

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. Currently three jurisdictions have implemented the YES survey—New South Wales, Queensland and Victoria—and are contributing to the [Your Experience of Service National Best Endeavours Data Set \(NBEDS\)](#). Data from the YES survey are available in this section for each jurisdiction from 2015–16; Victoria did not conduct the YES survey during 2019–20 due to the COVID-19 pandemic. For more information on the impact of COVID-19, please see the [COVID-19 impact on mental health](#) section.

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 supply.

It is anticipated that YES survey data will become available from additional jurisdictions for future updates.

Data downloads:

Excel: Consumer perspectives of Mental Health Care tables 2019–20

PDF: Consumer perspectives of Mental Health Care section 2019–20

This section was last updated in October 2021.

You may also be interested in:

[Consumer outcomes in mental health care](#)

[Restrictive practices](#)

[COVID-19 impact on mental health](#)

Key points

- New South Wales, Queensland and Victoria have implemented the YES survey to monitor mental health consumers' experiences of care. Victoria did not conduct the survey during 2019–2020 due to the COVID-19 pandemic.
- **25,636** consumer-rated experience of service surveys were collected from 68 mental health service organisations in 2019–20.

- In admitted care in 2019–20, **87.0%** of respondents in NSW and **76.0%** in Qld rated the care they received as ‘Good’, ‘Very good’ or ‘Excellent’. Each survey is also given a calculated experience of service score, which averages the consumer’s ratings in their responses to multiple survey questions. Based on this calculation, in 2019–20 **70.1%** of respondents in NSW and **49.5%** in Qld reported a positive experience of service in admitted care.
- In ambulatory (non–admitted) care in 2019–20, **89.7%** of respondents in NSW and **92.1%** in Qld rated the care they received as ‘Good’, ‘Very good, or ‘Excellent’. Based on the calculated experience of service score, **80.3%** of respondents in NSW and **81.3%** in Qld reported a positive experience of service in ambulatory care.
- In residential care in 2019–20, **92.3%** of respondents in Qld rated the care they received as ‘Good’, ‘Very good’ or ‘Excellent’. Based on the calculated experience of service score, **80.3%** of respondents in Qld reported a positive experience of service in residential care.
- In admitted and ambulatory care, a higher proportion of respondents with *Voluntary* mental health legal status reported a positive experience of service than respondents with *Involuntary* legal status.

Returned surveys

A total of 25,636 YES surveys were returned in 2019–20 (Figure CP.1). New South Wales had 22,325 returned surveys and Queensland had 3,311. Between 2015–16 and 2019–20 the number of returned surveys has increased for New South Wales (an average annual change of 13.9%), and decreased for Queensland (an average annual change of -0.5%) (Figure CP.1.1). Note that in New South Wales consumers are offered the survey at the end of each episode of care, 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 (16,562 and 8,891 surveys, respectively) with a smaller number received from consumers in [residential care](#) (183). 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 reported zero surveys received from consumers in residential care in 2019–20 and Queensland did not report residential mental health services prior to 2017–18 (Table CP.1). Note that an individual consumer may have completed the survey more than once in the reporting period.

Figure CP.1: Received YES surveys (2015–16 to 2019–20)

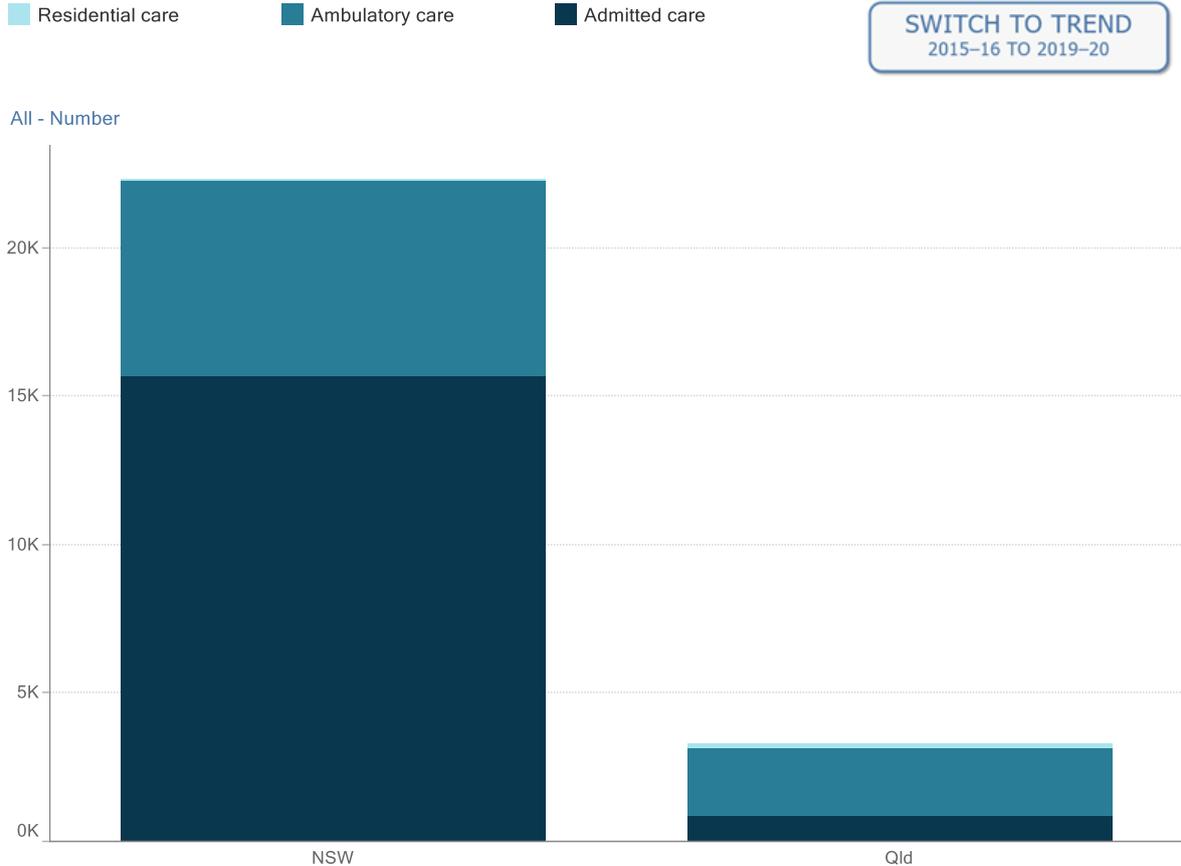


Figure CP.1: Received YES surveys by state and service setting, 2019-20

<http://www.aihw.gov.au/mhsa>

Notes:

- 1. An individual consumer may have completed the survey more than once in the reporting period.
- 2. In NSW, consumers are offered the YES survey throughout the year, while in Vic and Qld, consumers are offered the YES over a particular time of year. Comparisons between jurisdictions should be made with caution.

Source: Your Experience of Service survey; Table CP.1.

Figure CP.1.1 can be found on the [MHSA website](#).

In admitted care settings, 52.2% of the returned YES surveys were from consumers who received care for a period of 1 day to 2 weeks and 8.7% 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 ambulatory care, 7.4% of surveys were from consumers who received care for 1 day to 2 weeks and 53.0% for more than 6 months; in residential care, 17.7% were for 1 day to 2 weeks and 30.4% for more than 6 months (Table CP.2).

Age group and gender

16,562 YES surveys were received from admitted care consumers in 2019–20. The highest number of responses was from consumers aged 25–34 years (3,184 or 21.1%), followed by consumers aged 35–44 (3,007 or 19.9%) and 45–54 (2,781 or 18.5%). This is consistent with the observed demographic patterns for these data collections. More responses were received from male (50.4%) than female (48.5%) consumers and 171 responses were from consumers who identified as 'Other' gender (1.1%).

Of ambulatory (non-admitted) care consumers, there were 8,891 returned YES surveys in 2019–20. The highest number of responses was from consumers aged less than 18 years (1,385 or 16.5%), followed by consumers aged 35–44 (1,350 or 16.1%) and 45–54 (1,328 or 15.8%). More responses were received from female (52.9%) than male (45.9%) consumers and 106 responses were from consumers who identified as 'Other' gender (1.3%).

In residential care, Queensland received 183 YES survey responses in 2019–20 and New South Wales reported zero. The highest number of responses was from consumers aged 35–44 (50 or 27.5%) followed by 25–34 (49 or 26.9%) and 18–24 (39 or 21.4%). More responses were received from male (53.8%) than female (46.2%) consumers (Table CP.3).

Indigenous status

Aboriginal and Torres Strait Islander consumers in admitted care returned 1,850 surveys (12.4%) and non-Indigenous Australians returned 13,064 (87.6%). There were an additional 1,648 surveys returned where Indigenous status of the respondent was not stated or not recorded.

Indigenous Australians in ambulatory care returned 858 surveys (10.3%) and non-Indigenous Australians returned 7,502 (89.7%). An additional 531 surveys were returned where Indigenous status of the respondent was not stated or not recorded.

In residential care Indigenous Australians returned 27 surveys (15.3%) and non-Indigenous Australians returned 150 (84.7%). 6 surveys were returned where Indigenous status of the respondent was not stated or not recorded (Table CP.3).

Mental health legal status

[Mental health legal status](#) refers to whether or not a person was provided care under the relevant state or territory mental health legislation compulsory treatment provisions. In admitted care, 5,886 (48.2%) returned YES surveys were from consumers with a recorded *Involuntary* status. There were 1,672 (24.7%) returned surveys in ambulatory care and 65 (44.8%) in residential care from consumers who were also recorded to have *Involuntary* status (Table CP.3).

Consumers' 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.

In admitted care in 2019–20, a higher proportion of surveys were from consumers who rated the care they received as 'Excellent' than 'Very Good', 'Good', 'Fair' or 'Poor' in both New South Wales and Queensland (Figure CP.2). In New South Wales, 87.0% of respondents in admitted care rated the care they received as 'Good', 'Very Good', or 'Excellent' and 76.0% of respondents gave these ratings in Queensland.

In ambulatory care a higher proportion of surveys were from consumers who rated their care as 'Excellent' than 'Very Good', 'Good', 'Fair' or 'Poor' in New South Wales and Queensland. In Queensland, 92.1% of respondents in ambulatory care rated the care they received as 'Good', 'Very Good', or 'Excellent' and 89.7% of respondents gave these ratings in New South Wales. These proportions are higher than those observed for admitted care respondents.

In residential care in 2019–20, a higher proportion of surveys were from consumers who rated their care as 'Excellent' than 'Very Good', 'Good', 'Fair' or 'Poor'. In Queensland, 92.3% of respondents in residential care rated the care they received as 'Good', 'Very Good', or 'Excellent'. This proportion is higher than those observed for admitted and ambulatory care respondents.

Figure CP.2: Consumer ratings of care, by state and setting, 2019–20

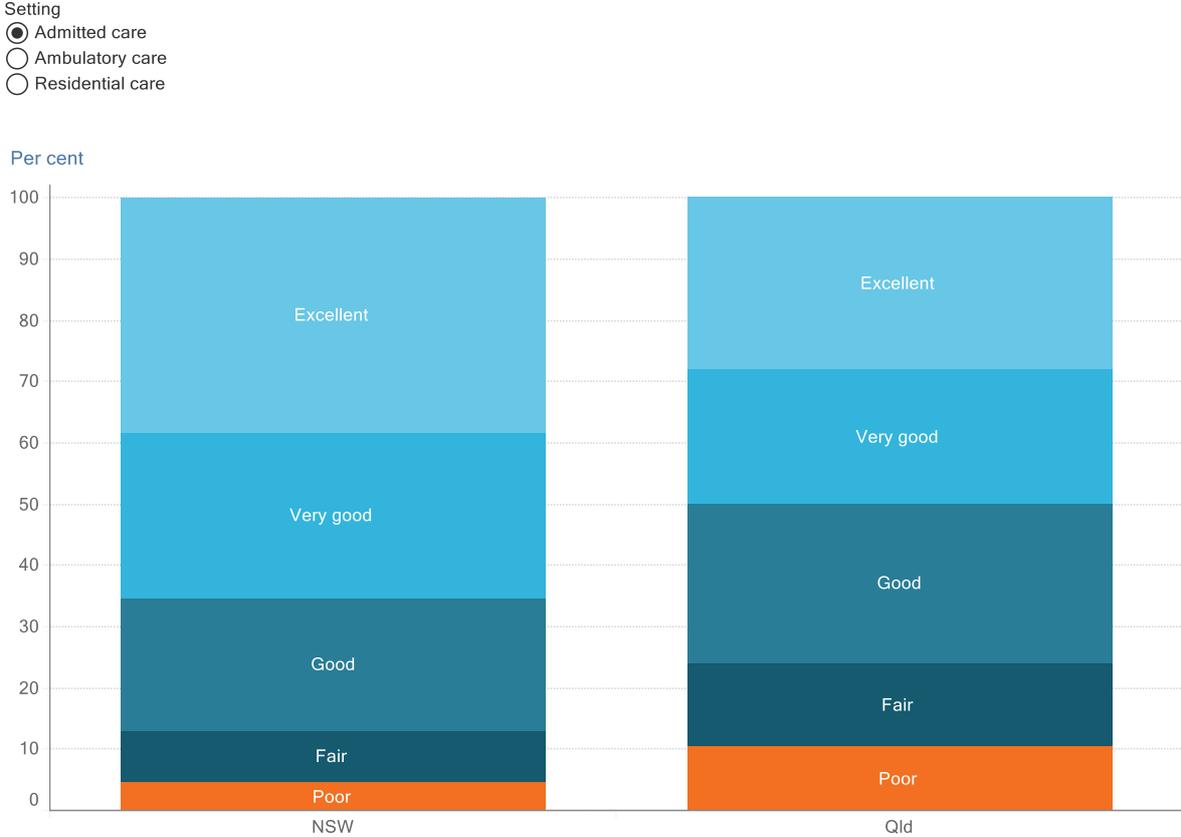


Figure CP.2: Consumer ratings of care, by state and setting, 2019-20

<http://www.aihw.gov.au/mhsa>

Notes:

1. An individual consumer may have completed the survey more than once in the reporting period.
 2. Response to question, 'Overall, how would you rate your experience of care with this service in the last 3 months?'
- Source: Your Experience of Service survey; Table CP.4.

Consumers' experiences 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, a higher proportion of returned surveys in ambulatory care and in residential care were from consumers who rated their service positively compared with consumers in admitted care.

In admitted care New South Wales had the highest proportion of respondents with a positive experience of service (70.1%), followed by Queensland (49.5%). In ambulatory care, Queensland had 81.3% of respondents with a positive experience of service and New South Wales had 80.3%. In residential care, 80.3% of Queensland respondents had a positive experience of service (Figure CP.3).

Positive experience of service by mental health legal status

In admitted care in 2019–20, the proportion of respondents with a positive experience of service score in New South Wales was higher for respondents with *Voluntary* mental health legal status (76.2%) than *Involuntary* status (65.0%) and mental health legal status *Not reported* (67.6%). In Queensland, a higher proportion of respondents in admitted care with a positive experience of service score had a mental health legal status of *Not reported* (54.5%) than *Voluntary* status (53.8%) and *Involuntary* status (45.4%) (Figure CP.3.1).

In ambulatory care, the proportion of 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 reported*. For example in Queensland, 87.5% of respondents with *Voluntary* status, 70.4% with *Involuntary* status, and 79.4% with status *Not reported*, rated their experience of service positively. This same pattern was also observed for New South Wales.

Positive experience of service by Indigenous status

In admitted care, the proportions of Indigenous respondents who generated a positive experience of service score were lower than the proportions for non-Indigenous Australians. In New South Wales 69.7% of Indigenous respondents and 70.4% of non-Indigenous respondents rated their experience of service positively. In Queensland, 46.4% of Indigenous respondents and 50.4% of non-Indigenous respondents rated their experience of service positively (Figure CP.3.1).

The proportions of Indigenous respondents who had a positive experience of service were also lower than for non-Indigenous respondents in ambulatory care. Queensland respondents had 81.7% of non-Indigenous respondents and 79.9% of Indigenous respondents rating their experience of service positively. In New South Wales the proportions were 81.2% of non-Indigenous and 73.0% of Indigenous respondents.

Figure CP.3: Consumers with a positive experience of service (2015–16 to 2019–20)

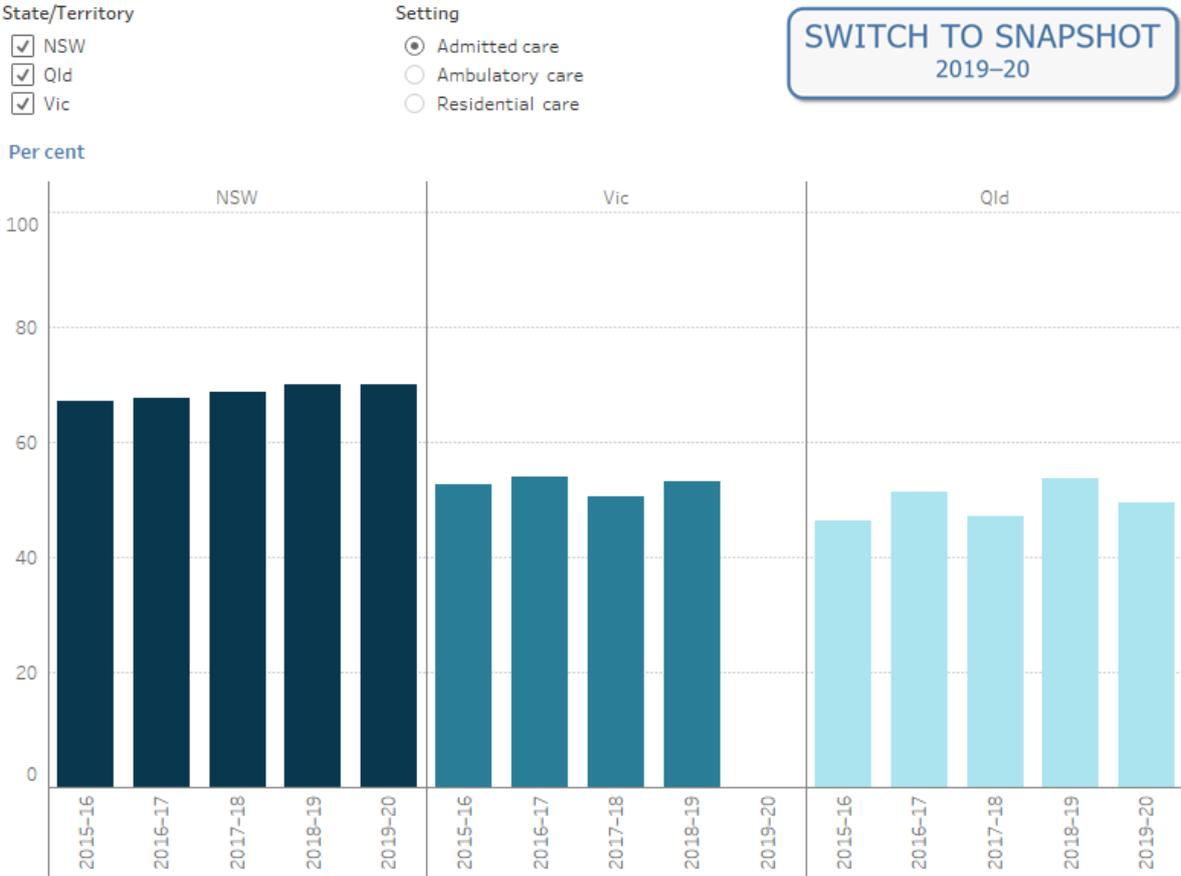


Figure CP.3: Consumers with a positive experience of service, by state and setting, 2015–16 to 2019–20

<http://www.aihw.gov.au/mhsa>

Notes:

- 1. An experience of service score of 80 and above (out of 100) indicates a positive experience.
- 2. The experience of service score is the average of survey questions 1-22 multiplied by 20.
- 3. An individual consumer may have completed the survey more than once in the reporting period.

Source: Your Experience of Service survey; Figure CP.3 - Table CP.5, Figure CP.3.1 - Tables CP.6 and 7.

Figure CP.3.1 can be found on the [MHSa website](#).

Summary

Three jurisdictions, New South Wales, Victoria and Queensland, have implemented the YES survey in their public specialised mental health services and supply data for national reporting under the YES NBEDS.

During 2019–20, Australians and Australian mental health services have been impacted by the COVID-19 pandemic. Victoria did not conduct the YES survey in 2019–20 and the

number of received surveys received in New South Wales and Queensland was lower than for the previous year.

In 2019–20, a higher proportion of consumers reported positive experiences of service:

- in ambulatory or residential mental health care compared to admitted settings,
- if they were recorded as receiving care under *Voluntary* status rather than *Involuntary* mental health legal status, and
- if they reported they were not of Aboriginal and/or Torres Strait Islander origin.

Generally, in 2019–20, higher proportions of consumers who completed the YES survey had a positive experience of service than not. However, 743 consumers in admitted care (about 5.0%) and 347 consumers in ambulatory care (about 4.2%) rated their experience of service as *Poor*. The YES survey was designed to help Australian mental health services and consumers work together to build better services. The jurisdictions that have implemented the YES survey advise that they have developed local practices to translate the data received from consumers completing the YES survey to drive quality improvement in their services.

Other states and territories are planning to roll out the YES survey in their specialised mental health services. It is anticipated that YES survey data will become progressively available from additional jurisdictions in the next couple of years.

Data source

Development and implementation of the 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 (YES) survey was 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 Government Department of Health funded the National Consumer Experiences of Care project to develop a survey for use in public mental health services (Victorian DHHS 2013).

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 and Human Services under the auspices of the previous 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).

The [YES NBEDS](#) was subsequently developed by MHISSC in conjunction with AIHW to collect and monitor consumers' experiences of service over time. Participating 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. 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.

New South Wales implemented the survey in 2018 and Queensland implemented the survey in 2019 (NSW Ministry of Health 2019; Queensland Health 2020). Victoria plans to implement this survey from 2020 (Victorian DHHS 2020).

Participating states and territories

Currently three jurisdictions have implemented the YES survey—New South Wales, Queensland and Victoria—and supplied data from 2015–16 under the YES NBEDS.

In 2019–20, New South Wales and Queensland administered and provided data for the YES.

In New South Wales, 48 organisations administered the YES survey through their specialised mental health service units in 2019–20. New South Wales has publicly

reported their YES survey data since 2015–16 (NSW Ministry of Health, 2017a, 2017b, 2018, 2019, 2021).

In Queensland, 20 organisations administered the YES survey through their specialised mental health service units in 2019–20. Queensland has publicly reported YES survey data for the collection periods in 2015, 2016, 2017 and 2019 (Queensland Health 2016, 2017a, 2017b, 2020).

Due to the COVID-19 pandemic, Victoria did not administer the YES survey in 2020 and consequently did not submit to the YES NBEDS for the 2019–20 reporting period (Victorian DHHS 2020). Historical data for Victoria is available in the data tables for the 2015–16 to 2018–19 reporting periods. Victoria has publicly reported their YES survey data in their Annual Mental Health Services Report since 2016–17, including information on their early 2016 (for the 2015–16 reporting period) survey (Victorian DHHS 2017, 2018, 2019).

Table 1: Number of services which administered the YES survey in participating states and territories, 2015–16 to 2019–20

	2015–16	2016–17	2017–18	2018–19	2019–20
NSW	43	44	49	49	48
Vic	17	17	16	17	n.a.
Qld	18	20	20	20	20
Total	78	81	85	86	68

Data source: YES survey data

Data quality over time

Each state has chosen a method of administration that best suits their local needs. New South Wales has adopted a “continuous” method, where people using their specialised mental health services are offered the YES during every hospital stay or community episode of care. By contrast, Victoria and Queensland have adopted a “snapshot” approach where people using their specialised mental health services are encouraged to complete the YES over a particular time of the year. In Victoria, people using their specialised mental health services were offered the YES over a three month period in 2018 and 2019 (and a two month period in 2016 and 2017). In Queensland, people using their specialised mental health services were offered the YES over a four week period (six weeks for services in rural areas) for collection from 2015 to 2017, over a six week period in 2019 and 2020 (some services opted to cease offering the survey in response to the COVID-19 pandemic).

In 2017–18 Queensland reclassified existing Community Care Units from admitted patient care to residential mental health service units.

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).

Availability of the YES survey

This section of Mental health services in Australia reports data that has been supplied by participating jurisdictions to the AIHW under the YES NBEDS for the purpose of national reporting.

Outside of this national agreement, the YES survey instrument is being made available by the Australian Government Department of Health for use by appropriate mental health organisations that enter a licensing agreement specifying conditions of use which are aimed at promoting consistency of use and reducing the risk of multiple versions being used.

For further information on use of the YES survey and/or to apply for a licence to use the survey in your organisation, please visit the [Australian Mental Health Outcomes and Classification Network](#) website.

References

AIHW (Australian Institute of Health and Welfare) 2018. 'Patient-reported experience and outcome measures' (Chapter 7.17), in [Australia's health 2018](#). Canberra: AIHW.

CHC (COAG [Council of Australian Governments] Health Council) 2017. The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Department of Health.

Commonwealth of Australia 2009. Fourth National Mental Health Plan—An agenda for collaborative government action in mental health 2009–2014. Canberra: Attorney-General's Department. Viewed 31 July 2018, <<http://www.health.gov.au>>.

NSW Ministry of Health 2017a. [Your Experience of Service: What consumers say about NSW Mental Health Services, 2015–2016](#). NSW Ministry of Health. Viewed 26 July 2018.

NSW Ministry of Health 2017b. [Your Experience of Service: What consumers say about NSW Mental Health Services, 2016–2017](#). NSW Ministry of Health. Viewed 26 July 2018.

NSW Ministry of Health 2018. [Your Experience of Service: What consumers say about NSW Mental Health Services, 2017–18](#). NSW Ministry of Health. Viewed 9 July 2019.

NSW Ministry of Health 2019. [Your Experience of Service: What consumers say about NSW Mental Health Services, 2018–19](#). NSW Ministry of Health. Viewed 31 July 2020.

NSW Ministry of Health 2021. [Your Experience of Service: What consumers say about NSW Mental Health Services, 2019–20](#). NSW Ministry of Health. Viewed 12 July 2021.

Queensland Health 2016. [Your Experience of Service—2015 Statewide Report](#). Brisbane: Queensland Health. Viewed 26 July 2018.

Queensland Health 2017a. [Your Experience of Service—2016 Statewide Report](#). Brisbane: Queensland Health. Viewed 26 July 2018.

Queensland Health 2017b. [Your Experience of Service—2017 Statewide Report](#). Brisbane: Queensland Health. Viewed 9 July 2019.

Queensland Health 2020. [Your Experience of Service—2019 Statewide Report](#). Fortitude Valley: Queensland Health. Viewed 31 July 2020.

Victorian DHHS (Department of Health and Human Services) 2013. [National Mental Health Consumer Experiences of Care Project](#). Australian Government Department of Health. Viewed 8 July 2019.

Victorian DHHS 2017. [Victoria's mental health services annual report 2016–17](#). Melbourne: Victorian DHHS. Viewed 26 July 2018.

Victorian DHHS 2018. [Victoria's mental health services annual report 2017–18](#). Melbourne: Victorian DHHS. Viewed 5 July 2019.

Victorian DHHS 2019. [Victoria's mental health services annual report 2018–19](#). Melbourne: Victorian DHHS. Viewed 31 July 2020.

Victorian DHHS 2020. [Victoria's mental health services annual report 2019–20](#). Melbourne: Victorian DHHS. Viewed 12 July 2021.

Key concepts

Consumer perspective of mental health care

Key Concept	Description
Admitted care	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.
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: <ul style="list-style-type: none">• 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• hospital based outreach services.

<p>Mental health legal status</p>	<p>Whether a person was provided care under relevant state or territory mental health legislation compulsory treatment provisions.</p> <p>The state and territory mental health acts and regulations provide the legislative guidance that safeguards the rights and governs the care of patients with mental illness in admitted patient care, residential care and community-based services. The legislation varies between the state and territory jurisdictions but all contain provisions for the assessment, admission and treatment of patients on an involuntary basis.</p> <p>A person with involuntary status received care under compulsory treatment provisions.</p> <p>A person with voluntary status received care that was not under compulsory treatment provisions.</p>
<p>Residential care</p>	<p>A service that is considered by the state, territory or Australian Government funding authorities as a service that:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ to consumers residing on an overnight basis; ○ in a domestic-like environment; and • encourages the consumer to take responsibility for their daily living activities. <p>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).</p> <p>Suitably trained residential mental health care staff may include:</p> <ul style="list-style-type: none"> • 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.

<p>Specialised mental health services</p>	<p>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'.</p> <p>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.</p> <p>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.</p> <p>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).</p>
<p>Your Experience of Service National Best Endeavours Data Set (YES NBEDS)</p>	<p>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 YES NBEDS entry on the Meteor website.</p>