



**Mental Health
Carers NSW**



What carers say
about NSW
Mental Health
Services



Mental Health Carer Experience Survey

2023–2024

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 carers who completed a Carer Experience Survey (CES).

We gratefully acknowledge the members of the YES and CES advisory committee and colleagues at Mental Health Carers NSW (MHCN) who supported the implementation and ongoing use of the CES. Thanks also to our colleagues at the NSW Ministry of Health Mental, Health Branch and Bureau of Health Information for your support.

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Please check with InforMH for any amendments:

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Foreword from Mental Health Carers NSW

Mental Health Carers NSW (MHCN) is the peak body for families and carers of people who experience persistent mental distress in NSW. MHCN works in partnership with InforMH, NSW Ministry of Health to support the ongoing implementation of the Mental Health Carer Experience Survey (CES) in NSW Health's mental health services.

The CES is a welcome opportunity to capture the experience of carers being identified, recognised and supported by mental health services and enables the evaluation of health services by the people who use them. Understanding the experience of carers (and through YES, their loved ones) allows services to tailor delivery to the needs of service users and their families and carers, promoting recovery.

The CES was first implemented in 2018. The 7% increase in returns achieved this year is pleasing. There remains an opportunity to improve return counts in many services, as only 311 services across NSW received enough valid returns to be included in reporting. Services whose return rates are below the reporting threshold are encouraged to boost efforts to recognise and engage carers. Collecting more CES responses will support them to engage with carers who are a critical resource for recovery, and a group whose mental health should be supported. We also hope improvements support carers to self-identify and access the CES on their own initiative.

The growth of the use of the online surveys to around 47% of returns shows the benefit of adopting this modality and perhaps also offers the most options to expand the reach of surveys, especially in community services where they now dominate (at 57% of returns).

This year, 71% of carers who participated in CES reported an excellent or very good overall experience, compared to 67% the previous year. This year's report includes a deeper dive into the experience of Aboriginal carers. The generally favourable experience of Aboriginal carers (70%) as compared to the general community carers (66%) in hospital settings is cause for hope. The generally favourable experience of Aboriginal carers in the community (70%) was also pleasing, albeit with a lower rating than the experience of the general population of community services (76%). The response to the increased availability of Aboriginal staff and peer support was demonstrated once again.

MHCN congratulates the NSW Mental Health Minister, Rose Jackson and NSW Health and InforMH and the staff across NSW's Districts for the significant success to date in implementing the CES. MHCN looks forward to working with carers, consumers and health service staff to use the growing results of the CES and lived experience more generally to help drive service improvements and reform. On behalf of the mental health carers of NSW, many thanks to all, once again!

Jonathan Harms

CEO

Mental Health Carers NSW



**Mental Health
Carers NSW**

2023–24 CES snapshot


3139
surveys returned

About **311** mental
health services

an increase of 7% from the previous year

Percentage that rated overall experience as excellent or very good

71%
in all settings

 **66%**
in hospitals

 **75%**
in community settings

Top 5 findings



Overall carer experience improved in hospital and community settings compared to the previous year.



Carers in almost all demographic groups achieved or were just below the hospital and community CES goals.



Aboriginal carer experience improved in hospitals (70% excellent or very good) and was higher than non-Aboriginal carers' experience (66% excellent or very good).



Overall, metropolitan services reported a more positive experience than regional services across hospital and community settings. Experience of regional hospitals improved this year.



Feeling involved, listened to and informed remain essential to carers having a positive experience. Many carers also commented on staff qualities such as friendliness, kindness and the importance of ongoing communication and availability of staff. These themes are consistent with previous years



Glossary, programs and acronyms

Glossary

Aboriginal	Throughout this report, the term 'Aboriginal' is used to refer to Aboriginal and/or Torres Strait Islander people.
Acute inpatient	A person who is experiencing 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, and who provides support and assistance
CES returns	The number of CES surveys completed in a period.
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 is someone who received treatment under compulsory treatment provisions in NSW mental health legislation.
Your Experience of Service (YES)	The YES questionnaire is used to collect consumer experience of public mental health services

Programs

Adult and general services	Programs that provide mental health support to people aged 18 to 65 years.
Child and adolescent	Programs that provide specialist mental health support to people aged under 18 years.
Forensic	Programs that provide support to consumers with a mental health impairment or cognitive impairment who are charged with serious offences in the District Court or Supreme Court of NSW, or who have had serious offences proven against them.
Older people	Programs 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

What is the CES?

The Mental Health Carer Experience Survey (CES) is a national tool designed to gather information about carers' experiences of public mental health services.

Carers are the family members, partners or friends who provide support and assistance to a person with a mental illness. Their lives are affected by that illness, and their support often precedes and extends beyond the involvement of mental health services.

Carers are crucial to supporting the recovery and wellbeing of mental health consumers. Their vital contribution is acknowledged in the Fifth National Mental Health and Suicide Prevention Plan (2017) which emphasised that consumers and carers should be at the centre of shaping how services are planned, delivered and evaluated. The centrality of lived experience is also mandated in the NSW Mental Health Commission's Lived Experience Framework.

The CES provides an opportunity for carers to provide feedback about their experience, recognising the unique perspectives carers bring. The survey reflects the National Mental Health Service Standards and is used to support service improvement.

NSW Health aims to offer the CES to all carers. The CES has been available on paper since 2018 and online since 2019 (Appendix 1). Prior to the development of CES, carer experience feedback was not collected in a systematic way. This report reflects mental health carers' experiences of care in 2023–24. It includes feedback about a range of NSW public mental health services provided in both community and hospital settings.

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

The image shows a screenshot of the 'Mental Health Carer Experience Survey' form. At the top, it features the title and the NSW Government logo. Below the title is a 'Service code' input field. The main body of the form contains introductory text explaining the survey's purpose and instructions. It includes sections for 'Who is a carer?' and 'Getting started'. The core of the form is a table of seven questions, each with a response scale from 'Never' to 'Not Needed'. The first question, 'You understood what you could expect from the mental health service for yourself and your family member, partner or friend', has the 'Rarely' box checked. The bottom of the form includes logos for 'Working in association' and 'Mental Health Carers NSW', along with the page number '1'.

My experience would have been better if...

Attitude and helpfulness of staff involved. Understanding of my family members vulnerability. They kept her and visitors safe. The time taken by all in discussion, especially the pharmacist.

There was communication between myself and treating doctors and support/strategies given on best way to support family member

Communication with the treating team. Family meetings were at times exhausting & challenging, but it was a vital component of the process. It helped to form a diagnosis which enabled us to move forward and begin to heal from our shared family trauma

Information brochures about the service, the facilities, the staff (and leadership structure), patient's role & facilities for them and email/contact information for senior staff would have made it a less confusing experience at times.

The best things about this service were...

During my partner's manic episode I was able to talk to a professional straight away about comments he made to me which were very upsetting. I had to book an appointment and wait.

No matter how many questions I had the staff always answered them with no judgement. They were there for my grandson, he really didn't believe anyone cared, he now feels that he may have a future thanks to all the people helping him.

An explanation of the service, its limitations and timeline would be helpful.

Being connected to country again; being supported by my people makes a difference



How many surveys were returned?

In 2023–2024

3139

surveys returned which is a 7% increase from last year

Feedback was provided about

311

mental health services

104

services in hospital

207

services in community

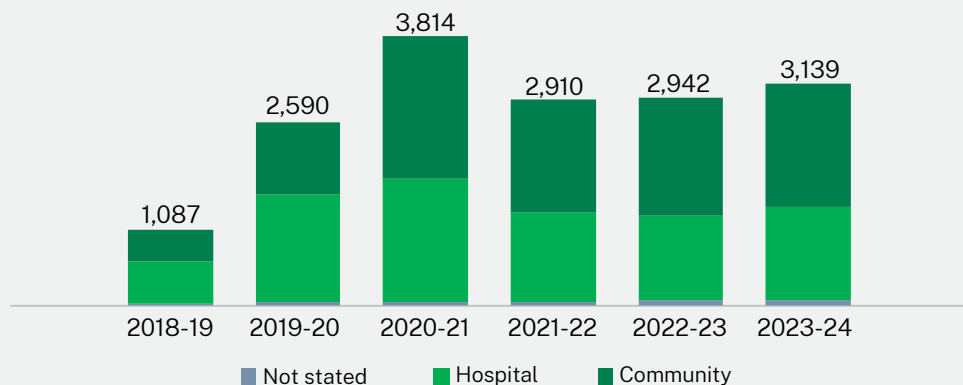


1317
about hospitals



1745
about community settings

The number of surveys received each financial year



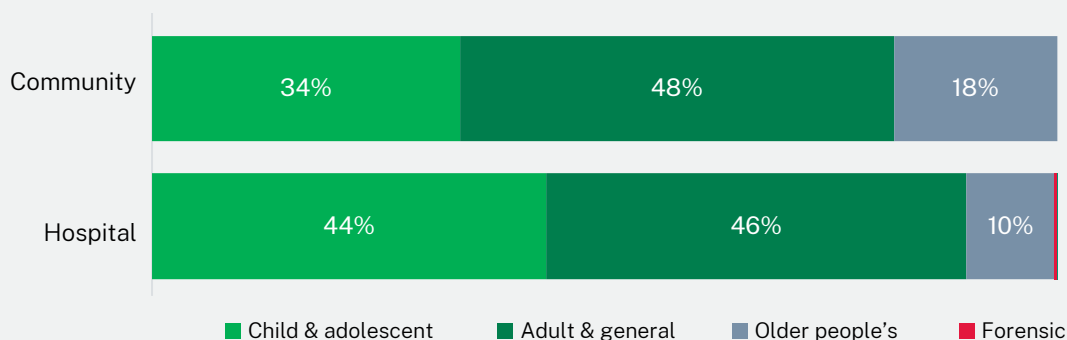
CES returns increased by 7% in 2023-24

This year, 3139 surveys were returned, providing feedback about 311 services. Of these, more than half (57%) were about community services. Almost half (47%) of the carers who provided feedback about community services used the online survey, while around 18% of hospital feedback was provided online

Most surveys provided feedback about adult and general services

In NSW there are more adult and general services than age-specific or forensic services. This year, the proportion of surveys returned about adult and general services increased to almost half of all surveys returned. There continues to be a large number of CES returns from child and adolescent and older people's mental health services. This may reflect greater involvement of carers using these services, or that carers who are parents or children are more easily identifiable.

Questionnaires returned by program in 2023–24



Which carers completed a CES?

It is important to know if some groups of carers are less likely to complete a CES. Since the CES was implemented, a broad range of carers have provided feedback, but more work is needed to reach as many carers as possible.



It is essential for services to identify carers

Identification of carers by services is a vital but often challenging component of collecting feedback. Many people providing care never think of themselves as carers; they feel they are doing what anyone else would in the same situation, looking after their family member, partner or friend. Carers who have direct contact with services may be routinely invited to complete CES, whereas carers that have limited contact may not be aware of the opportunity to provide feedback. Finally, consumers may draw on support from different family members, loved ones or friends at different times and so the idea of a person's primary or main carer may be complex and fluid. Mental health clinicians and services may not always have complete or up-to-date information on a consumer's support networks.

The CES includes several demographic questions to help identify how well represented various groups are, and to understand if particular groups of carers are reporting a different experience. As there is limited data about carers available, we cannot evaluate how representative the CES responses are. As the CES is anonymous, there is no way of knowing how many carers were offered a survey.



Most carers are caring for their child and/or have been caring for over 10 years

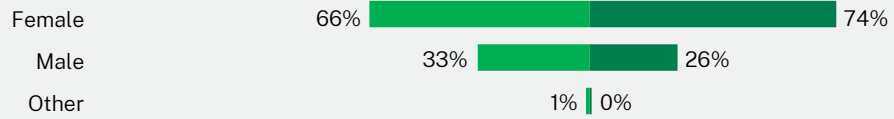
The groups of carers providing feedback has been consistent since the CES was implemented in 2018. Most carer feedback continues to be received from people who care for a child and/or have been providing care for over 10 years. Around 7% of community and 8% of hospital returns are from carers who identify as Aboriginal. In hospital settings most carers reported being engaged with the service for less than one month, while in the community the duration of care from the service was varied.

Most carers identified as female, with the proportion of males increasing slightly each year. In October 2023, more inclusive response options were added to the demographic question about gender and a question about sexuality was included. These will be reported in 2024–25 when a full year of data is available.

Proportion of CES returns across different groups, 2022–23

■ Hospital ■ Community

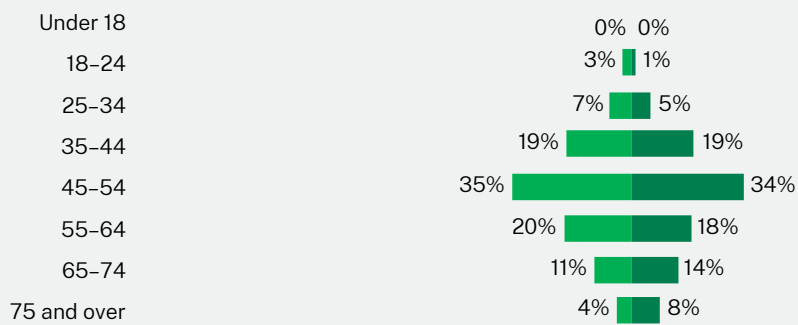
Gender



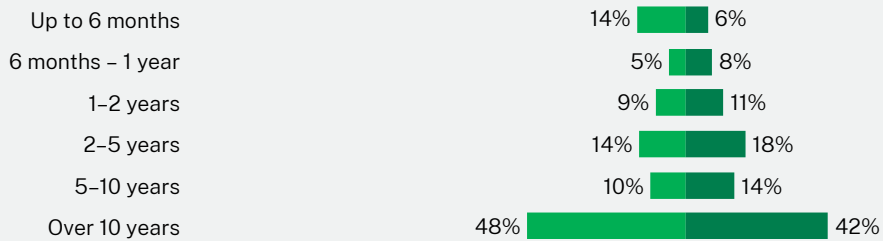
Aboriginal and/or Torres Strait Islander



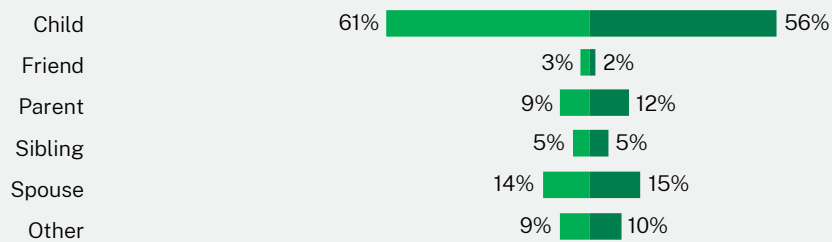
Age group



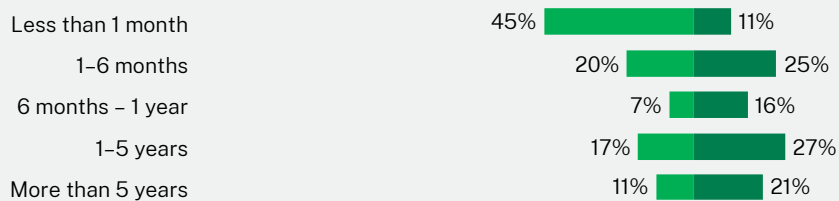
Duration as a carer



Relationship



Duration with service

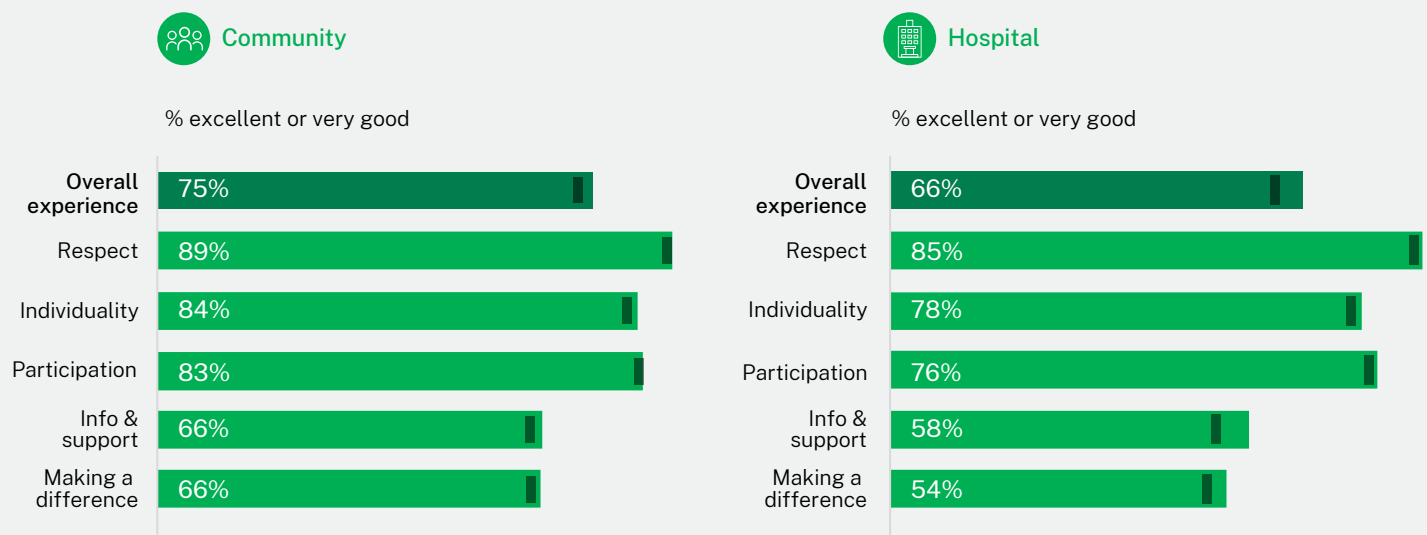


How did carers rate their experience in 2023-24?

Overall experience is measured using an experience index which combines the scores of questions 1–24 (excluding Q15 and Q19). This method ensures that different areas of experience are included in the overall score. The combined score is used to calculate the percentage of carers reporting an excellent or very good experience. CES questions are grouped into five domains, consistent with those used in the YES survey. For further information about which questions are grouped into each domain, refer to Appendix 4.

This year, 71% of carers reported an excellent or very good overall experience, which is an increase from the previous year (67%). Carers who were engaged with community services continued to report a more positive experience than those engaged with hospital services, although hospital experience showed a larger improvement from the previous year. Across both settings, carers rated the Respect domain highest. Information and support and Making a difference were the lowest rated domains.

Overall experience and domain scores by setting, 2022–23 and 2023–24



Questions about legal rights and issues showed the largest improvements

Across both hospital and community settings, the following questions showed the largest improvements compared to the previous year:

- Q19. Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007
- Q24. Information about taking a support person to meetings or hearings if you wished
- Q2. You were given an explanation of any legal issues that might affect your family member, partner or friend was also rated higher than 2022–23 (improvement in community settings only)
- Q5. You were able to obtain cultural or language support (such as an interpreter) when you needed (improvement in hospital settings only)



The largest improvements were in the Information and support domain

In community settings, improvements were largest for people caring for a sibling (15% increase) or spouse (9% increase), while in hospital the largest increases were noted for people caring for a parent (15% increase) and those who had been in their caring role between 6 months and 2 years (10% increase). For siblings, many reported that they were frequently updated and received education and information about the role of a carer and support services available. Many people caring for a spouse felt supported and that they were not alone in their caring role.

CES goal ranges and traffic light charts

There are no formal key performance indicators for the CES. To help understand differences across services and groups, an overall experience goal has been developed for this report. These goals have been set based on the best-performing 25% of NSW mental health services. The goal is that 75% of carers report an excellent or very good overall experience (70% for hospital, 80% for community). As the CES domains use different question types, separate goals have also been set for the domains. For more information about how these goals were calculated please see Appendix 3.

Within this report, experience is only shown for groups or services where there are 30 or more surveys returned in the year. This ensures that feedback is less impacted by small numbers of surveys.

Throughout this report we use the following legend to show performance against CES goal ranges:

●	Achieving goal
●	Just below goal
●	Below goal

My experience would have been better if...

I was taught strategies and what to say as a carer to better support my person when they are feeling down



The best things about this service were...

I always had support, I felt that I was no longer alone struggling through this. This service really helped my daughter going through an extremely hard time, and helped her recover I am extremely grateful and so thankful for this



Do some groups of carers report a different experience?

Services provide support to a broad range of carers, so it is important to consider if some groups report a different experience of care. To understand differences in carer experiences we compared the overall experience of different groups of carers with the average experience of all carers.



This year, most groups were either achieving or just below the CES goal

In both settings, experience scores generally declined as carer age increased. The most positive experiences were reported by carers aged less than 34 years and the least positive experiences were for carers aged 75 and over. People caring for friend in hospital reported the least positive experiences



Overall experience for Aboriginal carers improved compared with last year

Overall experience for Aboriginal people increased in both hospital and community settings. In hospital settings, Aboriginal carers rated their experience higher than non-Aboriginal carers. Whereas in community settings, Aboriginal people rated their experience less positively. The experience of Aboriginal carers is explored in more detail on page 17.



Overall experience varies with age, duration as a carer and duration with the service

In both hospital and community settings carer experience is less positive as age increases. Carers aged 65-74 in the community reported a significantly less positive experience compared to the NSW average, although experience did improve compared to the previous year. While not statistically significant, carers aged 25-34 years reported a less positive experience compared to last year. Respondents in this age group praised the kind and caring staff, good communication and support. However, many also expressed a need to be better listened to, taken seriously, and to be provided with better, more timely information and support for their caring role.

In hospital settings, there was a significant increase in experience for those caring between 6 months to 1 year (from 64% in 2022-23 to 86% in 2023-24). The largest improvements for this group were in the domains of impact (25% increase) and individuality (15% increase).

Overall, the longer the duration of care with the service, the less positive the carer experience. There was a significant improvement for carers engaged with hospital services for less than one month, although this group remains just below the goal of 70% excellent or very good. Carers engaged with hospital services for more than five years reported the lowest experience (50% excellent or very good) across all groups. In the free text, these carers often commented that there was not enough contact from the service, and they felt as though they were not included in the care of their loved one.



People caring for their parent reported the most positive experiences

In hospital settings, this group also reported a significant improvement in experience compared to the previous year. These carers commented on the caring and friendly nature of staff and that the level of communication meant they felt sufficiently informed. Carers also commented that services followed up physical health checks and medical concerns, and that communication with and between doctors was very helpful.

Carers in regional areas reported a significantly less positive experience in community settings compared to the NSW average. Differences across regional and metropolitan NSW is explored on page 21 of this report.

My experience would have been better if...

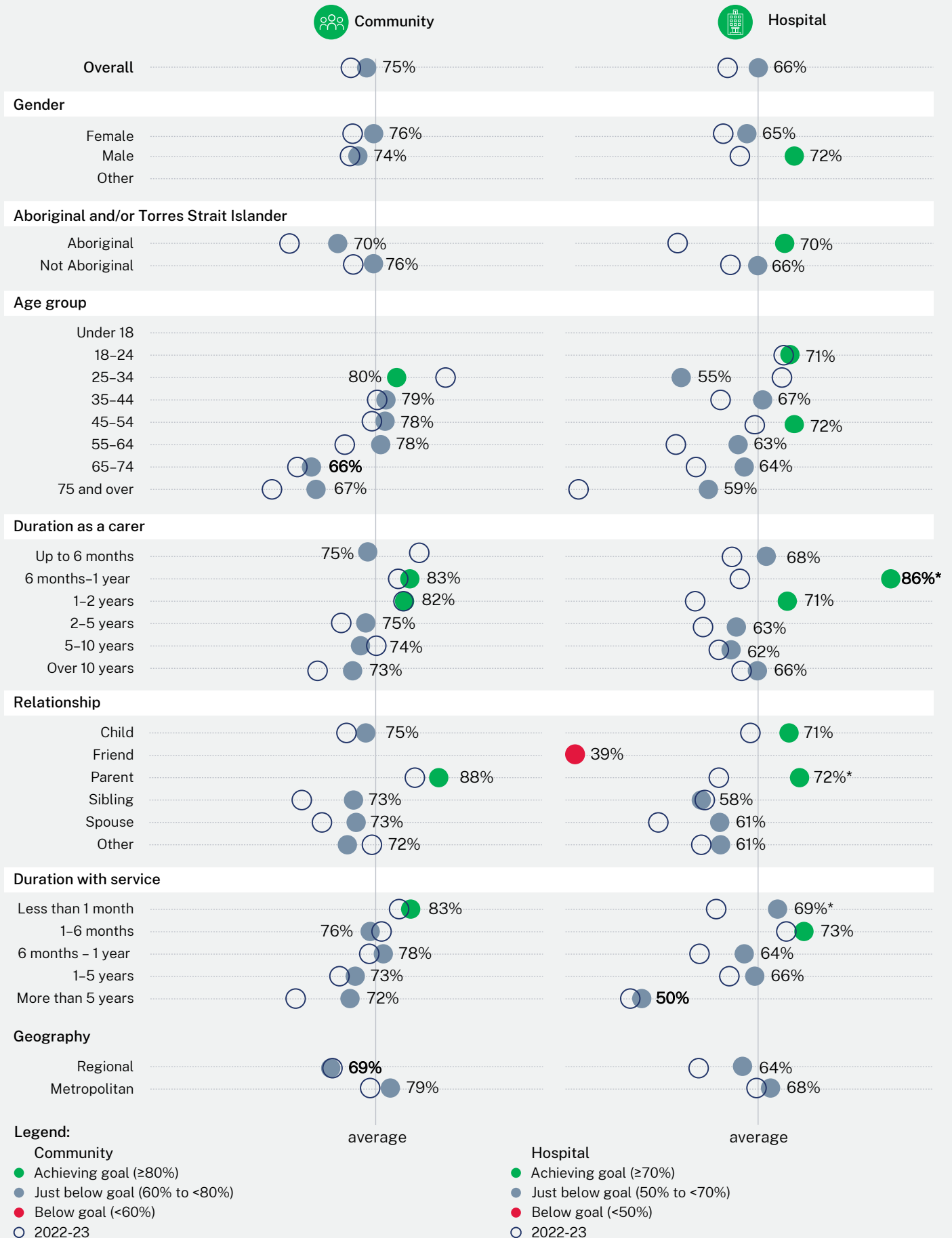
I was able to see the treating doctors, given an update on her progress on an ongoing basis and was given more time to organise her transition back to her home environment.

The best things about this service were...

I was communicated with almost every day. I felt heard & respected my father received a comprehensive & holistic service.



The overall experience of different groups of carers, 2023–24

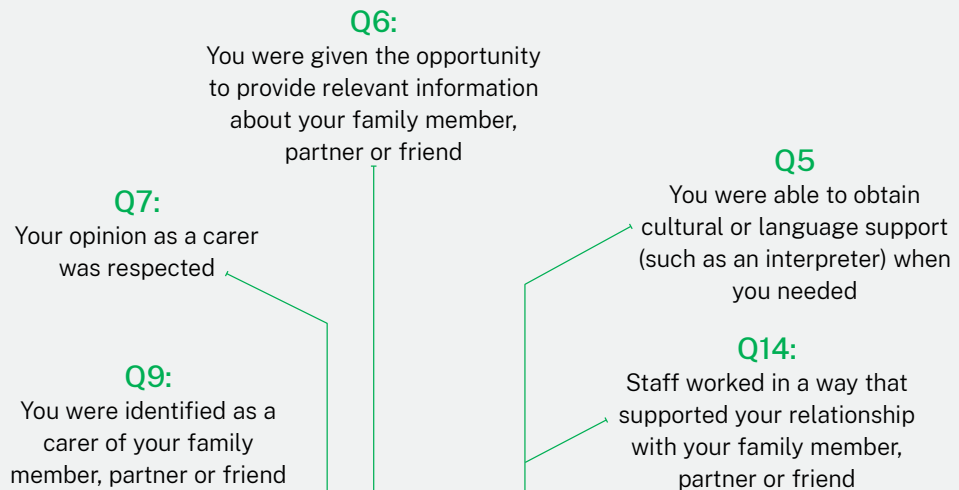


*Indicates a statistically significant difference from the previous year. Bold text indicates a statistically significant difference from the NSW average. Figures are only shown for groups with 30 or more surveys returned in the year

Which questions received the highest and lowest ratings?

Highest scoring questions in 2023-24

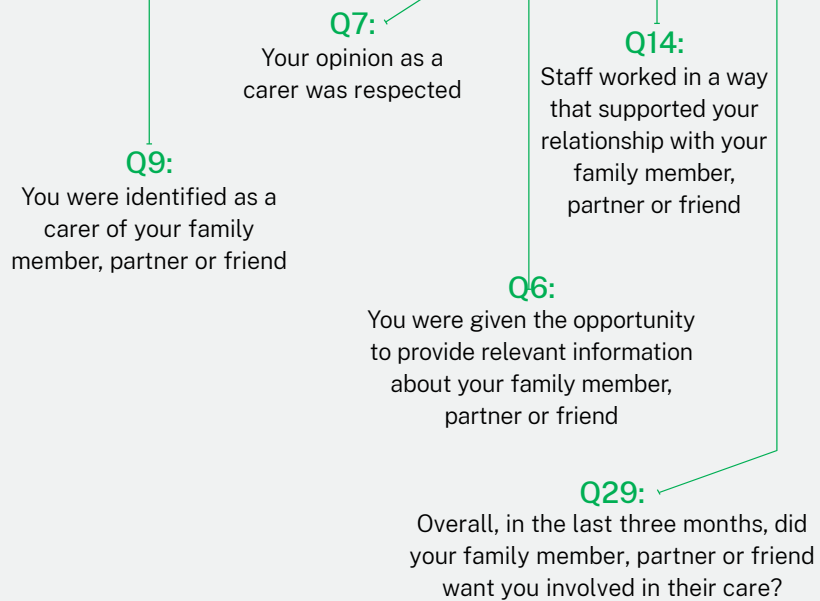
Community



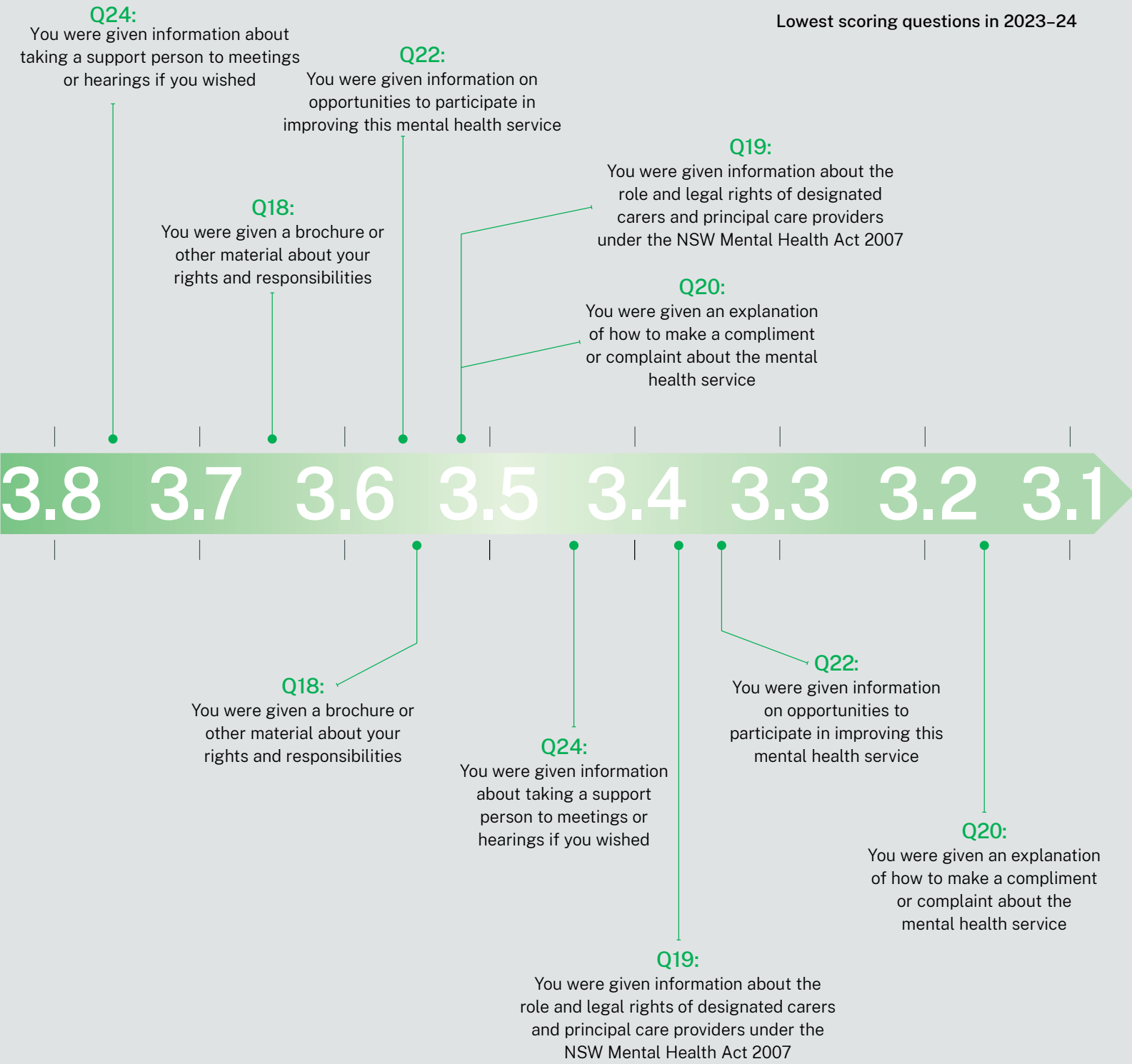
5.0



Hospital



Lowest scoring questions in 2023-24



Aboriginal and/or Torres Strait Islander carers



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 carers returned 187 surveys this year, an increase of 8% from the previous year. The proportion of all responses completed by Aboriginal people was similar to previous years (7% of community returns and 6% of hospital returns). Aboriginal and/or Torres Strait Islander carers are likely to be under-represented in CES feedback, with around 14% of consumers accessing services identifying as Aboriginal in 2023–24. However, it is important to note that not all consumers may have a carer; not all carers of Aboriginal consumers may be Aboriginal themselves; and some Aboriginal carers may be caring for non-Aboriginal consumers.

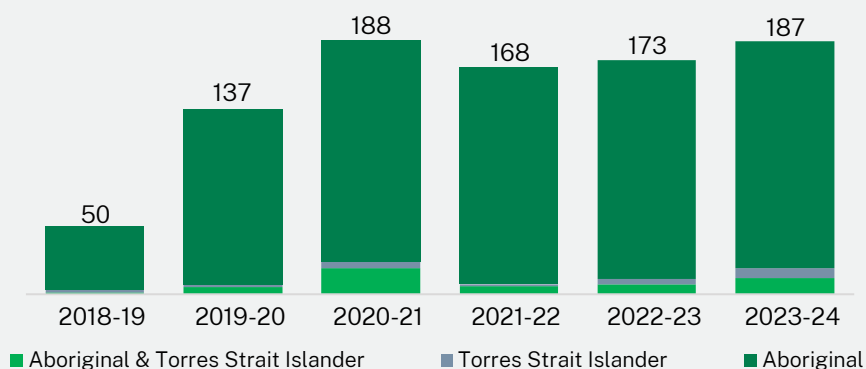
Overall experience improved for Aboriginal carers compared to the previous year

70% of Aboriginal carers rated their overall experience as excellent or very good across both hospital and community settings. This increase was largest in hospital settings (increasing from 55% last year) although this was not statistically significant.

In hospital settings, the largest increases were in the domains of Making a difference and Information and support. A statistically significant improvement was seen for Q5 *You were able to obtain cultural or language support when you needed*, while Q2 *You were given an explanation of any legal issues that might affect your family member, partner or friend* showed a large improvement compared to the previous year.

In community settings, Individuality and Information and support showed the largest improvement with Q19 *Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007* and Q20 *An explanation of how to make a compliment or complaint about the mental health service* showing the largest increases. In the free text, carers reported feeling heard, respected and being able to speak freely and honestly. Some carers also mentioned the importance of being able to receive support late at night. *“The service was amazing, helpful and supportive. I’m thankful for the Aboriginal support worker and that the service was culturally appropriate”*.

Number of CES returns from Aboriginal and Torres Strait Islander people



Percentage of Aboriginal carers reporting an excellent or very good experience across CES domains, 2022-23 and 2023-24



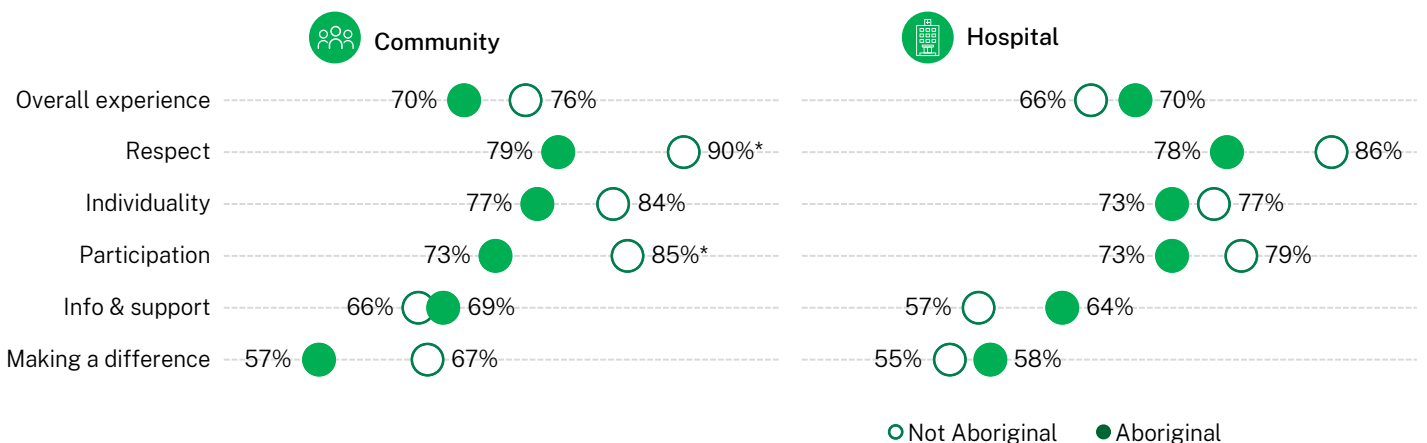
Respect and Participation were rated significantly lower by Aboriginal carers in community settings, compared to non-Aboriginal carers

In community settings, Aboriginal carers rated all domains lower than non-Aboriginal carers, except for Information and support. A number of questions were rated significantly lower by Aboriginal carers (see page 20), including questions related to being identified as a carer, opportunities to be involved, information about service and strategies available and if the staff conveyed hope for the consumers recovery. The following two questions were rated significantly higher for Aboriginal carers and were noted earlier as the questions with the largest improvement from the previous year

- Q19. Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007
- Q20. An explanation of how to make a compliment or complaint about the mental health service

Carers commented that the handover between hospital and community staff could have been improved and that their experience would have been better if the staff listened to the carers more.

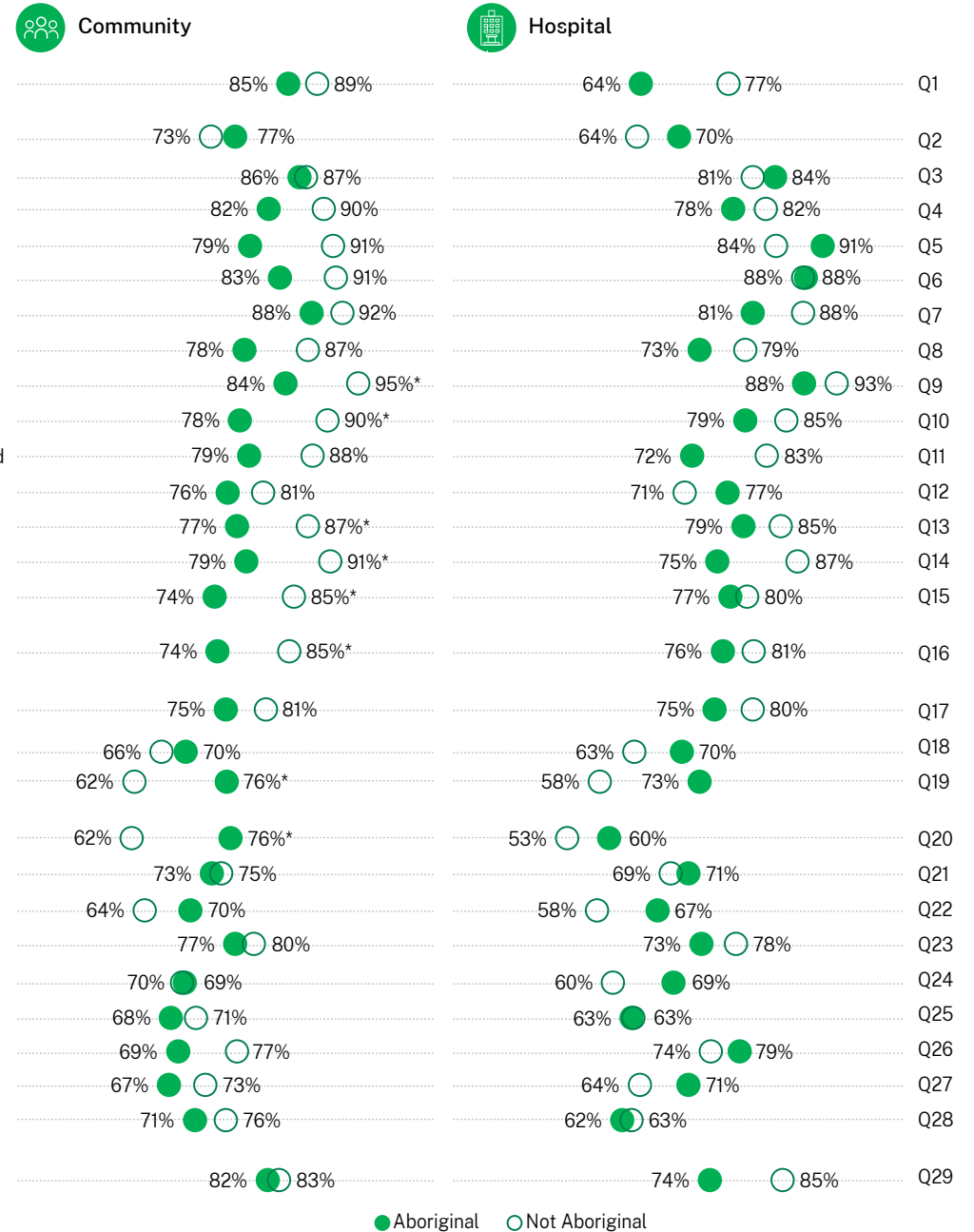
Percentage of carers reporting an excellent or very good experience across CES domains



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

CES question ratings by Aboriginal and non-Aboriginal consumers, 2023–24

- Q1 You understood what you could expect from the mental health service for yourself and your family member, partner or friend
- Q2 You were given an explanation of any legal issues that might affect your family member, partner or friend
- Q3 You understood your rights and responsibilities
- Q4 Your personal values, beliefs and circumstances were taken into consideration
- Q5 You were able to obtain cultural or language support (such as an interpreter) when you needed
- Q6 You were given the opportunity to provide relevant information about your family member, partner or friend
- Q7 Your opinion as a carer was respected
- Q8 You were involved in decisions affecting your family member, partner or friend
- Q9 You were identified as a carer of your family member, partner or friend
- Q10 You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend
- Q11 You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend
- Q12 You were given the opportunity to enhance your abilities as a carer
- Q13 Staff conveyed hope for the recovery of your family member, partner or friend
- Q14 Staff worked in a way that supported your relationship with your family member, partner or friend
- Q15 You were given the specific information you needed for your role in the ongoing care, treatment and recovery of your family member, partner or friend
- Q16 You were given information about services and strategies available if your family member, partner or friend became unwell again
- Q17 You had opportunities to communicate confidentially with the treating doctor if you needed
- Q18 A brochure or other material about your rights and responsibilities
- Q19 Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007
- Q20 An explanation of how to make a compliment or complaint about the mental health service
- Q21 Information about carer support services (such as local groups, carer consultants, counsellors)
- Q22 Information on opportunities to participate in improving this mental health service
- Q23 A number you could call after hours for the service
- Q24 Information about taking a support person to meetings or hearings if you wished
- Q25 Your relationship with the person for whom you care
- Q26 Your hopefulness for your future
- Q27 Your overall wellbeing
- Q28 Overall, how would you rate your experience as a carer with this mental health service over the last three months?
- Q29 Overall, during the last three months, did your family member, partner or friend want you involved in their care?



Note: *Statistically significant difference

How do LHDs and SHNs compare?

This section shows the percentage of carers reporting an excellent or very good experience across LHDs and SHNs.

When calculating the overall score, hospital and community data need to be combined into a single measure that is not affected 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.

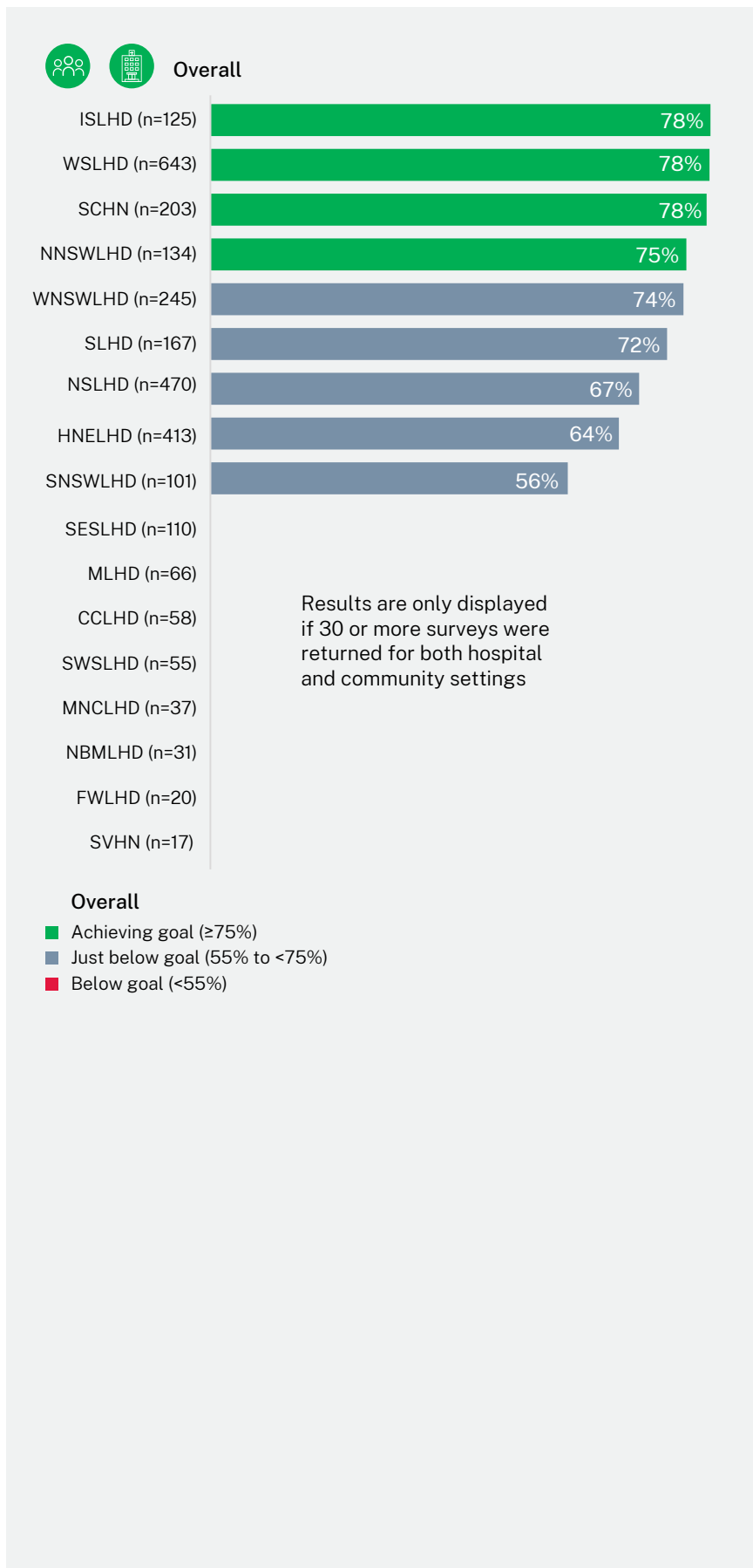
In 2023–24, four LHDs/SHNs achieved the goal of 75% of carers reporting excellent or very good experience

Around 50% of LHDs/SHNs had enough surveys returned from both hospital and community settings to calculate an overall LHDs/SHN score. Of these, most reported an experience similar to or above the previous year.

In community settings, two LHDs achieved the goal of 80% excellent or very good and one LHD was below the goal (<60% excellent or very good).

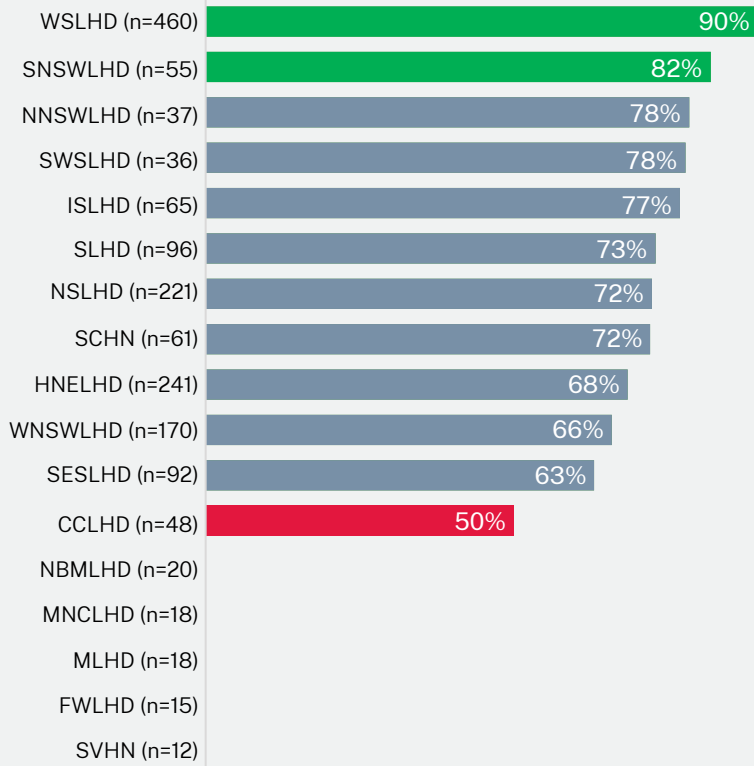
In hospital settings, five LHDs/SHNs achieved the goal of 70% excellent or very good, with all reporting an improvement from the previous year.

There may be many reasons why CES results differ between services or over time. Many services are continuing to work towards hearing from more carers to ensure the feedback is representative of the carers engaged with services.

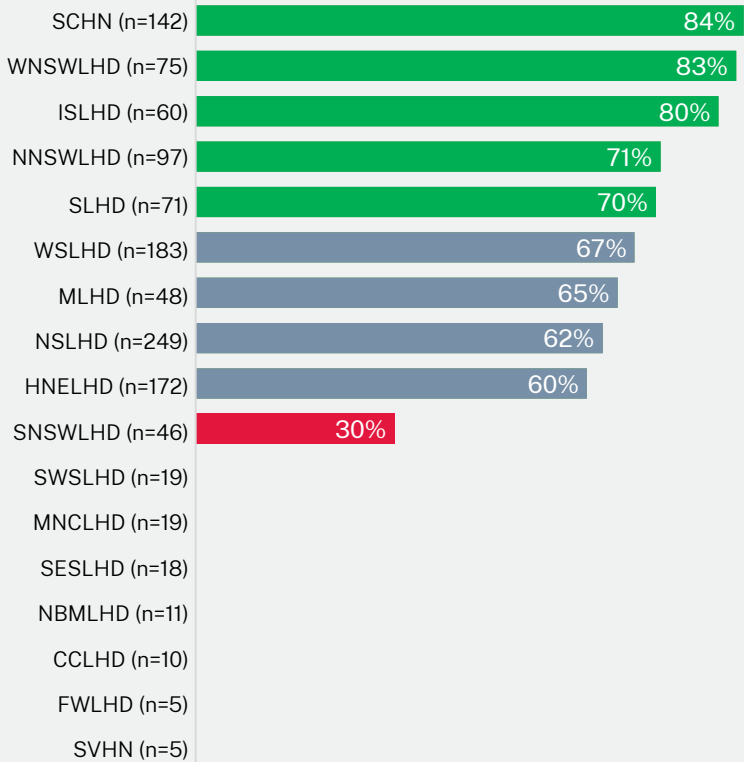




Community



Hospital



Community

- Achieving goal (≥80%)
- Just below goal (60% to <80%)
- Below goal (<60%)

Hospital

- Achieving goal (≥70%)
- Just below goal (50% to <70%)
- Below goal (<50%)

My experience would have been better if...
 There were after school appointments available, then we would have continued with the service.

The best things about this service were...
 Kindness, understanding, and respect for our circumstances. Appropriate intervention when needed and ongoing follow up, both with her and my mother, and an option to ask for help or review when needed.



Is there a regional difference in carer experience?

Services in metropolitan and regional areas may see 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.

LHDs and SHNs have been grouped as follows:

Regional	Metropolitan
Central Coast LHD	Nepean Blue Mountains LHD
Far West LHD	Northern Sydney LHD
Illawarra Shoalhaven LHD	Sydney Children's Hospital Network*
Hunter New England LHD	South Eastern Sydney LHD
Murrumbidgee LHD	Sydney LHD
Mid North Coast LHD	St Vincent's Health Network*
Northern NSW LHD	South Western Sydney LHD
Southern NSW LHD	Western Sydney LHD
Western NSW LHD	


*These specialty health networks have been included in this group based on geographical location. The Justice & Forensic Mental Health Network has been excluded from this analysis.

In 2023–24, 42% of CES surveys were about regional services, which is similar to the previous year

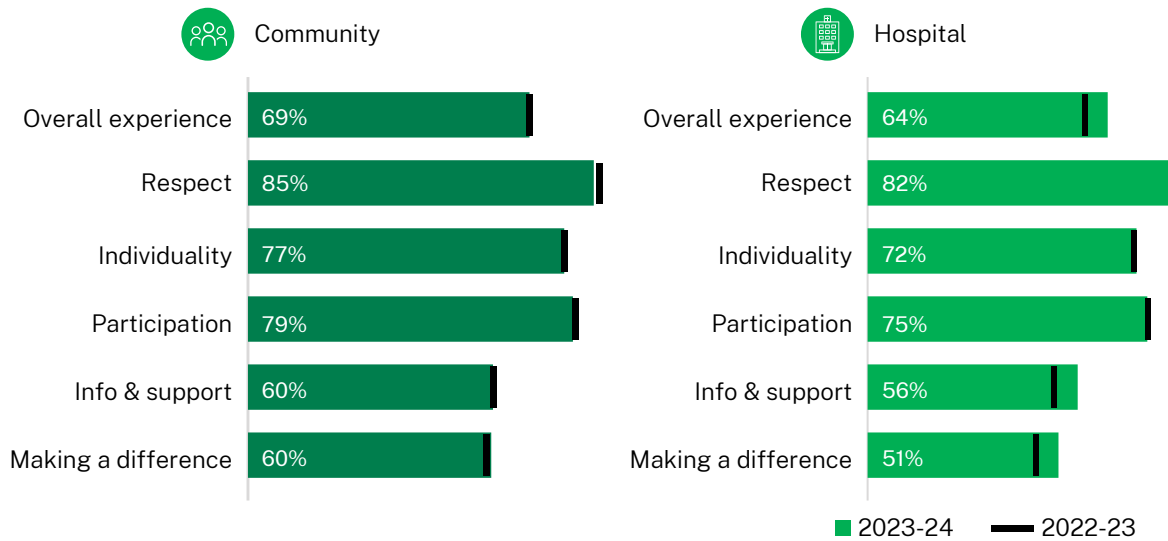
A higher proportion of carers in regional services were Aboriginal (11%) compared to metropolitan areas (3%). In metropolitan areas, most people were caring for a child, spouse or parent, while in regional settings people were more likely to be caring for someone other than immediate family or friends. In community settings, a larger proportion (35%) of regional carers had been engaged with the service for 1–6 months (18% in metropolitan areas). While in metropolitan areas more people had been engaged with services for more than 5 years (27%) compared to people in regional services (11%).

Hospital experience in regional NSW improved this year

In 2023–24, 64% of carers in regional NSW rated their experience as excellent or very good, which is an increase from 58% in 2022–23. The largest improvements were seen in the Information and support and Making a difference domains. Aboriginal carers reported an improvement in regional hospital experience from 59% in 2022–23 to 69% in 2023–24. In regional hospital settings, carers commented on the importance of a holistic approach between medical and psychiatric needs and suggested a carer space to retreat to, as many carers travel great distances. Carers also raised the importance of staff who are from out of the area being aware of local support services available.

 Overall community experience was the same as the previous year with an increase in Making a difference and a small decrease in the Respect and Participation domains. In the free text, carers suggested that reminder text messages and out of hours options for appointments would make a difference to their experience.

Percentage of carers in regional NSW reporting an excellent or very good experience across CES domains



Carer experience in metropolitan areas was similar to the previous year

In metropolitan community settings, carer experience improved from 76% in the previous year to 79% with increases in the Respect and Information and support domains. People caring for a sibling reported the largest improvement, from 63% in 2022-23 to 79% in 2023-24.

“The support person has been great in actioning requests and following up with answers to questions I have had during my brother’s care.”

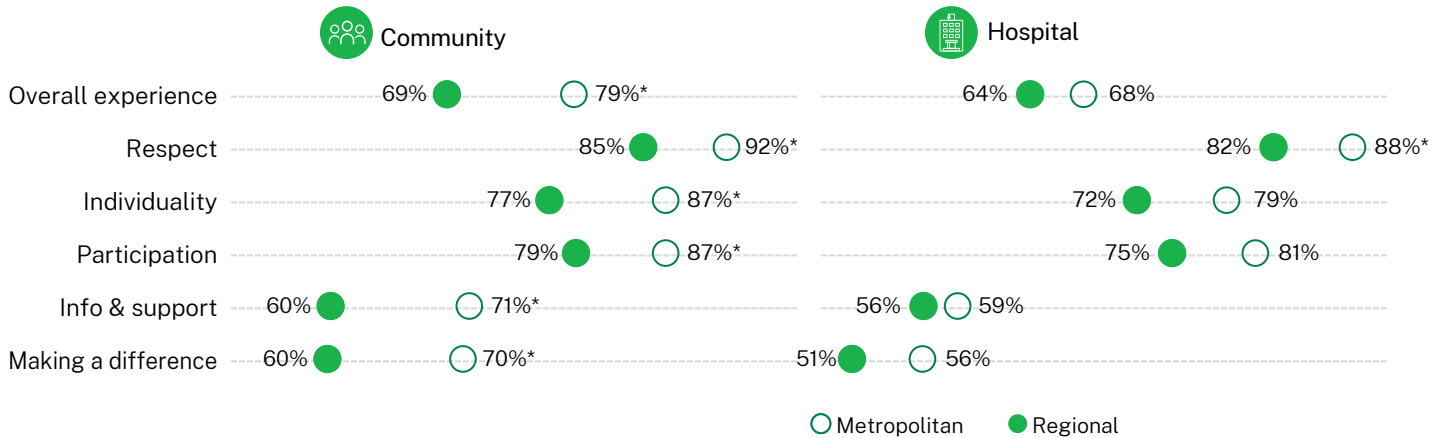
Percentage of carers in metropolitan NSW reporting an excellent or very good experience across CES domains



Carer experience in metropolitan NSW was rated higher than regional areas

In community settings, experience in metropolitan areas was rated significantly higher across all domains and questions (except for Q3, Q9 and Q29). In hospital settings, Respect was the only domain with a significant difference in experience between regional and metropolitan areas. For Aboriginal carers, experience was more positive in regional hospital services compared to metropolitan hospitals but less positive in regional community services when compared to metropolitan community services.

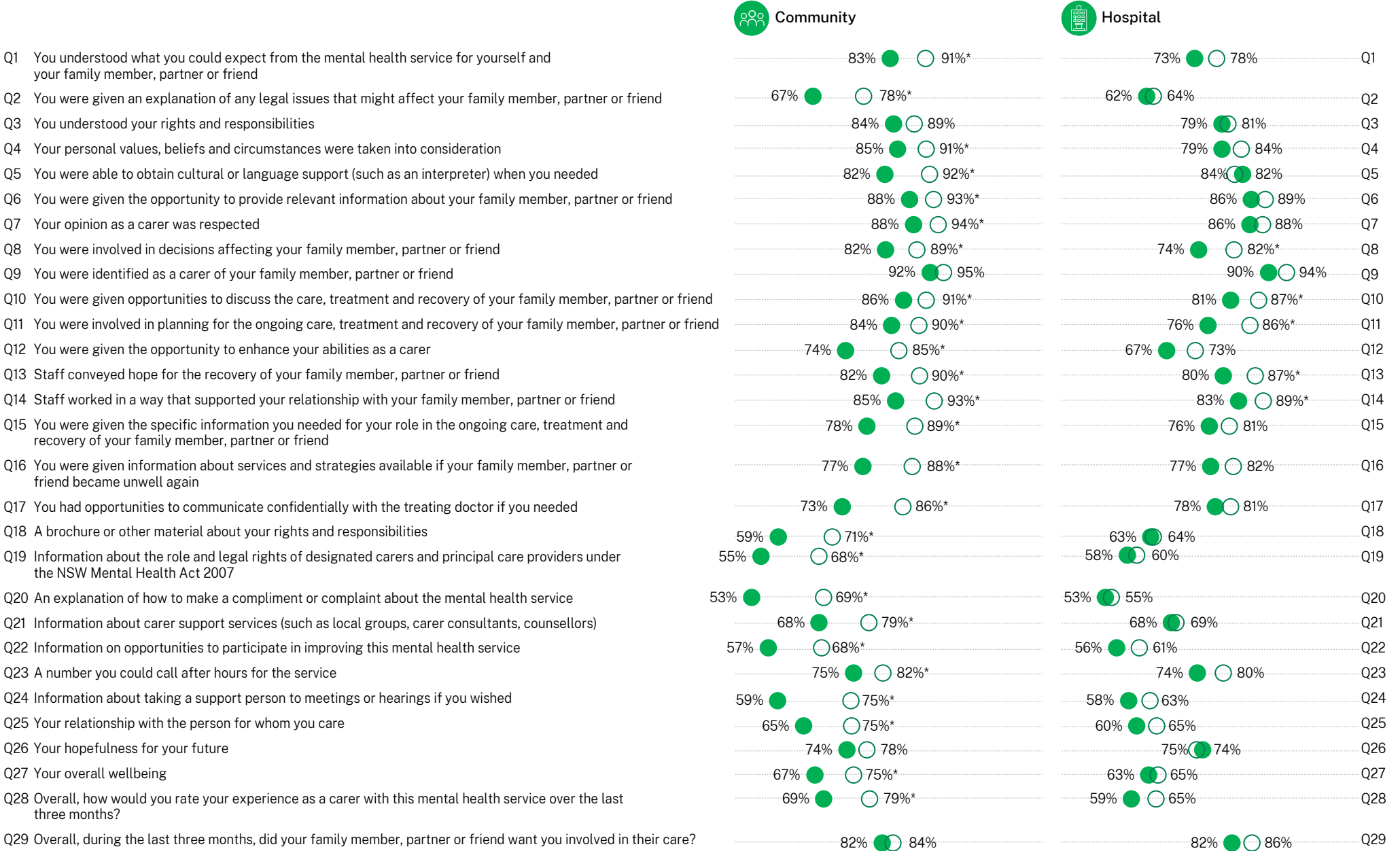
Ratings for community and hospital services in regional and metropolitan areas, 2023–24



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



Question ratings for community and hospital services in regional and metropolitan areas, 2023–24



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

Mental Health Carer Experience Survey



Service code:

This survey is about your experiences, as a carer **over the last three months**. By completing this survey, you will help the service better understand how to work with carers towards the recovery of mental health consumers. If you care for more than one person, just think of one of these people when completing the questionnaire.

Who is a carer?

Carers can come from many different backgrounds but many never think of themselves as carers. Many feel they are doing what anyone else would in the same situation; looking after their family member, partner or friend. Carers are the family member, partner or friend of someone with a mental illness whose lives are also affected by that illness. Carers provide support and assistance to the person with a mental illness.

Getting started

Your responses to this questionnaire are anonymous. Your experiences are very important to us so we would like you to provide an answer to each question. But you can leave a question blank if you wish. There is space at the end of the survey for you to provide additional feedback about your experiences.

Please put a cross (X) in just one box for each question.

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

As a carer with a family member, partner or friend who had contact with this mental health service in the last 3 months, how often did the following occur?	Never	Rarely	Sometimes	Usually	Always	Not Needed
1. You understood what you could expect from the mental health service for yourself and your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You were given an explanation of any legal issues that might affect your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You understood your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your personal values, beliefs and circumstances were taken into consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You were able to obtain cultural or language support (such as an interpreter) when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You were given the opportunity to provide relevant information about your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your opinion as a carer was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working in association



Mental Health Carers NSW

NSW Health | Mental Health Carer Experience Survey



1

As a carer with a family member, partner or friend who had contact with this mental health service in the last 3 months, how often did the following occur?	Never	Rarely	Sometimes	Usually	Always	Not Needed
8. You were involved in decisions affecting your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You were identified as a carer of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend (even, if for reasons of confidentiality, you could not be told specific information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. You were given the opportunity to enhance your abilities as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff conveyed hope for the recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff worked in a way that supported your relationship with your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You were given the specific information you needed for your role in the ongoing care, treatment and recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. You were given information about services and strategies available if your family member, partner or friend became unwell again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You had opportunities to communicate confidentially with the treating doctor if you needed (such as by phone, email or in person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a carer with a family member, partner or friend who had contact with this mental health service, in the last 3 months have you been given the following?	Yes	No	Don't know	Not needed
18. A brochure or other material about your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. An explanation of how to make a compliment or complaint about the mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Information about carer support services (such as local groups, carer consultants, counsellors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Information on opportunities to participate in improving this mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. A number you could call after hours for the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Information about taking a support person to meetings or hearings if you wished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a carer with a family member, partner or friend who had contact with this mental health service in the last 3 months, has your life changed in the following areas?

A lot worse A little worse No change A little better A lot better Not needed

25. Your relationship with the person for whom you care

26. Your hopefulness for your future

27. Your overall wellbeing

28. Overall, how would you rate your experience as a carer with this mental health service over the last three months?

Poor Fair Good Very good Excellent Don't know

29. Overall, during the last three months, did your family member, partner or friend want you involved in their care?

Never Rarely Sometimes Usually Always Not needed

30. My experience with this service would have been better if...

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

Demographics

32. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> I use a different term _____ <input type="checkbox"/> I prefer not to answer
33. What is the main language you speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other _____
34. What is your age?	<input type="checkbox"/> Under 18 years <input type="checkbox"/> 18 to 24 years <input type="checkbox"/> 25 to 34 years <input type="checkbox"/> 35 to 44 years <input type="checkbox"/> 45 to 54 years <input type="checkbox"/> 55 to 64 years <input type="checkbox"/> 65 to 74 years <input type="checkbox"/> 75 years and over
35. Are you of Aboriginal or Torres Strait Island origin?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes - Aboriginal and Torres Strait Islander <input type="checkbox"/> No
36. How long have you been a carer of your family member, partner or friend with a mental illness?	<input type="checkbox"/> Up to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> Over 10 years
37. What is your relationship to the family member, partner or friend for whom you are a carer?	The person I care for is: <input type="checkbox"/> My spouse / partner (including married, defacto) <input type="checkbox"/> My child (including step and in-law) <input type="checkbox"/> My parent (including step and in-law) <input type="checkbox"/> My friend <input type="checkbox"/> My sibling (including step and in-law) <input type="checkbox"/> Other _____
38. How long has your family member, partner or friend been a client of this mental health service?	<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 5 years
39. How much of your contact with this service was by phone or videoconferencing?	<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All
40. How do you describe your sexual orientation?	<input type="checkbox"/> Straight <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I use a different term _____ <input type="checkbox"/> Don't know <input type="checkbox"/> I prefer not to answer
41. Did someone help you complete this survey?	<input type="checkbox"/> No <input type="checkbox"/> Yes - carer or consumer worker/peer worker <input type="checkbox"/> Yes - family member, partner or friend <input type="checkbox"/> Yes - another staff member from the service <input type="checkbox"/> Yes - language or cultural interpreter <input type="checkbox"/> 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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Australian Mental Health Outcomes and Classification Network

Appendix 2 – About CES

The CES helps public mental health services work with carers to improve their care and support. This national questionnaire was designed and named in partnership with mental health consumers throughout Australia. NSW implemented the paper version of CES in 2018 and the electronic version in 2019.

The CES is a joint project between the NSW Ministry of Health and Mental Health Carers NSW.

Use of the CES is guided by an advisory committee with representatives from Mental Health Carers NSW, the NSW Ministry of Health, carers and consumers, and each LHD and SHN.

When and how is the CES offered?

The potential for bias is greater in carer feedback than in consumer feedback. This issue is explored in the national guidance to organisations using CES which states:

[I]t is important that services ensure that they are able to identify carers – both those that visit the service as well as those who do not (due to location, work, family life or other barriers). It is important from a statistical and advocacy point of view that all carers have an equal opportunity of being offered a survey... If CES is only offered to carers who visit a facility or who attended an appointment this will introduce systematic bias into the data and the results will not be representative of the population of carers.

With this in mind, the NSW Health guidelines encourage services to offer the CES to all carers of people accessing NSW Health hospital and community mental health services. If consumers have been engaged with more than one team, the CES should be offered by each of these teams. The CES is available to carers aged 11 years or older. To help make the CES more accessible, it has been translated into a range of community languages and is available both on paper and online.

The CES distribution, collection and reporting process

Distribution to services: LHDs/SHNs order blank CES forms and pre-addressed envelopes using the same online ordering process as for other NSW Health forms. Services can also order promotional materials for the electronic CES (eCES) to encourage carers to complete the survey online.

Identifying services: Before distributing the CES to carers, services enter a unique four-digit service code in the service identification box on page 1 of the survey. If completing the CES online, this code must be entered by the carer before the survey can be completed. Using this code, carer feedback can be attributed to specific services, while still allowing the carer and consumer to remain anonymous. More information about how services are identified is available in Appendix 3.

Sampling periods: NSW Health recommends that the CES is offered to all carers on a continuous basis, either at a consumer's discharge or at regular intervals if there is ongoing contact with services. LHDs/SHNs differ in their approach, and different service types may adopt methods of offering the survey that best fit their model of care.

Promotion: Services are encouraged to promote the availability of the CES through posters and the display of collection boxes. The CES can be made available in waiting rooms, but it is important that staff also regularly offer the survey to carers and explain its importance.

Returns: Carers place completed paper CES forms in a sealed, reply-paid envelope. These can be placed in collection boxes at the service or posted directly by the carer. Carers who complete the CES online are asked to submit their responses at the end of the survey. These are sent directly to the secure database.

Processing: Completed paper surveys are collated and scanned by a commercial organisation under contract to NSW Health.

Data: Scanned data from paper forms are provided to InforMH, System Information and Analytics Branch, NSW Ministry of Health, within two weeks of the end of each month. Data are checked, validated and stored in a secure purpose-built SQL (structured query language) database on password-protected NSW Health servers.

Reporting on CES: The CES 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 Mental Health Carer Experience of Service report, available publicly.

Action and change: Feedback from the CES is used to support service improvement. The 'Action and Change Framework' is used as part of consumer and carer experience measurement in NSW. It helps NSW Health services involve carers and consumers in planning and implementing service improvements. This co-design process is an essential component of the CES.



Appendix 3 – Technical information

CES development and validation

The development, validation and psychometric properties of the CES are described in detail at <https://www.amhocn.org/training-and-service-development/experience-measures>.

Identification of NSW services

The CES is anonymous and contains no identifying information. Therefore, in order to report on services, all services must be accurately identified on the survey.

All NSW Mental Health Services are registered in a central database, the Mental Health Service Entity Register (MH-SER), and have a unique four-digit numerical code. This four-digit code is used in CES reporting because:

- it can be more accurately scanned than a handwritten service name
- it allows CES feedback to be accurately compared to other data on the same service (e.g. consumer feedback).

If service codes are missing or invalid, the response cannot be attributed to an individual LHD/SHN or service. In 2023–24, 77 CES forms were returned without a valid four-digit service code.

Data analysis

Initial data manipulation for this report was conducted using SAS and statistical analyses were conducted using Stata SE v15. Missing, invalid or duplicate answers were recoded as null. CES returns with fewer than 12 of the first 24 questions completed were excluded from analysis.

Overall scores and domain scores were constructed following the methods prepared during the national CES development and align with the methods used in the YES reporting. Testing of significant differences between groups or across LHDs/SHNs was conducted using 95% confidence intervals. These were calculated using Wald's formula for proportions. LHD/SHN totals were calculated for all settings (hospital and community).

Setting-specific averages and confidence intervals were also calculated separately for hospital and community services. We did not undertake standardisation or weighting of items when comparing services, but this approach will be examined for future reporting.

CES questions use four scoring scales

Frequency scale	Performance scale	Change scale	Performance information	Numerical score
Always	Excellent	A lot better	Yes	5
Usually	Very good	A little better		4
Sometimes	Good	No change		3
Rarely	Fair	A little worse		2
Never	Poor	A lot worse	No	1

A 'Not needed' response option is available for each question.

The CES goals

Goals for CES scores should align with the methods used to develop the YES target and:

- be clear and understandable to services, carers and consumers
- allow hospital and community results to be combined into a single LHD/SHN figure, without being biased by a different mix of hospital and community services in different LHDs/SHNs
- be consistent across LHD/SHNs
- be challenging but achievable – encouraging good performance and attainable by at least some services.

Many experience surveys use the 75th percentile of current performance as a target. This creates an aspirational goal that can drive change and is considered achievable. Compared to higher goals, it is less likely to be influenced by a small number of unrepresentative or unique services.

Within this report, the NSW goals have been set based on the best-performing 25% of NSW mental health services. The overall experience goal is that 75% of carers report an excellent or very good overall experience (70% for hospital, 80% for community). To understand variation across services, a lower tolerance limit can be used to help identify services below the goal. Based on the 25th percentile the 'below goal' range is defined as below 55% (50% for hospital services, 60% for community services).



Domain goals

The CES domains use different question types, leading to different distributions of scores. Therefore, performance goals need to be set separately for different domains. The same methodology used to calculate the overall experience goal was applied to the different rating scales. The goals were calculated separately for hospital and community services.

Performance targets, by question type and domain



Question type	Domains	Overall		Community		Hospital	
		Low	High	Low	High	Low	High
Overall	Experience index	<55%	≥75%	<60%	≥80%	<50%	≥70%
Frequency scales	Respect, Individuality, Participation	<65%	≥85%	<70%	≥90%	<60%	≥80%
Performance/ Change scales	Information & support, Making a difference	<45%	≥65%	<50%	≥70%	<40%	≥60%

Comparison of subgroups

	 Community			 Hospital		
	Returns	Excellent or very good %	95% confidence interval	Returns	Excellent or very good %	95% confidence interval
Gender						
Female	1181	76.4%	74–78.8	757	64.7%	61.3–68.1
Male	419	73.7%	69.5–78	383	71.5%	67–76.1
Other	9	77.8	50.6–104.9	7	28.6	–4.9–62.0
Aboriginal status						
Aboriginal	108	70.4%	61.8–79	67	70.1%	59.2–81.1
Not Aboriginal	1506	75.8%	73.7–78	1076	66.4%	63.6–69.3
Age group (years)						
Under 18	6			5		
18–24	21			31	71.0%	55–86.9
25–34	87	80.5%	72.1–88.8	76	55.3%	44.1–66.4
35–44	308	78.6%	74–83.2	224	67.0%	60.8–73.1
45–54	551	78.4%	75–81.8	412	71.6%	67.2–76
55–64	295	77.6%	72.9–82.4	230	63.5%	57.3–69.7
65–74	222	65.8%	59.5–72	126	64.3%	55.9–72.7
75 and over	126	66.7%	58.4–74.9	49	59.2%	45.4–72.9
Duration as a carer						
Up to 6 months	102	75.5%	67.1–83.8	157	67.5%	60.2–74.8
6 months – 1 year	127	82.7%	76.1–89.3	56	85.7%	76.5–94.9
1–2 years	176	81.8%	76.1–87.5	102	70.6%	61.7–79.4
2–5 years	289	75.1%	70.1–80.1	155	63.2%	55.6–70.8
5–10 years	232	74.1%	68.5–79.8	117	62.4%	53.6–71.2
Over 10 years	682	72.9%	69.5–76.2	536	66.2%	62.2–70.2
Relationship						
Child	913	75.0%	72.2–77.8	693	70.9%	67.5–74.2
Friend	29			36	38.9%	23–54.8
Parent	194	87.6%	83–92.3	101	72.3%	63.5–81
Sibling	85	72.9%	63.5–82.4	55	58.2%	45.1–71.2
Spouse	245	73.5%	67.9–79	158	60.8%	53.1–68.4
Other	150	72.0%	64.8–79.2	92	60.9%	50.9–70.8
Duration with service						
Less than 1 month	174	82.8%	77.1–88.4	502	69.1%	65.1–73.2
1–6 months	405	75.8%	71.6–80	229	72.9%	67.2–78.7
6 months – 1 year	260	78.1%	73–83.1	84	64.3%	54–74.5
1–5 years	445	73.3%	69.1–77.4	190	65.8%	59–72.5
More than 5 years	319	72.4%	67.5–77.3	125	49.6%	40.8–58.4
Regional/Metropolitan						
Regional	667	69.1%	65.6–72.6	532	64.1%	60–68.2
Metropolitan	998	79.4%	76.8–81.9	698	68.1%	64.6–71.5



The experience of Aboriginal consumers

Across many of the CES 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 carers rating each question either 4 or 5 (out of 5).

	 Community				 Hospital			
	Aboriginal		Not Aboriginal		Aboriginal		Not Aboriginal	
	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval
Q1	84.5	77.8-91.3	88.7	87.1-90.3	64.3	53.1-75.5	77.0	74.5-79.5
Q2	76.8	68.4-85.3	73.4	70.8-75.9	69.8	58.5-81.2	63.7	60.5-66.9
Q3	86.1	79.6-92.6	87.1	85.4-88.9	83.8	75.1-92.6	80.5	78.1-82.9
Q4	81.7	74.3-89.2	89.6	88.1-91.2	77.6	67.6-87.6	82.5	80.2-84.8
Q5	79.0	68.9-89.2	91.0	88.6-93.4	90.7	82.0-99.4	83.9	79.9-87.9
Q6	83.3	76.3-90.4	91.4	90.0-92.8	88.2	80.6-95.9	87.8	85.9-89.8
Q7	87.9	81.7-94.0	92.3	90.9-93.6	80.6	71.1-90.1	87.9	85.9-89.8
Q8	78.2	70.5-85.9	87.4	85.7-89.0	72.7	62.0-83.5	79.4	77.0-81.8
Q9	84.1	77.2-91.0	94.7	93.5-95.8	88.1	80.3-95.8	92.8	91.2-94.3
Q10	77.6	69.7-85.5	90.2	88.7-91.7	79.4	69.8-89.0	85.4	83.3-87.5
Q11	78.9	71.2-86.6	88.0	86.4-89.7	71.6	60.8-82.4	82.6	80.3-84.8
Q12	75.8	67.3-84.2	80.9	78.8-83.0	76.9	66.7-87.2	70.6	67.7-73.5
Q13	77.1	69.1-85.2	87.3	85.6-89.0	79.1	69.4-88.8	84.6	82.4-86.7
Q14	78.5	70.7-86.3	90.6	89.2-92.1	75.4	64.9-85.9	87.1	85.1-89.1
Q15	73.8	65.5-82.2	85.3	83.5-87.1	77.3	67.2-87.4	79.7	77.3-82.1
Q16	74.3	66.1-82.5	84.6	82.8-86.5	76.1	65.9-86.3	80.7	78.3-83.1
Q17	75.5	67.1-83.8	81.2	79.2-83.3	75.0	64.7-85.3	80.5	78.0-82.9
Q18	69.8	60.1-79.5	66.2	63.4-69.1	70.2	58.3-82.1	63.3	60.0-66.5
Q19	75.6	66.5-84.7	62.2	59.2-65.3	72.7	61.0-84.5	58.2	54.7-61.7
Q20	76.1	67.2-85.0	62.0	59.0-64.9	59.6	46.3-73.0	53.5	50.0-56.9
Q21	73.5	64.0-83.0	74.8	72.3-77.2	71.2	59.6-82.7	68.6	65.6-71.6
Q22	70.4	60.4-80.3	63.8	61.0-66.6	66.7	54.1-79.2	57.8	54.5-61.1
Q23	76.8	68.4-85.3	79.6	77.4-81.7	73.0	62.1-84.0	78.1	75.4-80.7
Q24	69.6	59.5-79.8	69.1	66.3-72.0	69.0	57.1-80.9	60.2	56.8-63.7
Q25	67.6	58.7-76.6	71.1	68.8-73.5	62.9	50.9-74.9	63.1	60.1-66.1
Q26	68.6	59.7-77.5	77.2	75.0-79.3	78.7	68.4-89.0	74.4	71.8-77.1
Q27	67.3	58.4-76.2	72.6	70.3-74.9	71.2	59.6-82.7	64.1	61.1-67.0
Q28	71.0	62.4-79.6	75.5	73.3-77.7	61.5	49.7-73.4	62.9	60.0-65.8
Q29	81.6	74.1-89.0	83.2	81.3-85.1	74.2	63.7-84.8	84.9	82.7-87.1

The experience of consumers in regional and metropolitan services

Across many of the CES 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 either 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	83.4	80.6-86.2	91.2	89.4-92.9	73.2	69.5-77.0	78.1	75.0-81.1
Q2	66.5	62.3-70.7	77.6	74.7-80.4	62.4	57.9-66.9	64.0	60.1-67.8
Q3	84.1	81.3-87.0	88.7	86.7-90.7	79.3	75.8-82.7	80.6	77.7-83.6
Q4	85.1	82.3-87.8	91.3	89.5-93.0	79.4	75.9-82.9	83.6	80.8-86.4
Q5	82.2	76.5-88.0	92.0	89.6-94.5	83.9	78.4-89.5	82.1	77.3-86.9
Q6	87.6	85.1-90.1	92.8	91.2-94.4	85.9	83.0-88.9	89.0	86.7-91.3
Q7	88.4	86.0-90.9	93.9	92.4-95.4	85.6	82.6-88.5	88.4	86.0-90.8
Q8	82.5	79.6-85.4	89.2	87.3-91.2	74.1	70.4-77.8	81.9	79.1-84.8
Q9	92.1	90.0-94.1	95.0	93.7-96.4	89.7	87.1-92.3	93.8	92.0-95.6
Q10	86.3	83.7-88.9	91.3	89.5-93.0	81.3	78.0-84.6	87.4	85.0-89.9
Q11	83.8	81.0-86.6	89.7	87.9-91.6	76.2	72.6-79.9	85.6	83.0-88.2
Q12	73.7	70.2-77.2	85.3	82.9-87.6	66.9	62.6-71.1	73.3	69.8-76.8
Q13	81.5	78.6-84.5	89.8	87.9-91.7	79.7	76.2-83.1	86.8	84.2-89.3
Q14	84.5	81.8-87.3	93.0	91.4-94.5	83.0	79.8-86.2	88.6	86.3-91.0
Q15	78.4	75.3-81.6	88.8	86.8-90.7	76.5	72.8-80.1	80.9	78.0-83.9
Q16	77.5	74.3-80.7	88.2	86.2-90.2	76.8	73.1-80.4	81.8	78.9-84.7
Q17	72.9	69.4-76.4	86.3	84.0-88.5	77.8	74.3-81.4	81.3	78.3-84.3
Q18	59.0	54.5-63.6	70.8	67.5-74.0	63.4	58.8-68.0	63.9	59.8-67.9
Q19	55.2	50.5-60.0	67.8	64.3-71.4	58.1	53.2-62.9	60.2	55.9-64.6
Q20	53.2	48.6-57.8	68.9	65.5-72.2	53.3	48.5-58.1	54.6	50.2-58.9
Q21	68.0	64.0-71.9	78.9	76.0-81.7	68.0	63.7-72.3	69.0	65.2-72.7
Q22	56.8	52.4-61.2	68.5	65.2-71.7	55.7	50.9-60.4	60.8	56.7-64.9
Q23	75.4	71.9-79.0	81.9	79.4-84.4	73.8	69.8-77.8	79.6	76.4-82.8
Q24	58.9	54.2-63.7	74.9	71.7-78.1	58.4	53.5-63.2	63.2	58.9-67.5
Q25	64.6	60.9-68.3	75.1	72.3-77.8	60.2	55.9-64.6	64.6	60.9-68.3
Q26	74.0	70.6-77.4	78.4	75.8-80.9	75.0	71.2-78.8	73.6	70.2-76.9
Q27	67.0	63.3-70.6	75.4	72.7-78.1	62.9	58.7-67.2	64.9	61.3-68.6
Q28	69.0	65.5-72.5	79.0	76.5-81.5	59.0	54.8-63.3	64.6	61.0-68.2
Q29	81.6	78.7-84.6	84.0	81.7-86.3	81.6	78.2-85.0	86.1	83.4-88.7

Appendix 4 – CES domains

Making a difference/Impact	
This domain describes how the service contributes to outcomes for individuals. It includes social and emotional wellbeing and physical health.	
Q25	Your relationship with the person for whom you care
Q26	Your hopefulness for your future
Q27	Your overall wellbeing
Q28	Overall, how would you rate your experience as a carer with this mental health service over the <i>last three months</i> ?
Information and support	
This domain describes how the service works for the individual. It includes resources such as written information, a care plan, and access to peer support.	
Q1	You understood what you could expect from the mental health service for yourself and your family member, partner or friend
Q2	You were given an explanation of any legal issues that might affect your family member, partner or friend
Q3	You understood your rights and responsibilities
Q16	You were given information about services and strategies available if your family member, partner or friend became unwell again
Q18	A brochure or other material about your rights and responsibilities
Q20	An explanation of how to make a compliment or complaint about the mental health service
Q21	Information about carer support services (such as local groups, carer consultants, counsellors)
Q22	Information on opportunities to participate in improving this mental health service
Q23	A number you could call after hours for the service
Q24	Information about taking a support person to meetings or hearings if you wished
Individuality	
This domain describes how the service meets an individual's needs. It includes sensitivity to culture, gender and faith and the importance of personal values and beliefs.	
Q4	Your personal values, beliefs and circumstances were taken into consideration
Q5	You were able to obtain cultural or language support (such as an interpreter) when you needed
Q12	You were given the opportunity to enhance your abilities as a carer
Q14	Staff worked in a way that supported your relationship with your family member, partner or friend
Participation	
This domain describes how the service provides opportunities for engagement, choice and involvement in the process of service delivery.	
Q6	You were given the opportunity to provide relevant information about your family member, partner or friend
Q8	You were involved in decisions affecting your family member, partner or friend
Q10	You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend (even, if for reasons of confidentiality, you could not be told specific information)
Q11	You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend
Q17	You had opportunities to communicate confidentially with the treating doctor if you needed (such as by phone, email or in person)
Respect	
The domain describes how the service provides the individual with a welcoming environment where they are recognised, valued and treated with dignity.	
Q7	Your opinion as a carer was respected
Q9	You were identified as a carer of your family member, partner or friend
Q13	Staff conveyed hope for the recovery of your family member, partner or friend
Additional NSW questions	
Q15	You were given the specific information you needed for your role in the ongoing care, treatment and recovery of your family member, partner or friend
Q19	Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007

Notes: Q29 is not included in the domain structure. The additional NSW questions do not contribute to the overall score.

