellent or very good experience. This is calculated by measuring how many consumers had an experience index with a score of 80 or higher. YES returns with 12 or more answers for questions 1 to 22 are included in this measure. This measure is used as a KPI for LHDs and SHNs. The overall experience score KPI targets are:

- 85% of returns for services in community settings
- 75% of returns for services in hospitals
- 80% of all YES returns (unweighted average).

Domain scores

YES questions are grouped into domains depending on the aspect of experience they measure. The average of the responses to the questions within a domain are used to generate a domain score out of 100. In this report, YES returns with 12 or more of questions 1–22 completed are included in domain scores. The domain scores are reported as the percentage of people who scored 80 or higher on that domain. See Appendix 4 for a list of the questions included in each domain.

HeAL overall score

The HeAL overall score is calculated by dividing the number of HeAL questions answered 'Yes' by the total number of HeAL questions validly answered. The following rules are applied when calculating these scores:

- Scores are calculated separately for hospital and community services and then combined in an unweighted average.
- There must be 10 or more returns from each service setting (hospital/ community) in the period in order to calculate the LHD/SHN score.
- Three or more of the six HeAL questions must be answered for a response to be valid and included in the calculation.

The HeAL overall score will be included as an LHD/SHN improvement measure in 2022–23. The following targets have been set to help measure performance:

Performance band	Percentage range
Better than target/ achieving target	≥65%
Just below target	55-64%
Below target/not performing	<55%

Experience for LHDs and SHNs by year and setting

This table presents the percentage of people reporting a very good or excellent experience across LHDs and SHNs in each financial year where 30 or more returns were received.

	Hospital									
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22			
CCLHD	68%	71%	73%	73%	72%	73%	74%			
FWLHD	63%	79%	78%	83%	80%	82%	79%			
HNELHD	71%	71%	67%	73%	71%	74%	67%			
ISLHD	67%	68%	72%	70%	71%	70%	69%			
JH&FMHN	25%	39%	32%	35%	20%	41%	39%			
MLHD	79%	71%	73%	77%	78%	80%	71%			
MNCLHD	70%	75%	76%	78%	76%	75%	73%			
NBMLHD	71%	57%	55%	60%	61%	61%	66%			
NNSWLHD	67%	57%	69%	76%	74%	73%	68%			
NSLHD	69%	66%	69%	68%	68%	69%	66%			
SCHN		68%	70%	58%	67%	66%	63%			
SESLHD	64%	70%	71%	69%	70%	74%	75%			
SLHD	65%	68%	66%	67%	68%	60%	64%			
SNSWLHD	64%	64%	68%	67%	66%	69%	67%			
SVHN	69%	71%	77%	76%	72%	77%	74%			
SWSLHD	55%	60%	64%	72%	73%	79%	74%			
WNSWLHD	70%	67%	70%	69%	69%	74%	69%			
WSLHD	64%	66%	67%	67%	70%	70%	67%			

	Community										
	2015–16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22				
CCLHD	76%	72%	79%	78%	71%	69%	68%				
FWLHD			88%	93%	92%	93%	87%				
HNELHD	86%	84%	82%	86%	83%	81%	79%				
ISLHD	91%	85%	84%	96%	89%	88%	92%				
JH&FMHN	78%	33%	25%	23%	33%	48%	39%				
MLHD	79%	74%	87%	90%	88%	73%	66%				
MNCLHD	63%	71%	75%	77%	79%	72%	72%				
NBMLHD	80%	70%	77%	89%	86%	87%	89%				
NNSWLHD	78%	76%	83%	73%	72%	80%	82%				
NSLHD	79%	82%	80%	81%	82%	82%	80%				
SCHN				79%	76%	72%	81%				
SESLHD	83%	86%	86%	85%	85%	76%	74%				
SLHD	73%	72%	79%	82%	73%	78%	80%				
SNSWLHD	76%	83%	85%	91%	91%	87%	81%				
SVHN	75%	61%	95%	71%	69%	76%	88%				
SWSLHD	76%	86%	78%	93%	95%	90%	89%				
WNSWLHD	74%	82%	89%	84%	91%	90%	75%				
WSLHD	80%	83%	84%	85%	89%	91%	88%				

The experience of Aboriginal consumers across questions

The table below summarises the percentage of Aboriginal and non-Aboriginal consumers rating each question 4 or 5 out of 5.

		Co	mmunity			H	lospital	
	Abori	ginal	Non-Ab	original	Abori	iginal	Non-Ab	original
	Excellent or very good %	95% confidence interval						
Q1	83%	80.1-86.6	90%	89.5-91.2	84%	82.6-86.1	88%	87.4-88.6
Q2	84%	80.5-86.9	90%	89.1-90.8	85%	83.2-86.6	88%	87.1-88.3
Q3	81%	77.5-84.3	89%	88.2-90.0	84%	82.0-85.5	86%	85.0-86.3
Q4	84%	81.2-87.5	91%	90.4-92.1	84%	82.0-85.5	88%	86.9-88.1
Q5	79%	75.6-82.6	87%	86.4-88.4	84%	81.8-85.3	87%	85.9-87.2
Q6	84%	80.7-87.1	92%	91.3-92.8	86%	84.1-87.4	91%	90.1-91.2
Q7	78%	74.1-81.4	88%	87.0-88.9	84%	81.9-85.5	87%	85.9-87.2
Q8	72%	68.2-76.3	82%	80.4-82.8	74%	72.4-76.6	77%	76.0-77.6
Q9	76%	72.0-79.8	84%	83.0-85.3	78%	75.8-80.0	80%	78.9-80.5
Q10	79%	75.2-82.6	89%	87.9-89.9	84%	82.6-86.1	88%	87.5-88.7
Q11	83%	79.6-86.1	89%	88.5-90.3	83%	81.1-84.7	83%	82.8-84.2
Q12	81%	77.4-84.3	87%	85.6-87.6	82%	79.8-83.5	84%	82.9-84.3
Q13	77%	73.3-80.6	85%	83.9-86.0	77%	75.3-79.3	79%	78.0-79.5
Q14	76%	72.4-79.8	82%	80.6-82.8	76%	74.0-78.2	76%	75.4-77.0
Q15	77%	73.3-80.6	86%	84.9-86.9	79%	76.6-80.6	81%	79.9-81.4
Q16	70%	65.1-74.0	76%	74.4-77.3	73%	70.4-74.8	69%	68.5-70.3
Q17	76%	71.7-79.8	85%	84.0-86.3	78%	75.4-79.6	81%	80.0-81.6
Q18	65%	60.9-69.3	73%	71.9–74.5	63%	61.0-65.7	63%	62.0-63.8
Q19	65%	60.6-69.1	72%	70.5-73.1	64%	62.2-66.8	62%	61.6-63.4
Q20	64%	59.3-68.3	67%	65.0-68.1	62%	59.9-64.8	61%	60.1-62.0
Q21	64%	59.8-68.3	71%	70.0-72.7	66%	63.4-68.0	64%	63.2-65.1
Q22	66%	61.9–70.2	73%	71.3-73.9	62%	59.3-64.0	63%	61.8-63.6
Q23	61%	56.5-65.1	66%	64.8-67.6	60%	57.5-62.3	57%	56.0-57.9
Q24	58%	53.2-61.9	65%	63.5-66.3	58%	55.4-60.2	55%	54.3-56.2
Q25	60%	55.2-63.9	67%	65.7-68.4	61%	58.4-63.2	58%	56.8-58.6
Q26	65%	60.9-69.3	74%	72.6-75.2	63%	60.9-65.6	63%	61.7-63.5

The experience of consumers across regional and metropolitan LHDs and SHNs

The table below summarises the percentage of consumers rating each question 4 or 5 out of 5 across regional and metropolitan LHDs and SHNs.

	Community				Hospital			
	Aboriginal		Non-Aboriginal		Aboriginal		Non-Aboriginal	
	Excellent or very good %	95% confidence interval						
Q1	87%	85.5-88.1	93%	92.4-94.4	87%	86.3-87.8	87%	86.6-88.1
Q2	87%	86.2-88.7	92%	91.0-93.2	87%	86.4-87.9	87%	86.7-88.3
Q3	86%	84.6-87.2	92%	90.6-92.8	85%	83.9-85.6	86%	84.7-86.4
Q4	89%	88.2-90.5	92%	91.1-93.3	87%	86.6-88.1	86%	85.7-87.3
Q5	85%	83.6-86.3	90%	88.3-90.8	86%	85.4-87.0	86%	85.2-86.9
Q6	90%	88.9-91.2	93%	91.9–94.0	90%	89.2-90.6	89%	88.7-90.2
Q7	85%	83.2-86.0	91%	89.9-92.2	86%	85.6-87.2	86%	84.9-86.6
Q8	77%	75.3-78.7	86%	84.9-87.8	76%	75.5-77.5	76%	75.4-77.4
Q9	81%	79.5-82.7	87%	85.5-88.4	80%	78.8-80.8	79%	78.0-80.0
Q10	87%	85.2-88.0	91%	89.4-91.9	88%	86.8-88.4	87%	86.3-87.9
Q11	87%	86.1-88.7	91%	90.2-92.5	84%	82.8-84.5	83%	82.1-83.8
Q12	84%	82.6-85.4	89%	88.2-90.6	84%	82.7-84.4	83%	81.9-83.7
Q13	81%	79.9-82.9	89%	87.4-90.0	79%	77.9-79.8	78%	77.4-79.4
Q14	78%	75.9-79.2	86%	84.9-87.7	77%	76.3-78.3	75%	74.1-76.2
Q15	82%	80.9-83.9	89%	88.2-90.7	81%	79.6-81.5	80%	79.3-81.2
Q16	74%	71.6-75.5	79%	76.7-80.5	70%	68.6-70.8	70%	68.9-71.2
Q17	82%	80.9-84.1	88%	86.8-89.7	81%	79.6-81.6	80%	79.3-81.3
Q18	70%	67.9–71.4	77%	75.6-79.0	64%	62.7-65.0	63%	61.4-63.7
Q19	69%	67.3-70.9	75%	73.0-76.6	64%	62.5-64.8	63%	61.3-63.7
Q20	67%	64.6-68.6	68%	65.8-69.9	62%	60.9-63.4	61%	59.6-62.1
Q21	68%	65.7-69.3	76%	74.0-77.4	65%	63.8-66.1	64%	63.2-65.6
Q22	70%	68.5-72.1	76%	73.8-77.3	61%	59.6-62	65%	63.8-66.1
Q23	64%	61.9-65.6	69%	67.3–71.1	58%	57.0-59.4	57%	55.9-58.3
Q24	62%	60.0-63.7	69%	66.7-70.5	56%	54.6-57.0	56%	54.8-57.2
Q25	64%	62.0-65.7	71%	68.9-72.5	59%	57.9-60.3	58%	56.3-58.8
Q26	71%	69.3-72.8	77%	75.7–79.1	63%	62.3-64.6	62%	61.1-63.5

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Appendix 4 – YES domains

Makin	g a difference (in this report, referred to as 'Making a difference' or 'Impact')					
How the service contributed to outcomes for individuals. It includes social and emotional wellbeing and physical health.						
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?					
Information and support						
How the service works for the individual. It includes resources such as written information, a care plan, and access to peer support.						
Q18	Information given to you about this service					
Q19	Explanation of your rights and responsibilities					
Q20	Access to peer support					
Q21	Development of a care plan with you that considered all of your needs					
Individuality						
	he service meets individual's needs. It includes sensitivity to culture, gender and faith and the importance of nal values and beliefs.					
Q6	Your individuality and values were respected					
Q16	There were activities you could do that suited you					
Suppo	Supporting active participation (in this report, referred to as 'Participation')					
How t	he service provides opportunities for engagement, choice and involvement in the process of service delivery.					
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					
Respe	ect					
	he service provides the individual with a welcoming environment where they are recognised, valued and treated lignity.					
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					
Safety & fairness						
How the service provides individuals with a physically and emotionally safe environment.						
Q3	ou 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.

