



What consumers
say about NSW
Mental Health
Services



Your Experience of Service

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 consumers who completed a YES survey.

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

Report produced by

InforMH
System Information and Analytics Branch
NSW Ministry of Health

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

Please check with InforMH for any amendments.

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Foreword from BEING – Mental Health Consumers

We welcome the latest edition of the Your Experience of Service survey results and thank the System Information and Analytics Branch for their facilitation of the survey and the analytical work. System reform is only possible when we have reliable data, that is trusted by both clinicians and consumers. Reliable data allows us all to understand what works well and which areas could benefit from change. It also allows individual consumers and those close to them to make informed choices when it comes to healthcare. Providing data transparency for all stakeholders to the system is an important goal.

Given the poor physical health outcomes noted in the latest *Equally Well report*, it was especially pleasing to see the continued inclusion of the YES physical health improvement measure which was added in 2022–23. Currently there are higher than average numbers of early deaths of people living with mental health issues from preventable physical illnesses in Australia. We need a healthcare system that does not discount the physical health concerns of people living with mental health issues as simply symptomatic of those mental health issues.

It was good to see the 5% increase in the number of surveys completed this year. Thank you to all those consumers who took the time to fill out the survey. It is only with your help that services can be improved. It is noteworthy that only around a third of those people who experienced care for less than 24 hours filled out a YES survey. It is important that we hear from more consumers receiving brief care, such as those accessing Psychiatric Emergency Care Centres (PECCs) and those receiving mental health support in emergency departments.

In community settings, 87% of people felt respected and 86% felt that their individuality had been taken into account. In hospital, the rates were slightly lower with 83% feeling respected and 80% feeling that their individuality had been taken into account. Whilst we recognise that this is reflective of the differences in treatment modalities and possibly consumer groups, it suggests that it could be helpful to explore whether hospital service provision has something to learn from community mental health in this regard.

Other key issues raised by respondents were the challenges of having to regularly repeat traumatic stories, the need for consistent staff and more accessible information to support system navigation and informed consent. These are important but complex issues given that consumer privacy needs to be respected, while at the same time reducing the need to continuously ask people to relive their trauma over and over again.

We look forward to working with the NSW Ministry of Health to support action and change and ensure that the questions in the YES survey remain aligned to community needs over time.

Peter Schmiedgen
Policy Lead
BEING – Mental Health Consumers



2023–24 YES snapshot

23,500
surveys returned

About **510** mental health services

42% of community returns were online


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


76%
in all settings


 **72%**
in hospitals


 **80%**
in community settings

Top 5 findings

 Experience in hospital settings improved across all age-specific and general services and for most age groups.

 More than half of consumers recalled receiving information about physical health (57% in community, 56% in hospital), an improvement from the previous year.

 Experience ratings have returned to pre-pandemic levels.

 Consumers of regional/rural community services continued to report a less positive experience compared with metropolitan community services, but this gap has narrowed since the previous year.



The experience of Aboriginal consumers improved in hospital settings and was rated the same as non-Aboriginal consumers.

The best things about this service were...
The clinicians put time and effort to talk and explain everything to me



Glossary, programs and acronyms

Glossary

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

Programs

Adult and general	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 less than 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

Other

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

What is YES?

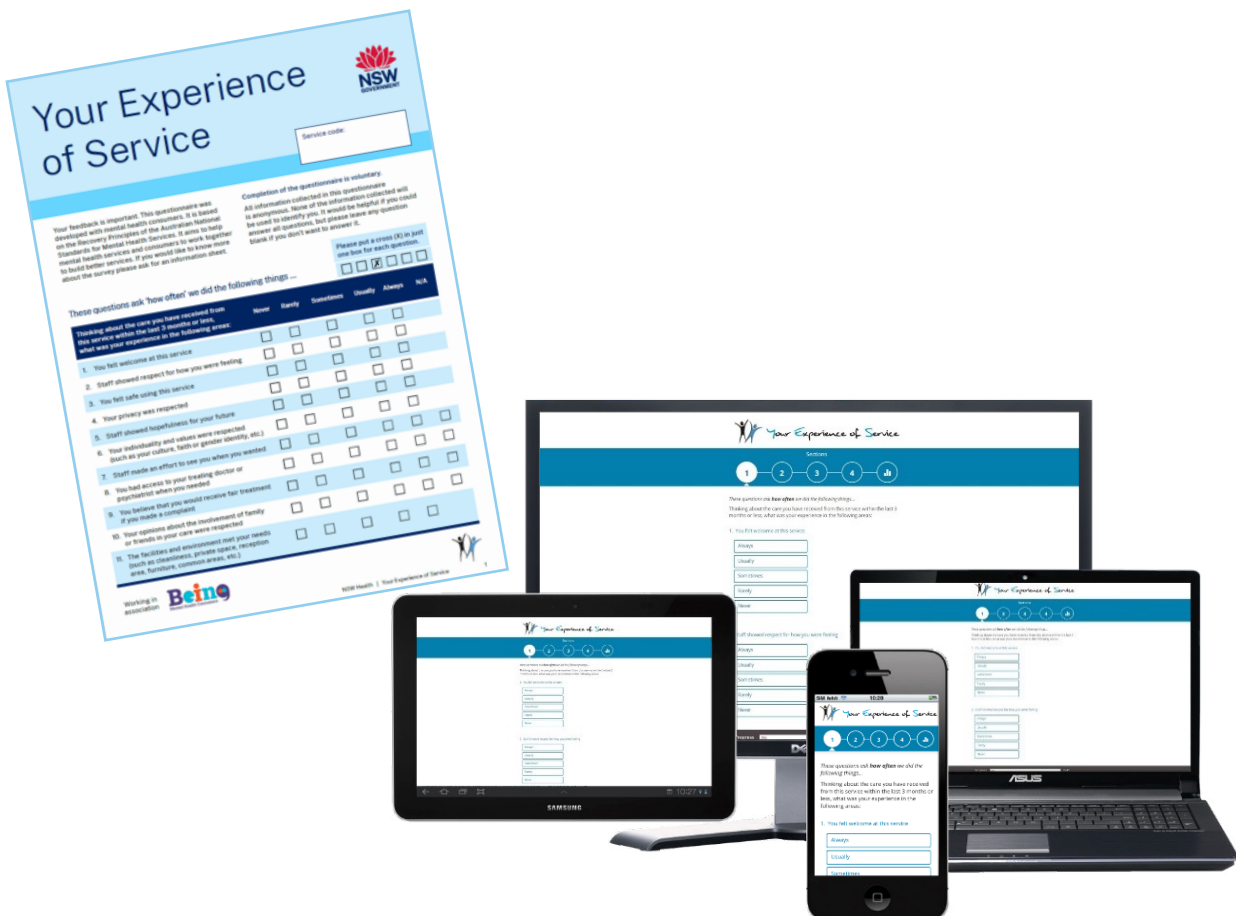
Your Experience of Service (YES) is a national survey designed to gather information about people’s experiences of public mental health services.

The survey reflects the *National Mental Health Service Standards* which emphasise the importance of partnering with consumers to shape 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*.

This report reflects consumer experiences of care in 2023–24 and includes feedback about a range of public mental health services provided in both community and hospital settings.

NSW Health aims to offer YES to all consumers (Appendix 1). Consumers can complete YES on paper or online. All responses are anonymous. The survey has been translated into 35 community languages.

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



My experience would have been better if...

A calm, peaceful environment with excellent care and help from the staff

More information was given on arrival about how and when everything works and happens

The communication between staff and not having to repeat my story over and over

Doctors were available on weekends. Mental illness isn't just on weekdays

The best things about this service were...

I had more consistently been kept in the loop about my treatment and medication, I occasionally felt forgotten about

Access to care for the length of time I needed to recover properly (4-5 years) without the pressure of having to finish within a specific time & without the cost.

I could be more involved in my treatment plan & discharge planning with the team

The ability to see the team virtually as I live in a remote location



How many YES surveys were returned?

In 2023–24

23,500

surveys returned
which is a 5% increase from last year.



15,390
about hospitals



7,036
about community settings

Feedback was provided about

510

mental health services

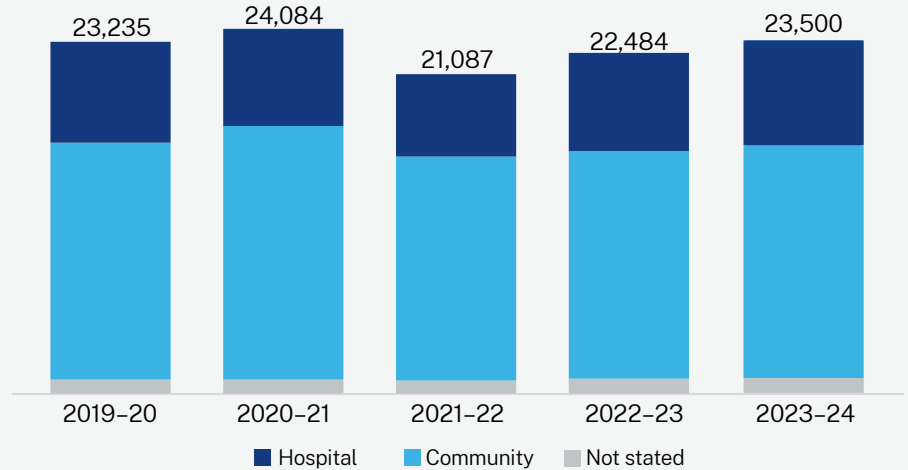
163

services in hospitals

338

services in
community settings

Number of YES surveys completed by year



YES returns increased by 5% in 2023-24

This year, 23,500 YES surveys were received about 510 mental health services.

42% of returns about community services were completed online with online responses more common among the following groups:

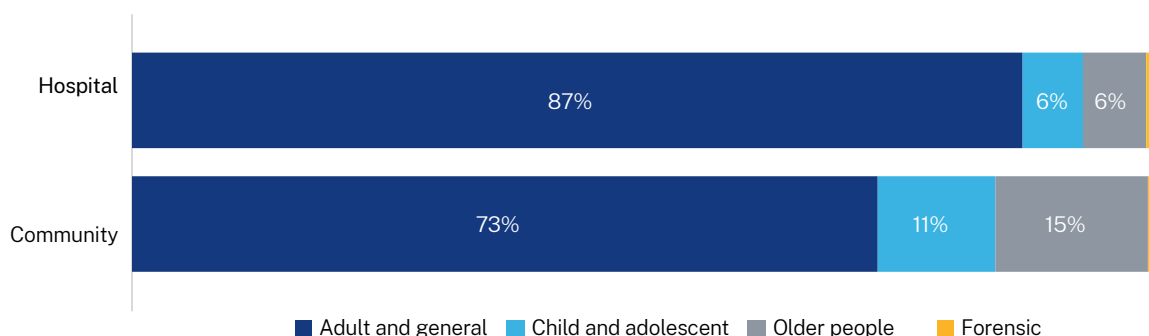
- people assisted by a peer worker (52%),
- people aged 18–24 years (54%) and
- Aboriginal people (50%).

In hospital settings, most returns were completed on paper. People receiving care from Older Peoples' services were more likely to complete YES online (13%) compared with people in other programs.

The highest number of returns were about adult and general programs

In NSW, there are many more adult and general programs than age-specific or forensic programs. The proportion of YES surveys received by program type aligns with this, suggesting that returns are broadly representative of the programs available. The next section explores how representative YES returns are of people accessing these programs.

Surveys returned by program in 2023–24



Which consumers completed a YES survey?

It is important to know if some groups of consumers are less likely to complete a YES survey. Understanding this helps us identify any gaps in feedback and look for opportunities to ensure that all voices are heard. To evaluate this, we compared the share of YES returns from different demographic groups with the number of people from each group who received support in NSW hospital and community mental health services.



Aboriginal consumers remain well represented in YES

Around 15% of people accessing NSW mental health services identify as Aboriginal and 12% of all surveys returned in 2023–24 were from Aboriginal consumers. Most of these surveys provided feedback about adult and general services.



YES feedback is broadly representative of people accessing hospital and community services

YES surveys from hospital services are broadly representative of consumers. In the community, people receiving brief care (up to 2 weeks) and those treated involuntarily are slightly under-represented this year.



In the community, people receiving care for more than 6 months are more likely to give feedback

A few key groups continue to have lower representation in YES returns about care in community settings:

- **Males:** Although around 51% of people identified as male, only 44% of YES returns were from males. Please note this is estimated using data available on 'sex' and will be updated to use the more inclusive gender field once that data becomes available.

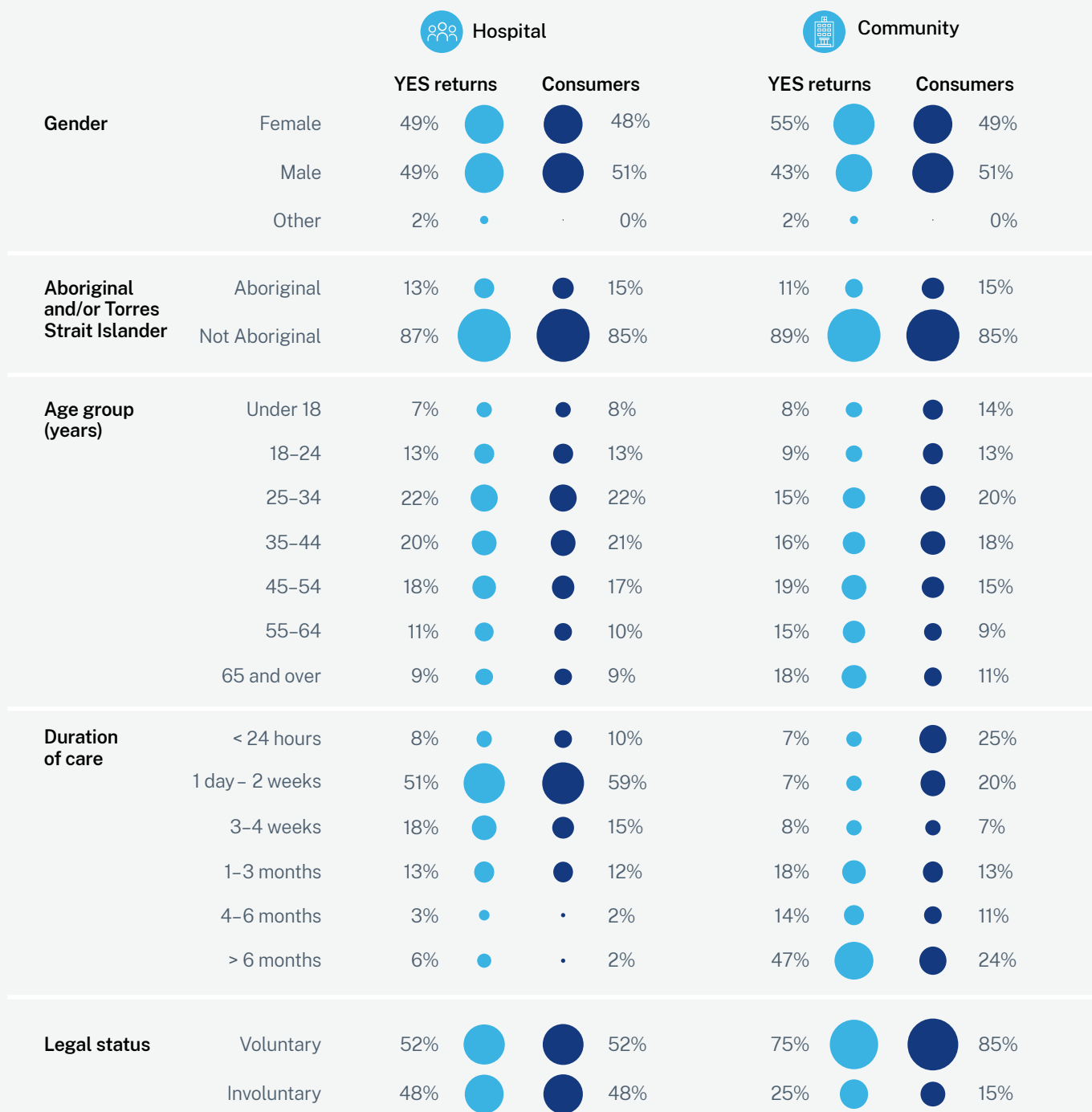
- **Young people:** Although around 27% of community consumers were aged under 25 years, only 17% of YES surveys are from this group.
- **Brief contact:** Although around 45% of community consumers had a brief duration of contact (less than 2 weeks), only 14% of YES surveys were from this group. As it can be more challenging to get feedback when contact is brief, national work is underway to explore a modified version of YES for brief care services.

To make YES more easily accessible, many services now invite consumers to participate in YES via SMS and email. This ensures YES is offered even when care is delivered virtually.



This year the data about people accessing NSW public health services was transitioned from the Health Information Exchange (HIE) to the Enterprise Data Warehouse (EDW). Some changes in the report may reflect this transition and should be interpreted with caution.

Comparison of YES returns and NSW Health data about people accessing mental health services, 2023–24



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

Involuntary consumer figures from SVHN and JH&FMH are excluded due to a data quality issue

How to read this chart:

- The bright blue dot shows the percentage of YES returns from each group of consumers. For example, 13% of hospital returns were from Aboriginal people.
- The dark blue dot shows the percentage of all NSW mental health consumers who were in each group. For example, 15% of hospital consumers identified as Aboriginal.

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

How did consumers rate their experience?

Overall experience is measured using an experience index which combines the scores of questions 1 to 22. This ensures that different areas of experience are included in the overall score. This score is used when calculating the percentage of consumers reporting an excellent or very good experience, which is a key performance indicator (KPI) for Local Health Districts/Specialty Health Networks (LHDs/SHNs). The current KPI target is for 80% of consumers to report an excellent or very good experience (85% in community care, 75% in hospital services). These survey results inform ongoing service evaluation and design.

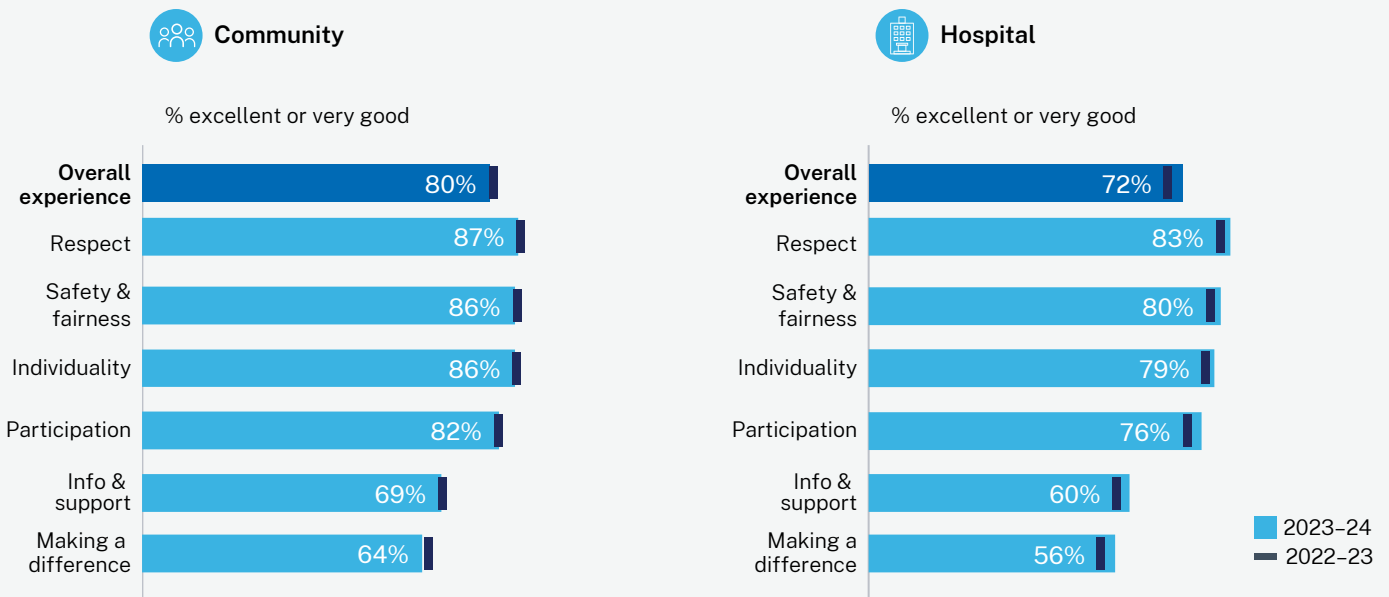
Overall experience has recovered to pre-pandemic levels

Each year since the implementation of YES in 2015, there was a steady improvement in the number of surveys received and the overall experience rating. This trajectory was disrupted during the COVID-19 pandemic which had a significant impact on access to services, staffing levels, restrictions to hospital visits and leave, and resulted in a greater use of telehealth. Both the volume of YES surveys and experience ratings decreased slightly during this period, especially in 2021–22. Encouragingly, YES results for 2023–24 showed improvement in many areas, and experience ratings recovered to or now exceed pre-pandemic levels, reflecting the resilience and adaptability of services in the face of recent challenges. In hospitals, experience across all YES domains improved compared to the previous year. In community settings, experience ratings were similar to 2022–23.

76% of consumers rated their overall experience as excellent or very good

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

Overall experience and domain scores by setting, 2023–24



Ratings for almost all questions in hospital settings improved significantly

In hospitals, there was a statistically significant improvement in ratings for 24 out of 26 questions compared to the previous year. The greatest improvements were for Q19 *Explanation of your rights and responsibilities* and Q18 *Information given to you about this service*. In community settings, there was no significant difference in ratings compared to the previous year for any question.

Overall experience of consumers by setting, 2019–20 to 2023–24




	2019–20	2020–21	2021–22	2022–23	2023–24
Hospital	70%	71%	69%	68%	72%
Community	80%	81%	78%	81%	80%
Overall	75%	76%	73%	75%	76%

Overall experience of Aboriginal consumers by setting, 2019–20 to 2023–24

	2019–20	2020–21	2021–22	2022–23	2023–24
Hospital	69%	72%	69%	68%	73%
Community	73%	77%	69%	75%	74%
Overall	71%	75%	69%	72%	73%

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

The YES survey includes two free-text questions inviting input on what would have improved their experience, and what was the best thing about the service. These responses provide services with rich insights that bring quantitative data to life.

Common themes		
 <p>Staff</p>	 <p>Communication</p>	 <p>Access and information</p>
<p>Best things: Staff were kind and compassionate, listened and showed respect to them as individuals. People said that the attitudes of staff reflected positively on the culture of the service.</p> <p>Better if: Access the same staff more frequently, if they had more access to a psychiatrist. When there were frequent changes in the staff providing care, it impacted peoples sense of trust in the relationship.</p>	<p>Best things: Many people highlighted the frequency of contact, importance of keeping family members informed and involving the consumer in care planning.</p> <p>Better if: Some people expressed that it could be frustrating and distressing to repeat their story multiple times, to multiple people.</p>	<p>Best things: People appreciated the flexibility and availability of services. Many people commented that they enjoyed the education programs provided on mental health and physical health topics.</p> <p>Better if: People often commented on the time taken to access services and expressed that the experience would be improved if better information was provided about how individual services work and what to expect.</p>

The best things about this service were... I am very happy with the changes made to this service. I was a patient last in 2019 and I am amazed with the level of care now made available



Do some groups of consumers report a different experience?

Services should meet the needs of all consumers, so it is important to consider if some groups report a different experience of care. To understand differences in consumer experiences we compared the overall experience of different groups with the average experience of all consumers.



In hospital, most groups rated their overall experience more positively than the previous year

People aged 55 years and over, treated voluntarily and/or engaged with services for less than 24 hours reported the most positive experiences of care. Experience improved for all groups except those receiving care for 4–6 months. The largest improvements were for people receiving care for 2 weeks or less, and those aged 65 years and over.

People aged under 18 years and those in hospital for more than 6 months continue to report the least positive experiences of hospital care. In the free text, young people often commented that their experience would have been better if there were more activities, they were allowed to access their phones and if they were allowed to leave.



In community settings, people aged 65 years and over and those engaged with services for 1–6 months continue to report a more positive experience

Although a slight decrease in experience was noted from the previous year, people aged 65 years and over continue to report the highest experience in community settings. Older consumers often commented that the best things were the availability of home visits and individual staff, describing them as friendly, compassionate and understanding. People engaged with services for 1–6 months often commented that the frequent contact, feeling safe and being able to access support when needed were the best things about the service.

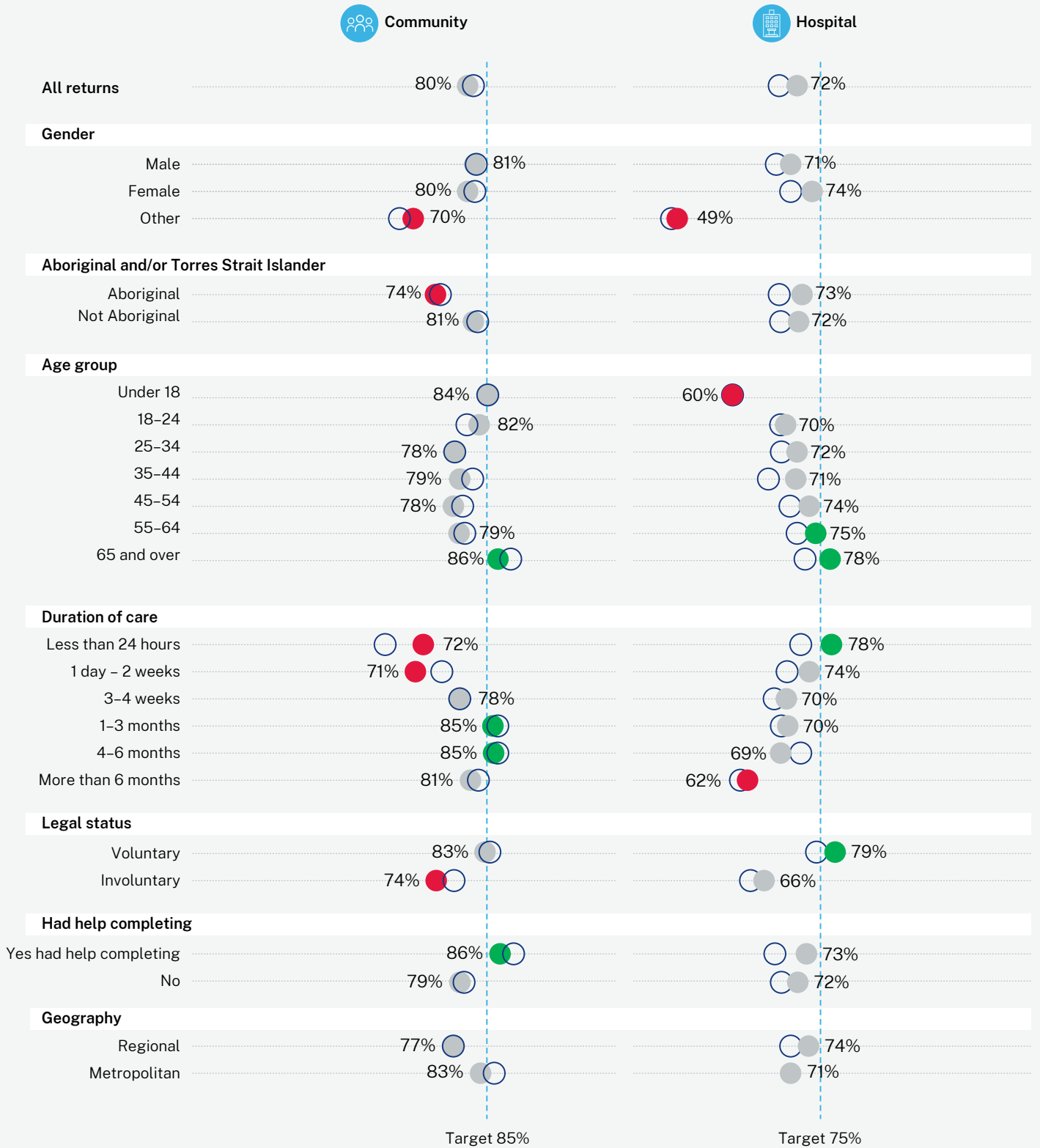
People with brief periods of care (less than 2 weeks) reported a less positive experience, although for those engaged with services for less than 24 hours, this was an improvement from the previous year. The largest differences were in the Participation and Respect domains. These consumers often commented that they had difficulty accessing the service, were unable to see a psychiatrist and felt they were not listened to.



People who described their gender as being other than male or female continued to report a less positive experience in both community and hospital services, although there was some improvement in both settings. In the free-text comments, these consumers often mentioned that staff respecting their preferred name and pronoun was important to their experience.

The experience of Aboriginal consumers is explored in more detail on page 20.

Overall experience of different consumer groups by setting, 2022–23 and 2023–24



Legend:

Community

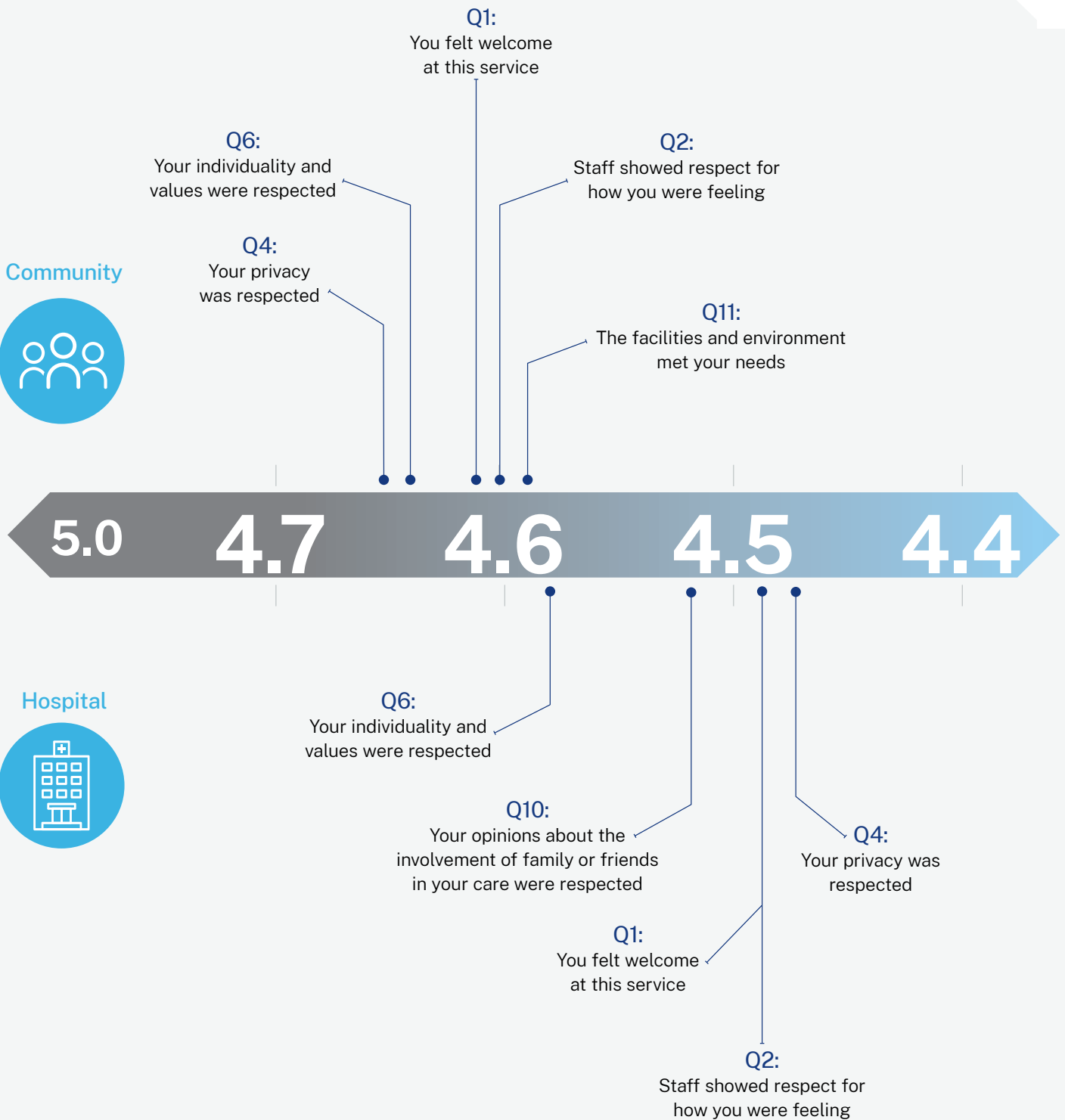
- Better than target (≥85%)
- Just below target (75% to <85%)
- Below target (<75%)
- 2022–23

Hospital

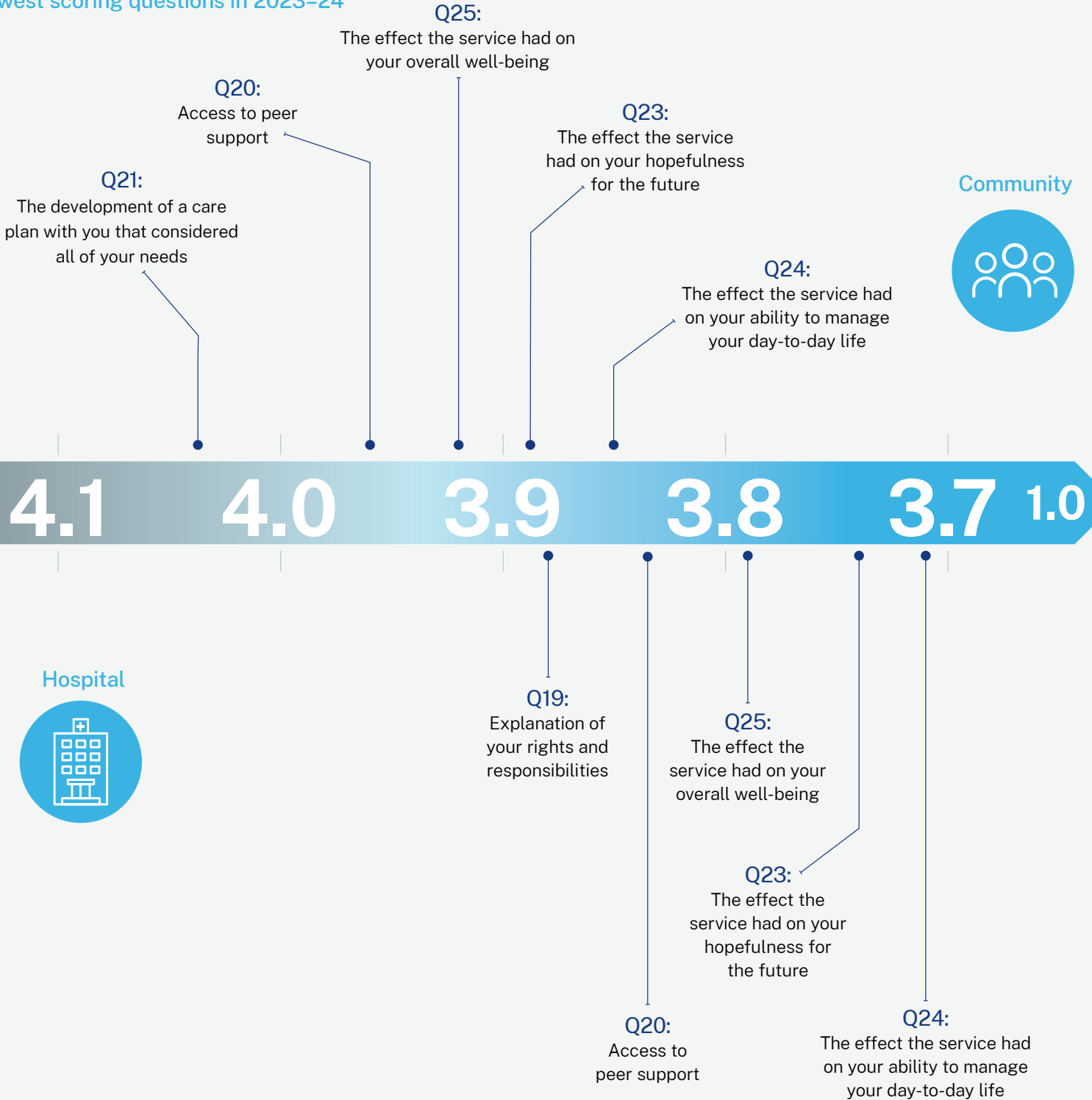
- Better than target (≥75%)
- Just below target (65% to <75%)
- Below target (<65%)
- 2022–23

Which questions received the highest and lowest ratings?

Highest scoring questions in 2023–24



Lowest scoring questions in 2023–24



How many consumers recalled getting information about physical health?

Improving the physical health of people using mental health services is a key priority for NSW Health. The YES survey asks whether consumers recall being given information about 6 aspects of physical health care: exercise, healthy eating, medication side effects, smoking, alcohol and drugs and sexual health. These questions were based on the Healthy Active Lives (HeAL) declaration (www.iphys.org.au). When providing information to people it is important to consider how and when it is given. Some information is not relevant for certain people and if it is not provided at the right time or in the right way for the individual, then it may not be recalled.



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

Of the six physical health topics, sexual health continues to be the one that people are least likely to recall receiving information about. However, recall rates did improve in hospital services, in 2023–24 with a 3% increase in recall for each of those topics. However, older consumers continue to be the least likely to recall receiving information about sexual health or alcohol and drug use, followed by consumers under 18 years of age.

A YES physical health improvement measure was implemented in 2022–23

This measure uses the unweighted average across all 6 HeAL questions, where consumers answered 3 or more questions. The target is for 65% of consumers to recall receiving information about physical health.

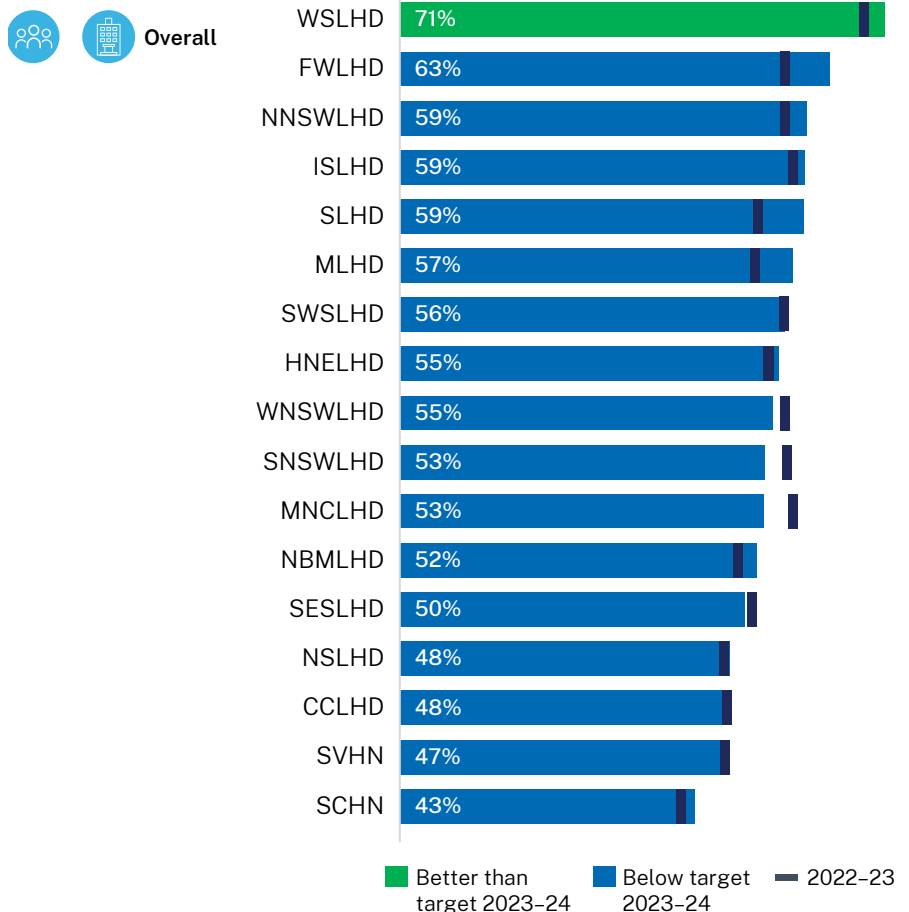


Recall of information about all physical health topics improved in 2023–24

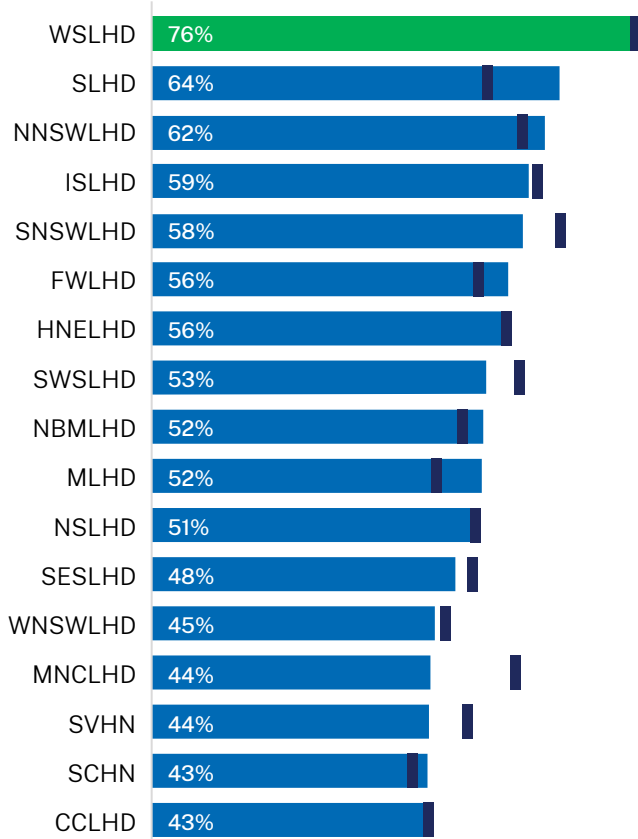
in 2023–24

56% of all consumers recalled receiving information about physical health in 2023–24. Recall was similar in community and hospital settings (57% in community settings compared to 56% in hospitals). This is an improvement for hospital services compared to the previous year, with an improvement in all topics. The topics with the highest recall continue to be exercise, diet and medication side-effects. WSLHD achieved the highest physical health recall rate, with 76% in community settings and 66% in hospitals.

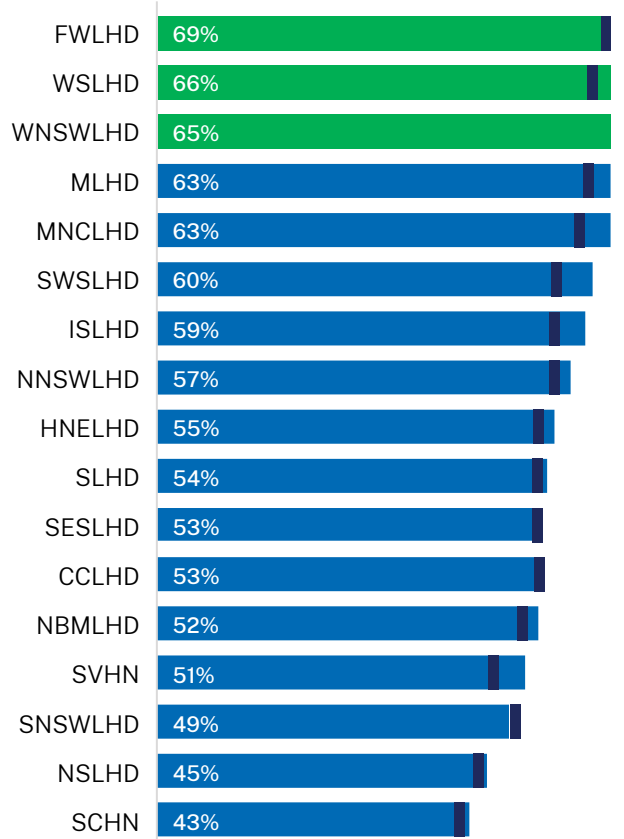
Percentage of consumers who recalled information across all physical health questions



 Community

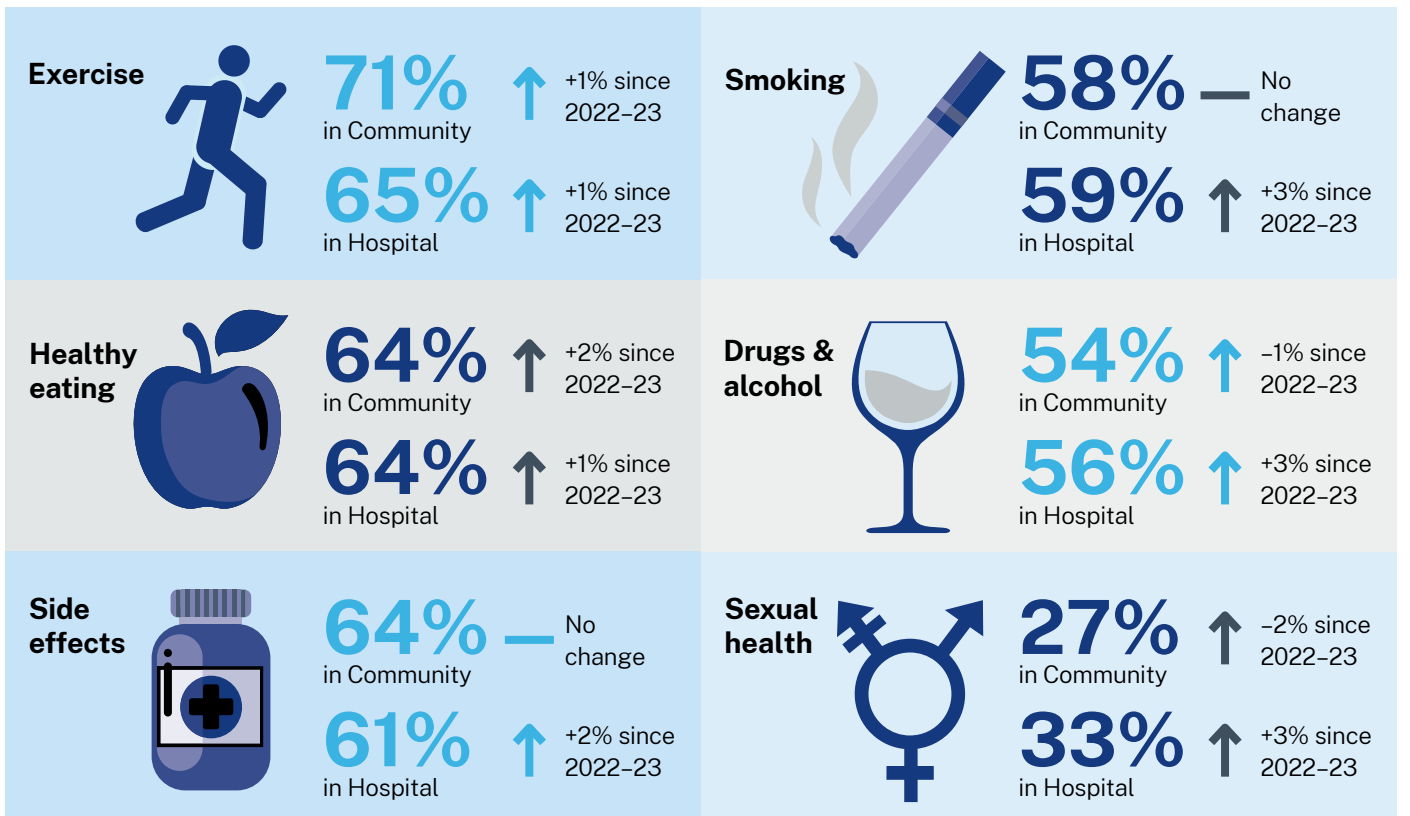


 Hospital



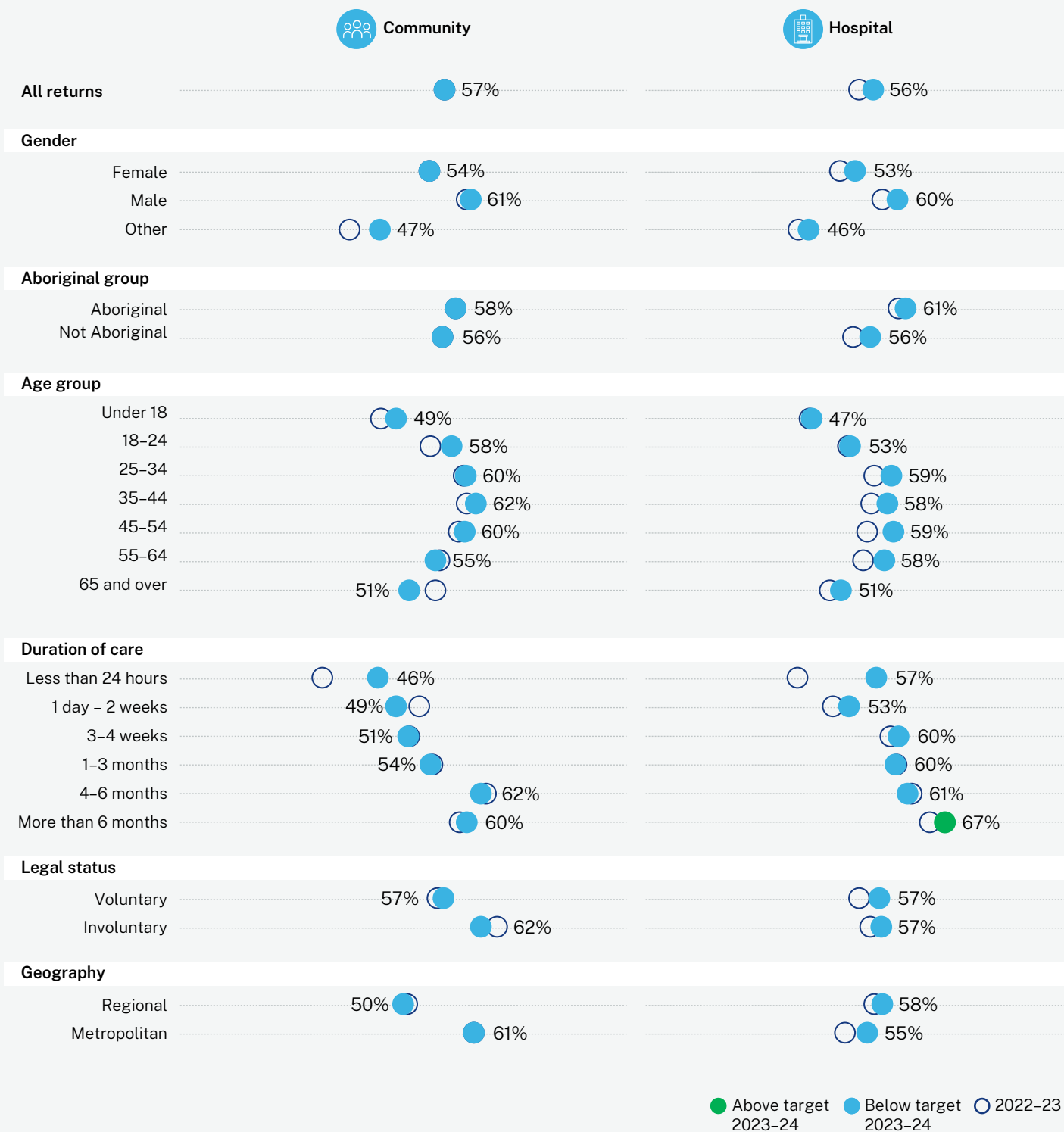
■ Better than target 2023-24 ■ Below target 2023-24 ■ 2022-23

Percentage of consumers who recalled receiving information about each physical health topic, 2023-24



How did different consumer groups recall information about physical health?

This section explores differences between groups of people recalling physical health information.





Recall of physical health information varied across genders

Across all topics, and in both settings, male consumers recalled physical health information significantly more frequently than female consumers. The difference was greatest for information on drugs and alcohol, smoking and sexual health. People who described their gender as being other than male or female recalled receiving information about physical health less often than other groups, however this improved in both hospital and community settings in 2023–24. This group reported improved recall in 2023–24 for information about medication side effects, smoking, alcohol and drug use and sexual health.



Younger (under 18 years) and older (65 years and over) consumers recall information about physical health less often

Younger consumers remained less likely to recall receiving information about physical health than other age groups, especially about smoking, alcohol and drug use. However, there was a small improvement in these areas in 2023–24. For younger consumers (under 18 years) and older consumers (65 years and over), recall for exercise, diet and medication side effects was higher in age-specific services, compared to adult and general services. Recall for medication side effects was highest in adult and general hospital services (63%) which was an improvement from the previous year.



The longer people are engaged with services the more likely they are to recall receiving information about physical health

People receiving care in hospitals for more than 6 months were the only group that achieved the physical health target of 65%. This may be because there is more time and opportunity for staff to provide comprehensive care over a longer duration.

While people receiving care for less than 24 hours remain less likely to recall receiving physical health information, this group reported the largest improvement from the previous year.

Differences across geographical locations and for Aboriginal consumers are explored in later sections of this report.

The best things about this service were... Staff explained the side effects of medications

My experience would have been better if... There were groups for cooking and exercise and education about healthy eating



What was the experience of Aboriginal consumers?



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

In 2023-24 overall experience improved for Aboriginal people in hospital

Hospital experience improved by 5% for Aboriginal people, matching the overall experience reported by non-Aboriginal people. In the community, overall experience for Aboriginal people remained similar to last year (1% decline).

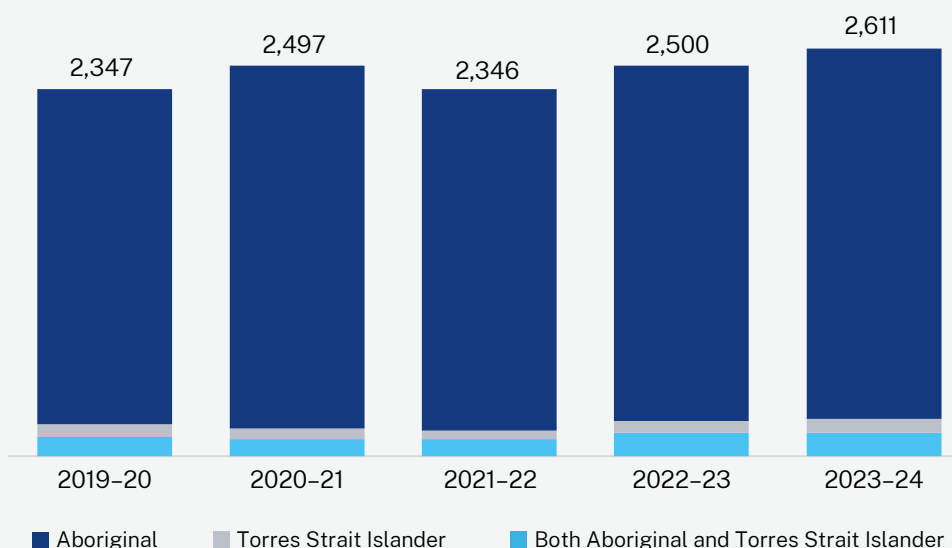
Aboriginal consumers remain well represented in YES feedback

Since YES was implemented in NSW in 2015, 18,547 surveys have been completed by Aboriginal consumers. Of these, 91% were from Aboriginal people, 6% were from people who were both Aboriginal and Torres Strait Islander and 3% were from Torres

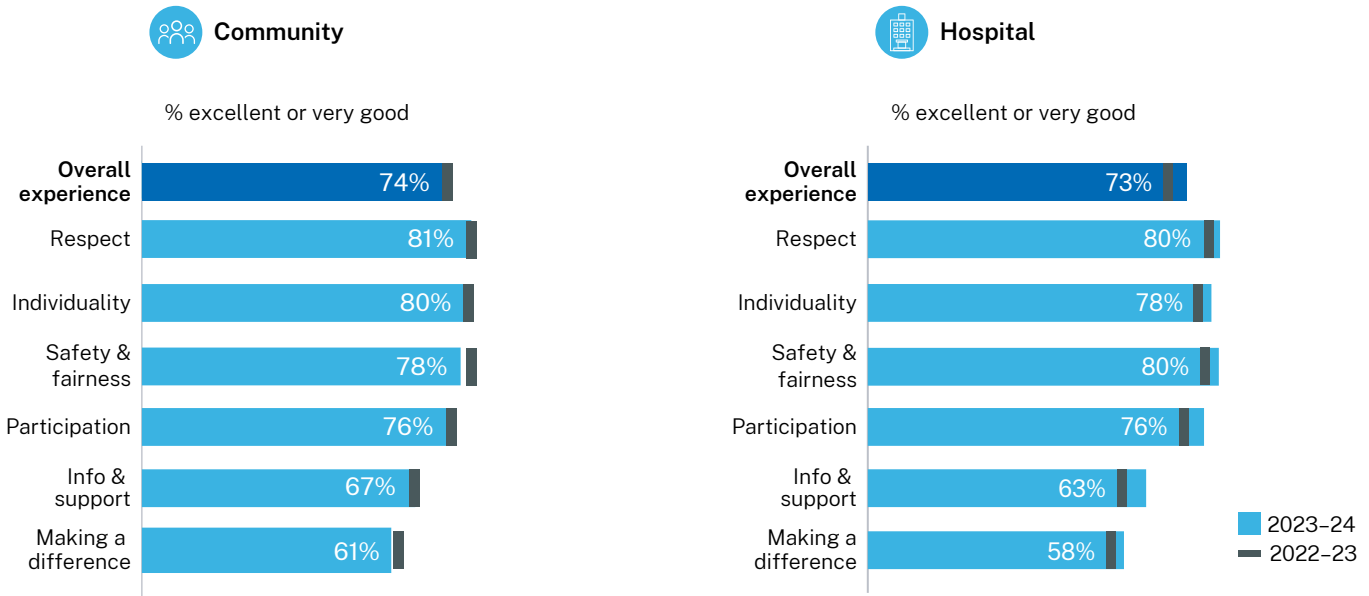
Strait Islander people. In 2023-24, 12% of YES returns (2611 responses) were from Aboriginal consumers. Most responses were about hospital services (72%) and just over one quarter were about community services (28%). The total number of surveys received from Aboriginal consumers increased by 4% compared to last year. Surveys from non-Aboriginal consumers had a similar increase, meaning Aboriginal consumers remain well represented in YES feedback.

Most YES returns from Aboriginal people come from those who are young or middle aged, reflecting the younger age profile of Aboriginal people in the NSW population. About two thirds of all YES returns from Aboriginal people are from regional areas.

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



Percentage of Aboriginal consumers reporting a very good or excellent experience across domains by setting, 2022–23 and 2023–24



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

In 2023–24, Aboriginal consumers in hospital rated all six YES domains higher compared to last year. The largest differences were in Participation and Information and Support, building on a 7% increase in the Information and Support score from last year. Aboriginal people often commented on staff who were welcoming, made them feel safe and treated them with dignity. Many Aboriginal people also commented that the best thing about the services was having their culture respected and understood.

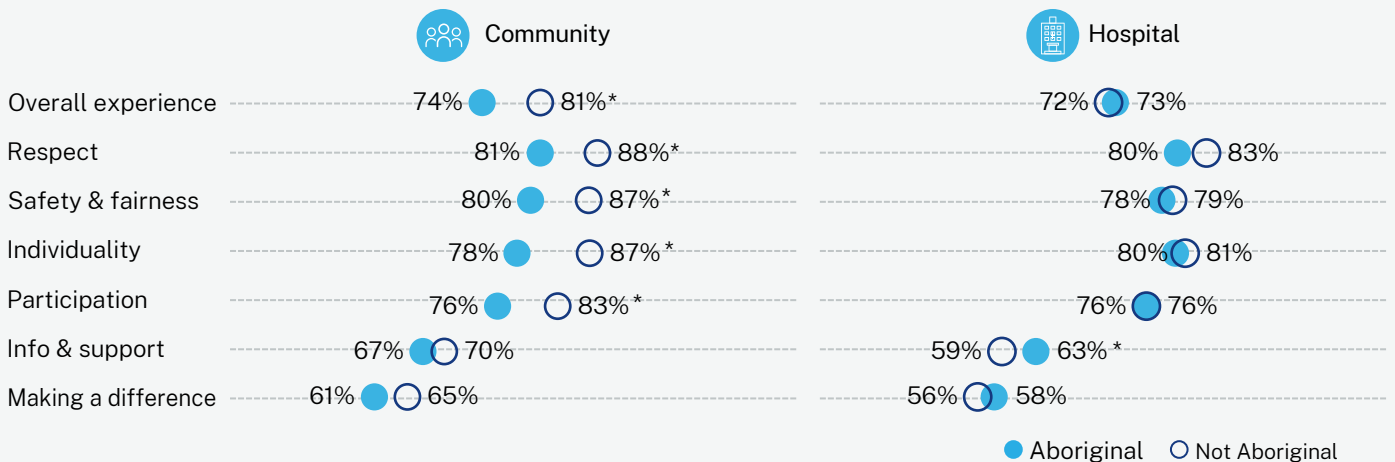
In community settings, Aboriginal and non-Aboriginal consumers continue to report a different experience

While experience of hospital settings was similar for Aboriginal and non-Aboriginal people, a gap remains in community settings. In 2023–24, the experience of Aboriginal people in the community remained at 74%, which is similar to the previous year but 7% lower than the experience of non-Aboriginal consumers. For Aboriginal consumers, Safety and fairness domain had the largest decrease from the previous year (3% lower).

Some consumers commented that they did not feel listened to, that their concerns were dismissed and that they did not trust the service.

The experience of Aboriginal people across regional and metropolitan areas differs and is explored on page 28.

Percentage of Aboriginal and non-Aboriginal consumers reporting an excellent or very good experience across domains, 2023–24



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

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

As in previous years, Aboriginal consumers' overall experience of hospital services was similar to non-Aboriginal people. The Respect and Safety and fairness domains were rated slightly lower by Aboriginal people, but the Information and support and Making a difference domains were rated higher. Aboriginal consumers under 18 years of age rated every domain higher than their non-Aboriginal peers. These young consumers often commented that they felt staff cared and really listened to them and that staff were easy to relate to. Aboriginal people aged 65 years and over reported the

least positive overall experience compared to non-Aboriginal people, particularly in the domains of Respect, Individuality and Participation.

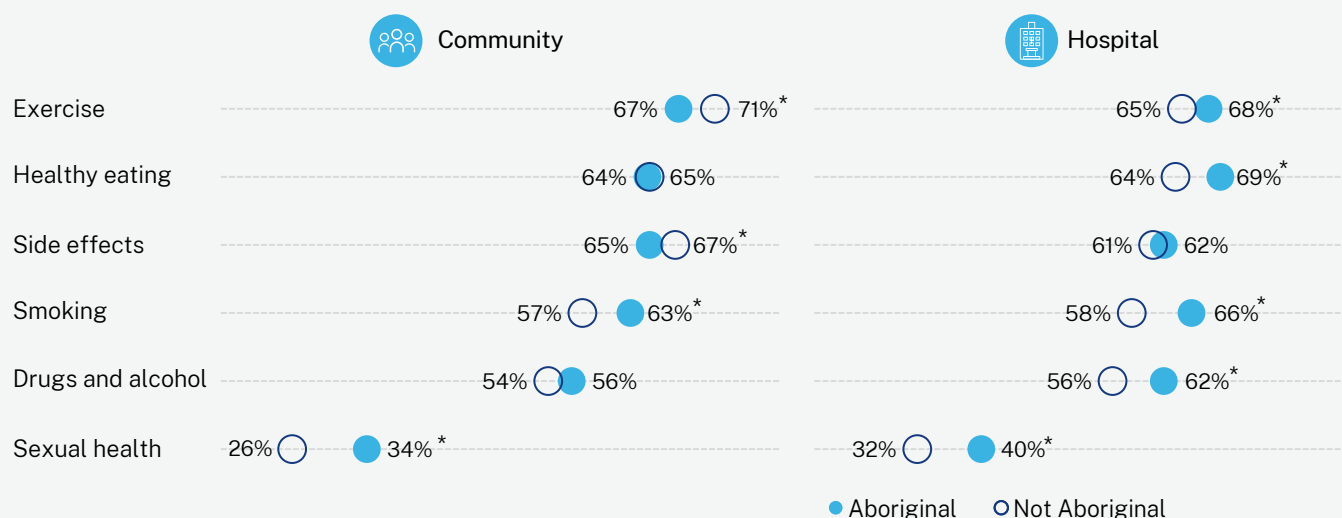
Compared to the previous year, the largest improvements for Aboriginal people receiving hospital care were for:

- Q13 Staff worked as a team in your care and treatment.
- Q19. Explanation of your rights and responsibilities.
- Q21. Development of a care plan with you that considered all of your needs.

Aboriginal consumers recalled information about physical health more than other groups

As in previous years, Aboriginal consumers in hospital reported significantly higher overall recall of receiving physical health information on all topics, except for medical side effects. In community settings, recall of information about smoking, drugs and alcohol, and sexual health were higher for Aboriginal people compared to non-Aboriginal people. Information about exercise improved for Aboriginal people compared to 2022-23 but remains lower than for non-Aboriginal people.

Percentage of Aboriginal and non-Aboriginal people who recalled receiving information about physical health by setting, 2023-24



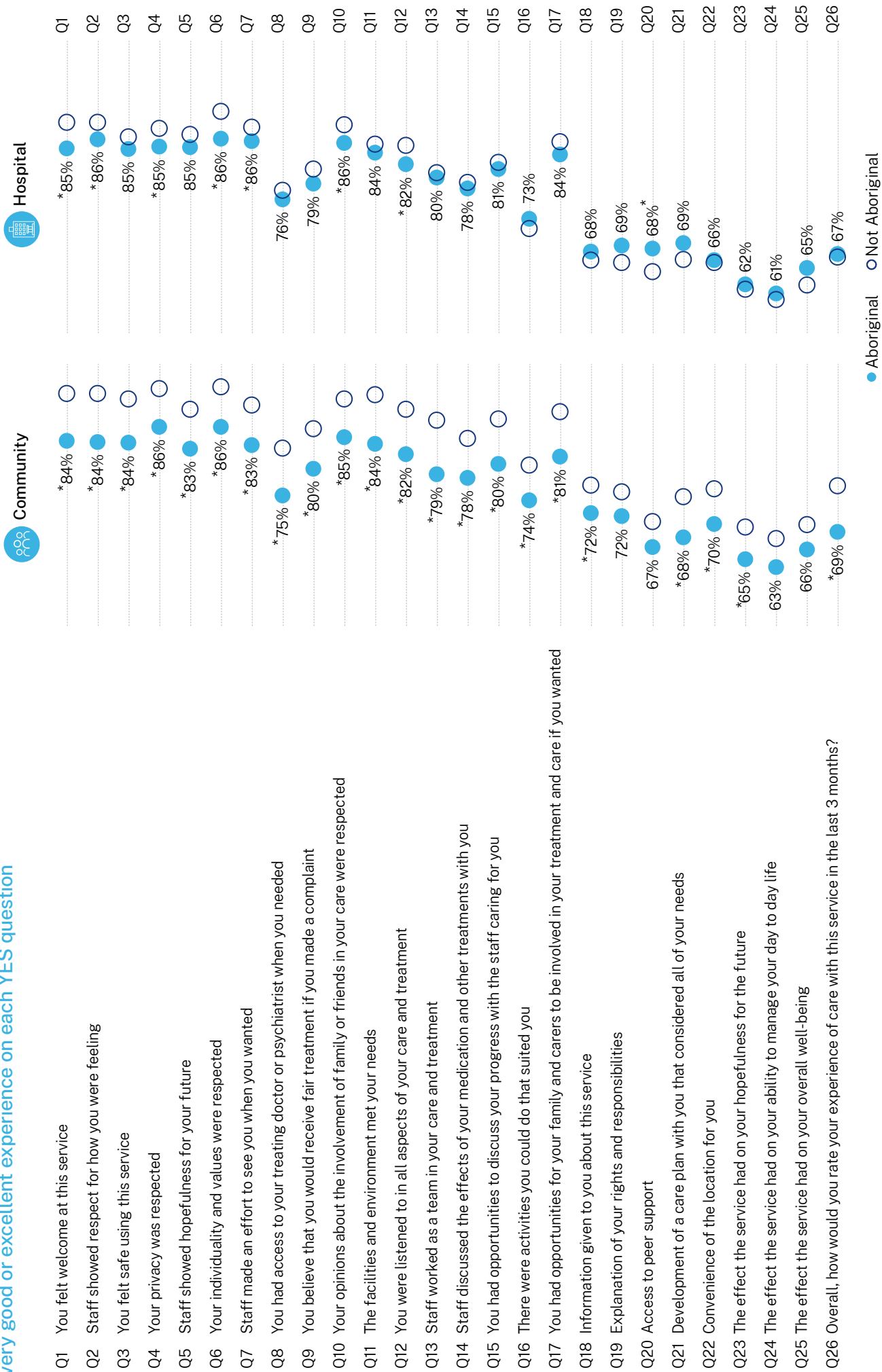
* Indicates a statistically significant difference. Information about the methods used to test significance is in Appendix 3.

The best things about this service were...
The positive caseworker who cared for our Aboriginal community

My experience would have been better if...
We had an Aboriginal health worker full time



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



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

How did experiences in LHDs and SHNs compare?



This section looks at overall experience across LHDs and SHNs using the percentage of consumers reporting an excellent or very good experience. Hospital and community data are combined into a single performance measure that is not altered by a different mix of hospital and community responses. To do this, hospital and community scores are calculated separately and then combined in an unweighted average.

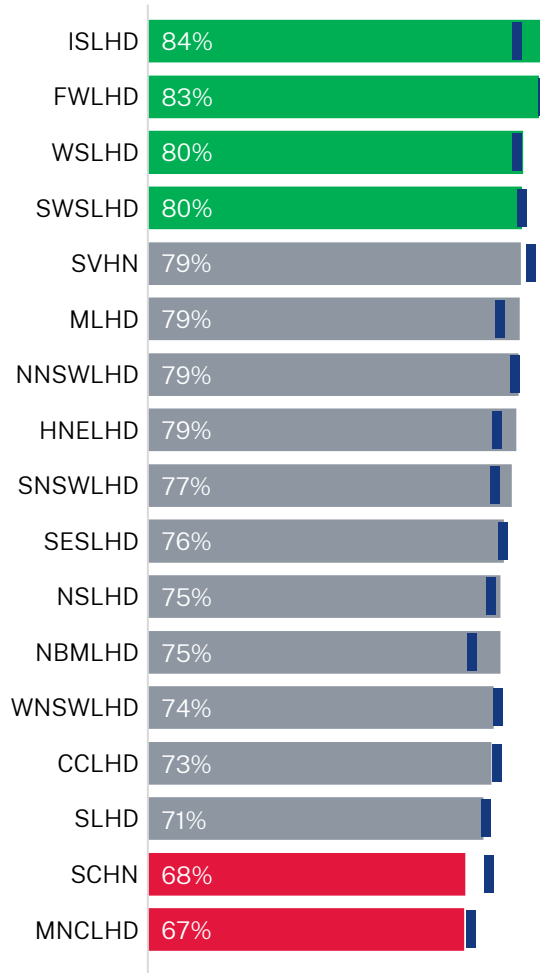
The target is that 80% of consumers report an excellent or very good experience (85% in community settings and 75% in hospital care).

There may be many reasons why YES results differ between services or over time. Many services have implemented action and change initiatives using YES data to improve consumer experience.

In 2023–24, four districts/networks achieved the target

In community settings, six LHDs/SHNs met the target and in hospitals, eight districts/network met the target, which is twice as many as last year.

Overall, eight LHDs/SHNs reported an improvement in experience compared to 2022–23. Four districts (MLHD, HNELHD, NSLHD and NBMLHD) had improved scores across both hospital and community settings.

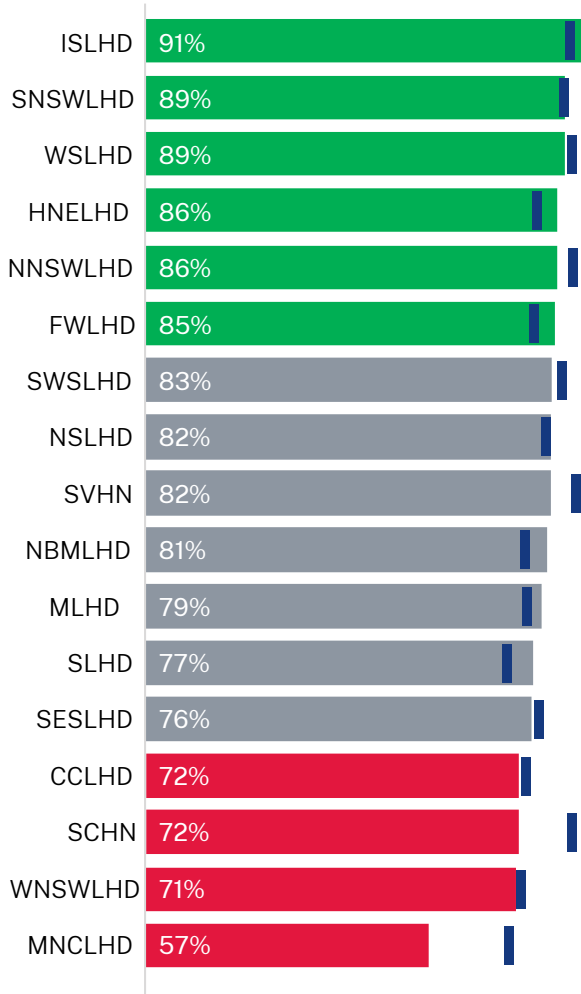


- Better than target (≥80%)
- Just below target (70% to <80%)
- Below target (<70%)
- 2022–2023

Notes:

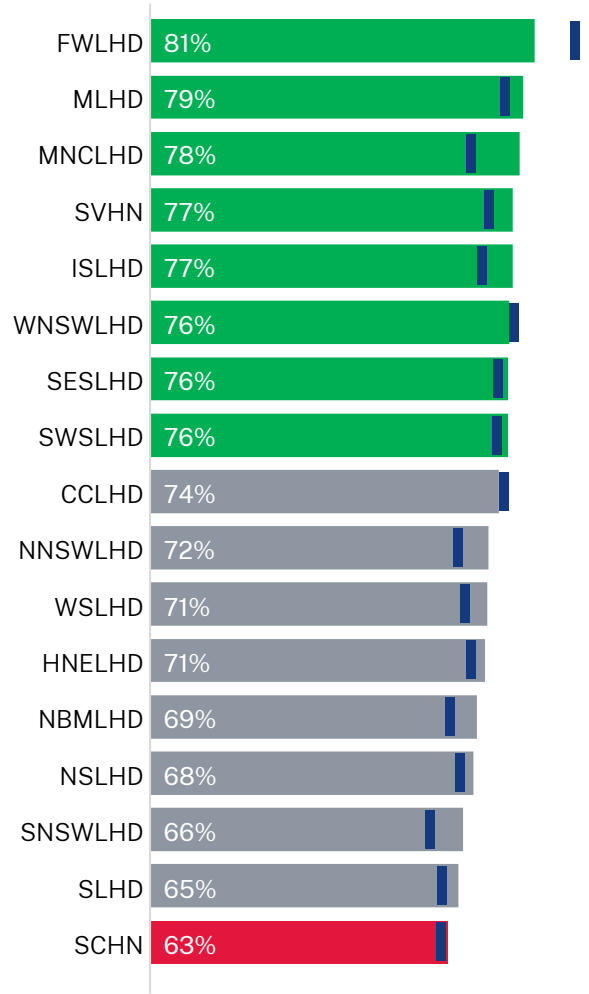
- Refer to page 4 for a list of acronyms including LHD and SHN names
- Refer to the YES supplement report for further details of results in each LHD and SHN
- Results for the Justice Health and Forensic Mental Health Network are not displayed in this report. Caution is needed when comparing results for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

 Community



■ Better than target ($\geq 85\%$)
■ Just below target (75% to $< 85\%$)
■ Below target ($< 75\%$)
■ 2022-2023

 Hospital

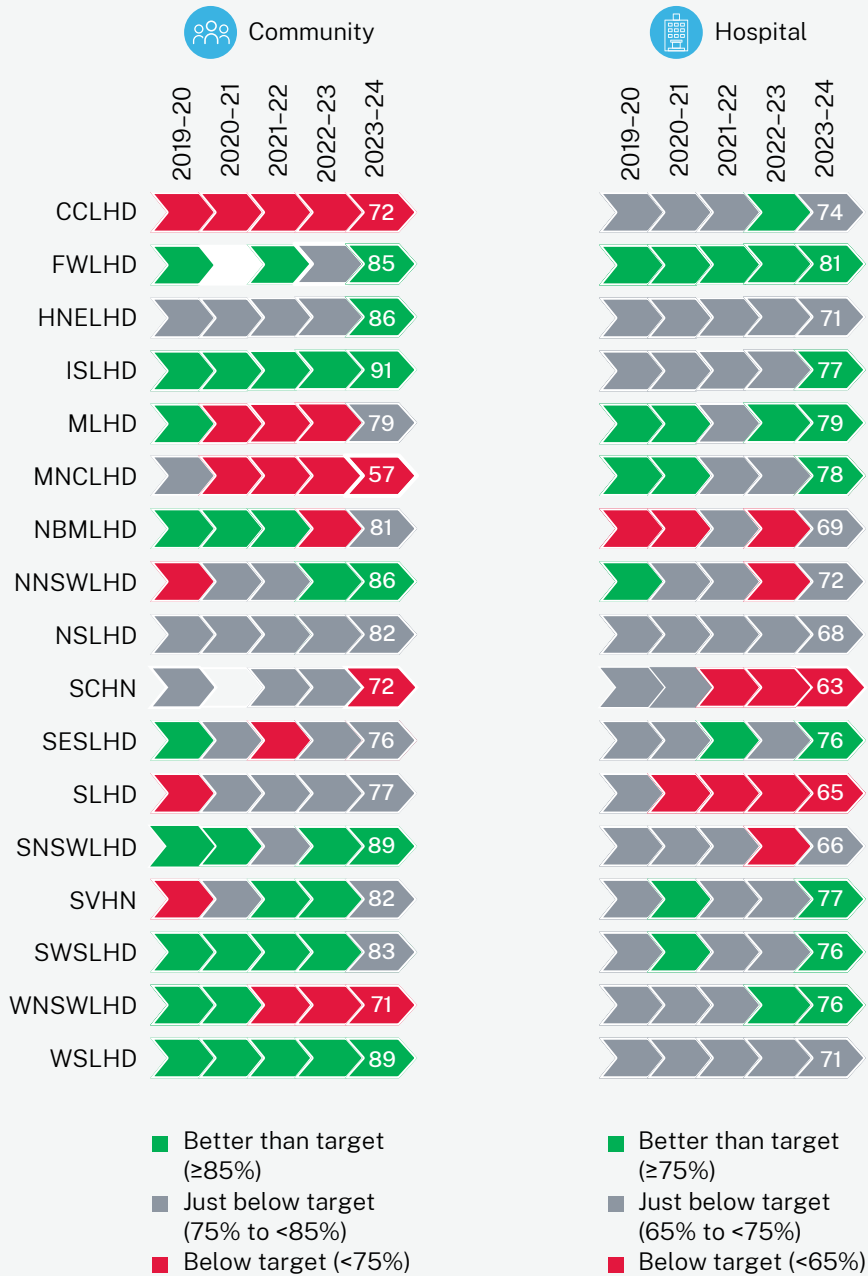


■ Better than target ($\geq 75\%$)
■ Just below target (65% to $< 75\%$)
■ Below target ($< 65\%$)
■ 2022-2023

Consumers report different experiences across LHDs/SHNs

Six districts/networks reported an improved overall experience compared with 2022–23. NBMLHD reported the largest increase in overall experience, which was due to an increase in people reporting a more positive experience in both hospital and community settings.

Overall experience scores for LHDs and SHNs by setting each year



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

Is there a regional difference in consumer experience?

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

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

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

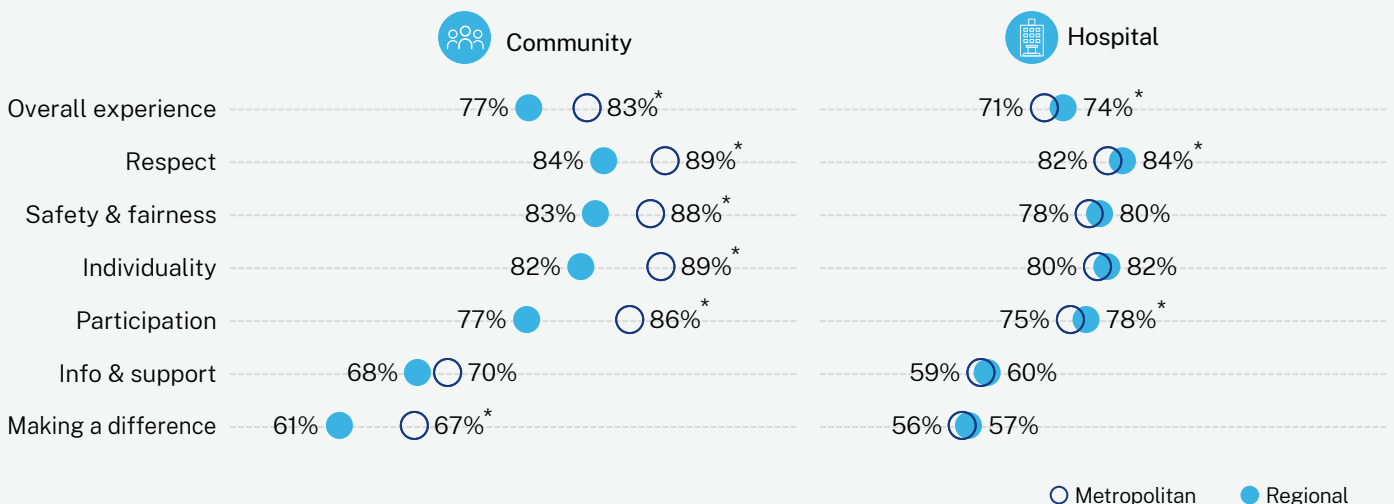


In 2023–24, 44% of all YES surveys returned were about regional mental health services

These returns made up 40% of all community returns and 45% of hospital returns. In hospital settings, overall experience in regional areas was higher than in metropolitan areas. In addition both regional and metropolitan consumers rated their experience higher in 2023–24 than in the previous year. In community settings, metropolitan services reported a significantly more positive experience than regional services across all domains, except for Information and support.

In hospitals, overall experience, Respect and Participation were rated significantly higher in regional areas compared to metropolitan areas. Ratings for both regional and metropolitan areas improved equally, compared to 2022–23.

Overall experience scores for metropolitan and regional areas, 2023–24



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





Access to doctors and opportunities to discuss progress, medication and treatments are more challenging in regional community services

All YES questions were rated significantly higher by consumers of metropolitan community services compared with regional services, except for Q20 (Access to peer support). The largest differences between regional and metropolitan areas were for

- Q14. Staff discussed the effects of your medication and other treatments with you
- Q8. You had access to your treating doctor or psychiatrist when you needed
- Q15. You had opportunities to discuss your progress with the staff caring for you

In regional community services, there were improvement in access to peer support (Q20) and available activities (Q16). All groups rated their experience in metropolitan community services higher than regional services. The largest differences were for female consumers (particularly those aged 18–44 years), people who identified as a gender other than male or female, and people receiving care for less than 1 month.

Regional hospital services scored similar to or higher than metropolitan services on all questions. The only exception was Q22 *Convenience of the location for you* which was rated significantly lower. Young people (under 18 years) and those in hospital more than 6 months reported the lowest scores on this question. People aged under 25 years and those engaged with regional services for 1–6 months and greater than 6 months rated their experience higher when compared to metropolitan services.



The experience of Aboriginal people differs across regional and metropolitan areas

Across both regional and metropolitan hospital services, and metropolitan community services experience is similar for Aboriginal and non-Aboriginal people. However, in regional community services, Aboriginal people reported a significantly less positive experience (69%) compared to non-Aboriginal people (79%). This applies to overall experience and across all domains, with the largest differences in the domains of Respect, Individuality, Safety and fairness and Participation. Aboriginal people aged 18–24 years and 35–44 years, and those receiving

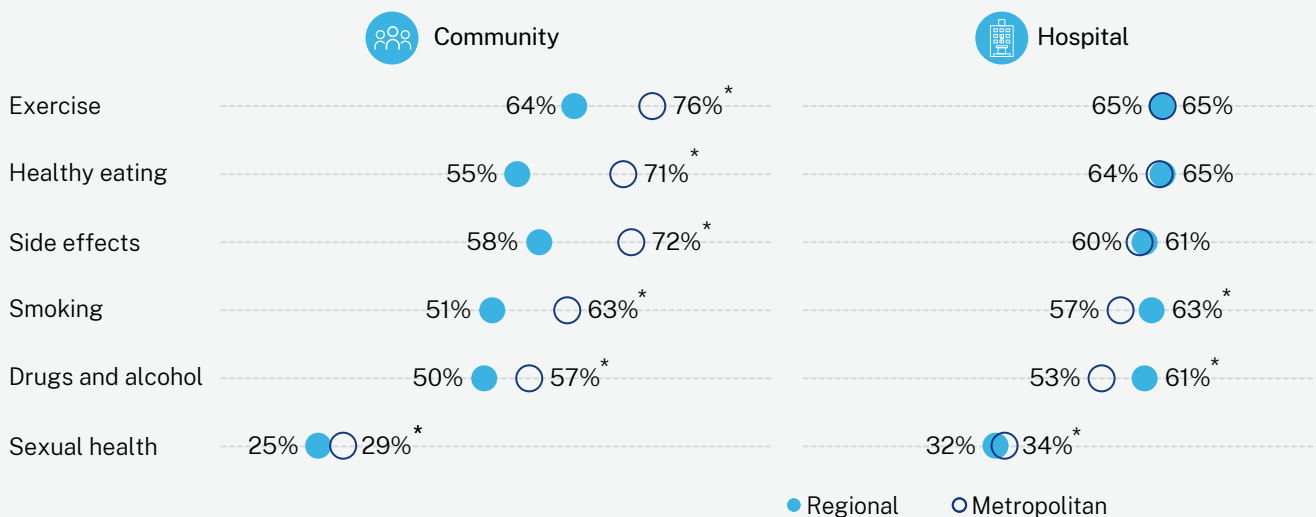
care for less than 1 month reported the largest gaps. In metropolitan community services, male Aboriginal consumers and those aged 35–44 reported a less positive experience than their non-Aboriginal peers.



Recall of physical health information is highest in metropolitan community services

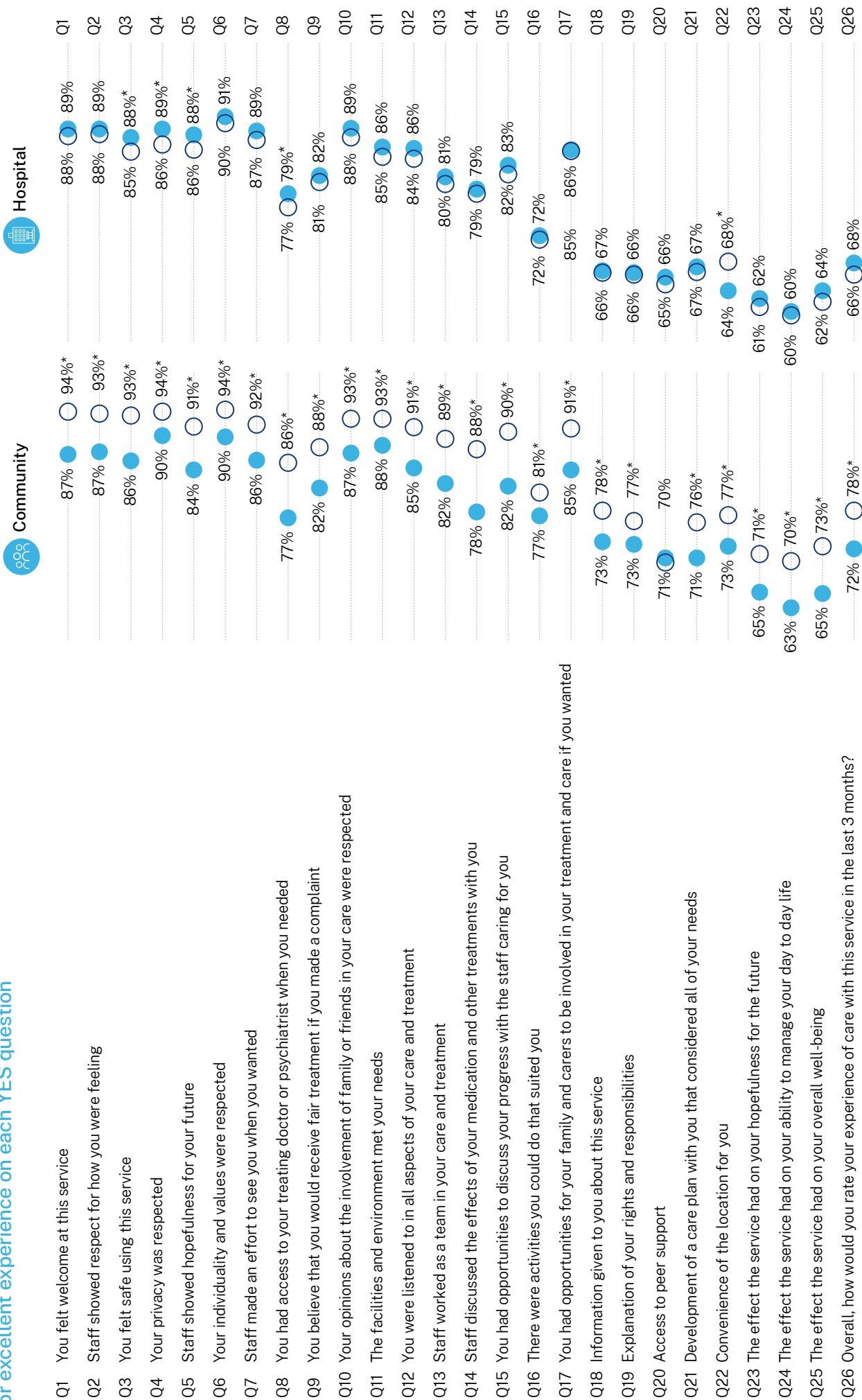
In hospital settings, overall recall of physical health information was similar for people accessing metropolitan and regional services. Regional services reported better recall of information related to smoking and drugs and alcohol. In community settings, consumers of regional services reported significantly lower recall of information across all physical health questions. The largest differences were for questions related to healthy eating, medication side effects and exercise.

Recall of physical health questions for metropolitan and regional areas, 2023–24



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

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



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

Appendix 1 – Survey

Your Experience of Service



Service code:

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

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

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

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

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	N/A
1. You felt welcome at this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff showed respect for how you were feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. You felt safe using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Your privacy was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Staff showed hopefulness for your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Staff made an effort to see you when you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You had access to your treating doctor or psychiatrist when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You believe that you would receive fair treatment if you made a complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your opinions about the involvement of family or friends in your care were respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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

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

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

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Poor	Fair	Good	Very Good	Excellent	N/A
18. Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Explanation of your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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

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

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

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

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

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

35. 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
36. What is the main language you speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other _____
37. Are you of Aboriginal or Torres Strait Island origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes - Aboriginal and Torres Strait Islander
38. 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
39. How long have you been receiving care from this service on this occasion?	<input type="checkbox"/> Less than 24 hours <input type="checkbox"/> 1 day to 2 weeks <input type="checkbox"/> 3 to 4 weeks <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> More than 6 months
40. At any point during the last 3 months were you receiving involuntary treatment (such as an involuntary patient or on a community treatment order) under Mental Health Legislation?	<input type="checkbox"/> Yes, involuntary patient/on a community treatment order <input type="checkbox"/> No, I was always a voluntary patient <input type="checkbox"/> Not sure
41. 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
42. How much of your care 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
43. Did someone help you complete this survey?	<input type="checkbox"/> No <input type="checkbox"/> Yes - family or friend <input type="checkbox"/> Yes - language or cultural interpreter <input type="checkbox"/> Yes - consumer worker or peer worker <input type="checkbox"/> Yes - another staff member from the service <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

© 2013 The Secretary to the Department of Health (Vic) developed with funding from the Australian Government Department of Health.

Appendix 2 – About YES

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

When and how is YES offered?

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

Distribution, collection and reporting

Distribution to services: LHDs/SHNs order blank YES surveys and pre-addressed reply-paid envelopes using the same online ordering process as for other NSW Health forms. Services can order eYES promotional materials to assist consumers to complete the survey online.

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

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

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

Returning: Consumers return completed paper surveys in the collection boxes provided at the service or via post using a supplied reply-paid envelope. Alternatively, consumers can respond via eYES online.

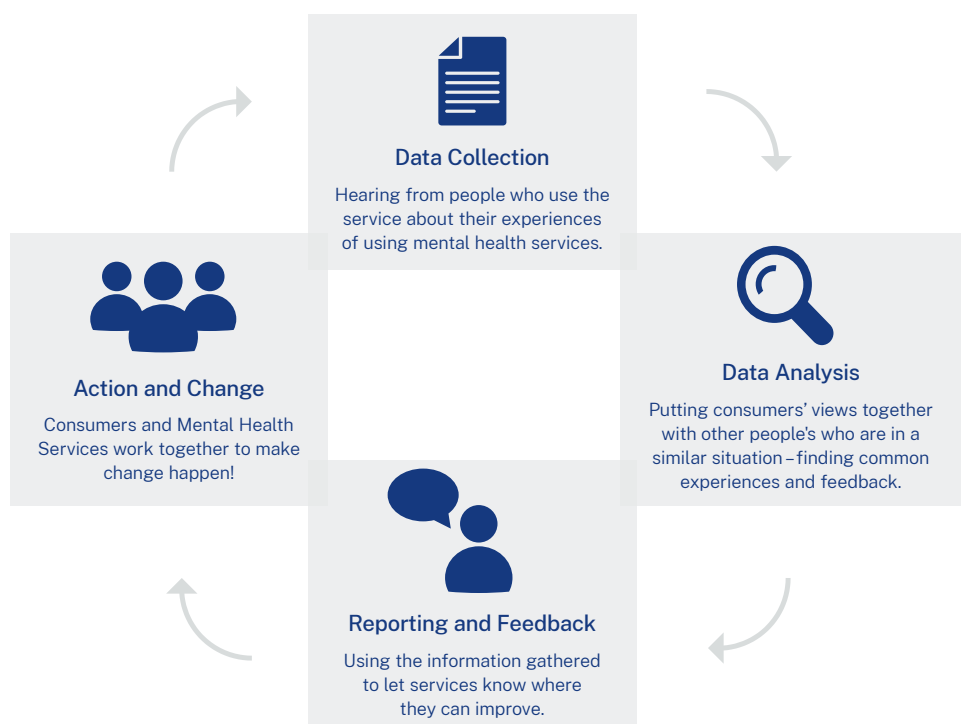
Processing: Completed paper surveys are collated and scanned by a commercial scanning organisation under contract to NSW Health. Online responses are uploaded directly to the database.

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

Reporting: YES feedback is distributed to services through:

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

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



Appendix 3 – Technical information

YES development and validation

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

Identification of NSW services

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

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

Analysis

Data analysis for this report was conducted using SAS, Excel and Power BI. Further statistical analyses were conducted using Stata SE v15. Missing, invalid or duplicate answers were recoded as null. Returns with less than 12 of the first 22 questions completed were excluded from analysis. Scores were constructed following the methods prepared during the national YES development. Testing of significant differences between groups and over time was conducted using 95 per cent confidence intervals. These were calculated using Wald's formula for proportions. Non-overlapping confidence intervals were used to identify significant differences.

YES questions use two scoring scales

Frequency scale	Performance scale	Numerical score
Always	Excellent	5
Usually	Very good	4
Sometimes	Good	3
Rarely	Fair	2
Never	Poor	1

Estimation of return rates

To estimate return rates, the following denominators were used:

For hospital episodes: the number of episodes of hospital care ending in the year (separations), including same-day episodes, plus the number of people remaining in hospital on 30 June 2023.

For community episodes: the number of episodes where an individual had at least one contact with a community mental health team within the year.

Experience index

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

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

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

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

The overall experience score measures the percentage of consumers who had an excellent or very good experience, i.e. the proportion of consumers with an experience index of 80 or higher. YES returns with at least 12 answers for questions 1–22 are included in this measure. This measure is used as a KPI for LHDs and SHNs. The overall experience score KPI targets are:

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

Domain scores

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

HeAL overall score



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

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

The HeAL overall score was included as an LHD/SHN improvement measure since 2022-23. For both hospital and community settings, the target is 65%.



Experience per LHD/SHN by year and setting.

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

LHD	 Community					 Hospital				
	2019-20	2020-21	2021-22	2022-23	2023-24	2019-20	2020-21	2021-22	2022-23	2023-24
CCLHD	71%	69%	68%	74%	72%	72%	73%	74%	75%	74%
FWLHD	92%		87%	78%	85%	80%	82%	79%	90%	81%
HNELHD	83%	81%	79%	81%	86%	71%	74%	67%	68%	71%
ISLHD	89%	88%	92%	87%	91%	71%	70%	69%	70%	77%
JH&FMHN	33%	48%	39%	41%	46%	20%	41%	39%	42%	36%
MLHD	88%	73%	66%	75%	79%	78%	80%	71%	75%	79%
MNCLHD	79%	72%	72%	70%	57%	76%	75%	73%	68%	78%
NBMLHD	86%	87%	89%	74%	81%	61%	61%	66%	63%	69%
NNSWLHD	72%	80%	82%	91%	86%	74%	73%	68%	65%	72%
NSLHD	82%	82%	80%	81%	82%	68%	69%	66%	66%	68%
SCHN	76%		81%	84%	72%	67%	66%	63%	62%	63%
SESLHD	85%	76%	74%	78%	76%	70%	74%	75%	73%	76%
SLHD	73%	78%	80%	82%	77%	68%	60%	64%	62%	65%
SNSWLHD	91%	87%	81%	88%	89%	66%	69%	67%	59%	66%
SVHN	69%	76%	88%	92%	82%	72%	77%	74%	72%	77%
SWSLHD	95%	90%	89%	86%	83%	73%	79%	74%	73%	76%
WNSWLHD	91%	90%	75%	72%	71%	69%	74%	69%	77%	76%
WSLHD	89%	91%	88%	91%	89%	70%	70%	67%	67%	71%
NSW	80%	81%	78%	81%	80%	70%	71%	69%	68%	72%



The experience of Aboriginal consumers

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

	 Community				 Hospital			
	Aboriginal		Non-Aboriginal		Aboriginal		Non-Aboriginal	
	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good	95% confidence interval
Q1	84.1	81.4-86.8	91.9	91.2-92.6	84.8	83.2-86.5	89.3	88.7-89.8
Q2	84.0	81.2-86.7	92.0	91.3-92.7	86.4	84.8-88.0	89.2	88.6-89.8
Q3	83.8	81.0-86.5	91.0	90.3-91.8	84.8	83.1-86.4	86.8	86.2-87.4
Q4	86.5	83.9-89.0	92.8	92.2-93.5	85.2	83.5-86.8	88.2	87.6-88.7
Q5	82.8	80.0-85.6	89.4	88.6-90.2	85.1	83.4-86.7	87.2	86.6-87.8
Q6	86.4	83.9-89.0	93.1	92.4-93.7	86.5	84.9-88.1	91.1	90.5-91.6
Q7	83.5	80.6-86.3	90.1	89.3-90.9	86.1	84.5-87.7	88.4	87.8-89.0
Q8	75.1	71.7-78.5	82.9	81.9-83.9	76.4	74.3-78.4	77.9	77.1-78.7
Q9	79.5	76.4-82.6	86.2	85.2-87.1	79.0	77.0-81.0	81.4	80.7-82.2
Q10	84.8	81.9-87.6	91.0	90.3-91.8	85.8	84.1-87.5	88.9	88.3-89.4
Q11	83.6	80.8-86.4	91.8	91.1-92.5	84.2	82.5-85.9	85.6	85.0-86.3
Q12	81.9	79.0-84.8	89.4	88.6-90.2	82.2	80.4-84.0	85.4	84.8-86.0
Q13	78.6	75.5-81.7	87.5	86.7-88.4	80.0	78.1-81.9	80.9	80.1-81.6
Q14	78.0	74.8-81.1	84.5	83.6-85.5	78.2	76.2-80.2	79.2	78.5-80.0
Q15	80.3	77.3-83.3	87.8	86.9-88.6	81.5	79.6-83.3	82.6	81.9-83.3
Q16	74.3	70.6-77.9	80.1	78.9-81.3	73.2	71.0-75.3	71.5	70.6-72.3
Q17	81.5	78.4-84.6	88.9	88.0-89.8	83.8	82.0-85.7	85.9	85.3-86.6
Q18	72.2	68.8-75.6	76.8	75.7-77.9	67.7	65.4-69.9	66.2	65.4-67.1
Q19	71.7	68.3-75.1	75.7	74.6-76.8	68.7	66.4-70.9	65.8	64.9-66.7
Q20	66.6	62.8-70.4	70.8	69.5-72.1	68.2	65.9-70.5	64.3	63.3-65.2
Q21	68.2	64.6-71.7	74.9	73.8-76.1	69.1	66.8-71.3	66.3	65.5-67.2
Q22	70.4	67.0-73.9	76.2	75.1-77.3	66.2	63.9-68.5	65.9	65.0-66.7
Q23	64.5	60.9-68.2	69.9	68.7-71.1	62.2	59.9-64.6	61.3	60.4-62.2
Q24	63.3	59.6-66.9	68.0	66.7-69.2	60.7	58.3-63.0	59.6	58.7-60.6
Q25	66.2	62.6-69.8	70.3	69.1-71.5	65.0	62.7-67.3	62.0	61.1-62.9
Q26	69.1	65.6-72.5	76.7	75.6-77.8	67.3	65.0-69.5	66.7	65.9-67.6

The experience of consumers in regional and metropolitan areas

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

	 Community				 Hospital			
	Regional		Metropolitan		Regional		Metropolitan	
	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good	95% confidence interval
Q1	86.9	85.7-88.2	93.6	92.9-94.4	88.9	88.1-89.6	87.7	87.0-88.4
Q2	87.4	86.2-88.6	93.4	92.6-94.2	88.9	88.2-89.7	88.0	87.3-88.7
Q3	85.9	84.6-87.2	93.1	92.3-93.9	87.5	86.7-88.3	85.4	84.6-86.1
Q4	89.9	88.8-91.0	93.6	92.8-94.4	88.9	88.2-89.7	86.4	85.7-87.2
Q5	84.5	83.1-85.9	91.4	90.5-92.2	87.9	87.2-88.7	85.7	84.9-86.4
Q6	89.7	88.6-90.9	93.9	93.2-94.7	90.8	90.1-91.5	89.8	89.1-90.4
Q7	86.0	84.7-87.4	91.6	90.7-92.5	88.6	87.9-89.4	87.2	86.5-87.9
Q8	77.0	75.3-78.7	85.6	84.5-86.8	78.8	77.8-79.8	76.7	75.7-77.6
Q9	81.7	80.2-83.2	88.1	87.0-89.1	81.6	80.7-82.6	80.6	79.7-81.5
Q10	87.2	85.9-88.5	92.6	91.7-93.4	89.0	88.2-89.7	87.6	86.9-88.3
Q11	88.4	87.1-89.6	92.6	91.7-93.4	86.1	85.3-86.9	84.6	83.8-85.4
Q12	84.8	83.5-86.2	91.2	90.3-92.1	85.8	85.0-86.7	84.3	83.5-85.1
Q13	82.4	81.0-83.8	89.4	88.4-90.3	81.4	80.5-82.4	80.3	79.4-81.2
Q14	77.9	76.4-79.5	87.8	86.7-88.8	79.5	78.5-80.5	78.8	77.9-79.7
Q15	82.0	80.5-83.4	90.5	89.6-91.4	83.2	82.3-84.2	81.8	80.9-82.7
Q16	77.3	75.5-79.1	81.0	79.5-82.4	72.1	71.0-73.3	71.5	70.5-72.6
Q17	84.5	83.0-86.0	91.1	90.1-92.0	85.7	84.8-86.6	85.4	84.6-86.2
Q18	73.3	71.6-74.9	78.2	76.9-79.5	66.7	65.5-67.9	66.4	65.3-67.4
Q19	72.9	71.2-74.6	76.5	75.2-77.9	66.4	65.2-67.6	66.1	65.0-67.1
Q20	70.7	68.8-72.6	70.0	68.4-71.6	65.6	64.4-66.9	64.6	63.4-65.7
Q21	70.7	69.0-72.4	76.3	75.0-77.7	67.4	66.2-68.5	66.5	65.5-67.6
Q22	72.5	70.8-74.2	77.5	76.1-78.8	63.6	62.4-64.8	68.1	67.0-69.1
Q23	65.3	63.5-67.1	71.3	69.9-72.8	62.3	61.1-63.6	61.0	59.9-62.1
Q24	62.9	61.1-64.8	70.2	68.8-71.7	60.3	59.0-61.5	59.7	58.6-60.9
Q25	65.1	63.3-66.9	72.6	71.2-74.0	63.6	62.3-64.8	61.8	60.7-62.9
Q26	72.1	70.4-73.8	78.1	76.8-79.4	67.9	66.8-69.1	66.0	65.0-67.1

Appendix 4 – YES domains

Making a difference	
How the service contributed to outcomes for individuals. It includes social and emotional wellbeing and physical health.	
Q23	The effect the service had on your hopefulness for the future
Q24	The effect the service had on your ability to manage your day to day life
Q25	The effect the service had on your overall well-being
Q26	Overall, how would you rate your experience of care with this service in the last 3 months?
Information and support	
How the service works for the individual. It includes resources such as written information, a care plan, and access to peer support.	
Q18	Information given to you about this service
Q19	Explanation of your rights and responsibilities
Q20	Access to peer support
Q21	Development of a care plan with you that considered all of your needs
Individuality	
How the service meets individual's needs. It includes sensitivity to culture, gender and faith and the importance of personal values and beliefs.	
Q6	Your individuality and values were respected
Q16	There were activities you could do that suited you
Participation	
How the service provides opportunities for engagement, choice and involvement in the process of service delivery.	
Q8	You had access to your treating doctor or psychiatrist when you needed
Q10	Your opinions about the involvement of family or friends in your care were respected
Q13	Staff worked as a team in your care and treatment
Q14	Staff discussed the effects of your medication and other treatments with you
Q15	You had opportunities to discuss your progress with the staff caring for you
Q17	You had opportunities for your family and carers to be involved in your treatment and care if you wanted
Respect	
How the service provides the individual with a welcoming environment where they are recognised, valued and treated with dignity.	
Q1	You felt welcome at this service
Q2	Staff showed respect for how you were feeling
Q4	Your privacy was respected
Q5	Staff showed hopefulness for your future
Q7	Staff made an effort to see you when you wanted
Q12	You were listened to in all aspects of your care and treatment
Safety & fairness	
How the service provides individuals with a physically and emotionally safe environment.	
Q3	You felt safe using this service
Q9	You believe that you would receive fair treatment if you made a complaint
Q11	The facilities and environment met your needs

Note: Question 22 is not included in the Domain structure but does contribute to the overall score.

