Consumer perspectives of Mental Health Care

Monitoring mental health consumer and carer experiences of service has been a long-term goal of the National Mental Health Strategy. This section presents information about consumer-rated experiences of care in public specialised mental health services using the nationally developed Your Experience of Service (YES) survey. The YES survey aims to help Australian mental health services and consumers work together to build better services. The project was a national initiative funded by the Australian government Department of Health and managed by the Victorian Department of Health and Human services in conjunction with the Mental Health Information Strategy Standing Committee (MHISSC). Implementation of the YES survey and national reporting of the data is a key action under the Fifth National Mental Health and Suicide Prevention Plan (CHC 2017).

Currently 3 jurisdictions—New South Wales, Victoria and Queensland—have implemented the YES survey and are contributing to the Your Experience of Service National Best Endeavours Data Set (NBEDS). In New South Wales, consumers are offered the YES survey during every hospital stay or community health centre visit. In Victoria and Queensland, consumers are offered the YES in a particular week or month of the year. Comparisons between jurisdictions with different methods should be made with caution. The data source section provides more detailed information on the development of the YES survey, participating states and territories, and other aspects of the YES data.

It is anticipated that this section will expand as data becomes available from additional jurisdictions.

**Data downloads:**

Excel: Consumer perspectives of Mental Health Care tables

PDF: Consumer perspectives of Mental Health Care section

This section was last updated in May 2019.

**Key points**

- To date New South Wales, Victoria and Queensland have implemented the YES survey to monitor their mental health consumers’ experiences of care.
- 26,380 consumer-rated experience of service surveys were collected from 81 mental health service organisations in 2016–17.
- In admitted care in 2016–17, 85.8% of respondents in NSW, 77.1% in Vic and 73.2% in Qld, rated their care as Good/Very good/Excellent.
- In ambulatory (non-admitted) care in 2016–17, 91.4% of respondents in NSW, 86.4% in Vic and 92.3% in Qld, rated their care as Good/Very good/Excellent.
- In admitted care in 2016–17, 67.6% of respondents in NSW, 53.9% in Vic and 51.4% in Qld, reported a positive experience of service.
- In ambulatory (non-admitted) care in 2016–17, 79.1% of respondents in NSW, 68.9% in Vic and 81.2% in Qld, reported a positive experience of service.
- In admitted care, 73.6% of respondents with Voluntary legal status in NSW, 66.5% in Vic and 61.6% in Qld, reported a positive experience of service in 2016–17.
- In admitted care, 63.2% of respondents with Involuntary legal status in NSW, 44.4% in Vic and 44.1% in Qld, reported a positive experience of service in 2016–17.
- In ambulatory (non-admitted) care, 83.1% of respondents with Voluntary legal status in NSW, 74.7% in Vic and 84.8% in Qld, reported a positive experience of service in 2016–17.
- In ambulatory (non-admitted) care, 71.7% of respondents with Involuntary legal status in NSW, 57.9% in Vic and 75.2% in Qld, reported a positive experience of service in 2016–17.

Returned surveys

A total of 26,380 YES surveys were returned in 2016–17 (Figure CP.1). New South Wales had the largest number of returned surveys (20,864) followed by Queensland (3,458) and Victoria (2,058). Note that in New South Wales consumers are offered the survey at each service contact, while in Victoria and Queensland consumers are encouraged to complete the survey at a particular time in the year (the data source section provides more detailed information on each state's methodology).

The majority of surveys were received from consumers in admitted and ambulatory (non-admitted) care settings (15,807 and 10,251 surveys, respectively) with a smaller number received from consumers in residential care (322). This is consistent with the lower number of consumers accessing residential care services observed in relevant data collections (reported in the section ‘Specialised mental health care facilities’ of Mental Health Services in Australia). New South Wales did not report any surveys being received from consumers in residential care and Queensland does not report residential mental health services. Note that an individual consumer may have completed the survey more than once in the reporting period.
In admitted care settings, 50.3% of the returned YES surveys were from consumers who received care for a period of 1 day to 2 weeks and 10.2% from consumers who received care for more than 6 months. This is in contrast to other settings where consumers typically received care for longer periods—in residential care, 23.8% of surveys were from consumers who received care for 1 day to 2 weeks and 33.1% for more than 6 months; in ambulatory care, 5.4% were for 1 day to 2 weeks and 58.5% for more than 6 months.

Consumers in admitted care

Demographics

15,807 admitted care consumers responded to the YES survey in 2016–17. The highest number of responses was from consumers aged 25–34 years (3,038 or 21.8%), followed by consumers aged 35–44 (3,018 or 21.7%) and 45–54 (2,578 or 18.5%). This is consistent with the observed demographic patterns for these data collections. More responses
were received from male (51.9%) than female (47.3%) consumers and 115 responses were from consumers who identified as ‘Other’ gender (0.8%).

Aboriginal and/or Torres Strait Islander consumers returned 1,502 surveys (10.5%) and non-Indigenous Australians returned 12,829 (89.5%). There were an additional 1,476 surveys returned where Indigenous status of the respondent was not stated or not recorded.

**Mental health legal status** refers to whether or not a person was treated in hospital involuntarily under the relevant state or territory mental health legislation. Of admitted care respondents, 5,411 (46.5%) had an involuntary status.

**Consumer ratings of care**

The YES survey question, *‘Overall, how would you rate your experience of care with this service in the last 3 months?’*, provides an overall indication of a respondent’s experience of care. A higher number of admitted care respondents in 2016–17 rated the care they received as ‘Excellent’, followed by ratings of ‘Very Good’, ‘Good’, ‘Fair’ and ‘Poor’ (Figure CP.2). In New South Wales, 85.8% of admitted care respondents rated the care they received as ‘Good’, ‘Very Good’, or ‘Excellent’; 77.1% of respondents gave these ratings in Victoria, and 73.2% in Queensland.
Consumer experience of service

A nationally agreed overall score out of 100 has been developed to reflect each respondent’s ‘experience of service’ across 22 questions in the YES survey (Further information on the score methodology can be found in the data source section). A score of 80 or above indicates a positive experience of service.

Using this measure, New South Wales had the highest proportion of respondents with a positive experience of service (67.6%), followed by Victoria (53.9%) and Queensland (51.4%) (Figure CP.3).
In 2016–17, the proportion of admitted care respondents with a positive experience of service score was higher for respondents with *Voluntary mental health legal status* than *Involuntary status* and mental health legal status not recorded. For example, in New South Wales 73.6% of voluntary status respondents, 63.2% of involuntary status respondents, and 63.9% with status not recorded, rated their experience of service positively. This pattern was observed for all states (Figure CP.4).
For all 3 states, the proportion of Indigenous admitted care respondents who generated a positive experience of service score was similar to the proportion for non-Indigenous Australians. New South Wales had the highest proportions, with 68.9% of Indigenous respondents and 67.8% of non-Indigenous respondents rating their experience of service positively, followed by Victoria (48.0% Indigenous and 54.7% non-Indigenous) and Queensland (56.7% Indigenous and 51.0% non-Indigenous).

**Consumers in ambulatory care**

**Demographics**

10,251 ambulatory (non-admitted) care consumers responded to the YES survey in 2016–17. The highest number of responses was from consumers aged 35–44 years (2,005 or 21.1%), followed by consumers aged 45–54 (1,844 or 19.4%) and 25–34 (1,565 or 16.5%). More responses were received from female (50.8%) than male (48.5%).
consumers and 70 responses were from consumers who identified as ‘Other’ gender (0.7%).

Indigenous Australians returned 732 surveys (7.6%) and non-Indigenous Australians returned 8,900 (92.4%). There were an additional 619 surveys returned where Indigenous status of the respondent was not stated or not recorded.

Mental health legal status refers to whether or not a person was treated involuntarily under the relevant state or territory mental health legislation. Of ambulatory care respondents, there were 2,035 (25.9%) with involuntary status.

**Consumer ratings of care**

The YES survey question, ‘Overall, how would you rate your experience of care with this service in the last 3 months?’, provides a rating of experience of care. In 2016–17, a higher number of ambulatory care respondents rated their care as ‘Excellent’, followed by ‘Very Good’, ‘Good’, ‘Fair’ and ‘Poor’ (Figure CP.5). In Queensland, 92.3% of ambulatory care respondents rated the care they received as ‘Good’, ‘Very Good’, or ‘Excellent’; 91.4% of respondents gave these ratings in New South Wales, and 86.4% in Victoria. These proportions are higher than those observed for admitted care respondents.
Consumer experience of service

Using the nationally agreed overall score, Queensland had the highest proportion of consumers with a positive experience of service (81.2%), followed by New South Wales (79.1%) and Victoria (68.9%) (Figure CP.6). These proportions are higher than those for admitted care respondents.
The proportion of ambulatory care respondents with a positive experience of service score was higher for respondents with *Voluntary mental health legal status* than *Involuntary status* and mental health legal status not recorded. For example in Victoria, 74.7% of respondents with voluntary status, 57.9% with involuntary status, and 64.2% with status not recorded, rated their experience of service positively. This pattern was observed for all states (Figure CP.7).
In 2016–17, the proportion of Indigenous ambulatory care respondents who generated a positive experience of service score was lower than that for non-Indigenous respondents, for all three states. Queensland respondents had the highest proportions, with 78.1% of Indigenous respondents and 81.8% of non-Indigenous respondents rating their experience of service positively, followed by New South Wales respondents (71.3% Indigenous and 80.1% non-Indigenous) and Victorian respondents (61.5% Indigenous and 69.7% non-Indigenous). These proportions are higher than those for admitted care respondents.

**Data source**

**Your Experience of Service survey instrument**

There has been an increased focus by states and territories on strengthening and coordinating efforts to collect patient reported measures (AIHW 2018). The Your Experience of Service survey instrument...
Experience of Service (YES) survey has been developed primarily for use in public specialised mental health services.

Monitoring mental health consumer and carer experiences of service has been a long-term goal of the National Mental Health Strategy. In 2010, under the Fourth National Mental Health Plan (Commonwealth of Australia, 2009), the Australian Department of Health funded the National Consumer Experiences of Care project to develop a survey for use in public mental health services. This project resulted in the development of the YES survey, which was finalised in 2014. The YES survey instrument was developed by the Victorian Department of Health under the auspices of the Mental Health Information Strategy Standing Committee (MHISSC).

The YES NBEDS was subsequently developed by MHISSC in conjunction with AIHW to collect and monitor consumers’ experiences of service over time. Jurisdictions agree to provide data to the YES NBEDS through their state/territory representative on MHISSC.

A measure of carer experiences has also been developed but has not yet been implemented by any jurisdiction. The Mental Health Carer Experience Survey (MHCES) aims to measure the experiences of carers, such as family members, partners or friends of people who access mental health services.

**Participating states and territories**

In 2016–17, three states administered and provided data to the YES NBEDS.

In New South Wales, 44 specialised mental health services administered the YES survey. New South Wales has publicly reported their YES survey data since 2015–16 (NSW Ministry of Health, 2017a, 2017b).

In Victoria, 17 specialised mental health services administered the YES survey. Victoria has also publicly reported their YES survey data for 2015–16 and 2016–17 in their Annual Mental Health Services Report 2016–17 (Victorian DHHS, 2017).


Each state/territory has chosen a method of administration that best suits their local needs. New South Wales has adopted a “continuous” method, where people are offered the YES during every hospital stay or community health centre visit. By contrast, Victoria and Queensland have adopted a “snapshot” approach where people are encouraged to complete YES in a particular week or month of the year.
YES survey questions

The YES survey comprises 26 questions about a mental health consumer’s perceptions of their treatment and the care they received. Respondents answer each question using the following response scales:

- For questions 1–17, respondents indicate how often the service did a range of things during their care (1—Never, 2—Rarely, 3—Sometimes, 4—Usually, 5—Always). Examples include: ‘You felt welcome at this service’, ‘Staff showed hopefulness for your future’, and ‘Your opinions about the involvement of family or friends in your care were respected’.

- For questions 18–26, respondents indicate how well the service performed during their care (1—Poor, 2—Fair, 3—Good, 4—Very Good, 5—Excellent). Examples include: ‘Explanation of your rights and responsibilities’, ‘Access to peer support’, and ‘The effect the service had on your overall well-being’.

Experience of service score

MHISSC developed a nationally agreed scoring methodology to reflect each respondent’s experience of service across 22 questions in the YES survey.

The experience of service score for each respondent is equal to the average response of questions 1–22 multiplied by 20. The resulting overall score converts the individual question responses into a score out of 100.

The proportion of respondents with an experience of service score over 80 on the YES measure was agreed by MHISSC as the metric (indicator) to be used for monitoring consumer experience of service under the Fifth National Mental Health and Suicide Prevention Plan (CHC 2017).

References


**Key concepts**

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Admitted care</strong></td>
<td>A specialised mental health service that provides overnight care in a psychiatric hospital or a specialised mental health unit in an acute hospital. Psychiatric hospitals and specialised mental health units in acute hospitals are establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. These services are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of patients affected by mental disorder/illness.</td>
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| **Ambulatory care** | A specialised mental health service that provides services to people who are not currently admitted to a mental health admitted or residential service. Services are delivered by health professionals with specialist mental health qualifications or training. Ambulatory mental health services include:  
  - community-based crisis assessment and treatment teams;  
  - day programs;  
  - mental health outpatient clinics provided by either hospital or community-based services;  
  - child and adolescent outpatient and community teams;  
  - social and living skills programs;  
  - psychogeriatric assessment services;  
  - hospital-based consultation-liaison and in-reach services to admitted patients in non-psychiatric and hospital emergency settings;  
  - ambulatory-equivalent same day separations;  
  - home based treatment services; and |
| **Mental health legal status** | Whether a person received treatment under relevant state or territory mental health legislation compulsory treatment provisions.  
A person with *involuntary* status received treatment under compulsory treatment provisions.  
A person with *voluntary* status also received treatment but this was not under compulsory treatment provisions. |
|-----------------------------|---------------------------------------------------------------------------------------------------|
| **Residential care** | A service that is considered by the state, territory or Australian Government funding authorities as a service that:  
- has the workforce capacity to provide specialised mental health services; and  
- employs suitably trained mental health staff to provide rehabilitation, treatment or extended care on-site:  
  - to consumers residing on an overnight basis;  
  - in a domestic-like environment; and  
- encourages the consumer to take responsibility for their daily living activities.  
These services include those that employ mental health trained staff on-site 24 hours per day and other services with less intensive staffing (but the trained staff must be on site for a minimum of 6 hours a day and at least 50 hours per week).  
Suitably trained residential mental health care staff may include:  
- individuals with Vocational Education and Training (VET) qualifications in community services, mental health or disability sectors;  
- individuals with tertiary qualifications in medicine, social work, psychology, occupational therapy, counselling, nursing or social sciences; and  
- individuals with experience in mental health or disability relevant to providing mental health consumers with appropriate services. |
| **Specialised mental health services** | Specialised mental health services are those with a primary function to provide treatment, rehabilitation or community support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both ‘specialised’ and ‘serving a mental health care function’. |
A service is not defined as a specialised mental health service solely because its clients include people affected by a mental disorder or psychiatric disability.

The definition excludes specialist drug and alcohol services and services for people with intellectual disabilities, except where they are specifically established to assist people affected by a mental disorder who also have drug and alcohol related disorders or intellectual disability.

The services can be sub-units of hospitals that are not, themselves, specialised mental health establishments (for example designated psychiatric units and wards, outpatient clinics etc).

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<tr>
<th><strong>Your Experience of Service National Best Endeavours Data Set (YES NBEDS)</strong></th>
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<td>The YES NBEDS is Data Set Specification that describes the YES survey questions and defines coding for responses. The scope of YES NBEDS is state and territory public sector specialised mental health services. Specific information for each data element can be found in the <a href="#">YES NBEDS entry on the Meteor website</a>.</td>
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