



What consumers
said about NSW
Mental Health
Services



Your Experience of Service

2022–2023

Acknowledgements

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

We recognise and value the experience-based knowledge of people who have lived and living experience of mental health difficulties or suicide, and the people who care for them. We are thankful to the many consumers who completed a YES survey.

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.

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

Please check with InforMH for any amendments.

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Foreword from BEING – Mental Health Consumers

The experiences and needs of mental health consumers should be central to, and inform, all mental health services. That's why I'm delighted that BEING – Mental Health Consumers and NSW Health have been working in partnership over the past 10 years to develop and conduct the Your Experience of Service (YES) survey.

The YES survey was co-designed with consumers and providers, ensuring that the needs of all users of the questionnaire were listened to and included.

Since 2015, mental health consumers who use state-run mental health services have been asked to fill in a YES survey to provide feedback. The analysis of that data gives us an impression of what mental health consumers think about the services they use.

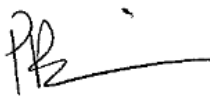
Longitudinal studies are so important for understanding where a system is improving, and where it needs more attention. Having access to this data certainly makes our job as systemic advocates more effective because evidence-based claims are more credible and actionable.

The YES data analysis also assists service providers with information about where they could pilot innovations that are led by consumers and co-designed. As for all organisations that provide services, like retail, sports and entertainment, data analysis helps providers better understand consumers' needs and improve their service delivery in response. This is doubly important for mental health service providers because lives are at stake.

Since YES was made available, over 180,448 surveys have been completed. Now that we have emerged from COVID-19, it is especially important for us to take stock of how consumers are experiencing services to see how the pandemic might have altered the way services are provided and whether these changes serve consumers' needs.

I am particularly pleased to see the improvement of service for First Nations consumers, and consumers for whom English is not their first or preferred language. This suggests that our work to enhance services for these consumers is improving. Let's keep on this upwards trajectory and apply what we've learned in these areas to support other marginalised consumers.

Thank you to the many consumers who have completed YES surveys. Your ongoing feedback helps services understand what they are doing well and where they can improve.



Priscilla Brice
Chief Executive Officer
BEING – Mental Health Consumers

2022–23 YES snapshot

22,484
surveys returned

About **492** mental health services

43% of community returns were online


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


75%
in all settings


 **68%**
in hospitals


 **81%**
in community settings

Top 5 findings

 Experience in community settings improved across all age-specific, adult and general, and forensic services.

 More than half of consumers recalled receiving information about physical health (57% in community, 54% in hospital) which is an improvement from the previous year.

 Experience was rated highest for consumers who spoke only a language other than English.

 Consumers of regional community services reported a less positive experience when compared with metropolitan community services, and this gap has increased since last year.



The experience of Aboriginal consumers improved in community settings, but remains lower compared to non-Aboriginal consumers.

The best things about this service were...
The kindness of individuals, and the access to information and treatment options.



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 legal status	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: <ul style="list-style-type: none"> • 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)

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

Specialty Health Networks (SHNs)

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

Other

MH	Mental Health
HeAL	Healthy Active Lives (HeAL) declaration
KPI	Key Performance Indicator

What is YES?

Your Experience of Service (YES) is a national survey designed to gather information about people's experiences of public mental health services.

The survey reflects the National Mental Health Service Standards and is used to support service improvement.

NSW Health aims to offer YES to all consumers (Appendix 1). This report reflects consumer experiences of care in 2022–23 and includes feedback about a range of public mental health services provided in both community and hospital settings.

Consumers can complete YES anonymously on paper or online. The survey has been translated into 35 community languages.

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



How many YES surveys were returned?

In 2022–23

22,484

questionnaires returned
which is a 7% increase from last year.



15,063
about hospitals



6,447
about community settings

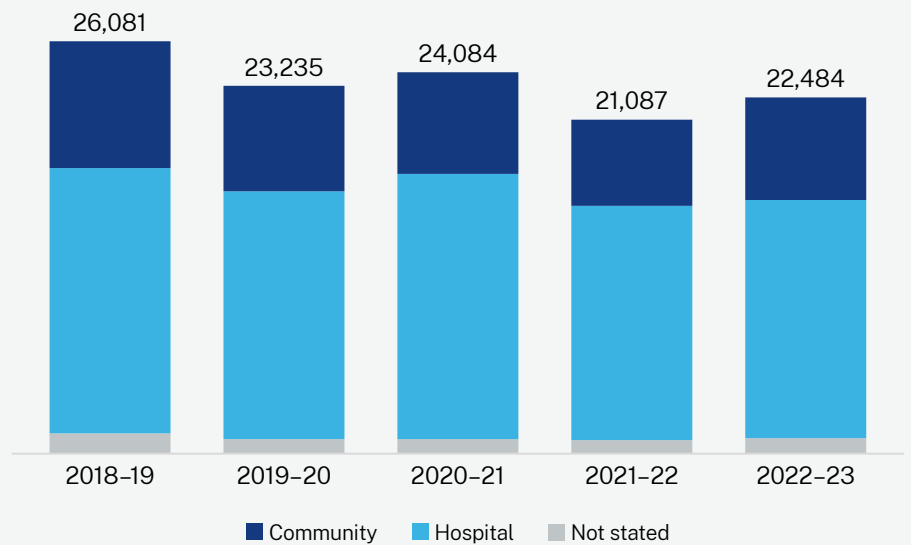
Number of YES questionnaires completed by year

Feedback was provided about

492
mental health services

162
services in hospitals

330
services in
community settings



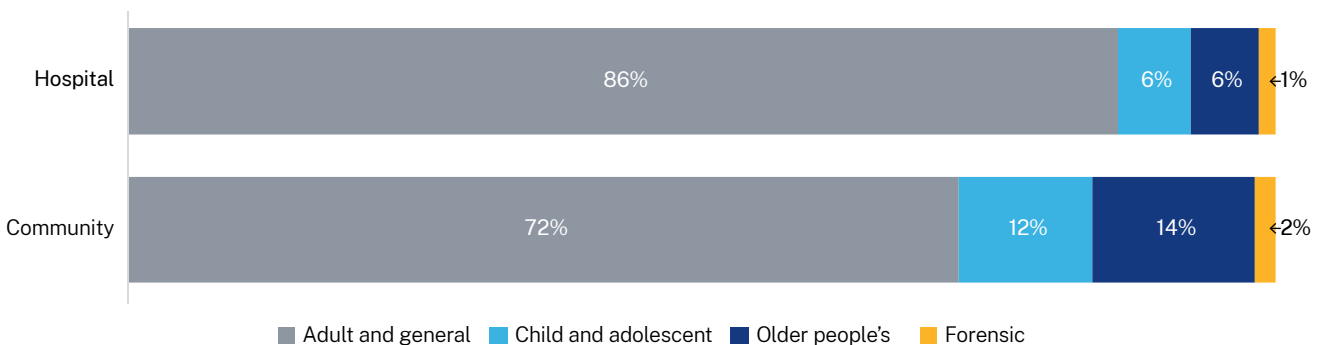
43% of returns about community services were completed online

In community settings, the following groups were more likely to provide feedback online: people assisted by a peer worker (67%), people aged 18–24 years (55%) and Aboriginal people (52%). In hospital settings, people who were assisted to complete the survey were more likely to complete YES online (21%) compared with people who did not receive support (6%).

The highest number of returns were about adult and general services

In NSW there are many more adult and general services than age-specific or forensic services. The proportion of YES surveys received from different types of services aligns with this and suggests that the YES returns are broadly representative of the services available. The next section explores how representative YES returns are of people accessing these services.

Questionnaires returned by program in 2022–23



Which consumers completed a YES survey?

It is important to know if some groups of consumers are less likely to complete a YES survey. We compared YES returns with information about people who received support in NSW hospital and community mental health services in 2022–23.

YES feedback is broadly representative of people accessing hospital services

YES returns from hospital services are broadly representative of all hospital consumers, although people aged less than 18 years are slightly under-represented.

Aboriginal consumers are well represented in YES

Around 13% of people accessing NSW mental health services identify as Aboriginal, and 12% of all surveys returned in 2022–23 were from Aboriginal consumers. Most surveys from Aboriginal consumers provided feedback about adult and general services.

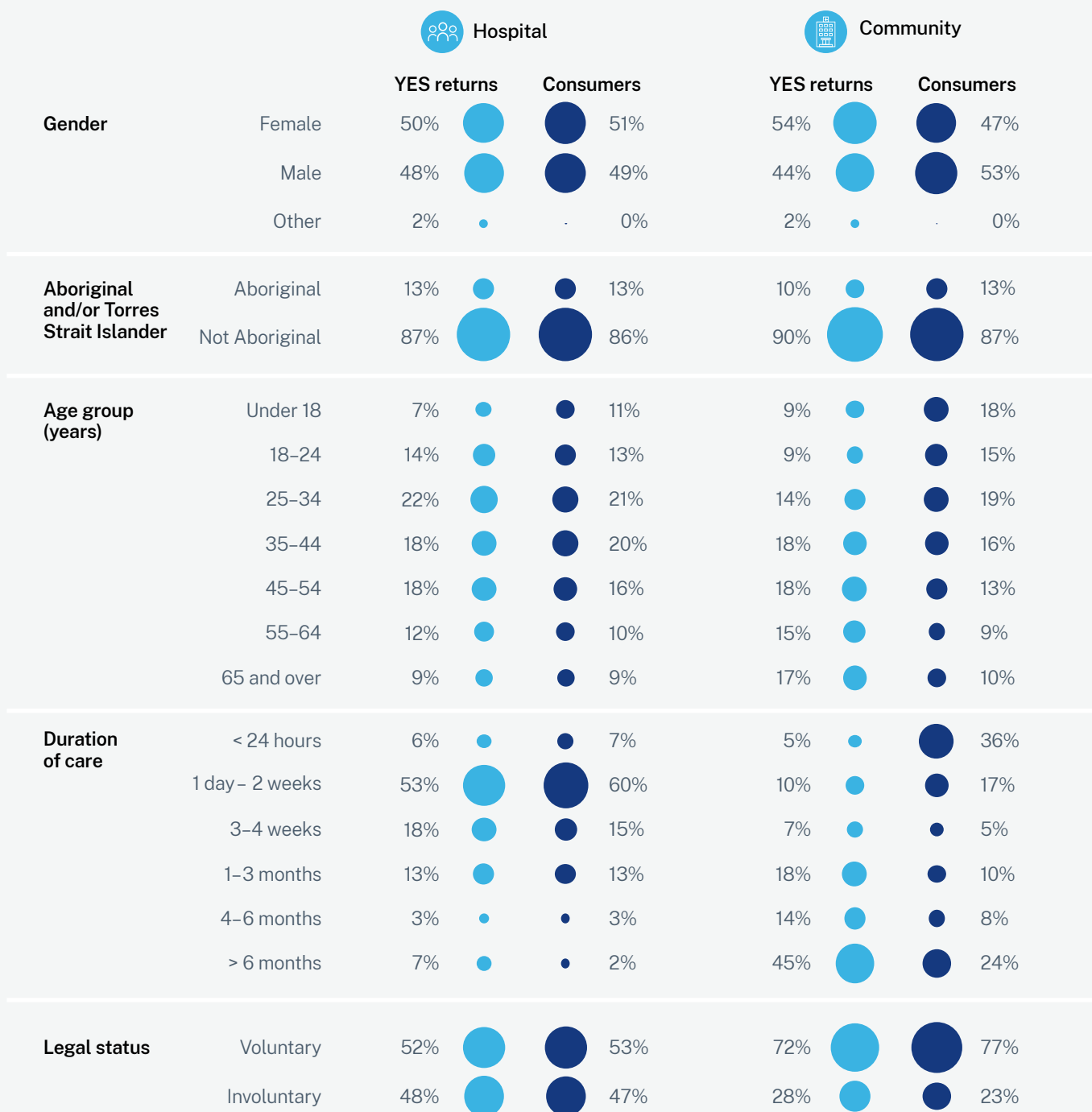
Males, young people (less than 25 years) and those with brief contact (less than 24 hours) in the community are under-represented

While many groups are well represented in YES feedback, we need to continue efforts to reach more consumers in the community. In recent years, many services have implemented strategies using SMS and email to make sure that consumers can provide feedback, even when care is delivered virtually.

People aged less than 25 years continue to be under-represented. Although around 33% of community consumers are in this age group, only 18% of YES surveys are from this group. People who have long-term contact with community services are much more likely to complete a YES survey although around 36% of respondents in 2022–23 were consumers who had a brief duration of contact (less than 24 hours). This year the proportion of YES surveys returned from males accessing community services decreased (to 44%) while around 53% of people accessing community services identified as male.





Comparison of YES returns and NSW Health data about people accessing mental health services, 2022–23



Due to rounding, the results for each category may not add up to 100%.

How to read this chart:

-  The light blue dot shows the percentage of YES returns from each group of consumers. For example, 13% of hospital returns were from Aboriginal people.
-  The dark blue dot shows the percentage of all NSW mental health consumers who were in each group. For example, 13% of hospital consumers identified as Aboriginal.

In this case, the light blue dot and dark blue dots are a similar size, which means we received feedback from a representative group of Aboriginal consumers. In cases where the light blue dot is much smaller than the dark blue, it means that we have only heard from a small proportion of those consumers, so the feedback might not represent the experience of most people from that group who received care.

How did consumers rate their experience?

Overall experience is measured using an experience index which combines the scores of questions 1 to 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 a key performance indicator (KPI) for Local Health Districts/ Specialty Health Networks (LHDs/SHNs). The current KPI target is for 80% of consumers to report an excellent or very good experience (85% in community care, 75% in hospital services). These survey results inform ongoing service evaluation and design.

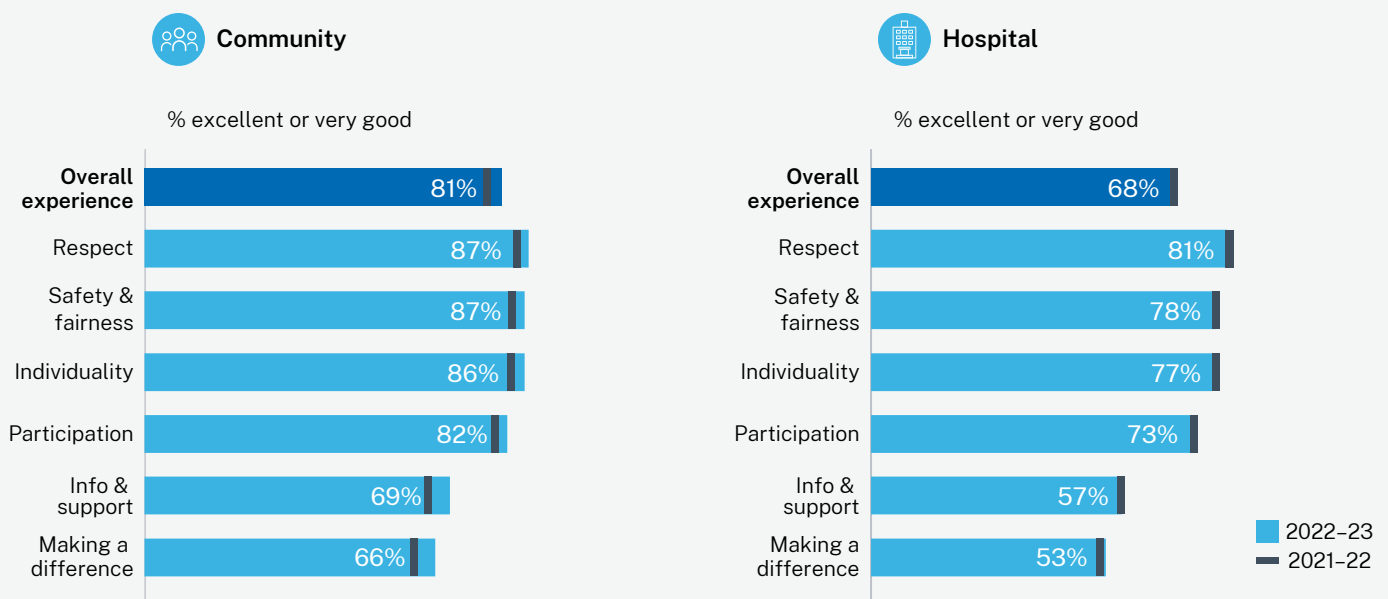
This year 75% of consumers rated their overall experience as excellent or very good

Consumers of community services continued to report a more positive experience compared to hospital services. Scores for all domains showed some improvement compared to last year, with the Making a difference and Information and support domains improving the most. Across both hospital and community settings, the highest-rated YES domain continues to be Respect, which describes how well services provide a welcoming environment where individuals are recognised, valued and treated with dignity. The Safety and fairness, Individuality, and Participation domains were also rated highly, with Information and support and Making a difference having the lowest percentage of excellent or very good responses. Information about the questions included in each YES domain is in Appendix 4.

Overall experience improved in community settings

Since YES was implemented in 2015, there has been a steady improvement in the number of returns and the rating of overall experience. The COVID-19 pandemic disrupted services in many ways, including access to services, staffing levels, restrictions on hospital visits and leave, plus a greater use of telehealth. Overall, this resulted in a slight decrease in people's rating of mental health services, especially in the 2021-22 period. Results for 2022-23 show improvement in many areas, although some have not yet recovered to pre-pandemic levels. In community settings, experience across all YES domains improved compared with last year. In hospital settings, experience ratings were similar to 2021-22.

Overall experience and domain scores by setting, 2022-23



Consumers provide some of their most important feedback in the free-text questions

The YES questionnaire includes two free-text questions inviting people to say what would have improved their experience and what was the best thing about the service. These answers provide services with important details about where services can improve and what they are doing well. The themes that come through the free text have been consistent over the years with many people raising the same points.

Many people comment on the impact of the staff providing care. Kindness, compassion, care and being listened to are among the things that make the most positive difference. People reported a more positive experience when they felt that staff showed respect and understanding towards them as an individual. Some consumers felt that the experience would have been better if they had been able to access the staff more frequently. People also said that they would prefer if staff didn't change so frequently. They want to keep seeing staff with whom they have built a trusting relationship throughout their care.

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. Some noted that it could be frustrating and distressing to repeat their story multiple times, to multiple people. There were also comments about how their experience would have been improved if they were given more information and a better understanding of what to expect during their care. Many consumers requested more comprehensive information about medication and the possible side effects.

My experience would have been better if...

The caring and support of the older people's mental health team towards my management of physical health and emotional problems.

I had access to my phone and had access to internet for schoolwork at any time.

If my gender identity (transgender male) was respected [and staff used my] preferred name and pronouns.

The psychiatrist listened to me. Information was consistent and there was a better continuity of care.

My rights were properly explained and respected.

The kind and compassionate staff. Consumers are treated on an individual basis and always have their needs considered.

The best things about this service were...

My case manager/psychologist always understands and advocates from my perspective. She respects my opinions regarding my recovery plan.

They always booked an interpreter for me.



Which groups of consumers reported 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. Please see the graph on the following page.

This year, the overall experience for most groups was better or the same as last year

The largest improvements were in community settings, in particular for Aboriginal people, people receiving involuntary care and those who received care in the community for less than 24 hours or 1–3 months. People who received involuntary care reported a different experience in all community services, including forensic mental health. In the free-text comments, many people receiving care involuntarily said that the staff were understanding, and they felt listened to and involved.

In hospital, experience was rated almost the same as last year for many groups. However, there was an improvement in the experience of people receiving care for 4–6 months. Returns from people who described their gender as being other than male or female continued to report a less positive experience in both community and hospital services. These results were slightly improved in community settings and slightly worse in hospital services compared to 2021–2022. In the free-text comments, these consumers often mentioned that staff did not respect their preferred name and pronouns.

Older consumers report the most positive experiences

This year, people aged 65 years and over, reported a less positive experience in older people's services, but a more positive experience when they received care from adult and general services, compared with last year. Despite this decrease, consumers aged 65 and over rated their overall experience higher than other age groups, in both community and hospital settings. People aged 55–64 gave the next highest overall experience rating in both settings. In hospital settings, the experience of people aged 65 and over was similar for both older people's specialist services and adult and general services. In older people's services, the domains of Respect and Individuality were the highest rated. Respondents frequently commented that they appreciated staff who were always available, helpful and respected their opinions and offered relevant supports, such as a falls prevention program.

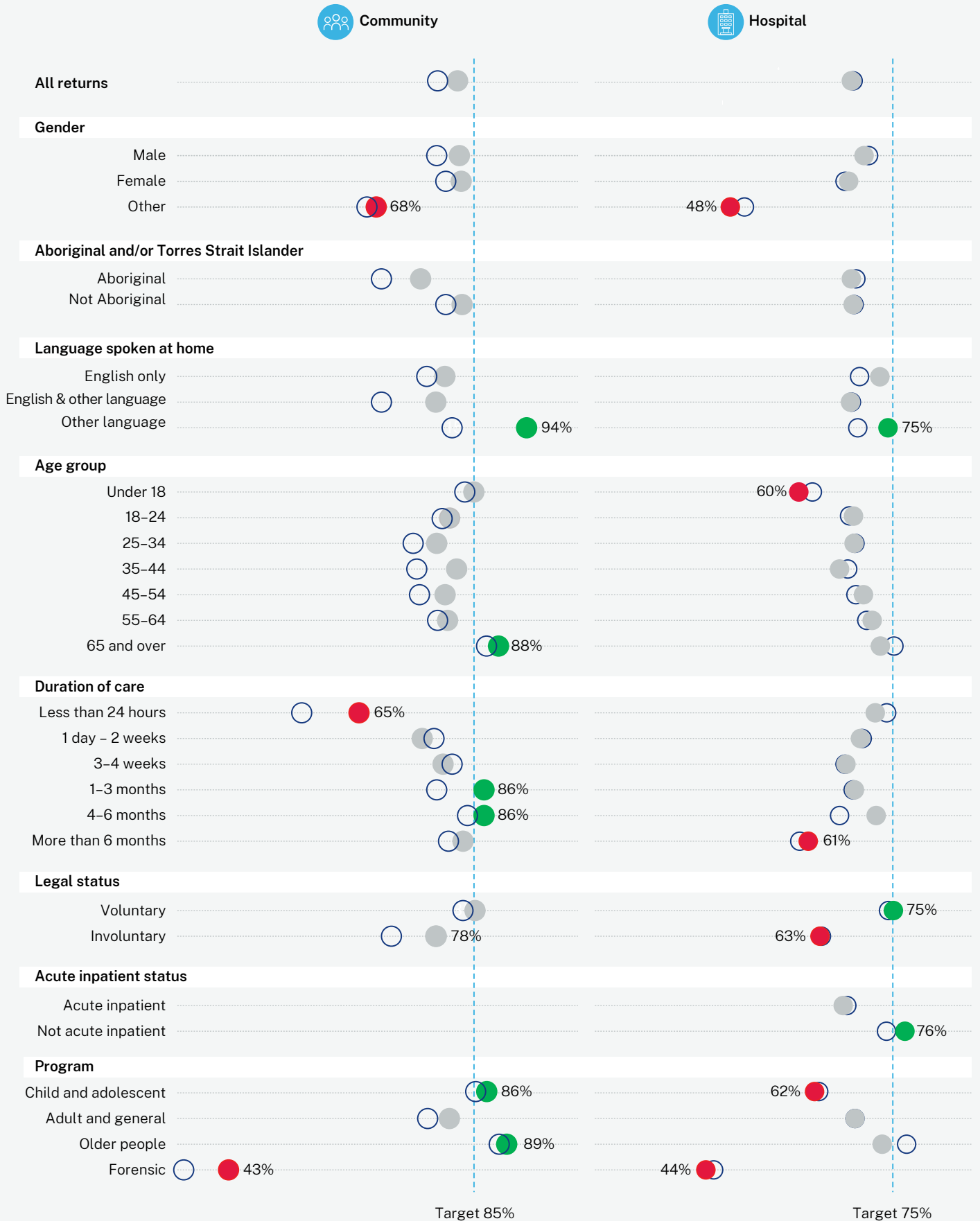
The rated experience of young consumers (less than 18 years) improved in community settings. Experience ratings for specialist child and adolescent services remained the same as last year, but young people reported a more positive experience when receiving care from adult and general services than previously. In child and adolescent services, the Making a difference domain received the lowest rating. While this domain improved in community settings this year, hospital settings showed no improvement and remained lower than other domains.

Young people reported a slight decrease in overall experience in hospital, in both specialist child and adolescent services and adult and general services. 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 have more contact with their family and friends.

Impact of language spoken at home

Consumers who spoke only a language other than English reported the highest overall experience (94%). This group was also more likely to report that they were helped to complete the survey. Help was most frequently provided by a family member, partner or friend. However, those who spoke both English and another language reported the least positive experience. This group was as likely to receive assistance as those who spoke English only. In both of these groups, help was most often provided by a staff member of the service. It is important to note that the number of surveys from people who spoke a language other than English was lower than from English-only speakers, which can make meaningful comparisons challenging. However, this feedback suggests that the strategies used to support non-English speaking consumers could be resulting in a positive experience and may not be used as often with people who speak both English and another language.

Overall experience of different consumer groups by setting, 2021–22 and 2022–23



Legend:

Community

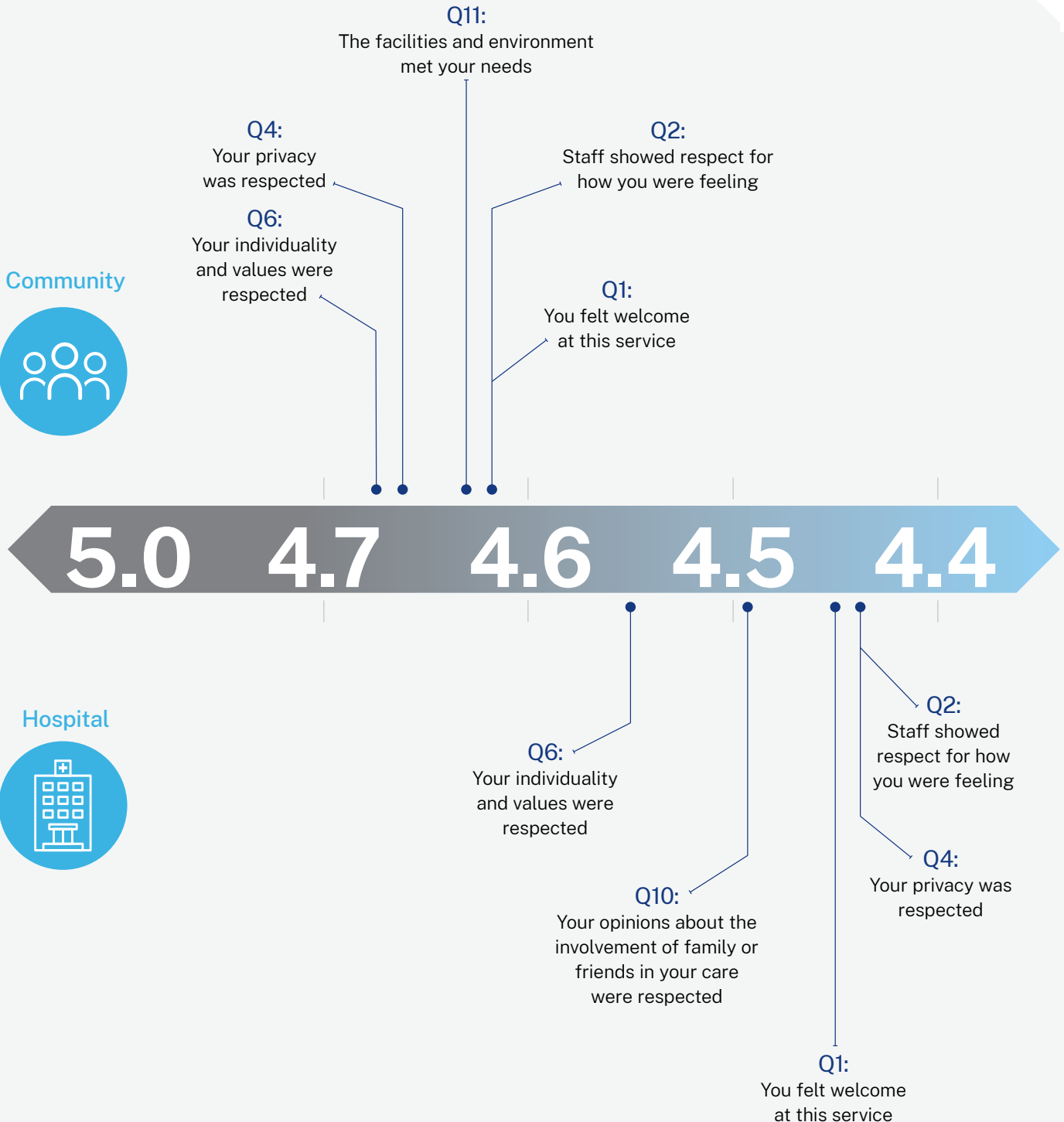
- Better than target (≥85%)
- Just below target (75% to <85%)
- Below target (<75%)
- 2021-22

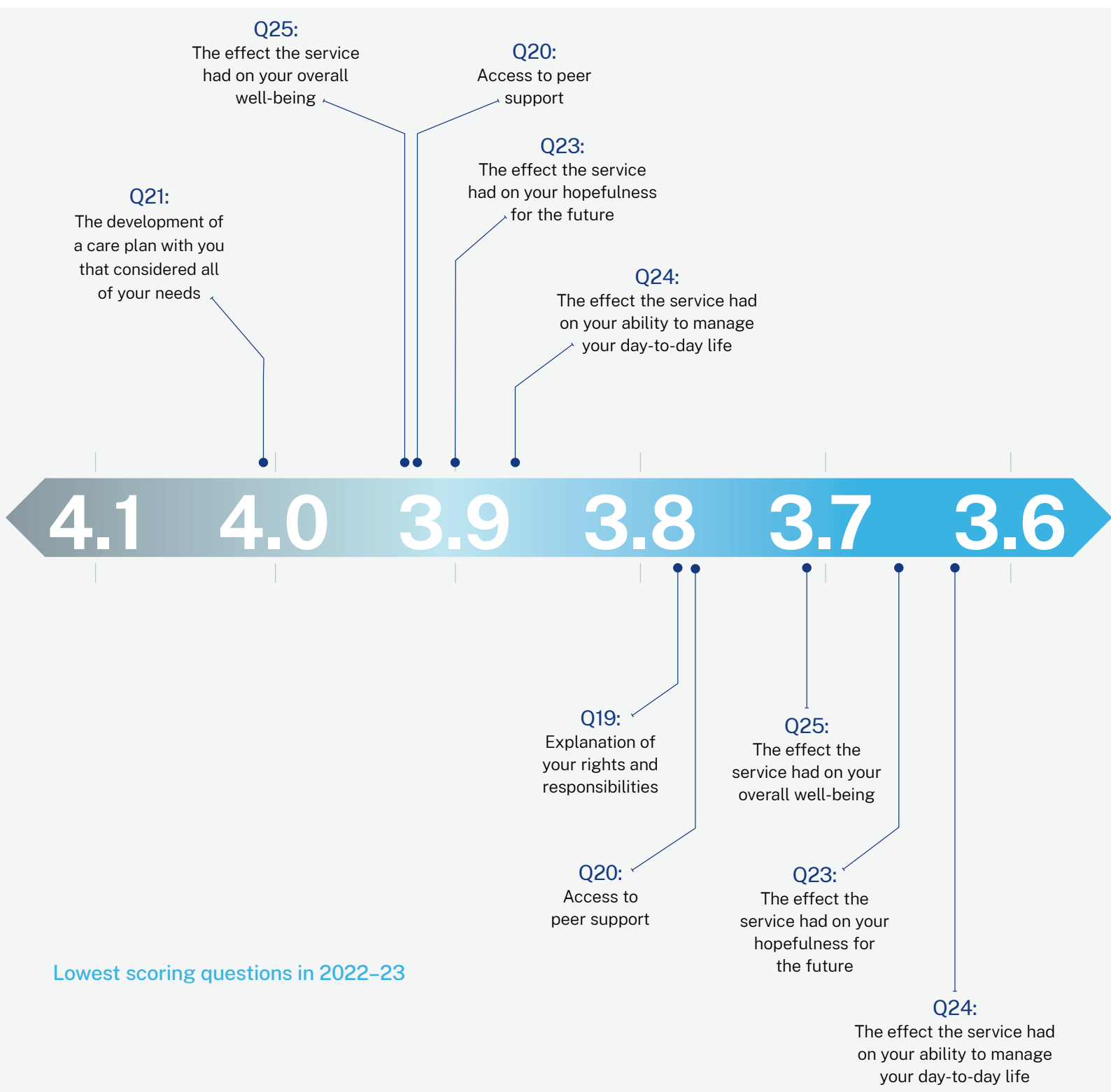
Hospital

- Better than target (≥75%)
- Just below target (65% to <75%)
- Below target (<65%)
- 2021-22

Which questions received the highest and lowest ratings?

Highest scoring questions in 2022–23





Lowest scoring questions in 2022-23

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 survey asks whether consumers remember being given information about 6 aspects of physical health care: exercise, healthy eating, medication side effects, smoking, alcohol and drugs and sexual health. These questions were based on the Healthy Active Lives (HeAL) declaration (www.iphys.org.au).

Recall of information about all physical health topics improved in 2022–23

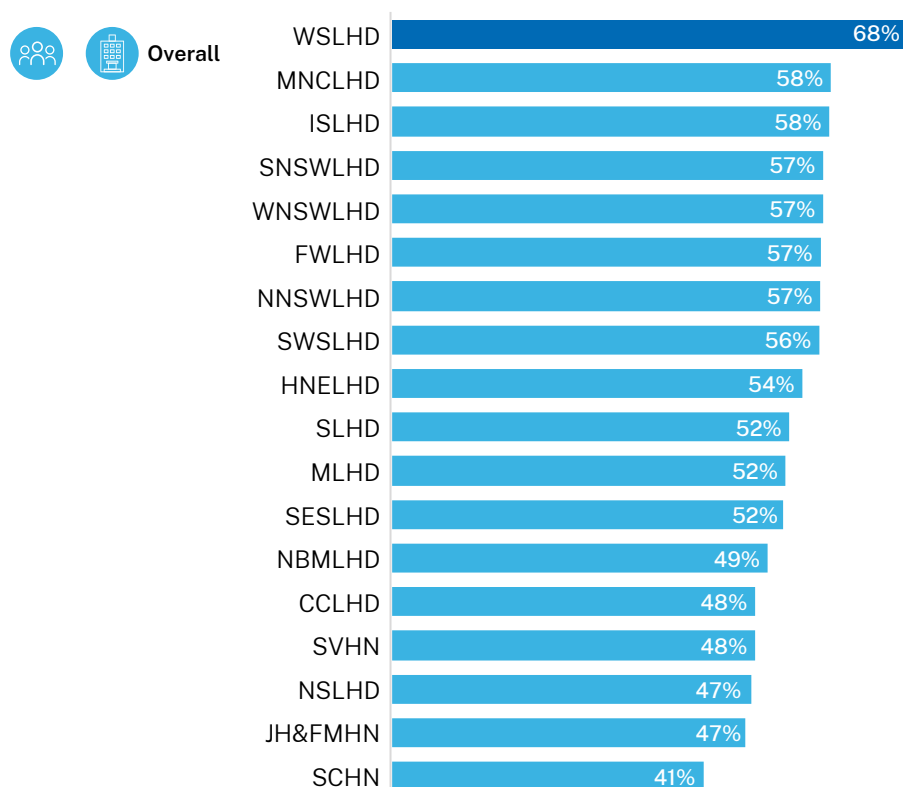
When providing information to people it is important to consider how and when it is given. Some information is not relevant for certain people and if it is not provided at the right time or in the right way for the individual then it may not be remembered. Just over half of all consumers recalled receiving information about physical health in 2022–23 (57% in community settings compared to 54% in hospitals). Recall improved across all topics, in both hospital and community settings. Topics with the highest recall continue to be exercise, diet, and medication side effects.

New physical health improvement measure

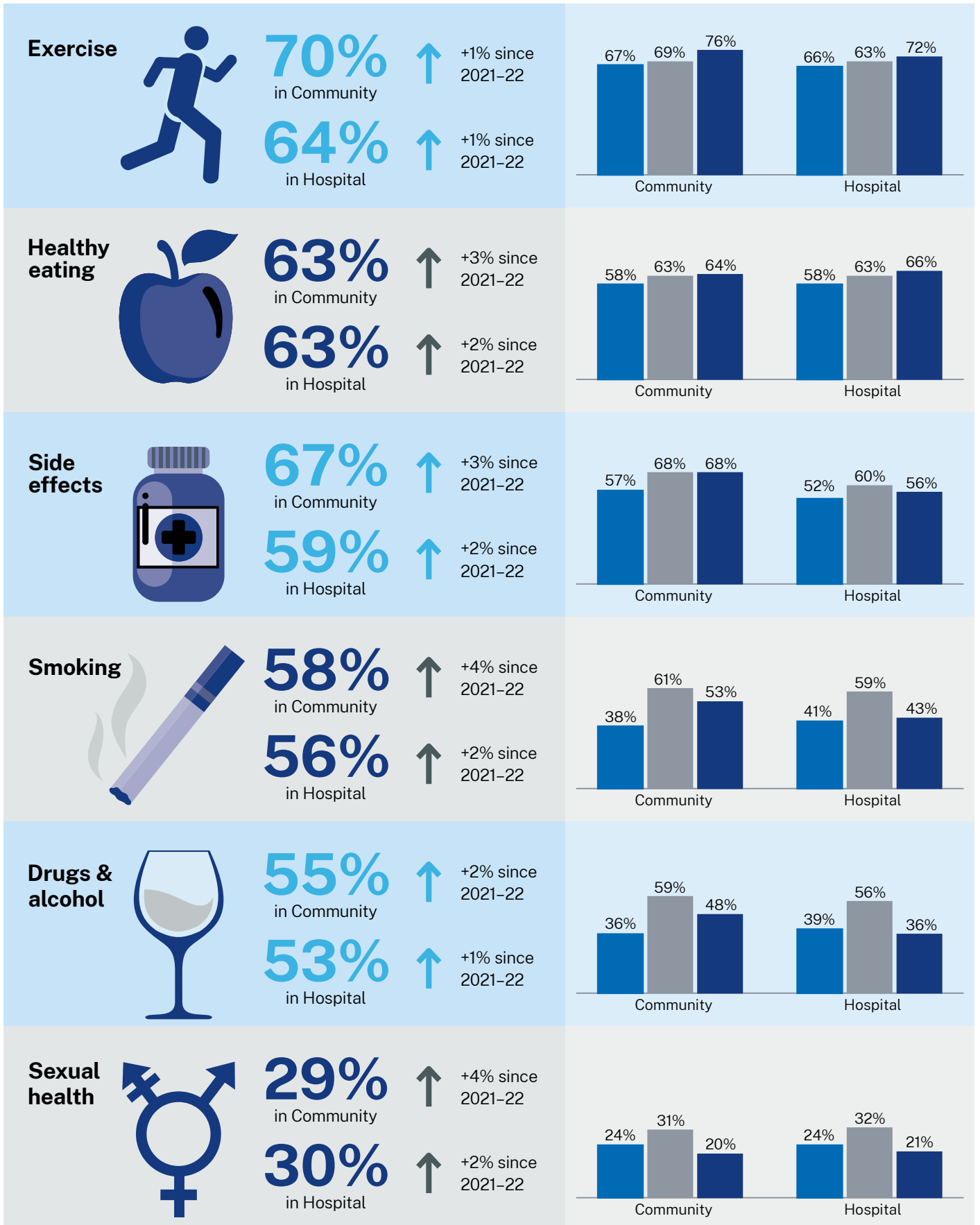
From 2022–23, a new improvement measure for LHD/SHN performance using the YES physical health questions was implemented. This measure uses the unweighted average across all 6 HeAL questions (where consumers answered three or more questions). The target is for 65% of consumers to recall receiving information about physical health.

The highest recall was for consumers engaged with WSLHD in community settings (76%), and WNSWLHD in hospitals (67%).

Percentage of consumers who recalled information across all physical health questions



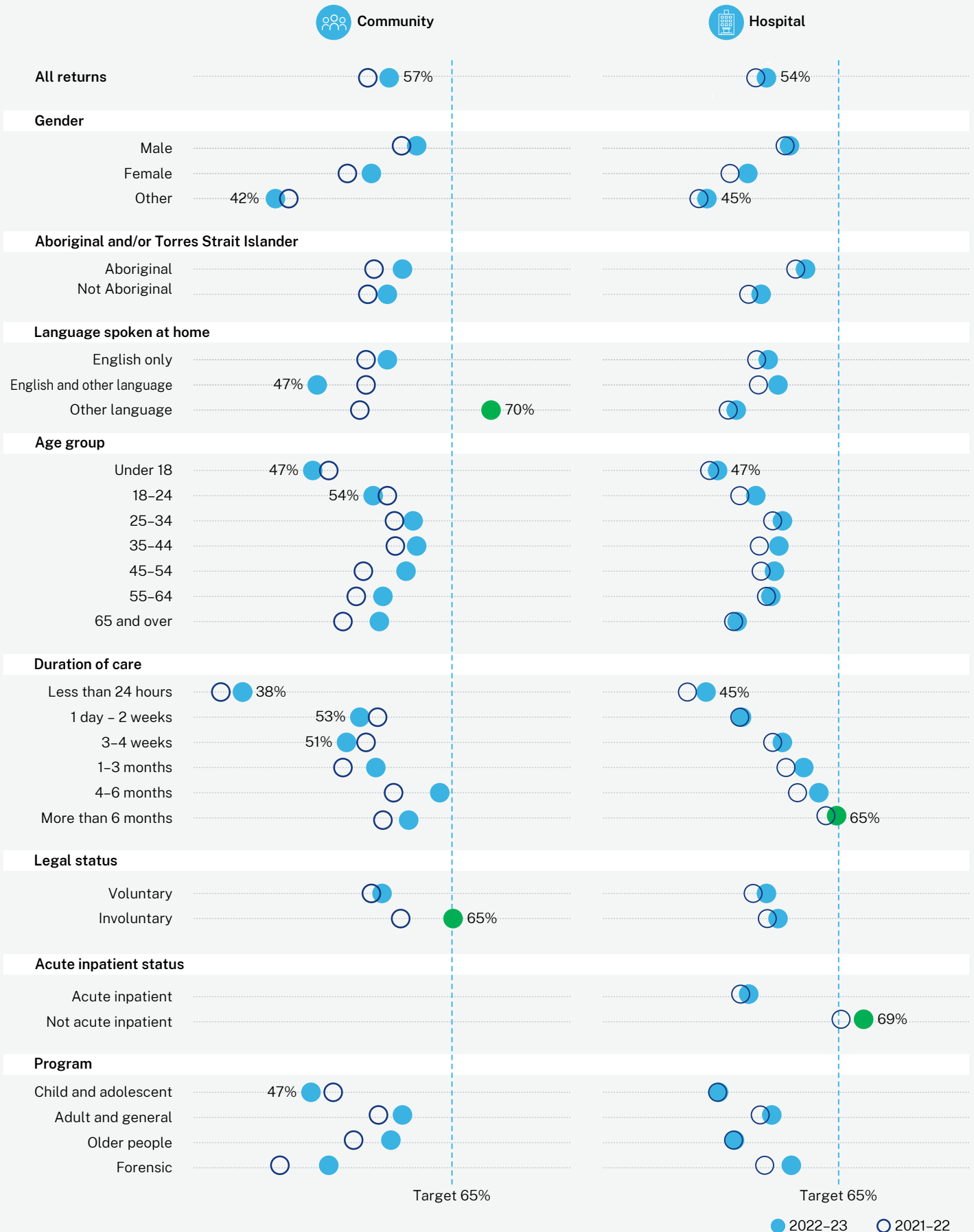
Percentage of consumers who recalled receiving information about each physical health topic, 2022-23



■ Under 18 ■ 18-64 ■ 65 and over

How did different consumer groups recall information about physical health?

Percentage of consumers who recalled receiving information about physical health, 2021–2022 and 2022–23



Recall varied for different groups of consumers

Consumers receiving care for a longer duration generally had the highest recall of physical health information in both hospital and community settings. In hospital, recall met the target of 65% in non-acute hospital services and for people receiving hospital care for more than 6 months. It is to be expected that more people receiving long-term hospital care should recall receiving information about physical health, as there is more time and opportunity to provide more holistic care for consumers. However, supporting the physical health of consumers is a responsibility for all mental health services. In the community, consumers in forensic services increased their recall, but only those receiving involuntary community care met the target of 65%.

People who described their gender as being other than male or female recalled receiving information about physical health less often than other groups. The largest differences were for questions related to smoking and medication side effects. Consumers who reported speaking only a language other than English, reported the highest rate of recall of physical health information.

Recall of physical health information varied across age groups and service types

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. For younger consumers (less than 18 years) and older consumers (over 65 years), recall for exercise, diet and medication side effects was higher in age-specific services compared to adult and general services.

More people recalled receiving information about sexual health, smoking, and alcohol and drug use

Of the six physical health topics, sexual health continues to be the one that people are least likely to recall receiving information about. However, recall rates did improve in 2022–23 with 30% of people stating that they recalled receiving sexual health information (a 3% improvement on last year). Recall of information about smoking, and alcohol and drug use also improved. However, older consumers continue to be the least likely to recall receiving information about sexual health or alcohol and drug use, followed by consumers under 18 years of age.

Aboriginal people recalled receiving information about physical health more often than non-Aboriginal people

Recall was higher for Aboriginal people across all physical health topics. The largest difference was for sexual health, alcohol and other drug use, and smoking. The experience of Aboriginal consumers is explored in more detail in the next section.

The best things about this service were...
Healthy diet support from staff.

My experience would have been better if...
I was informed of the side effects of the medication.



What was the experience of Aboriginal consumers?



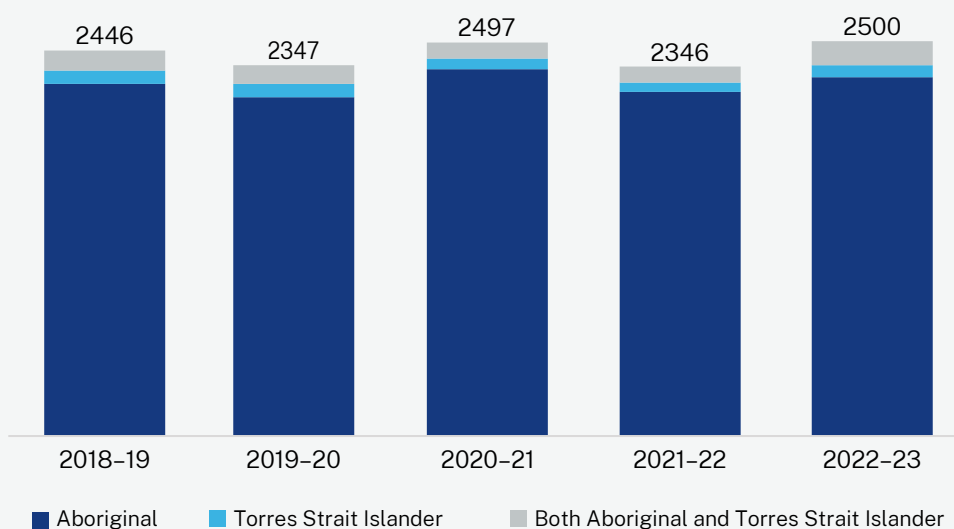
The mental health of Aboriginal people is strongly affected by broad social and community factors, including a strong history of survival, healing and resilience. It is also shaped by challenges such as transgenerational trauma, disadvantage and the impacts of colonisation. NSW Health is committed to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

Aboriginal consumers remain well represented in YES feedback

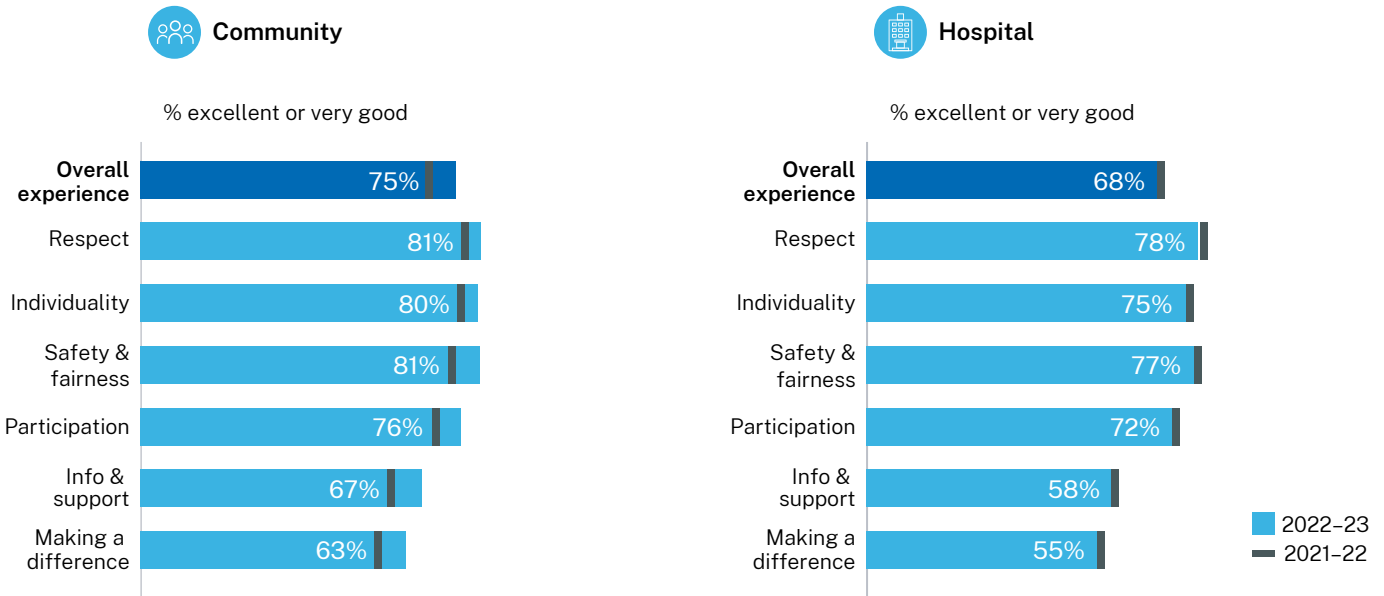
Since YES started in NSW in 2015, 17,632 surveys have been completed by Aboriginal consumers. Of these, 3% were from Torres Strait Islander people, 5% were from people who were both Aboriginal and Torres Strait Islander, and 92% were from Aboriginal people. In 2022-23, 12% of YES returns (2500 responses) were from Aboriginal consumers. Three-quarters of responses were about hospital services and one-quarter were about community services. In 2022-23, the total number of returns received from Aboriginal consumers increased by 7% compared to last year. We saw a similar increase in returns from non-Aboriginal consumers, which means Aboriginal consumers remain well represented in YES feedback.

Most YES returns from Aboriginal people come from those who are young or middle aged, reflecting the younger age profile of Aboriginal people in the NSW population. This year, the proportion of YES returns from Aboriginal people aged 65 years and over in the community increased slightly from 6% of all returns from Aboriginal people in 2021-22 to 8% in 2022-23.

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



Percentage of Aboriginal consumers reporting a very good or excellent experience across domains by setting, 2021–22 and 2022–23



Aboriginal people's experience in the community improved in all domains

In 2022–23, Aboriginal consumers in the community rated all six YES domains higher compared to last year. Two domains (Safety and fairness and Participation) each improved (by 7% and 6% respectively) following the decrease noted last year. The domains of Information and Support and Making a Difference also improved by 7%. Aboriginal people often commented on staff who showed flexibility and truly listened to their preferences for support. Many Aboriginal people also commented that the best thing about the services was having an Aboriginal mental health worker.

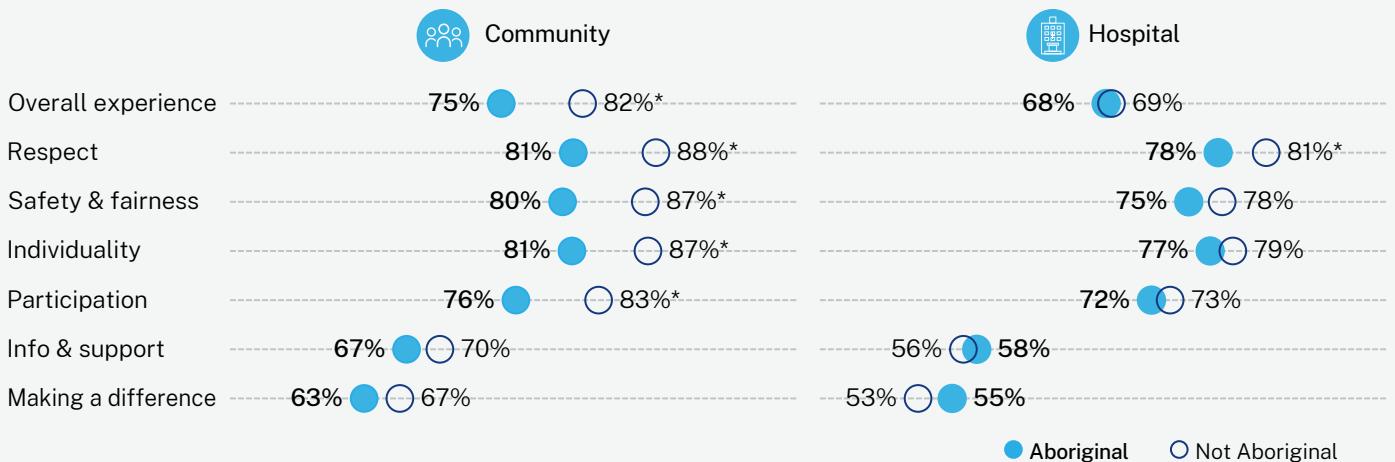
In community settings, Aboriginal and non-Aboriginal consumers continue to report a different experience

While experience of hospital settings is similar for Aboriginal and non-Aboriginal people, a gap remains in community settings. In 2022–23, three-quarters of Aboriginal consumers rated their experience as excellent or very good, which was a 6% improvement compared to last year. Similar increases occurred across all domains and questions. This improvement has reduced the gap between Aboriginal and non-Aboriginal people from 11% in 2021–22 to 7%, but more work is needed to improve the experience of

Aboriginal people receiving care in the community. The gaps are largest in the Respect, Individuality and Participation domains; for people aged less than 18 years; those aged 25–34 years; and those receiving care for less than 1 month. Aboriginal people aged 55–64 years rated all domains higher than non-Aboriginal people of the same age group.

The largest improvements for Aboriginal people accessing community services were for: Q24. *The effect the service had on your ability to manage your day-to-day life* Q18. *Information given to you about this service* Q21. *Development of a care plan with you that considered all of your needs*

Percentage of Aboriginal and non-Aboriginal consumers reporting an excellent or very good experience across domains, 2022–23



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

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

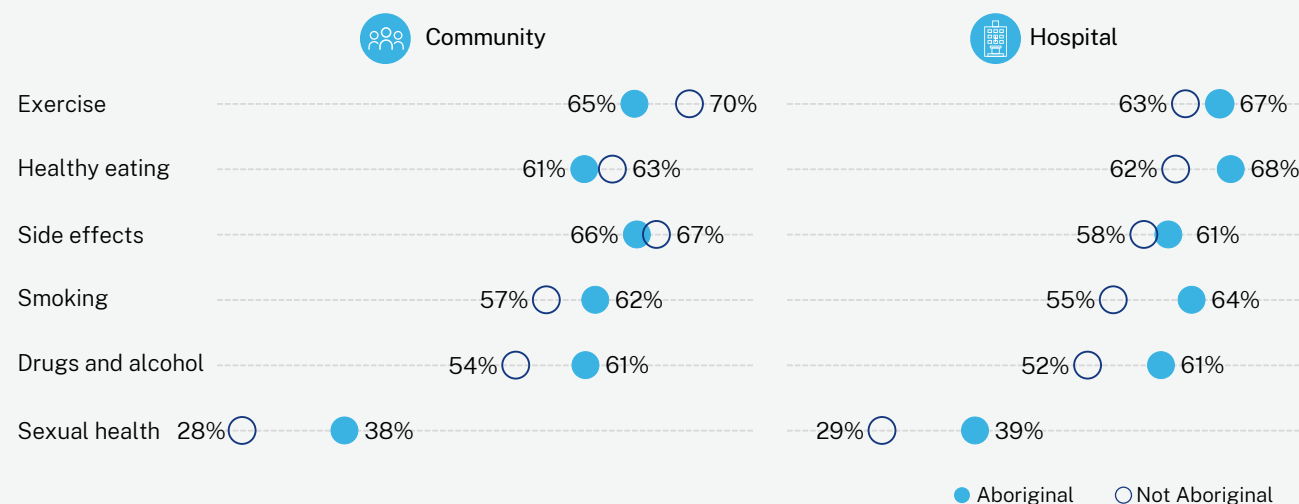
As in previous years, Aboriginal consumers' overall experience of hospital services was similar to non-Aboriginal people. The Respect and Safety and fairness domains were rated slightly lower by Aboriginal people, but the Information and support and Making a difference domains were rated higher. Aboriginal consumers under 18 years of age rated every domain higher than their non-Aboriginal peers. These young consumers often commented that they felt staff cared about them and they enjoyed the activities available.

The largest improvements for Aboriginal people receiving hospital care were for:
 Q6. *Your individuality and values were respected (such as your culture, faith or gender identity, etc.)*
 Q17. *You had opportunities for your family and carers to be involved in your care if wanted*
 Q20. *Access to peer support*

Aboriginal consumers recalled information about physical health more than other groups

As seen in previous years, Aboriginal consumers continued to have higher recall of receiving physical health information. In hospital settings, Aboriginal people more often recalled receiving information about all physical health topics compared to non-Aboriginal people. In community settings, recall of information about smoking, drugs and alcohol, and sexual health were higher, while exercise, diet and side effects were recalled less often.

Percentage of Aboriginal and non-Aboriginal people who recalled receiving information about physical health by setting, 2022–23

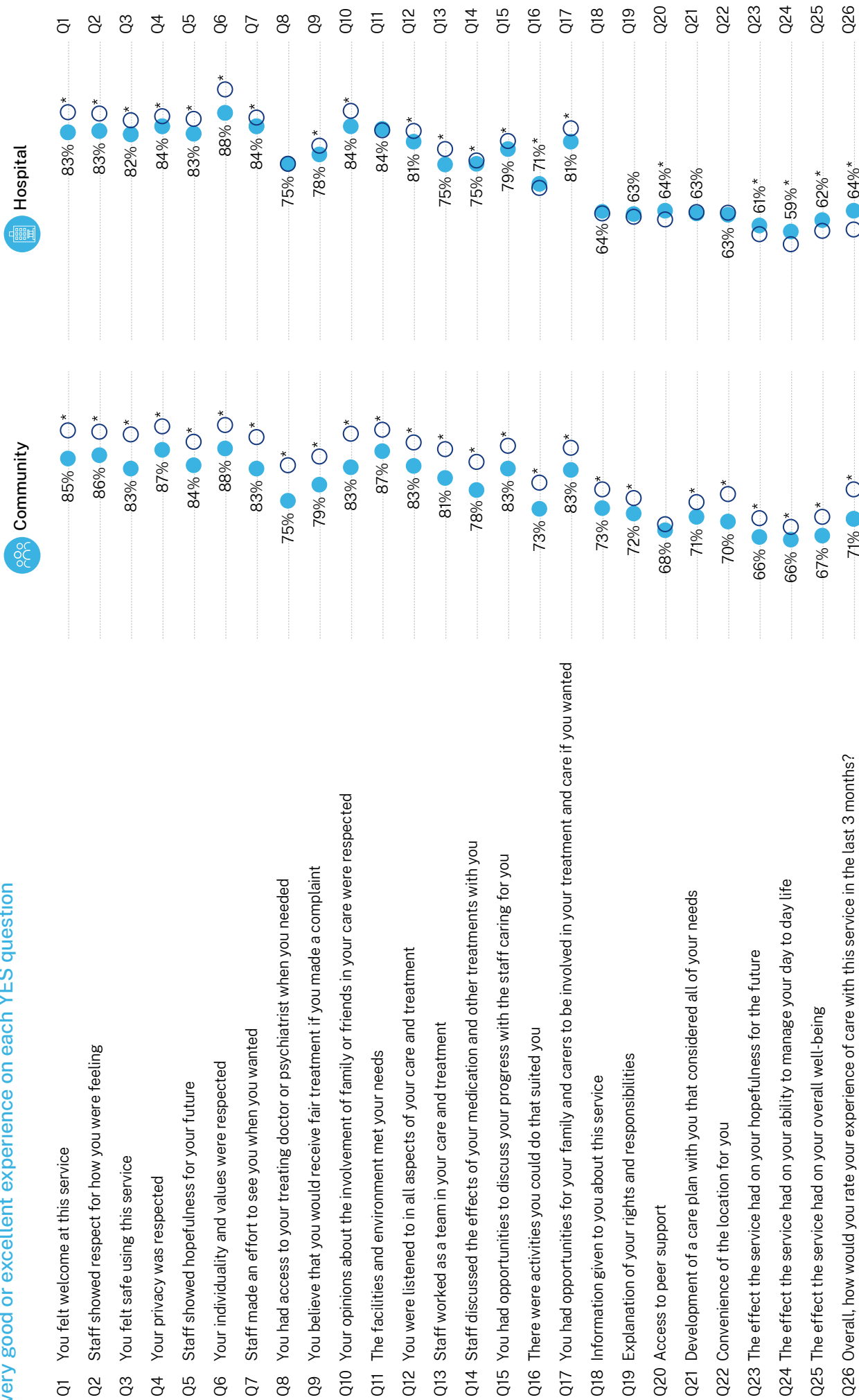


The best things about this service were...
 Having my own Aboriginal mental health worker.

My experience would have been better if...
 There was more about Indigenous culture information in groups.



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



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

How did 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.

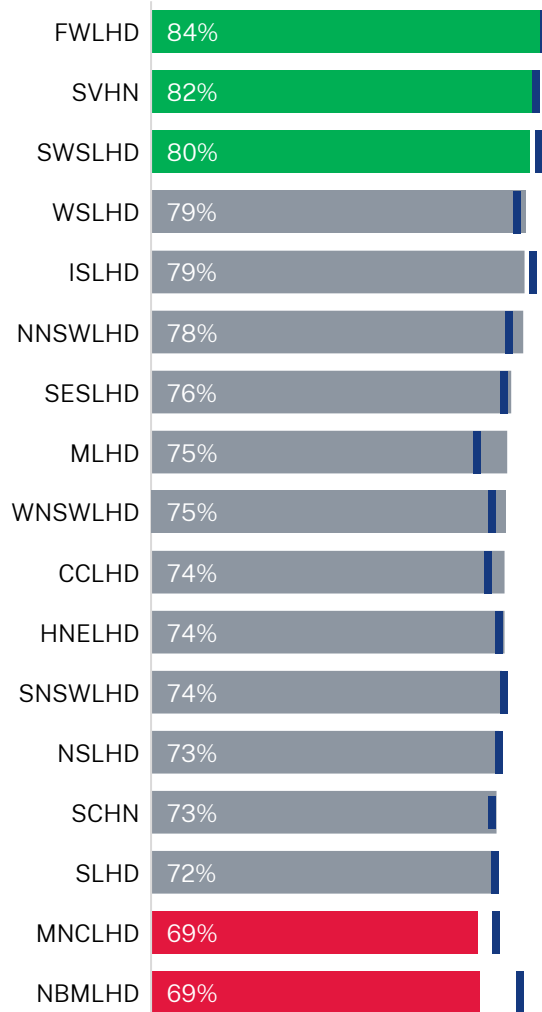
The target is that 80% of consumers report an excellent or very good experience (85% in community settings and 75% in hospital care).

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.

In 2022–23, three districts/networks achieved the target

In community settings, six districts/networks met the target and in hospitals, four districts/network met the target, which is consistent with last year.

Overall, eight LHDs/SHNs reported an improvement in experience compared to 2021–22. Two districts (MLHD and CCLHD) had improved scores across both hospital and community settings.

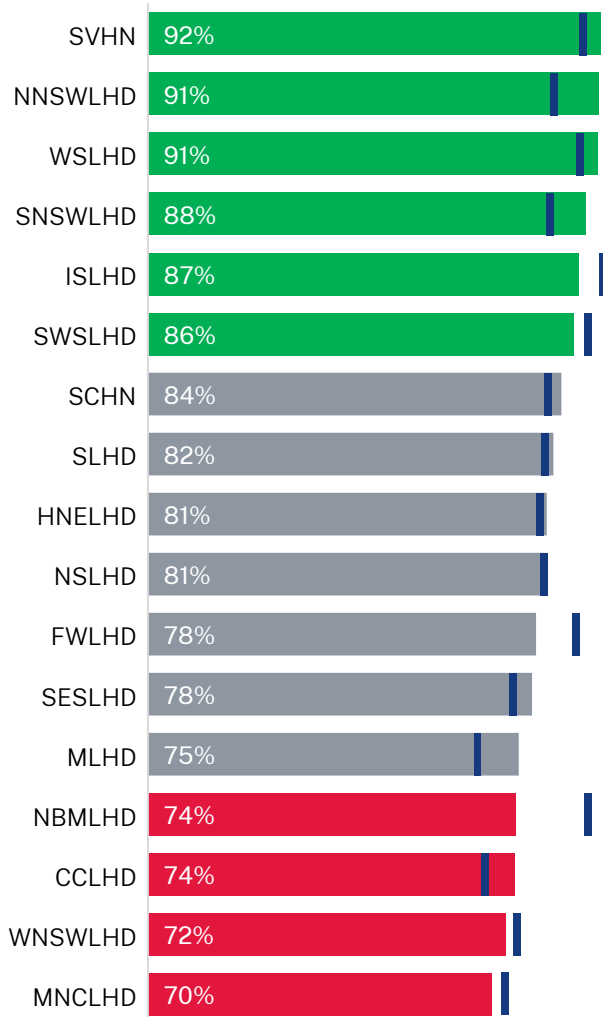


- Better than target (≥80%)
- Just below target (70% to <80%)
- Below target (<70%)
- 2021–2022

Notes:

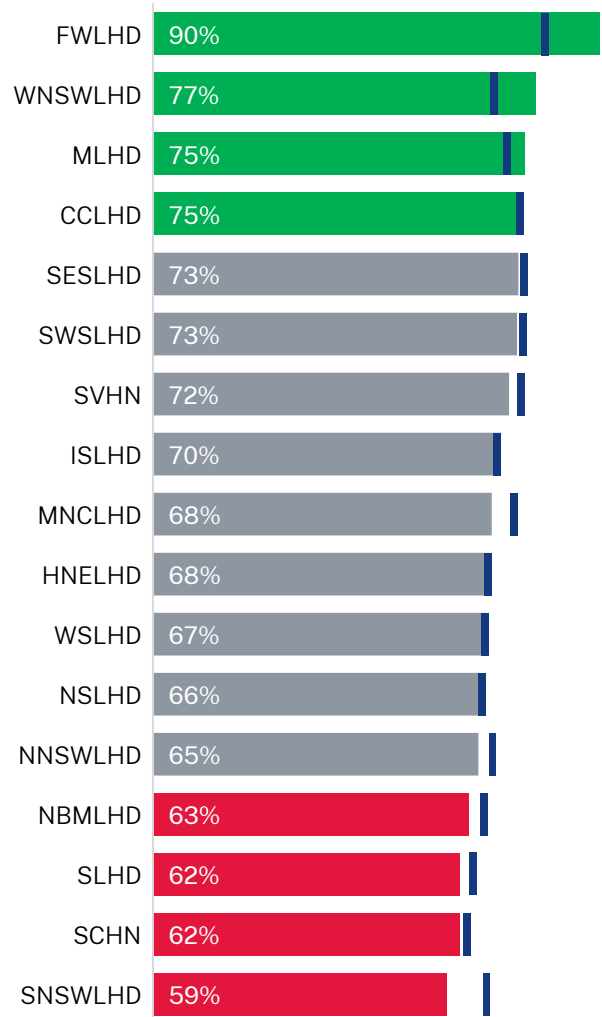
- Refer to page 4 for a list of acronyms including LHD and SHN names
- Refer to the YES supplement report for further details of results in each LHD and SHN
- Results for the Justice Health and Forensic Mental Health Network are not displayed here. Caution is needed when comparing results for this network to other LHDs and SHNs. Overall, people report less positive experiences in hospital and when receiving involuntary care. All consumers in the Forensic Hospital and Long Bay Hospital are receiving involuntary care, and a large proportion of community responses are from people receiving outreach care in a correctional setting. The JH&FHM results are available in the YES supplement report.

 Community



■ Better than target ($\geq 85\%$)
■ Just below target (75% to $< 85\%$)
■ Below target ($< 75\%$)
■ 2021-2022

 Hospital

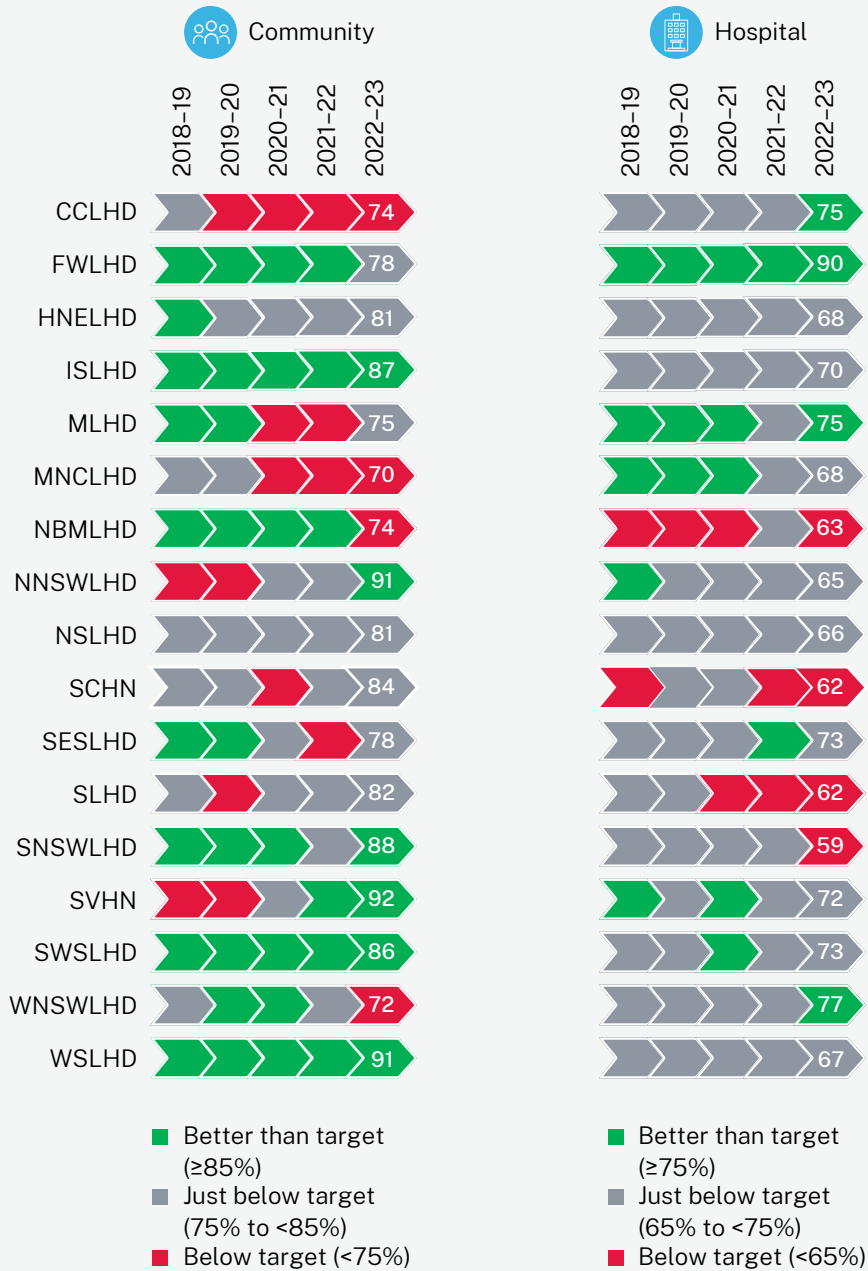


■ Better than target ($\geq 75\%$)
■ Just below target (65% to $< 75\%$)
■ Below target ($< 65\%$)
■ 2021-2022

People report different experiences across LHDs/SHNs

Nine districts/networks reported an improved overall experience compared with 2021–22. MLHD reported the largest increase in overall experience, which was largely due to an increase in people reporting a positive experience in community settings.

Overall experience scores for LHDs and SHNs by setting each year



Notes: Refer to Appendix 3 for experience scores for each LHD/SHN by year and setting, including the scores for JH&FMH (not displayed above).

Is there a regional difference in consumer experience?

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

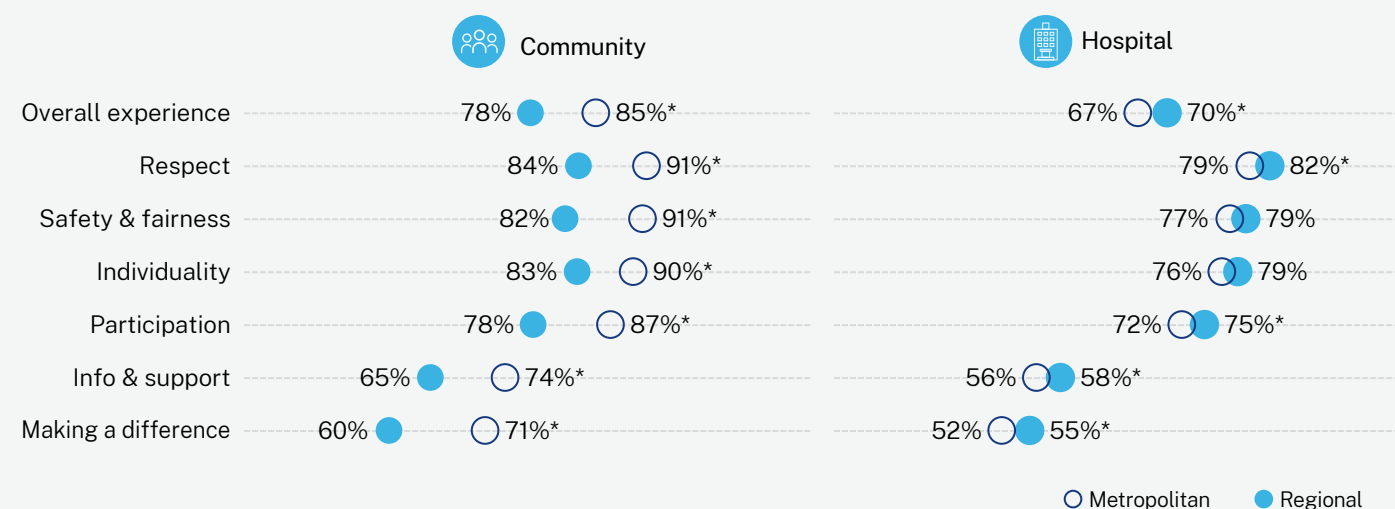
Regional	Metropolitan
CCLHD	NBMLHD
FWLHD	NSLHD
HNELHD	SCHN*
ISLHD	SESLHD
MLHD	SLHD
MNCLHD	SVHN*
NNSWLHD	SWSLHD
SNSWLHD	WSLHD
WNSWLHD	

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

In 2022–23, 41% of YES surveys returned were about regional mental health services. In the community, both regional and metropolitan consumers rated their experience higher than in the previous year and community-based care was rated higher than hospital services. However, consumers of regional community services reported a less positive experience when compared with metropolitan community services, and this gap has increased since last year.

Care in hospitals was rated higher in regional areas compared to metropolitan areas for overall experience and across all domains. Ratings for both regional and metropolitan areas remained similar to 2021–22, except for an improvement in the domain of Making a difference for regional services.

Overall experience scores for metropolitan and regional areas, 2022–23



Access to doctors and overall impact were rated lower in regional community services

All YES questions were rated lower by consumers of regional community services compared with metropolitan services. The largest gaps were in questions related to access to doctors, care planning and the explanation of the effects of medication. This may reflect the difficulties faced by all health services in recruiting and retaining doctors in regional and rural areas. The Making a difference domain was also rated much lower in regional community services. However, the same gap was not reported in hospital services.

The questions with the most improved rating were:
 Q18. Information given to you about this service
 Q11. The facilities and environment met your needs
 Q19. Explanation of your rights and responsibilities

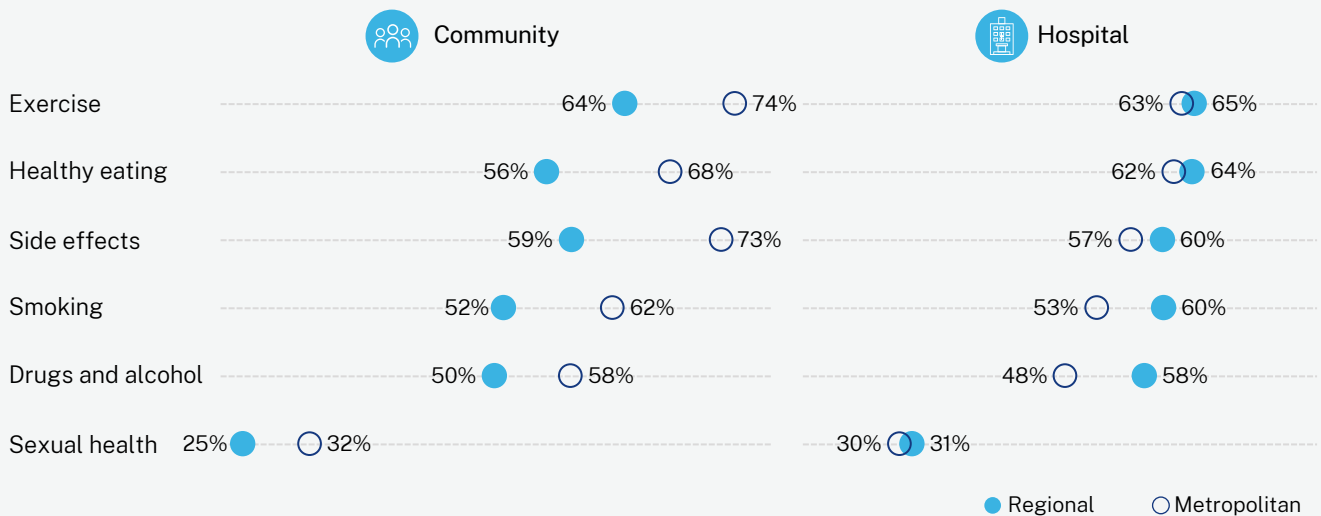
All groups rated their experience of care in regional community services lower than their counterparts in metropolitan services. The largest differences were for female consumers (particularly those aged 18–44 years), people who identified as a gender other than male or female,

and people receiving care for less than a month. In hospital settings, people engaged with regional services for 1–3 months and greater than 6 months rated their experience higher than those in metropolitan services for the same duration of care.

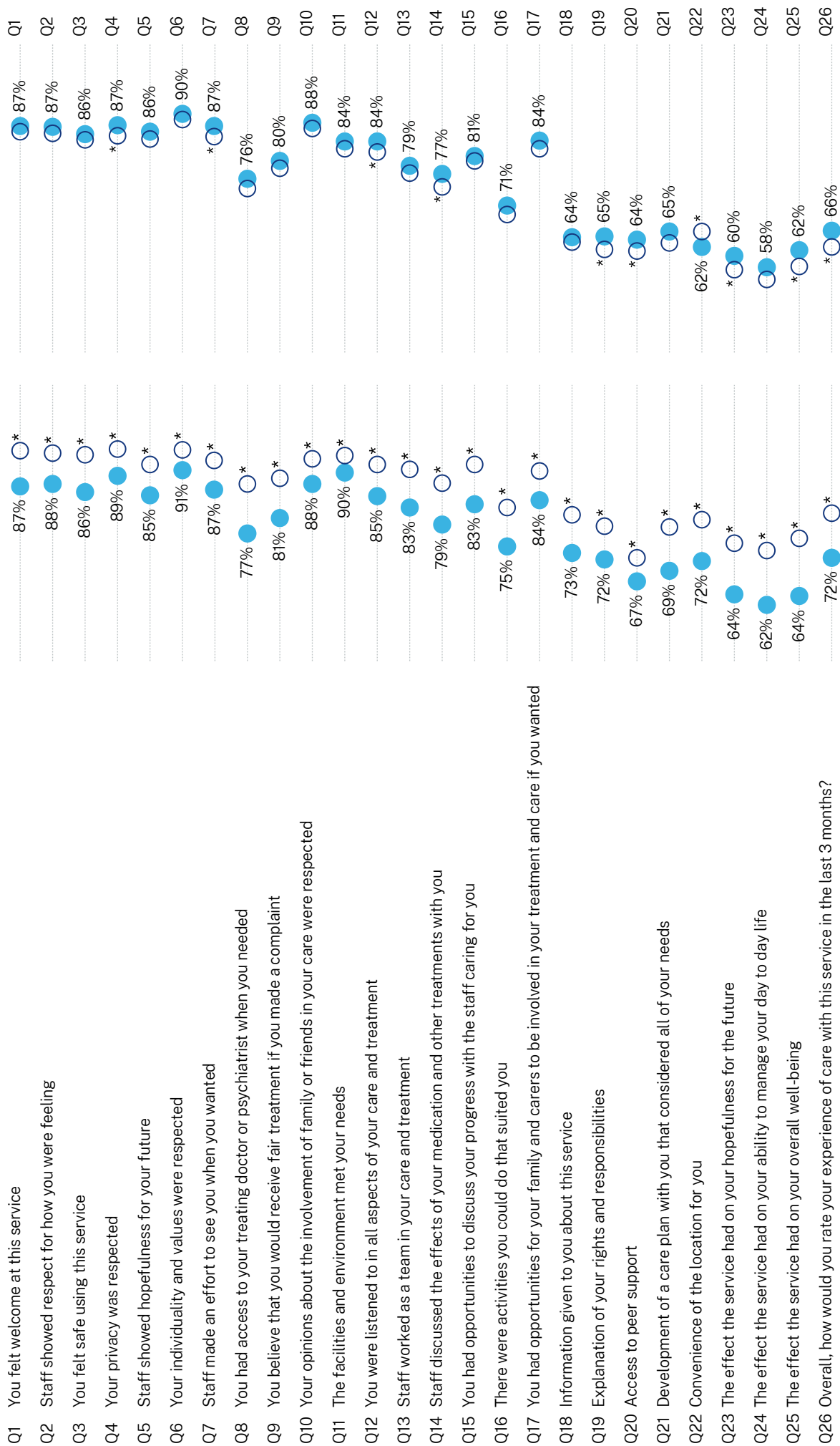
Recall of physical health questions improved in both regional and metropolitan services

Across hospital and community settings, recall of physical health information improved or remained the same for almost all questions in both regional and metropolitan services compared to the previous year. In regional areas, all physical health recall questions were rated higher in hospital than community services. In metropolitan areas, the opposite was true, with community services rating higher on all physical health recall questions than hospitals. The largest differences in hospital were for questions related to drugs and alcohol and smoking. In the community, the biggest difference was in recall of information on medication side effects, and drugs and alcohol.

Recall of physical health questions for metropolitan and regional areas, 2022–23



Percentage of regional and metropolitan consumers reporting a very good or excellent experience on each YES question



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



Appendix 1 – Questionnaire

Your Experience of Service

Service:

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

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

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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These questions ask **how often** we did the following things ...

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

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

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

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

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



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

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

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

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

.....

.....

.....

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

.....

.....

.....

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

What is your gender?

- Male Female Other

What is the main language you speak at home?

- English Other

Are you of Aboriginal or Torres Strait Island 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

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NH7/00007

Appendix 2 – About Your Experience of Service

The YES survey helps public mental health services work with consumers to improve their care and support. This national survey was designed and named in partnership with mental health consumers throughout Australia. NSW implemented the paper version of YES in 2015 and the electronic version in 2018.

When and how is YES offered?

YES should be offered to all consumers of NSW Health hospital, community and community residential mental health services who are aged 11 years or older. If consumers see more than one team, the YES survey should be offered by each of the teams. YES is offered on a continuous basis, either at discharge or at regular intervals for consumers who have long episodes of care.

Distribution, collection and reporting

Distribution to services: LHDs/SHNs order blank YES surveys 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 survey 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. Services each tailor their 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 survey. If completing YES online, a valid service code must be entered by the consumer before the survey 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 surveys in the collection boxes provided at the service or via post using a supplied reply-paid envelope. Alternatively, consumers can respond via eYES online.

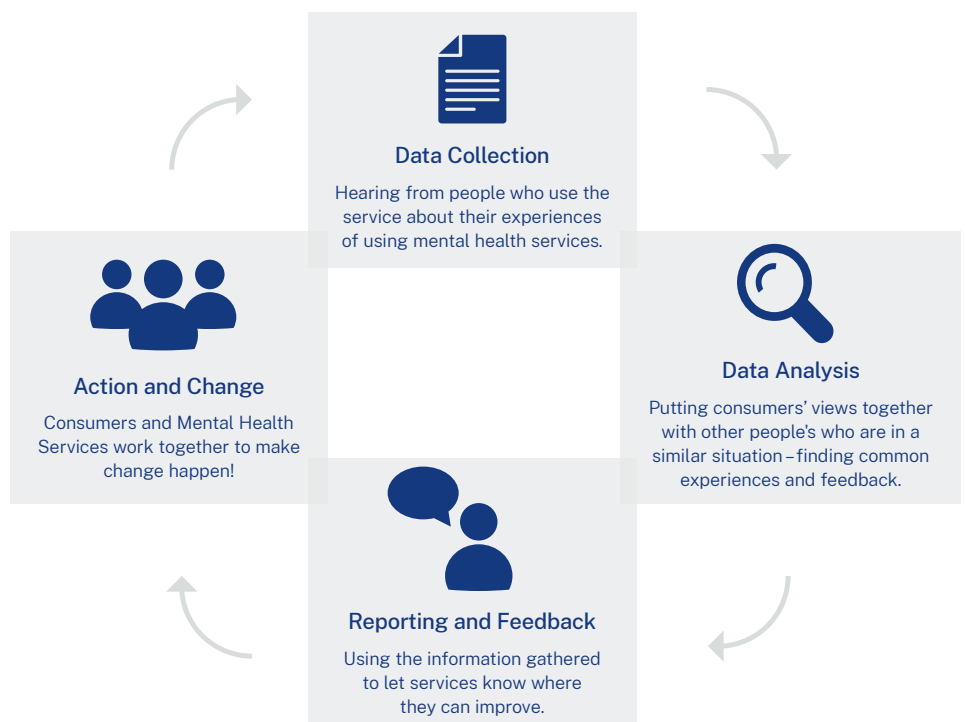
Processing: Completed paper surveys are collated and scanned by a commercial scanning organisation under contract to NSW Health. Online responses are uploaded directly to the database.

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 are conducted by InforMH.

Reporting: YES feedback is distributed to services through:

- monthly reports on the number of returns and overall experience
- quarterly reports on results for each individual question and all free-text responses for individual hospital units or community teams
- quarterly summary reports, which include return rates and overall experience scores across LHDs/SHNs
- six-monthly reports on results for each individual question and all free-text responses for long-stay units
- the annual *Your Experience of Service* report and supplement, available publicly.

Action and change: Feedback from YES surveys is central to service planning and is used to support service improvement projects. The 'Action and Change Framework' helps NSW Health services to involve consumers in planning and implementing service improvements. This process is an essential component of the YES initiative in NSW.



Appendix 3 – Technical information

YES development and validation

The development, validation and psychometric properties of the YES survey as well as protocols for the use of YES by licensed organisations are described in detail at <https://www.amhocn.org/training-and-service-development/experience-measures>

Identification of NSW services

The focus of the YES survey is to support individual services to improve the care and support that they provide. To support this, each response references 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 survey return rates and responses to be accurately compared to other data about the same service. The YES survey is anonymous. Although respondents 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, Excel and Power BI. Further statistical analyses were conducted using Stata SE v15. Missing, invalid or duplicate answers were recoded as null. Returns with less 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 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 2022.

For community episodes: the number of episodes where an individual had at least one 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 percentage of consumers who had an excellent or very good experience, i.e. the proportion of consumers with an experience index of 80 or higher. YES returns with at least 12 answers for questions 1–22 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 what aspect of experience they measure. These questions can be grouped together to create domain scores. The average of the questions within a domain are used to generate a score out of 100. In this report, YES returns with at least 12 answers for questions 1–22 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 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 should be calculated separately for hospital and community services and then combined in an unweighted average.
- There needs to be 10 or more returns from each service setting (hospital/community) 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 was included as an LHD/SHN improvement measure in 2022-23. For both hospital and community settings, the target is 65%.

Experience per LHD/SHN by year and setting.

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

LHD	 Hospital					 Community				
	2018-19	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23
CCLHD	73%	72%	73%	74%	75%	78%	71%	69%	68%	74%
FWLHD	83%	80%	82%	79%	90%	93%	92%	93%	87%	78%
HNELHD	73%	71%	74%	67%	68%	86%	83%	81%	79%	81%
ISLHD	70%	71%	70%	69%	70%	95%	89%	88%	92%	87%
JH&FMHN	35%	20%	41%	39%	42%	23%	33%	48%	39%	41%
MLHD	77%	78%	80%	71%	75%	90%	88%	73%	66%	75%
MNCLHD	78%	76%	75%	73%	68%	77%	79%	72%	72%	70%
NBMLHD	60%	61%	61%	66%	63%	89%	86%	87%	89%	74%
NNSWLHD	77%	74%	73%	68%	65%	73%	72%	80%	82%	91%
NSLHD	68%	68%	69%	66%	66%	81%	82%	82%	80%	81%
SCHN	58%	67%	66%	63%	62%	78%	76%	72%	81%	84%
SESLHD	69%	70%	74%	75%	73%	86%	85%	76%	74%	78%
SLHD	67%	68%	60%	64%	62%	82%	73%	78%	80%	82%
SNSWLHD	67%	66%	69%	67%	59%	91%	91%	87%	81%	88%
SVHN	76%	72%	77%	74%	72%	71%	69%	76%	88%	92%
SWSLHD	72%	73%	79%	74%	73%	93%	95%	90%	89%	86%
WNSWLHD	69%	69%	74%	69%	77%	84%	91%	90%	75%	72%
WSLHD	67%	70%	70%	67%	67%	85%	89%	91%	88%	91%



The experience of Aboriginal consumers

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

	Community				Hospital			
	Aboriginal		Non-Aboriginal		Aboriginal		Non-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	85.3	83.9–86.8	92.1	91.7–92.5	83.0	82.1–83.9	87.8	87.5–88.1
Q2	86.1	84.7–87.5	91.7	91.3–92.1	83.4	82.5–84.2	87.5	87.2–87.8
Q3	82.8	81.2–84.3	91.1	90.7–91.5	82.5	81.6–83.4	85.8	85.5–86.1
Q4	87.4	86.0–88.7	93.0	92.7–93.4	84.5	83.6–85.3	86.9	86.6–87.2
Q5	83.6	82.1–85.2	89.3	88.9–89.7	82.6	81.7–83.5	86.1	85.8–86.5
Q6	87.6	86.3–89.0	93.3	93.0–93.7	86.2	85.4–87.0	90.2	89.9–90.5
Q7	82.8	81.2–84.4	90.5	90.1–90.9	84.4	83.6–85.3	86.8	86.5–87.1
Q8	75.0	73.1–76.9	83.6	83.1–84.1	75.5	74.4–76.5	75.4	75.0–75.8
Q9	79.0	77.2–80.7	85.7	85.2–86.2	77.6	76.6–78.6	79.7	79.3–80.1
Q10	83.2	81.6–84.8	91.2	90.8–91.7	84.5	83.6–85.4	88.2	87.8–88.5
Q11	87.1	85.7–88.5	92.3	91.9–92.7	83.7	82.8–84.6	83.5	83.1–83.8
Q12	83.4	81.9–84.9	89.2	88.8–89.6	80.8	79.8–81.7	83.4	83.0–83.7
Q13	80.6	79.0–82.2	87.6	87.1–88.0	75.3	74.2–76.3	78.9	78.5–79.3
Q14	77.7	76.0–79.4	84.5	84.0–85.0	75.5	74.4–76.5	76.2	75.8–76.6
Q15	82.7	81.2–84.3	88.3	87.9–88.8	79.0	78.0–80.0	80.8	80.5–81.2
Q16	73.1	71.1–75.1	79.4	78.7–80.0	70.6	69.4–71.7	69.7	69.2–70.1
Q17	82.5	80.8–84.2	87.9	87.4–88.4	80.7	79.7–81.7	83.9	83.5–84.3
Q18	73.2	71.3–75.0	77.7	77.2–78.3	63.9	62.7–65.1	63.5	63.0–63.9
Q19	72.0	70.1–73.8	75.6	75.1–76.2	63.4	62.2–64.5	62.7	62.2–63.1
Q20	67.9	65.8–69.9	69.3	68.6–70.0	64.1	62.9–65.3	62.0	61.5–62.5
Q21	71.2	69.3–73.1	74.6	74.0–75.2	63.5	62.3–64.6	63.8	63.4–64.3
Q22	69.9	68.0–71.8	76.6	76.1–77.2	63.1	62.0–64.3	63.7	63.2–64.2
Q23	66.2	64.2–68.1	70.7	70.1–71.4	60.6	59.4–61.8	58.5	58.0–59.0
Q24	65.6	63.7–67.6	68.7	68.1–69.4	59.2	58.0–60.4	56.1	55.6–56.6
Q25	66.6	64.6–68.5	71.1	70.4–71.7	61.9	60.7–63.1	59.3	58.9–59.8
Q26	70.6	68.8–72.5	77.8	77.3–78.4	64.1	62.9–65.3	63.8	63.4–64.3

The experience of consumers in regional and metropolitan areas

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

	 Community				 Hospital			
	Regional		Metropolitan		Regional		Metropolitan	
	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	87.3	86.6–87.9	94.9	94.5–95.2	87.4	87.0–87.8	86.2	85.8–86.6
Q2	87.8	87.2–88.5	94.2	93.8–94.6	87.2	86.8–87.6	85.9	85.5–86.3
Q3	86.1	85.4–86.8	93.9	93.5–94.3	85.7	85.3–86.1	84.5	84.1–84.9
Q4	89.5	88.9–90.1	95.2	94.9–95.6	87.5	87.1–87.9	85.3	84.9–85.7
Q5	85.4	84.7–86.1	91.9	91.4–92.3	86.1	85.7–86.5	84.6	84.2–85.1
Q6	90.6	90.1–91.2	94.9	94.6–95.3	89.9	90.1–91.2	88.7	88.4–89.1
Q7	86.6	85.9–87.3	92.7	92.3–93.2	87.4	87.0–87.8	85.2	84.7–85.6
Q8	77.3	76.4–78.2	87.7	87.1–88.3	76.5	76.0–77.0	74.4	73.9–74.9
Q9	80.6	79.7–81.4	89.0	88.4–89.5	80.2	79.7–80.7	78.6	78.1–79.1
Q10	87.8	87.1–88.5	93.1	92.6–93.5	88.0	87.6–88.4	86.8	86.4–87.2
Q11	90.1	89.5–90.7	93.7	93.3–94.1	84.1	83.7–84.6	82.6	82.1–83.0
Q12	85.2	84.5–85.9	91.9	91.5–92.4	84.2	83.7–84.6	81.9	81.4–82.4
Q13	82.8	82.1–83.6	90.9	90.4–91.4	79.1	78.6–79.6	77.6	77.1–78.1
Q14	79.1	78.3–80.0	88.0	87.4–88.5	77.4	76.9–78	74.7	74.1–75.2
Q15	83.4	82.7–84.1	91.8	91.4–92.3	81.1	80.6–81.6	80.0	79.6–80.5
Q16	74.6	73.6–75.6	82.8	82.1–83.6	70.9	70.3–71.4	69.0	68.5–69.6
Q17	84.4	83.6–85.2	90.5	90.0–91.1	84.3	83.8–84.8	82.6	82.1–83.1
Q18	73.1	72.2–74.0	81.2	80.6–81.9	64.2	63.6–64.8	63.3	62.8–63.9
Q19	71.8	70.9–72.7	78.9	78.2–79.6	64.5	63.9–65.1	61.7	61.1–62.3
Q20	67.2	66.2–68.2	72.1	71.2–73.0	63.7	63.1–64.4	61.5	60.8–62.1
Q21	69.4	68.5–70.3	78.7	78.0–79.4	65.5	64.9–66.1	63.1	62.5–63.7
Q22	71.6	70.7–72.5	80.2	79.5–80.9	62.2	61.6–62.8	65.5	64.9–66.0
Q23	64.4	63.5–65.4	75.3	74.5–76.0	60.5	59.9–61.1	57.5	56.9–58.1
Q24	62.2	61.3–63.2	73.8	73–74.5	58.1	57.5–58.7	55.6	55.0–56.2
Q25	64.0	63.1–65.0	76.3	75.6–77.0	61.6	61.0–62.3	58.2	57.6–58.8
Q26	72.2	71.3–73.1	81.6	81.0–82.3	65.7	65.1–66.3	62.4	61.8–62.9

Appendix 4 – YES domains

Making a difference	
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	
How the service meets individual's needs. It includes sensitivity to culture, gender and faith and the importance of personal values and beliefs.	
Q6	Your individuality and values were respected
Q16	There were activities you could do that suited you
Participation	
How the 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
Respect	
How the service provides the individual with a welcoming environment where they are recognised, valued and treated with dignity.	
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	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 is not included in the Domain structure but does contribute to the overall score.

