



**AMHOCN**

**Australian Mental Health Outcomes and Classification Network**

**'Sharing Information to Improve Outcomes'**

**An Australian Government funded initiative**

**Development of the Your Experience of Service (YES) Survey  
for Primary Health Networks (PHNs)**

**Final Report**

**September 2019**

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We would also like to recognise the expert guidance of the Mental Health Information Strategy Standing Committee and the National Mental Health Information Development Expert Advisory Panel for reviewing the survey over several iterations.

# ACRONYMS AND ABBREVIATIONS USED IN THIS REPORT

ABS	Australian Bureau of Statistics
AMHOCN	Australian Mental Health Outcomes and Classification Network
AOD	Alcohol and other drugs
CMO	Community managed organisation
Fifth Plan	Fifth National Mental Health and Suicide Prevention Plan
Fourth Plan	Fourth National Mental Health Plan
KMO	Kaiser-Meyer-Olkin
MHISSC	Mental Health Information Strategy Standing Committee
n	Sample size
NMHCCF	National Mental Health Consumer and Carer Forum
NMHIDEAP	National Mental Health Information Development Expert Advisory Panel
NOCC	National Outcomes and Casemix Collection
PCA	Principal Component Analysis
PHN	Primary Health Network
PI	Performance Indicator
PIF	Participant Information Form
$r_s$	Spearman's rho correlation
YES	Your Experience of Service

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# EXECUTIVE SUMMARY

## Background

To support quality improvement and accountability, the Fourth National Mental Health Plan (Department of Health and Ageing, 2009) identified the need to develop nationally consistent measures of consumer and carer experience of care. This led to the development of the Your Experience of Service (YES) Survey, the Your Experience of Service Community Managed Organisation (YES CMO) Survey and the Mental Health Carer Experience Survey (CES). These tools are being implemented across the mental health sector.

In 2015, as part of its mental health reform agenda, the Australian Government established Primary Health Networks (PHNs) with the aim of improving the efficiency, effectiveness and coordination of care. PHNs commission services encompassing prevention through to early intervention, treatment and recovery.

In 2018 AMHOCN was tasked by the Australian Government Department of Health (DoH) with the development of a version of the YES Survey suitable for use with PHNs and their mental health service providers.

## Method

Supported by a project reference group that included representatives of PHNs, consumers and carers, the project used a co-design approach to adapt a version of the YES survey for use with PHNs. Development work included: a stocktake of existing surveys used by PHNs; reference group review and modification of some items from the existing YES survey suite to develop a draft survey; consultations with consumers, carers, service providers and PHNs on the draft survey; and reference group review and feedback on several draft version of the YES PHN survey. At the end of this process, a draft YES PHN survey was developed and endorsed by the PHN reference group for field testing.

PHNs nominated to participate in a field trial of the survey in early 2019. The field trial included five PHNs and covered service provision in three program streams; low intensity, alcohol and other drugs and severe and complex. Surveys were distributed by PHN service providers and completed by consumers either online or in hardcopy. Valid responses were received from 240 consumers. AMHOCN directly managed a test retest study, which received 29 valid responses.

## Findings

The stocktake of the current use of experience measures identified good uptake of experience tools and significant interest in their use to support quality improvement. Consultations with consumers, carers, PHNs and their service providers also highlighted strong interest in the use of an experience survey and identified areas where further content development might be required. The ongoing review and advice by the project reference group ensured that the measure would have suitability for use across diverse PHNs and their program streams.

The YES PHN survey field trial found that consumers were very positive in their rating of the participating services (Appendix F). There was a low rate of missing data (less than 2%) and on

average took just over five minutes to complete. Regression analysis indicated that the detailed experience questions (Q1 to Q15) can predict overall experience and self-reported outcomes of service provision with a high degree of precision.

Bartlett's Test of Sphericity identified that the data was factorizable and a Principal Components Analysis found two factors, consistent with the existing YES suite. This suggests that the existing YES factor structure should be adapted for the YES PHN survey.

The internal consistency of the YES PHN survey was found to be excellent overall (Cronbach's Alpha of 0.969). While the sample size for the test retest was low, the average level of association using  $r_s$  was 0.669 and a review of the level of agreement between test and retest surveys demonstrated a high level of stability (i.e. the same rating was given on 83% of occasions).

## **Conclusion**

The YES PHN survey is a short measure of consumer experience that is suitable for implementation across a range of PHN mental health programs. Post implementation, further analysis is recommended to identify the best approach to reporting data with this population, particularly given the very positive results demonstrated in this field trial.

# 1 BACKGROUND

Consumers' perceptions of health care have long been identified by services, consumers, carers and families as important information required to better understand how health services are performing and to drive service quality improvement. To support quality improvement and accountability, the Fourth National Mental Health Plan (Department of Health and Ageing, 2009) identified the need to develop nationally consistent measures of consumer and carer experience of care. In 2013, the then Victorian Department of Health undertook work, overseen by what is now the Mental Health Information Strategy Standing Committee (MHISSC), on the development of a consumer experiences of care measure. This federally funded project later became known as the Your Experience Service (YES) survey project (VIC Department of Health, 2013). The focus of this survey was on consumer experience in public mental health services (inpatient and community). A separate project was later undertaken, led by the Australian Mental Health Outcomes and Classification Network (AMHOCN), to develop an experience measure for carers, known as the Mental Health Carer Experience Survey (CES).

States and Territories have steadily introduced the YES survey into their routine and ad hoc data collections. With the additional data this produced, further work was conducted to develop domains and indexes to better support the local and national reporting of YES results (Australian Mental Health Outcomes and Classification Network, 2018). In addition, the YES survey was modified for use in other sectors, including community managed mental health services (the YES CMO survey). A short form of the YES CMO survey has also been produced. Further information about the YES suite of tools is available from the AMHOCN website<sup>1</sup>.

The Fifth National Mental Health and Suicide Prevention Plan (Commonwealth of Australia, Department of Health, 2017) has continued the commitment to the collection and use of information about consumer and carer experiences of care:

*Action 23 Governments will implement monitoring of consumer and carer experiences of care, including the Your Experience of Service survey tool, across the specialised and primary care mental health service sectors.*

In 2017, work started on developing a version of the YES survey for Primary Health Networks (PHNs). PHNs which were established in July 2015 to improve the efficiency, effectiveness and coordination of medical services for patients who were at risk of poor health outcomes (Australian Government Department of Health, 2018). PHNs aim to achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients. Where there are gaps in services, PHNs have access to flexible funding to commission service providers.

The Australian Government has agreed to seven key priorities for targeted work by PHNs. These are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health, aged care, and alcohol and other drugs.

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<sup>1</sup> <https://www.amhocn.org/your-experience-service-surveys>



AMHOCN was tasked with the development of a version of the YES survey suitable for use by PHNs, with a focus on consumers receiving mental health services and, potentially, alcohol and other drugs (AOD) services. The survey design process included:

- establishment of a project reference group;
- stocktake of the use of experience measures in PHNs;
- development of a draft measure suitable for use in PHNs
- sector consultation on draft measure; and
- field trial of draft survey.

## 2 PROJECT REFERENCE GROUP

Working with DoH, AMHOCN contacted all 31 PHNs inviting the nomination of representatives to participate in a project reference group that would support the development of the tool. Terms of reference for the project reference group are provided in Appendix A. The reference group was subsequently established with representatives from PHNs in Queensland, New South Wales, Victoria, Australian Capital Territory and South Australia (Table 1).

Table 1: Reference group membership

Jurisdiction	PHN
<b>Queensland</b>	Brisbane South Brisbane North Gold Coast Northern Queensland Central Queensland, Wide Bay, Sunshine Coast
<b>New South Wales</b>	Central and Eastern Sydney North Coast WentWest
<b>Victoria</b>	South East Melbourne Eastern Melbourne Gippsland North West Melbourne
<b>Australian Capital Territory</b>	Capital
<b>South Australia</b>	Adelaide

AMHOCN noted the need for this work to be based on the principles of co-design and consulted with reference group participants about appropriate methods in which to do this. Following liaison with the National Mental Health Consumer and Carer Forum (NMHCCF), additional consumer and carer representatives were nominated to participate in the reference group.

The project reference group met via videoconference on five occasions during December 2017 and September 2019, with between 10 and 14 PHNs represented at each meeting. Other project communications took place via email. The reference group provided advice on all key aspects of the project.

### **3 STOCKTAKE OF THE USE OF EXPERIENCE MEASURES IN PHNS**

In order to gain an understanding of current or proposed PHN strategies in the use of experience measures, AMHOCN liaised with DoH to contact all 31 PHNs inviting them to complete an online stocktake survey. The stocktake results (see Appendix B), identified that the majority of respondents were using a tool, either a customised tool or a member of the YES suite of measures, and were using paper or online collection. The data from consumer experience measures was most commonly used for performance monitoring, program evaluation and quality improvement.

The stocktake identified items not currently in the YES suite but seen as important to PHNs, e.g. access, timeliness of service provision, sources of referral, as well as the need to have a tool that had potential for use in alcohol and drug services.

### **4 DEVELOPMENT OF THE DRAFT YES PHN SURVEY**

Using the results of the stocktake, the project reference group identified the key elements important to a consumer's experience with a PHN and then reviewed the YES CMO survey as the basis for identifying items that might be used in a YES PHN survey. An initial draft survey was subsequently developed. Throughout the project, the reference group provided ongoing advice to AMHOCN on refinements to each version of the draft survey, aiming to ensure that the final measure would be suitable across the services and programs offered by PHNs in metropolitan, rural and remote regions. In an iterative process this advice was also informed by the results of measure development activities described below, including sector consultation and field trials.

### **5 SECTOR CONSULTATION**

Using the draft YES PHN survey, AMHOCN undertook a series of consultations via a two-stage process. The results of the consultations are provided in Appendix C.

Stage one involved face-to-face consultations with PHNs and their stakeholders in Queensland, Victoria and Western Australia. The aim was to ensure that consumers, carers and clinicians were involved in the measure development process. In total, 91 consumers, carers, service providers and PHN staff participated in the consultation sessions. AMHOCN also undertook a consultation with members of the National Mental Health Consumer and Carer Forum and National Register. Initial feedback on the draft measure was positive but also provided valuable advice regarding further refinement.

Stage two involved broader online consultations. Following revisions to the draft survey and review by the reference group, two online consultations were conducted with PHNs and the services

commissioned by PHNs, eliciting feedback on the useability and utility of the draft YES PHN survey items.

For the online consultation completed by PHNs, most States and Territories were represented with responses from 14 PHNs, providing a response rate of 45%. Most respondents indicated that all items should be kept or modified. Over half of respondents indicated a desire to participate in the field trials.

For the online consultation completed by services commissioned by PHNs, the majority of States and Territories were again represented, with responses received from 71 commissioned services. Most service provision focused on adults, delivered by an individual practitioner face to face and in the program categories of low intensity and severe and complex. Again, the majority of respondents wanted all the questions kept or modified somewhat and approximately 50% were interested in participating in a field trial.

Following the online consultations, and in collaboration with the project reference group, final changes were made to the YES PHN survey. In October 2018, the reference group approved the survey as suitable for field testing.

The YES PHN survey (Appendix D) that was used in the field trial includes 16 questions measured on two scales, both of which are 5-point positively weighted Likert-style rating scales. The first is a frequency scale (always, usually, sometimes, rarely, never) used for Q1 to Q9. The second, is a performance scale (excellent, very good, good, fair, poor) used for Q10 to Q16. The frequency scale measures how often a desired experience occurs. The performance scale measures the quality of the organisation and the extent of outcomes experienced by consumers.

The survey also includes two open-ended questions to capture positive and negative experiences with the service provider.

## **6 FIELD TRIAL OF DRAFT YES PHN SURVEY**

Following a call for expressions of interest from the PHNs, and ethics approval through the University of Wollongong Human Research Ethics Committee (reference 2019/004), field trials were conducted between May and July 2019.

### **6.1 Aim and objectives**

The aim of the field trial was to explore the psychometric properties of the YES PHN survey to identify whether any additional refinement would be required to the content prior to the publication of the survey.

### **6.2 Research method**

This field trial involved the administration of two surveys (Figure 1). Survey 1 was the YES PHN survey. The YES PHN survey could be completed either online or hardcopy, depending on the decision of the participating PHN. The hardcopy surveys were handed out to consumers (face-to-

face) (Table 2). The online surveys, emailed to consumers using an embedded link, could be completed on a variety of platforms (computer, tablet or smart phone). Both methods of administration provided the consumers with a participant information form (PIF) to help them to decide if they wished to participate in the research. These administration methods are consistent with the current methods used to distribute the YES surveys in other settings.

Survey 2 was a test retest reliability study which repeated the first survey. One additional question was also asked about change in circumstances since the previous survey was completed. This was intended to be used to measure external impacts on the reliability of the survey (sample size permitting). While PHNs and their service providers were responsible for the distribution of Survey 1, AMHOCN was responsible for the distribution of Survey 2 (using the contact details that respondents provided as part of the consent processes).

Figure 1: Method map



Table 2: Methods used in each study

Survey administration method		Survey 1: YES PHN survey	Survey 2: Reliability
Online survey	Internet/ tablet/ smart phone	✓	✓
Hardcopy surveys	Mail	✗	✓
	Face-to-face	✓	✗

Point of service posters and Participant Information Forms (PIFs) emphasised the voluntary and anonymous nature of participation to consumers. Consent was taken as given when an eligible consumer completed and submitted a survey.

### 6.2.1 Eligibility and exclusions

The survey was available to all consumers aged over 18 years, who had used a participating PHN service provider in the last three months and had not opted-out of receiving a survey.

The research design closely followed the current National Outcomes and Casemix Collection (NOCC) protocol for collection of consumer self-report measures (Australian Government Department of Health, 2019). This protocol includes general exclusion criteria or exclusion because of a temporary contraindication. The general exclusion criteria apply when the clinician is satisfied that the consumer permanently lacks the ability to understand or complete the measure (for example, due to an organic mental disorder (F00–F09 in ICD–10–AM) or intellectual disability (F70–F79 in ICD–10–AM)<sup>2</sup>. Temporary contraindications apply when the consumer is experiencing severe distress or anxiety and being offered the measure may simply result in more distress. The consumer could be reoffered the survey at a later date within their period of care if their distress or anxiety had subsided. Consumers could only be offered the measure once during the field trial.

AMHOCN provided videoconference-based training and targeted information to PHNs and their service providers on the implementation of the trial protocols.

### 6.2.2 About the sample

In total, 240 responses were received, 32% online and 68% hardcopy. While six PHNs agreed to participate in the field trial, one PHN received only a single response. Therefore, while this case was included in the total analysis, only five PHNs were used for reporting purposes (Table 3). The participating PHNs were: Brisbane North PHN, Central and Eastern Sydney PHN, Eastern Melbourne PHN, Murrumbidgee PHN, and South Western Sydney PHN.

Just 29 responses were received for the test retest, therefore, these results should be treated as indicative only.

<sup>2</sup> NB. For the proof of concept trial, the measure was intended to be completed by the consumer, not a proxy for the consumer.

Table 3: Frequency by PHN

PHN	Survey 1: YES PHN	
	Frequency (n=240*)	Percent
PHN 1	29	12.1
PHN 2	43	17.9
PHN 3	62	25.8
PHN 4	59	24.6
PHN 5	46	19.2
*NB. One PHN received only 1 response and has therefore not been included in PHN subtotals.		

Respondents were more likely to be using a severe and complex program (50%) than an AOD or low intensity program (26% and 23% respectively). Additional information about the sample characteristics is available in Appendix E.

### 6.2.3 Limitations

As the YES PHN survey was distributed by third parties (PHNs and their service providers), no data are available on the number of surveys distributed, the population size or the response rate. Generally, psychometric analysis has been conducted on the total sample (rather than sub groups) due to sample size restrictions. Therefore, the psychometric properties of the survey may vary across program streams and population groups.

In addition, while PHNs and their service providers received training from AMHOCN and support materials to assist in implementing the trial protocol, it is likely that the administration methods varied between providers depending on the nature of the service, the understanding of individual personnel and the consumer group.

The test retest sample size (n=29) was too small to make definitive judgements about reliability and should be treated as indicative only.

Even with positively weighted scales, the data is positively skewed and kurtotic as a result of the highly positive experiences of the respondents (Appendix F). This means that there is a lack of symmetry in the frequency distribution. This has potential limitations on data analysis and reporting, even with transformed data.

## 6.3 Results

This section presents the main findings from the YES PHN survey field trial.

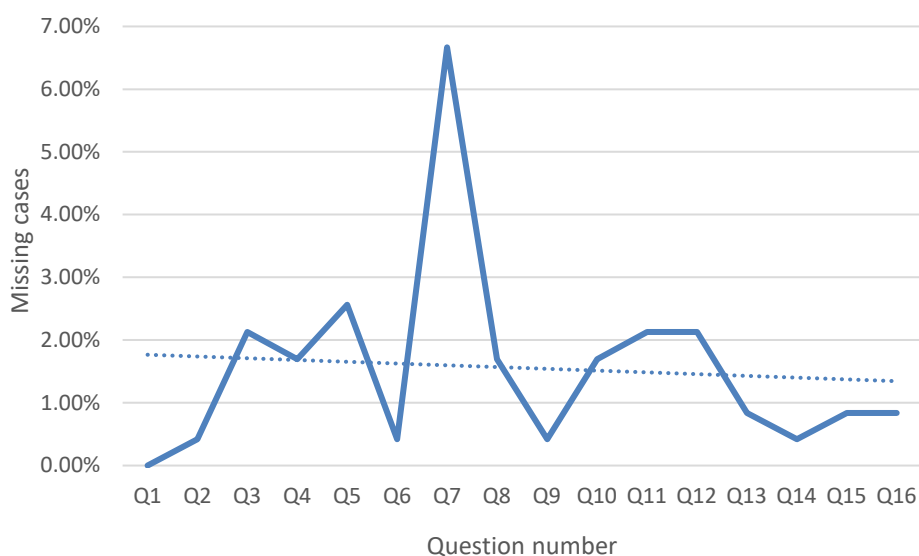
### 6.3.1 Completion times

The online survey provided an opportunity to test the completion time for the YES PHN survey. The median length of administration was 5:18 minutes.

### 6.3.2 Missing data

The proportion of missing data was low (average of 2%). The rate of data missing did not increase as a function of the number of questions completed (Figure 2), suggesting the survey is not too long. One question, Q7 *This service listened to and followed up on feedback or complaints* had a significantly higher number of missing cases. This may be because these respondents did not have experience of providing feedback or making a complaint. (NB respondents were instructed to leave questions blank if they could not, or did not wish to, provide a response).

Figure 2: Rate of missing data



### 6.3.3 Model performance

Underlying all of the YES surveys is a theoretical model where the independent experience questions (which are factors that service providers can influence through service delivery) predict overall experience of service and self-reported outcomes of contact with services (which are internalised states that providers have less direct influence over, at least in the short term). This model was tested using an ordinal logistic regression and a linear regression.

Two methods were used to test the model. Firstly, ordinal logistic regression was used to test the overall model. A linear regression was used to measure the model fit and a step-wise linear regression was used to measure the impact of individual items on overall experience.

To test the model using ordinal logistic regression, overall experience (Q16) was converted to binary format and the distribution was normalised using a square-root transformation. The model identified that the questions had a proportional impact on overall experience<sup>3</sup> and that the model was a good fit for the data<sup>4</sup>. The final model predicted the dependent variable over and above the intercept-only model<sup>5</sup>. This supports the theoretical model.

A linear regression was conducted using a continuous dependent variable constructed from the mean of the overall experience and outcome questions (Q16 to Q19). The new variable was

<sup>3</sup>  $\chi^2(22) = 12.851, p = .937$

<sup>4</sup>  $\chi^2(103) = 40.936, p = 1.000$

<sup>5</sup>  $\chi^2(103) = 47.266, p < .001$

normalised using a square-root transformation. A linear regression established that the detailed experience questions were able to predict overall experience and outcomes with a high level of certainty (adjusted  $R^2=.851$ )<sup>6</sup>. To aid in interpretation of the model, a step-wise linear regression was conducted to identify the key drivers of overall experience. This new model, converging after three iterations, also had a similarly high level of prediction (adjusted  $R^2=.836$ )<sup>7</sup>. The model found that three variables had a particularly high level of impact on overall experience and outcomes. These were:

- You had access to the service when you needed ( $\beta=.407$ )
- Development of a plan with you that considered all of your needs ( $\beta=.396$ )
- The support or care available met your needs ( $\beta=.247$ )

The high level of prediction in the model suggests that the survey provides comprehensive coverage of consumer experience. Confirming this, a review of the open-ended data did not identify any additional topics to be included in the YES PHN survey (Appendices G and H).

### 6.3.4 Dimension reduction

A Principal Components Analysis (PCA) was conducted on the 15 experience and outcome questions (overall experience was excluded). The suitability of PCA was assessed prior to analysis. Inspection of the correlation matrix showed that all variables had at least one correlation coefficient greater than 0.4. The overall Kaiser-Meyer-Olkin (KMO) measure was 0.91 with individual KMO measures all greater than 0.9, classification of 'meritorious' according to Kaiser (Kaiser, 1974). Bartlett's Test of Sphericity was statistically significant ( $p < .0005$ ), indicating that the data was likely factorizable.

Consistent with the existing YES suite, the PCA revealed two components that had eigenvalues greater than one and which explained 68.9% and 8.0% of the total variance, respectively. In addition, a two-component solution met the interpretability criterion – separating the data on direct experience (component 1) and organisational performance and outcomes (component 2) (i.e. separating the frequency and performance scales). It is important to remember that a question can contribute to both components, but will load more heavily on one component (i.e. have a higher score).

A Varimax orthogonal rotation was employed to aid interpretability (Table 4). Scores less than 0.3 were suppressed to aid interpretability. If a question scored less than a loading of 0.3 on each component it will therefore not be shown in the component matrix and is not an important driver of the component structure. The component structure aligns with the existing YES domains used for reporting. Previous work on the development of the YES domain structure identified that, statistically, items could be placed within any domain because overall the individual questions measured the construct of consumer experience.

The existing YES domains provide policy-based sub-categories within the two components (Australian Mental Health Outcomes and Classification Network, 2018).

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<sup>6</sup>  $F(12, 84) = 46.791, p < .0005$

<sup>7</sup>  $F(3, 93) = 164.373, p < .0005$



Table 4: Rotated component matrix<sup>a</sup>

	Component	
	1 Consumer experience	2 Provider performance
Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	.868	.378
The service respected your right to make decisions	.858	.399
You felt welcome using this service	.847	.343
You felt safe using this service	.808	
Staff were able to provide information or advice to help you manage your physical health if you wanted	.791	.442
You had access to this service when you needed	.731	.471
The support or care available met your needs	.728	.499
You had opportunities for your family and friends to be involved in your support or care if you wanted	.719	.410
This service listened to and followed up on feedback or complaints	.601	.527
Development of a plan with you that considered all of your needs (including support, coordination and follow up)	.344	.820
The effect of this service on your skills and strategies to look after your own health and wellbeing	.379	.810
The effect of this service on your hopefulness for the future	.427	.800
The effect of this service on your ability to manage your day to day life	.318	.788
Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.)	.401	.762
Access to a peer worker/ lived experience worker, if you wanted	.320	.729

a. Rotation converged in 3 iterations.  
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

### 6.3.5 Reliability

The reliability of the YES PHN survey was tested in three different ways. Firstly, the internal consistency of the scale was measured using Cronbach’s Alpha. Secondly, test retest reliability was used to measure association of the results between the first and second administrations of the survey. Finally, the level of agreement between test and retest results was calculated to measure the stability between the first and second administrations of the survey.

#### 6.3.5.1 Internal consistency

The internal consistency of the measure was found to be excellent overall (Cronbach’s Alpha of 0.969) as well as for the subscales (Cronbach’s Alpha of 0.931 for the frequency scale and 0.916 for the performance scale). The Cronbach’s Alpha score was not substantially improved by the deletion of any one question (Table 5). Several questions were identified as contributing to the variance in the scale, notably “respected your right to make decisions”, “the support or care available met your needs” and “you felt safe using this service”. These questions are important in contributing to the sensitivity of the scale.

Table 5: Cronbach's Alpha analysis

	Scale Mean if Question Deleted	Scale Variance if Question Deleted	Corrected Question-Total Correlation	Cronbach's Alpha if Question Deleted
You felt welcome using this service	69.78	78.274	.816	.963
You felt safe using this service	69.72	81.941	.709	.965
You had access to this service when you needed	69.90	76.374	.829	.962
You had opportunities for your family and friends to be involved in your support or care if you wanted	70.02	75.252	.770	.964
Staff were able to provide information or advice to help you manage your physical health if you wanted	69.84	77.247	.854	.962
Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	69.78	76.214	.858	.962
This service listened to and followed up on feedback or complaints	69.86	76.728	.766	.964
The service respected your right to make decisions	69.73	78.967	.871	.963
The support or care available met your needs	69.79	78.976	.842	.963
Access to a peer worker/ lived experience worker, if you wanted	70.22	74.638	.709	.966
Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.)	70.02	76.565	.790	.963
Development of a plan with you that considered all of your needs (including support, coordination and follow up)	70.02	75.979	.792	.963
The effect of this service on your hopefulness for the future	70.08	74.923	.843	.962
The effect of this service on your skills and strategies to look after your own health and wellbeing	69.99	77.162	.812	.963
The effect of this service on your ability to manage your day to day life	70.06	77.390	.736	.964
Overall, how would you rate your experience with this service in the last 3 months?	69.89	78.079	.797	.963

### 6.3.5.2 Test retest reliability

Reliability of the YES PHN survey was measured by recruiting respondents from the first survey to complete the survey again approximately up to one month later. Responses were compared between the first survey and the follow-up survey using Spearman's rho ( $r_s$ ), a nonparametric measure of association between ordinal and binary variables. It should be noted that  $r_s$  generally

provides lower correlation coefficients than Person’s product-moment correlation (Laerd Statistics, 2018). Based on experience with previous YES surveys, a correlation of 0.600 was set as the benchmark for an acceptable correlation coefficient in this research.

The average level of association using  $r_s$  was 0.669 (excluding demographic questions), with coefficients ranging from 1 (perfect correlation) to 0.429 (Table 6). Due to the low sample size, no further analysis was undertaken.

**Table 6: Question correlations (test and retest)**

Question	$r_s$	Question	$r_s$
Q1 You felt welcome using this service	1	Q9 The support or care available met your needs	0.429
Q2 You felt safe using this service	0.68	Q10 Access to a peer worker/ lived experience worker, if you wanted	NS*
Q3 You had access to this service when you needed	0.836	Q11 Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.)	0.556
Q4 You had opportunities for your family and friends to be involved in your support or care if you wanted	NS*	Q12 Development of a plan with you that considered all of your needs (including support, coordination and follow up)	0.757
Q5 Staff were able to provide information or advice to help you manage your physical health if you wanted	0.636	Q13 The effect of this service on your hopefulness for the future	0.795
Q6 Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	0.462	Q14 The effect of this service on your skills and strategies to look after your own health and wellbeing	0.71
Q7 This service listened to and followed up on feedback or complaints	NS*	Q15 The effect of this service on your ability to manage your day to day life	0.612
Q8 The service respected your right to make decisions	0.556	Q16 Overall, how would you rate your experience with this service in the last 3 months?	0.673

\*NS = not significant

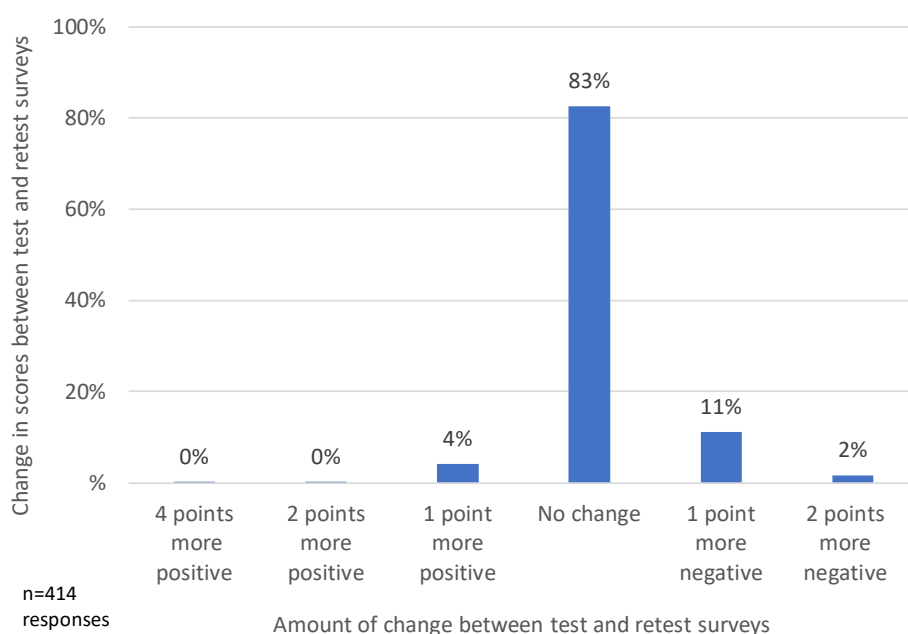
### 6.3.5.3 Stability

Stability considers the percentage of agreement between the test and retest surveys, i.e. the proportion of occasions that respondents gave the same response on an item over time<sup>8</sup>. As there are 16 experience questions in the survey, there were 16 opportunities for each of the 29 respondents to change their rating. As the questions are measured on an ordinal rating scale, a movement of one point (i.e. to an adjacent code) does not change the direction of the response). The analysis found that the survey was very stable overall, with less than 4% of responses resulting in a change of more than two rating points (Figure 3).

The online survey was found to be more stable than the hardcopy survey (93.1% and 79.8% agreement between surveys respectively). This is likely to be due to an increase in the time between test and retest surveys using the mail methodology. There was also found to be a greater level of consistency between test and retest surveys for respondents using low intensity services and drug and alcohol services than complex services (90.1%, 91.1% and 74.9% no change respectively).

<sup>8</sup> Cases providing a response of ‘not applicable’ were excluded from the analysis

Figure 3: Stability of test retest responses



## 7 DISCUSSION

The YES PHN survey had a low rate of missing data and analysis of the open-ended data identified no new topics, suggesting the survey captures the topics that are of interest to most consumers. This was supported by the regression modelling which also suggests the theoretical framework used in the survey is a good fit for the data. Furthermore, the YES PHN survey had high internal consistency, indicating that the items all form part of the same construct.

While the survey completion time was relatively short (just over 5 minutes on average based on the online data), this may still be too long for some program types where contact is very limited (such as some online services). Consideration could be given to the development of a short form YES PHN survey using data from the first round of implementation.

A PCA identified that the data was factorizable and suggested a two-factor solution as found with the other YES surveys. This suggests that a consistent factor structure could be used across all of the YES surveys, although the YES PHN survey may have additional factors (e.g. 'access'). Further data is needed, across a range of PHN mental health program types, to develop and test the final factor structure.

While the test retest reliability study was small, with a sample of just 29 participants, the results were positive. There was a reasonable correlation between test and retest scores (average of  $r_s$  0.669) and the level of agreement between scores was high (83%). While a larger test retest reliability is desirable, this has to be weighed against possible delays to the project.

Finally, the results of the trial suggest that most consumers have a very positive experience with PHN funded mental health services. If this finding is confirmed with a broader implementation of

the survey, it is likely that an alternative approach to current indicator reporting of YES data will need to ensure that the indicator is sensitive to change.

## **8 CONCLUSION**

The YES PHN Survey is a short measure of consumer experience that has shown its suitability for use in a variety of PHN mental health services. The YES PHN survey has demonstrated satisfactory internal consistency and there is evidence of the measure has test retest reliability.

Post implementation, further analysis is recommended to identify the best approach to report data with this population using domains and indicators.

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## **Appendix A**

### **YES PHN Survey Project Reference Group: Terms of Reference**



## YES PHN SURVEY PROJECT REFERENCE GROUP TERMS OF REFERENCE

---

### 1. Background

AMHOCN has supported the development and introduction of experience measures in public sector mental health services and in community managed organisations, including the Your Experience of Service (YES) Survey, the Your Experience of Service Community Managed Organisation (YES CMO) Survey and the Carer Experience Survey (CES).

The 5th National Mental Health Plan has highlighted the role of Primary Health Networks in supporting regional integration that aims to improve the outcomes and experience of consumers and carers as essential to the ongoing improvement of services.

The Australian Department of Health (DoH) has tasked the Australian Mental Health Outcomes and Classification Network (AMHOCN) with the development of a nationally consistent consumer experience measure for use by mental health service users within Primary Health Networks (PHNs) i.e. a YES PHN Survey.

### 2. Role of the Working Group

The YES PHN Survey Project Reference Group will provide advice on:

- the scope of services that may use a YES PHN Survey;
- how to ensure consumers are engaged in the process of survey development and testing;
- which questions (and language) from the YES CMO or YES public mental health surveys that should be included in a YES PHN;
- additional questions or topics that need to be included in a YES PHN Survey that are not already in the YES Surveys;
- the length of the survey;
- how the survey could be administered;
- the approach to survey testing via focus groups;
- field testing the survey; and
- the analysis of field testing results.

### 3. Membership

Membership of the YES PHN Survey Project Reference Group will comprise:

- PHN nominated representatives;
- consumer and carer representatives;
- DoH representatives;
- AMHOCN representatives; and
- invited experts as required.

### 4. Reporting

AMHOCN will provide regular reporting on the YES PHN Survey development and the results of the deliberations of the Reference Group to:

- the national Mental Health Information Strategy Standing Committee (MHISSC); and
- the Australian Department of Health.

## **Appendix B**

### **Consumer experiences measure: PHN stocktake**



**AMHOCN**

**Australian Mental Health Outcomes and Classification Network**

**'Sharing Information to Improve Outcomes'**

**An Australian Government funded initiative**

**CONSUMER EXPERIENCE MEASURE:**

**PHN STOCKTAKE**

**Summary of data**

March 2018

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## Aims

The aim of this project was to identify the current and intended use of consumer experience measures in Primary Health Networks (PHNs).

## Background

Consumers' perceptions of health care have long been identified by services, consumers, carers and families as important information required to better understand how health services are performing and to drive service quality improvement.

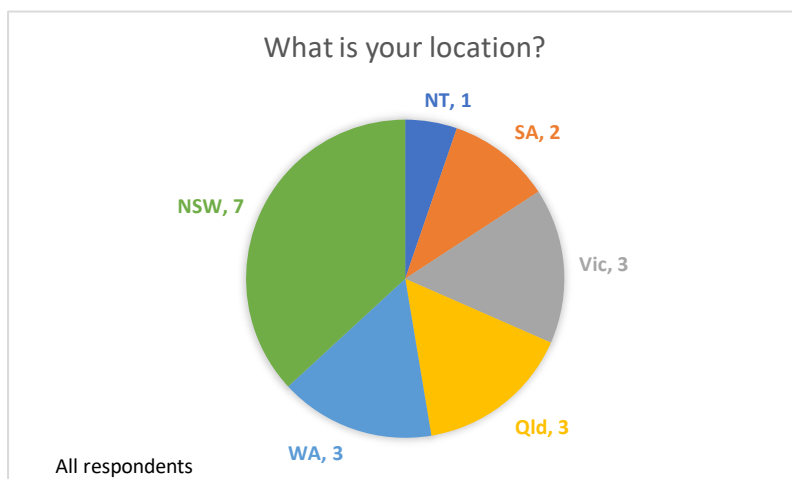
Responding to this need for information, over the last seven years a number of measures of consumers and carers experience in have been created for use in public and community managed mental health services. Called the *Your Experience of Service* (YES) surveys, this suite of measures includes items structured around four content categories (Experience, Outcomes, Open Ended and Demographics).

The Australian Department of Health has tasked the Australian Mental Health Outcomes and Classification Network (AMHOCN) with the development of a nationally consistent consumer experience measure for use by mental health service users within Primary Health Networks (PHNs). A stocktake of existing practices and tools was identified as an important scoping exercise to determine the potential uptake and use of a PHN consumer experience measure. This document summarises the information provided in that stocktake.

## Method

All 31 PHNs were invited to participate in the stocktake in February 2018. Invitations were distributed by the Australian Government Department of Health to PHN CEOs. The invitation included an embedded link to an online survey hosted by AMHOCN. A copy of the online survey is provided in Appendix A. Nineteen completed returns were received from the 31 PHNs (Figure 1) providing a response rate of 61%.

**Figure 1: Participation by jurisdiction**



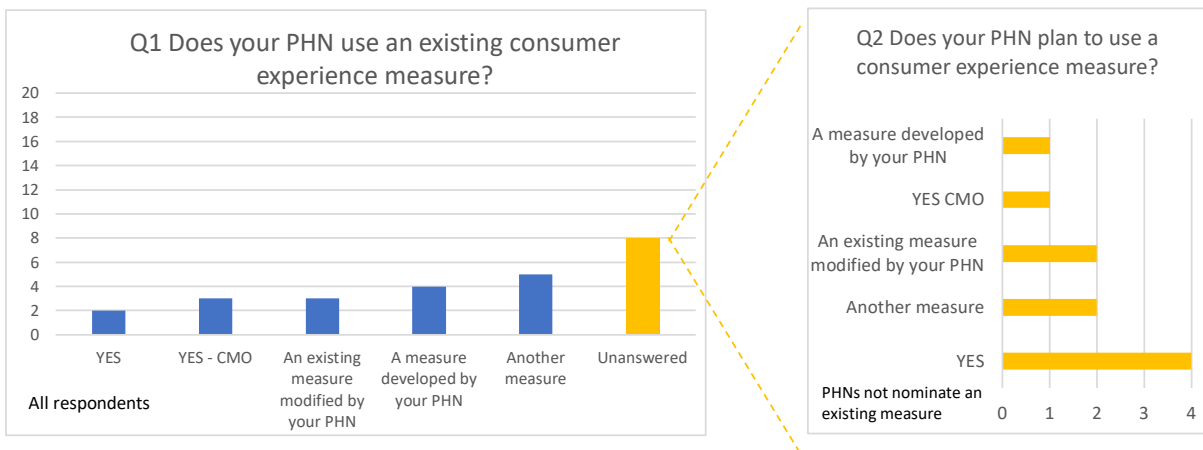
## Findings

This section provides an overview of the results for each question.

### Existing and planned consumer experience measures

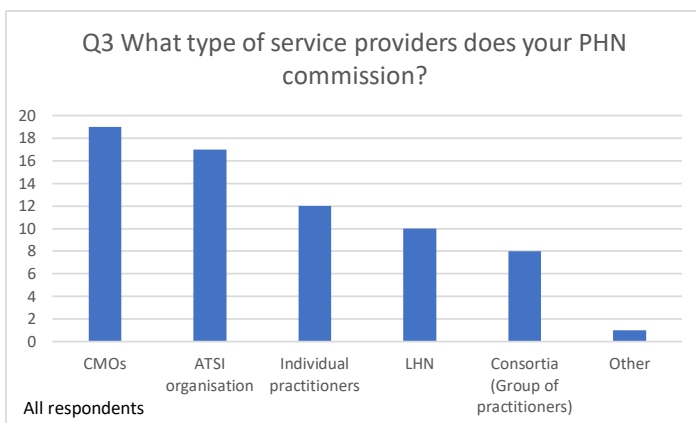
Eleven PHNs were currently using a consumer experience measure (some were using several measures) (Figure 2). Five PHNs were currently using the YES or YES CMO survey. Of the eight PHNs that did not mention a measure, five were *planning* to use the YES or YES CMO, making a total of 10 (out of 19) PHNs using or interested in the YES measures.

**Figure 2: Existing and planned use of consumer experience measures**



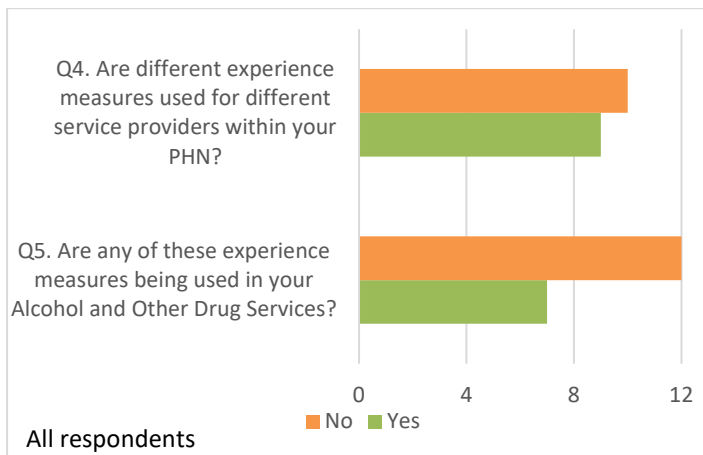
All 19 PHNs were commissioning CMOs, and most were also commissioning Aboriginal and Torres Strait Islander (ATSI) organisations (17 PHNs) and individual practitioners (12 PHNs). Around half of the PHNs were commissioning Local Health Networks (10 PHNs) or consortia (8 PHNs) (Figure 3).

**Figure 3: Commissioned services**



Many of the PHNs (9) were using different experience measures for different service providers and seven PHNs were using experience measures for consumers of alcohol and other drug services (Figure 4).

**Figure 4: Use of measures**



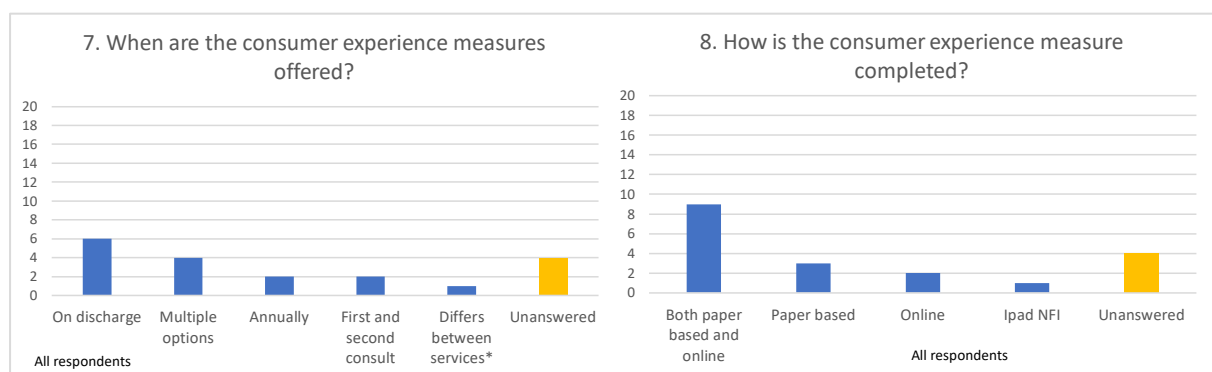
For alcohol and other drug services the experience measures being used included:

- The Client Satisfaction Questionnaire (CSQ) 8 (2 services)
- The YES survey (1 service)
- The YES CMO survey (1 service)
- A custom designed survey (1 service)

***Collection and storage of consumer experience measures***

In most cases (11 out of 13 PHNs answering the question), the commissioned service offers the survey. This was most commonly done on discharge (6 responses) or at multiple occasions (4 responses) (Figure 5). Most commonly, consumer experience measures were completed using both paper and online versions.

**Figure 5: Measure timing and completion**



The completed consumer experience measures were usually held by the commissioned service (6 responses), the PHN (5 responses) or other organisations (4 responses).

### *Reporting and use of consumer experience measures*

The data from consumer experience measures is most commonly used for performance monitoring, program evaluation and quality improvement (Box 1)

#### **Box 1: Use of data**

To ascertain 'value' of the service delivered in the eyes of the user and broader community.
To undertake quality improvement activities and service re-design, new service development as well as informing about individual service provision.
We need to look to the best way to collect data, we don't get raw data at present, and do something with it rather than merely collecting data for the sake of it.
Monitoring and evaluation of relevant performance measures.
As part of our evaluation of commissioned services and in supporting future development of services.
Quantitative and qualitative evaluation for service evaluation and continuous improvement purposes.
Quality improvement activities, evaluate quality of service.
Dashboard along with outcome measures with CSPs to further build a picture of consumer experience in the service.
To gauge the effectiveness and appropriateness of the current service provision and in the planning, development and commissioning of services in the future via co-design processes.
To support our contract meetings with commissioned providers to ensure that what they are delivering is positively supporting community members.
To drive continuous service improvement.
The PHN receives final data on the outcome of the consumer measure along with qualitative information. This is used to assess how the individual programs are going and to identify areas where improvement is required. Data is reported back to the PHN from Commissioned services on a quarterly basis.
Still considering.
As part of quality control and overall outcome measures.
Provided to every consumer who engages with a PHN commissioned activity.

Most PHNs (10) did not have KPIs in place, but eight identified that KPIs were planned or likely to be developed in the future. Of those PHNs with KPIs (or similar) in place, most were using process measures (such as establishment of surveys or completion rates) with some also using a measure of satisfaction (Box 2).

#### **Box 2: KPIs for consumer experience**

Our first round of collection had 100% of clients reporting >80% satisfaction so this has been used as a soft target for newly commissioned services.
Yes - 1. Surveys collected from 40% of clients for commissioned provider 2. Improvement in wellbeing as evidenced from surveys 3. Positive consumer and carer system experience as evidenced from surveys.
We have set targets/completion rates for each of our commissioned service providers, however due to the nature of the current YES-CMO, a number of providers are experiencing difficulties reaching these targets.
At this stage the KPI is around collection of data, i.e. ensuring the commissioned service actually collects consumer feedback (Proportion of clients submitting feedback on satisfaction of service) and reporting feedback back to the PHN.
Yes, in individual program schedules for commissioned services.
Requirements for our commissioned providers to have appropriate mechanisms and provide evidence of such. Push towards accreditation under NMHS also.



### *Other approaches*

The Queensland and Northern Territory working group (2 mentions) recommends EQ-5D and two consistent questions in consumer experience surveys:

- How well were you cared for?
- Would you recommend the service?

Several of the other measures used by PHNs included questions that are not in the current YES suite including:

- The process of making the first appointment; and
- The waiting time for appointments.

## **Discussion and conclusion**

There is already strong interest from PHNs in the YES measures. Most services have not yet set KPIs so there is an opportunity to introduce a new consumer-rated experience measure with the least possible disruption to PHNs.

The measure would need to be suitable for distribution at multiple points in the consumer journey (including annually and on discharge) and via a range of modalities. This is consistent with the intended use of the YES measures.

Ideally, the measure should be suitable for alcohol and other drug services. The YES measures are currently being used in this setting with no reported alteration.

Based on the initial review of measures in place and commentary, the draft YES PHN survey should include questions on access, waiting times and recommendation.

## PHN Stocktake Final

### Your Experience of Service PHN

---

Please provide information on how we can contact you

First Name \*

Last Name \*

PHN Name \*

State \*

Email Address \*

Phone Number \*

Mobile Phone

PHN URL

### Existing Experience Measures

---

Choose the most appropriate response (tick all that apply)

- Your Experience of Service (YES)
- Your Experience of Service Community Managed Organisations (YES - CMO)
- An existing measure modified by your PHN
- A measure developed by your PHN
- Another measure
- Not applicable

**Upload copies of the measure (s) you are using here (Do not upload the YES or YES-CMO).**

**Max file size is 10MB, you can upload up to 10 files**

Browse...

Choose the most appropriate response (tick all that apply)

- Your Experience of Service (YES)
- Your Experience of Service Community Managed Organisations (YES - CMO)
- An existing measure modified by your PHN
- A measure developed by your PHN
- Another measure
- Not applicable

Upload copies of the measure (s) you plan to use here (do not upload the YES or YES-CMO).  
Max file size is 10MB, you can upload up to 10 files

Browse...

**3. What type of service providers does your PHN commission?** (tick all that apply)

- Individual practitioners     Community Managed Organisations (CMO's)
- Consortia (Groups of practitioners)     Local health network/district
- ATSI organisation     Other - Write In

**4. Are different experience measures used for different service providers within your PHN?**

- Yes     No

If different measures are used please describe how?

**5. Are any of these experience measures being used in your Alcohol and Other Drug Services?**

- Yes    No

Which measures?

**Collection and Storage of Experience Measures**

---

**6. Is the consumer experience measure offered by the**

- PHN    Commissioned service

Other - Write In

**7. When are the consumer experience measures offered?**

- Annually    Every three months    At every contact

On discharge    Other - Write In

Not applicable

## 8. How is the consumer experience measure completed?

Paper based     Online     Both paper based and online

Other - Write In

## 9. Who holds the completed consumer experience measures?

PHN     Commissioned services

Other - Write In

## Reporting and Use of Experience Measures

---

## 10. How do you plan to use the consumer experience measures?

## 11. If you collect consumer experience measure(s) how often do you report the data? (tick all that apply)

Annually     Quarterly     Monthly     Ad hoc     Other - Write In

**12. Where is the data reported? (tick all that apply)**

- Internally to the board     Internally to service/contract managers
- Back to commissioned service providers     Consumers of the service
- Externally to the community     Externally to the funder
- Other - Write In

**13. Has your PHN developed any KPIs for consumer experience?  
Please provide details**

**Other approaches**

---

**14. Are there other measures of consumer experience or approaches to measuring consumer experience that you are aware of and think should be considered as part of this process? Please provide details**

## **Appendix C**

### **Development of the Your Experience of Service Primary Health Network (YES PHN) Survey: Report on sector consultation**





**AMHOCN**

**Australian Mental Health Outcomes and Classification Network**

**'Sharing Information to Improve Outcomes'**

**An Australian Government funded initiative**

**Development of the  
Your Experience of Service  
Primary Health Network Survey  
(YES PHN Survey):  
Report on sector consultation**

October 2018

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## Background

Consumers' perceptions of health care have long been identified by services, consumers, carers and families as important in better understanding health services' performance and to drive service quality improvement. The Your Experience of Service (YES) survey has been implemented in public sector services in several jurisdictions. A version of the YES survey has also been developed by the Australian Mental Health Outcomes and Classifications Network (AMHOCN) for use in community managed organisations (the YES CMO survey). AMHOCN has been tasked by the Australian Department of Health (DoH) with the development of a version of the YES survey suitable for use in Primary Health Networks (PHNs).

AMHOCN worked through DoH to contact all 31 PHNs across Australia to identify those interested in participating in a project reference group to support the development of the YES PHN survey. 14 PHNs currently have representatives involved in the project reference group. AMHOCN also worked with the National Mental Health Consumer and Carer Forum (NMHCCF) to seek additional consumer and carer representatives to participate in the reference group.

In order to gain an understanding of current or proposed PHN strategies in the area of consumer experience, AMHOCN also liaised with DoH to contact all PHNs inviting them to complete a stocktake survey. The results of the stocktake survey provided useful information about the use of experience tools. The stocktake identified that the majority of respondents were already using experience surveys. These were either individually developed or drawn from the YES suite of measures.

The stocktake also identified items that were not in the current YES suite of measures and included items focusing on access and timeliness of service provision as well as items about referral to, or recommendation of, the service. The results of the stocktake were presented to the project reference group.

As part of the measure development process, the project reference group identified the key elements important to a consumer's experience with a PHN and then reviewed the YES CMO survey as the basis for identifying items that might be used in a YES PHN version. A draft tool was subsequently developed.

The principle of co-design has been fundamental to the development of the YES suite of measures. To ensure that the draft YES PHN survey had suitability for use across PHNs, sector consultation was identified as important.

## Stage One – Face to face consultation

### 1. Aim

PHNs participating in the project reference group nominated to hold consultation sessions, facilitated by AMHOCN, involving consumers, carers, clinicians and PHN staff. This provided the opportunity for those involved in the PHN sector to be part of the development of a measure that would meet their needs, identify gaps in the consumer experience and support service quality improvement activities.

## 2. Method

Eight consultation sessions were undertaken across April and May 2018. In total 91 consumers, carers, service providers and PHN staff participated in the consultation sessions.

**Table 1: Participants**

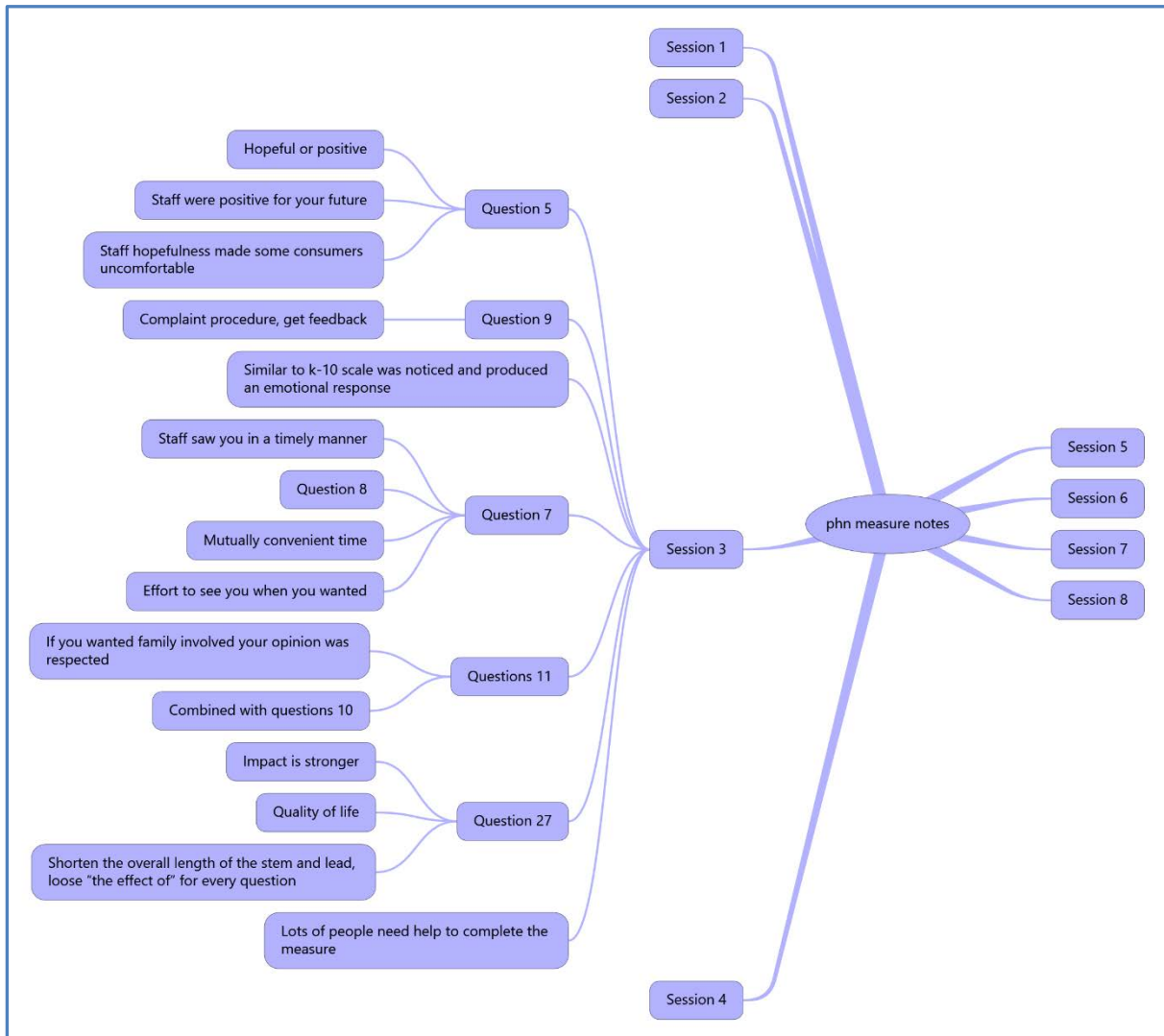
Consumer	37
Carer	9
Service Provider	18
PHN Manager	27

Most participants in the PHN manager category were from a single PHN network meeting. Consultation sessions ran approximately 2 hours (except the single PHN managers meeting). All sessions started with a brief introduction to the history of the development of the Your Experience of Service (YES) measure. Then approximately one hour was spent in a facilitated discussion having participants describe the types of experiences that they would receive from the ideal mental health service. These ideal experiences were documented on a white board during the consultation. This activity was used to ensure that discussions regarding the draft questionnaire were grounded on the groups expectations of an ideal service.

The following hour was then spent reviewing a draft experiences measure that had been developed from discussions had with the technical advisory group to the project and the results of an online stocktake of current experience measurement. This draft document was used to facilitate a discussion around individual items, the wording, meaning and alternative considerations for a PHN experience measure. During this activity notes were taken of the groups responses.

The results of the discussion of the ideal service as documented on white boards and the notes taken in MindMap (see Figure 1) during the review of the draft measure formed the data for analysis. NVivo 11 was used to support data analysis. This data was reviewed by CR and TC, identifying themes and clarifications. These findings were used to support the development of the next version of the draft measure.

Figure 1: Example MindMap notes



### 3. Results

Initial analysis involved identifying the most frequently identified issues in both the Top Ten Word Frequency Counts from the White Board and the facilitator notes.

**Table 2: Top Ten Words from open discussion (Whiteboard)**

Word	Count	Weighted Percentage (%)	Similar Words
support	19	2.38	support, supported, supporting
staff	18	2.26	staff
service	17	2.13	service, services
time	17	2.13	time, timely
needs	16	2.01	need, needed, needs
access	14	1.75	access, accessible, accessing
follow	14	1.75	follow, followed
informed	12	1.50	inform, information, informative, informed
culture	10	1.25	cultural, culturally, culture
respect	10	1.25	respect, respected, respectful

**Table 3: Top Ten Words from facilitator notes**

Word	Count	Weighted Percentage (%)	Similar Words
access	23	1.41	access, accessible, accessing
follow	17	1.04	follow, followed
informed	17	1.04	inform, information, informative, informed
needs	24	1.47	need, needed, needs
questions	39	2.39	question, questions
respected	18	1.10	respect, respected, respectful
service	47	2.88	service, services
staff	32	1.96	staff
support	26	1.59	support, supported, supporting
time	26	1.59	time, timely, times, timing

A thematic analysis identified 18 themes from the white board data and notes. The themes that most often were referenced across multiple groups included Access, Culture, Complaints process, Follow through, Information and Provider attributes. Issues of **access** included the ease of access and the range of services available. Access also included issues of referral and the timely nature of that referral. **Culture** included the need for providers to be culturally appropriate and practice in a culturally safe manner. The **complaints** theme included how safe consumers felt making a complaint, knowledge on how to make a complaint and follow through on the complaints that are made. The theme **Follow through** included issues of ongoing support post discharge, referral to appropriate services and ongoing monitoring. The provision of **information** in a simple and understandable way, that described available services and was up to date was also important. Discussion during the groups of **provider attributes** was identified as a strong theme. This included the need for providers to be empathic, honest and non-judgemental. The importance of working in a collaborative manner was also seen as important. Interestingly, the consultation indicated that

ensuring that providers were knowledgeable, well trained, were aware of contemporary practice and services available to meet consumer needs were seen as highly desirable.

Staff and service were problematic terms during the consultation with the difficulty distinguishing between providers of therapy and administrative staff e.g. “individual psychologists don’t refer to themselves as staff”, with one group identifying that “workers and service are not appropriate terms”.

Some specific recommendations regarding combining items included questions 7 and 8, questions 14 and 16 and questions 11 and 10 of the draft survey provided to the consultation participants.

#### **4. Conclusion**

The consultations identified that there was a need to review the language used in the draft survey, focussing on service rather than staff and potentially reduce the number of items by combining items. It was also identified that the language of some items could be modified to produce greater clarity with regards to access, culture and complaints, and that consideration should be given to exploring the rating period of the measure to ensure that it aligns to the types of service being provided.

## Stage Two – Online consultation

### 1. Aim

The aim of the online consultations was to enable PHNs and their commissioned services to provide feedback on the draft YES PHN survey (v. 0.6), again ensuring that they were part of the development of a measure that would meet their needs, identify gaps in the consumer experience and support service quality improvement activities.

### 2. Background

Stage One of the consultations with the PHN sector involved face-to-face consultations with consumers, carers and clinicians in Queensland, Victoria and Western Australia and with members of the National Mental Health Consumer and Carer Forum and National Register. Initial feedback on a draft measure was positive but also provided valuable advice regarding further refinement of the survey, which was subsequently undertaken by the project reference group.

The initial face-to-face consultations revealed some challenges in accessing and engaging PHN consumers, carers and clinicians. A second stage of consultations, in an online format, was therefore proposed as a way of supporting measure development.

The online consultation on the draft survey with representatives from PHNs and commissioned services tested issues such as feasibility, suitability, comprehensibility of the draft measure.

### 3. Method

The Australian Government Department of Health (DoH) distributed an email invitation from AMHOCN to PHN Chief Executives to provide feedback on the draft YES PHN survey. PHNs were also asked to distribute a link to their commissioned services.

DoH distributed the link to 31 PHNs and 14 responded, providing a response rate of 45%. Responses were also received from 71 commissioned services. As it is not known how many commissioned services were invited to participate, it is not possible to calculate a response rate for this segment.

The online survey included the YES PHN survey items and asked respondents to identify if each question should be removed, changed or kept. If a change was suggested, the respondent was asked to suggest what the change might be. Some additional questions were also asked of commissioned services to understand the service type, client group and service delivery method. Finally, respondents to both surveys were asked if they wanted to participate in the planned field trials.

### 4. Results

Feedback was received from all jurisdictions except Western Australia and the Northern Territory. The majority of services provided low intensity support with suicide prevention and severe/complex mental illness also well covered. Most services were delivered by an individual practitioner face-to-face. The majority worked with adult consumers delivering mental health services (Table 1).

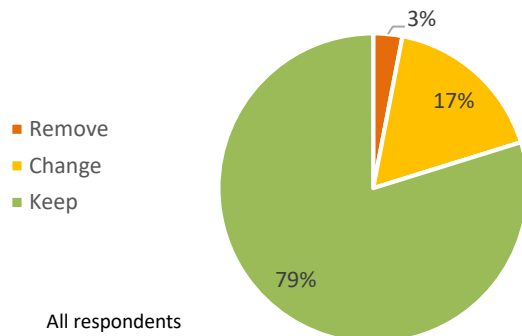
Over half of the respondents indicated a desire to participate in the planned field trials.



### i. Performance of across items

To provide an overview of the findings, the responses to the rating questions were analysed across all items (i.e. items were treated as a multiple response variable). Overall, the draft YES PHN survey was well received by PHNs and commissioned services with 79% of responses wishing to retain the items without change (Figure 1). Suggestions to remove an item were rare (3%), with minor changes to items more commonly suggested (17%).

**Figure 1: Rating across all items (calibrated on responses)**



Due to the small sample size, difference in ratings between groups was not tested. However, the qualitative feedback received and the ratings provided (Table 1) both suggest that the survey is slightly better suited for use with adults who have severe or complex mental illness. This is not surprising given that the YES survey project initially focussed on adult consumers who used public mental health services (inpatient and ambulatory).

**Table 1: Characteristics of services**

Characteristics	Removed	Modified	Kept
<b>Program areas</b>			
Low intensity (n=43)	3%	20%	77%
Rural and remote or hard to reach populations (n=17)	6%	18%	76%
Severe and complex mental illness (n=28)	3%	13%	84%
Suicide prevention (n=28)	3%	19%	79%
Aboriginal and Torres Strait Islander Mental Health (n=17)	4%	21%	75%
Other (n=12)	5%	29%	66%
<b>Delivery method</b>			
Individual (face-to-face) (n=52)	4%	13%	83%
Group (face-to-face) (n=9)	2%	30%	68%
Online or via telephone (n=2)	0%	18%	82%
Other (n=9)	2%	35%	63%
<b>Age group</b>			
Child and Adolescent (n=22)	5%	21%	74%
Adult (n=53)	3%	16%	81%
Older Persons (n=9)	7%	21%	72%
Other (n=8)	3%	27%	70%
<b>Respondent type</b>			
PHN (n=14)	4%	15%	80%
Commissioned service (n=71)	3%	17%	79%

## ii. Performance of individual items

Within this positive context, the items that received relatively lower suggestions to retain without any alterations (i.e. 'keep') were:

- **Q10: Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc ) (57% keep unaltered)**

Several respondents who suggested changes to this item questioned the emphasis on peer support and some queried whether the focus should be on referral to other support programs (including peer support).

*Why is there such heavy emphasis on peer support? What about other relevant supports?*

*[Respondent suggested rewording] You received information or referral to other appropriate services e.g. peer support, community programmes etc.*

Other respondents noted that 'peer support' may not be available or questioned whether consumers would be familiar with the term, suggesting 'lived experience worker' as an alternative.

- **Q5: Staff talked with you about your physical health in a way that was useful (64% keep unaltered)**

Most commonly respondents wanting this item altered suggested that physical health was not the focus of their service and/or that staff were not qualified to provide information on physical health. Other commenters suggested that the item should be altered to broaden the scope beyond 'physical' health.

*Change 'your physical health' to 'your health and wellbeing'.*

*Remove 'physical' so the question is applicable to all types of health (e.g. mental health, spiritual health).*

- **Q12: Development of a plan with you that addressed all of your support or care needs (such as accommodation, advocacy, employment, health, etc) (68% keep unaltered)**

Respondents suggesting changes to this item commonly noted that not all services aim to address the broad range of needs identified in the item. It was also suggested that the item is not relevant to all consumers and has a particular focus on consumers who need more support (particularly people with complex or severe mental illness).

*Not applicable to the majority of therapeutic services offered under Stepped Care, very specific to Care Coordination within Severe bracket.*

- **Q14: The effect of this service on your hopefulness for the future (69% keep unaltered)**

Generally, suggestions to change this item related to minor alteration to the wording. A minority of commenters queried the relevance or definition of 'hopefulness'.

*I've not thought of what I'm doing as being increasing 'hopefulness'.*

*Not sure how this is relevant?*

■ **Q3: You had access to this service when needed (71% keep unaltered)**

Most respondents suggesting changes to this item focussed on the definition of 'access'. The use of an example might improve the clarity of this question.

*Does access relate to opening times and/or availability of staff? 'Access' needs to be defined. Some people would have difficulty with the difference between need and want. Sometimes the services they want is not the service they need and the service they want cannot be provided by the service they are accessing.*

*If you mean 'wait time' perhaps specifically state this? as it may be interpreted as 'hours of opening' or disability access for example.*

■ **Q13: The follow up provided by this service (73% keep unaltered)**

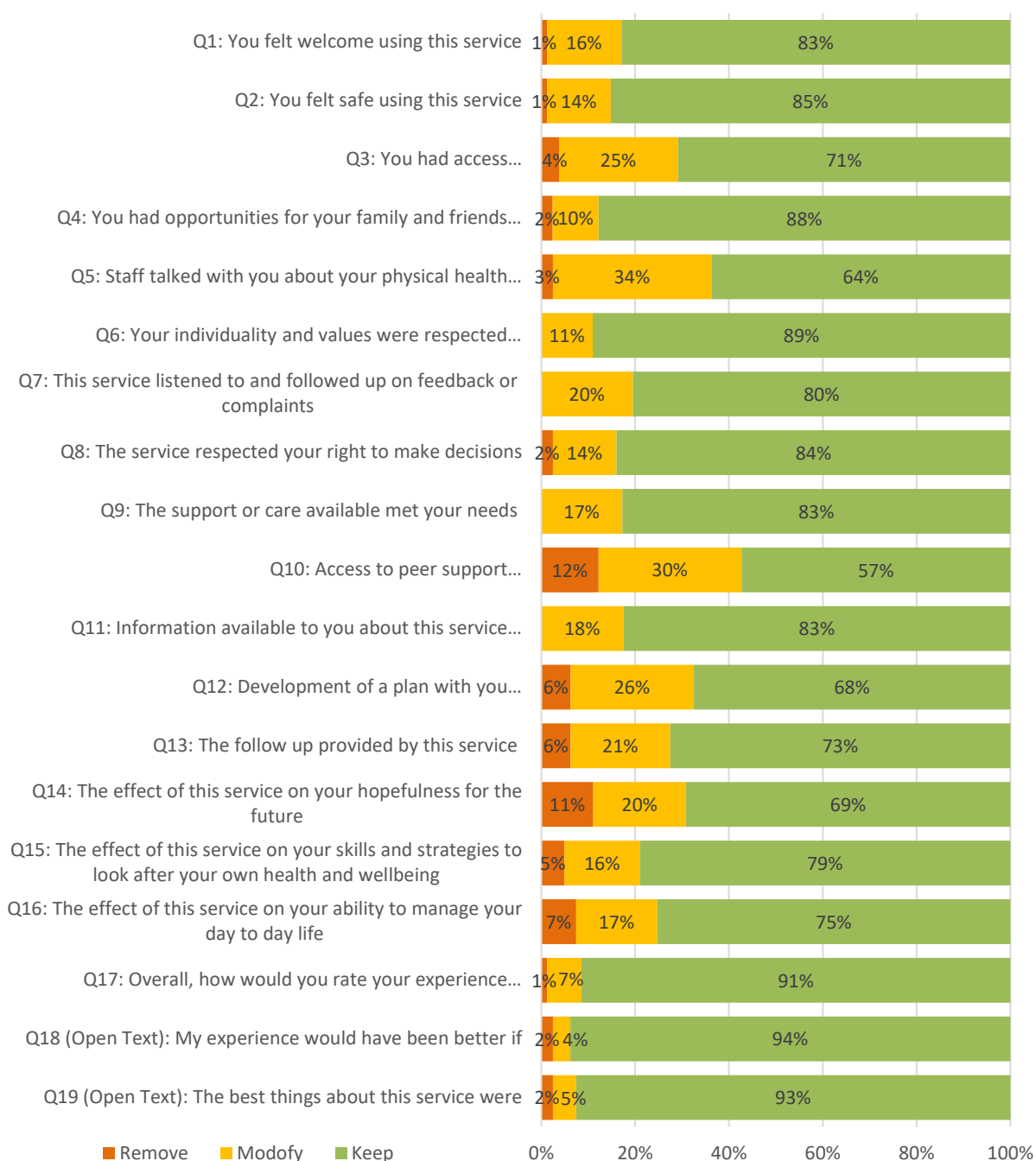
Many respondents suggesting changes to this item had trouble understanding what was meant by 'follow up'. Furthermore, some services did not provide follow up and felt the item would be confusing for their clients. The use of an example might improve the clarity of this question.

*Follow up might not always be expected from a commissioned service, it might be the GP or referrer who needs to do the follow up.*

*This question might need some clarity around what is meant by follow up.*

*If you mean compliments, complaints it is already covered.*

**Figure 2: Rating of experience questions by PHNs and commissioned services**



**iii. Other issues**

There were also several comments across the survey responses that the term ‘service’ might be confusing to some consumers where a commissioned service subcontracts a program provider. The identification of the service name in the survey should alleviate this concern.

*As a commissioned service, which subcontracts to service providers, reference to ‘this service’ could have different meanings for clients - for clarity it may assist to have a distinction between the different aspects and which the feedback relates to.*

## **5. Conclusion**

The draft YES PHN survey tested well across a range of service types. Areas for further refinement to the draft survey were identified e.g. modification to some individual words and the inclusion of examples to clarify questions. The results of the online consultation will be reviewed with the project reference group who will provide advice on modifications and final cognitive testing with consumers prior to the planned field trial in PHNs.

## **Appendix D**

### **Your Experience of Service Primary Health Network (YES PHN) Survey**

APPENDIX D

# Your Experience of Service

## PHN Survey

Your feedback is important. This questionnaire was developed with service consumers. It aims to help providers and consumers to work together to build better services. Completion of the survey is voluntary. All information collected in this survey 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. You should read the Participant Information Form before deciding if you want to complete this survey.

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

1	<input type="radio"/>	2	<input checked="" type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>
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These questions ask **how often** we did the following things . . .

<i>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?</i> (Check one response for each question)						Not applicable
Never	Rarely	Sometimes	Usually	Always		
1. You felt welcome using this service	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
2. You felt safe using this service	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
3. You had access to this service when you needed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
4. You had opportunities for your family and friends to be involved in your support or care if you wanted	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 9
5. Staff were able to provide information or advice to help you manage your physical health if you wanted	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
7. This service listened to and followed up on feedback or complaints	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
8. The service respected your right to make decisions	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
9. The support or care available met your needs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	

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

<i>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?</i> (Check one response for each question)						Not applicable
Poor	Fair	Good	Very Good	Excellent		
10. Access to a peer worker/ lived experience worker, if you wanted	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 9
11. Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
12. Development of a plan with you that considered all of your needs (including support, coordination and follow up)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 9

## Your Experience of Service PHN Survey

*As a result of your experience with the service in the last 3 months or less please rate the following...*

*(Check one response for each question)*

Poor Fair Good **Very Good** Excellent

	Poor	Fair	Good	Very Good	Excellent
13. The effect of this service on your hopefulness for the future	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14. The effect of this service on your skills and strategies to look after your own health and wellbeing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
15. The effect of this service on your ability to manage your day to day life	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
16. Overall, how would you rate your experience with this service in the last 3 months?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

17. My experience would have been better if . . . (write in)

18. The best things about this service were . . . (write in)

### Demographic questions

The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information collected in this section will be used to identify you.

19. What is your gender identity?	<input type="checkbox"/> 1 Male	<input type="checkbox"/> 2 Female	<input type="checkbox"/> 3 Other _____		
20. What is the main language you speak at home?	<input type="checkbox"/> 1 English	<input type="checkbox"/> 2 Other _____			
21. Are you of Aboriginal or Torres Strait Island origin?	<input type="checkbox"/> 1 No	<input type="checkbox"/> 3 Yes – Torres Strait Islander	<input type="checkbox"/> 2 Yes - Aboriginal	<input type="checkbox"/> 4 Yes – Aboriginal and Torres Strait Islander	
22. What is your age?	<input type="checkbox"/> 1 Under 18 years	<input type="checkbox"/> 3 25 to 44 years	<input type="checkbox"/> 5 65 years and over	<input type="checkbox"/> 2 18 to 24 years	<input type="checkbox"/> 4 45 to 64 years
23. How long have you been receiving support or care from this service?	<input type="checkbox"/> 1 1 day to 2 weeks	<input type="checkbox"/> 3 1 to 3 months	<input type="checkbox"/> 5 More than 6 months	<input type="checkbox"/> 2 3 to 4 weeks	<input type="checkbox"/> 4 4 to 6 months
24. Who referred you to this service?	<input type="checkbox"/> 1 Family doctor/ GP	<input type="checkbox"/> 3 Another health professional	<input type="checkbox"/> 5 Other, please write in	<input type="checkbox"/> 2 Nurse	<input type="checkbox"/> 4 Myself
25. How involved were you in choosing this service?	<input type="checkbox"/> 1 Not at all involved	<input type="checkbox"/> 2 A little involved	<input type="checkbox"/> 3 Fully involved		
26. Did someone help you complete this survey?	<input type="checkbox"/> 1 No	<input type="checkbox"/> 3 Yes – someone from the service		<input type="checkbox"/> 2 Yes - family or friend	<input type="checkbox"/> 4 Yes - someone else

Thank you for your time completing this survey. Remember, if anything in this survey has upset you, you can talk to your local doctor, mental health worker or call Lifeline on 13 11 14.



## **Appendix E**

### **YES PHN Survey Field Trial: Demographic data by service type**

## APPENDIX E

# YES PHN Survey Field Trial: Demographic data by service type

		Low intensity	AOD	Complex	Total
<b>What is your gender identity?</b>	Male	40.0% <sub>a,b</sub>	56.5% <sub>a</sub>	31.4% <sub>b</sub>	39.9%
	Female	56.4% <sub>a,b</sub>	43.5% <sub>a</sub>	66.9% <sub>b</sub>	58.4%
	Other	3.6% <sub>a</sub>	0.0% <sup>1</sup>	1.7% <sub>a</sub>	1.7%
	Total	100.0%	100.0%	100.0%	100.0%
<b>What is the main language you speak at home?</b>	English	90.9% <sub>a</sub>	100.0% <sup>1</sup>	94.1% <sub>a</sub>	94.9%
	Other	9.1% <sub>a</sub>	0.0% <sup>1</sup>	5.9% <sub>a</sub>	5.1%
<b>What is your age?</b>	Under 18 years	1.8% <sub>a</sub>	0.0% <sup>1</sup>	4.1% <sub>a</sub>	2.5%
	18 to 24 years	12.7% <sub>a</sub>	12.9% <sub>a</sub>	13.2% <sub>a</sub>	13.0%
	25 to 44 years	38.2% <sub>a,b</sub>	51.6% <sub>a</sub>	30.6% <sub>b</sub>	37.8%
	45 to 64 years	36.4% <sub>a</sub>	25.8% <sub>a</sub>	43.0% <sub>a</sub>	37.0%
	65 years and over	10.9% <sub>a</sub>	9.7% <sub>a</sub>	9.1% <sub>a</sub>	9.7%
<b>How long have you been receiving support or care from this service?</b>	1 day to 2 weeks	3.6% <sub>a</sub>	3.2% <sub>a</sub>	0.0% <sup>1</sup>	1.7%
	3 to 4 weeks	5.5% <sub>a</sub>	3.2% <sub>a</sub>	1.7% <sub>a</sub>	3.0%
	1 to 3 months	56.4% <sub>a</sub>	25.8% <sub>b</sub>	13.4% <sub>b</sub>	26.7%
	4 to 6 months	12.7% <sub>a</sub>	19.4% <sub>a</sub>	13.4% <sub>a</sub>	14.8%
	More than 6 months	21.8% <sub>a</sub>	48.4% <sub>b</sub>	71.4% <sub>c</sub>	53.8%
<b>Who referred you to this service?</b>	Family doctor / GP	25.5% <sub>a</sub>	6.9% <sub>b</sub>	56.3% <sub>c</sub>	36.6%
	Nurse	0.0% <sup>1</sup>	1.7% <sub>a</sub>	3.4% <sub>a</sub>	2.2%
	Another health professional	18.2% <sub>a</sub>	31.0% <sub>a</sub>	26.9% <sub>a</sub>	25.9%
	Myself	34.5% <sub>a</sub>	41.4% <sub>a</sub>	2.5% <sub>b</sub>	19.8%
	Other	21.8% <sub>a</sub>	19.0% <sub>a</sub>	10.9% <sub>a</sub>	15.5%
<b>How involved were you in choosing this service?</b>	Not at all involved	10.9% <sub>a</sub>	4.9% <sub>a</sub>	13.8% <sub>a</sub>	10.8%
	A little involved	16.4% <sub>a</sub>	27.9% <sub>a</sub>	27.6% <sub>a</sub>	25.0%
	Fully involved	72.7% <sub>a</sub>	67.2% <sub>a</sub>	58.6% <sub>a</sub>	64.2%
Note: Values in the same row and subtable not sharing the same subscript are significantly different at $p < .05$ in the two-sided test of equality for column proportions. Cells with no subscript are not included in the test. Tests assume equal variances. <sup>2</sup>					
1. This category is not used in comparisons because its column proportion is equal to zero or one.					
2. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.					

## **Appendix F**

### **YES PHN Survey Field Trial: Performance scores by program**

## APPENDIX F

# YES PHN Survey Field Trial: Performance scores by program

		Low intensity (n=56)	AOD (n=62)	Complex (n=121)	Total (n=239)
You felt welcome using this service	Never	1.8% <sub>a</sub>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.4%
	Rarely	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.8% <sub>a</sub>	0.4%
	Sometimes	1.8% <sub>a</sub>	0.0% <sup>1</sup>	1.7% <sub>a</sub>	1.3%
	Usually	3.6% <sub>a</sub>	4.8% <sub>a</sub>	8.3% <sub>a</sub>	6.3%
	Always	92.9% <sub>a</sub>	95.2% <sub>a</sub>	89.3% <sub>a</sub>	91.6%
You felt safe using this service	Never	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0%
	Rarely	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0%
	Sometimes	3.6% <sub>a</sub>	0.0% <sup>1</sup>	0.8% <sub>a</sub>	1.3%
	Usually	1.8% <sub>a</sub>	6.5% <sub>a</sub>	7.5% <sub>a</sub>	5.9%
	Always	94.6% <sub>a</sub>	93.5% <sub>a</sub>	91.7% <sub>a</sub>	92.9%
You had access to this service when you needed	Never	1.8% <sub>a</sub>	0.0% <sup>1</sup>	0.9% <sub>a</sub>	0.9%
	Rarely	0.0% <sup>1</sup>	0.0% <sup>1</sup>	1.7% <sub>a</sub>	0.9%
	Sometimes	3.6% <sub>a</sub>	0.0% <sup>1</sup>	4.3% <sub>a</sub>	3.0%
	Usually	17.9% <sub>a</sub>	22.6% <sub>a</sub>	28.4% <sub>a</sub>	24.4%
	Always	76.8% <sub>a</sub>	77.4% <sub>a</sub>	64.7% <sub>a</sub>	70.9%
You had opportunities for your family and friends to be involved in your support or care if you wanted	Never	5.6% <sub>a</sub>	0.0% <sup>1</sup>	6.2% <sub>a</sub>	4.5%
	Rarely	5.6% <sub>a</sub>	0.0% <sup>1</sup>	1.2% <sub>a</sub>	1.9%
	Sometimes	2.8% <sub>a</sub>	5.3% <sub>a</sub>	7.4% <sub>a</sub>	5.8%
	Usually	16.7% <sub>a</sub>	18.4% <sub>a</sub>	13.6% <sub>a</sub>	15.5%
	Always	69.4% <sub>a</sub>	76.3% <sub>a</sub>	71.6% <sub>a</sub>	72.3%
Staff were able to provide information or advice to help you manage your physical health if you wanted	Never	2.2% <sub>a</sub>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.4%
	Rarely	0.0% <sup>1</sup>	0.0% <sup>1</sup>	1.7% <sub>a</sub>	0.9%
	Sometimes	2.2% <sub>a</sub>	3.2% <sub>a</sub>	7.8% <sub>a</sub>	5.4%
	Usually	13.0% <sub>a</sub>	14.5% <sub>a</sub>	16.5% <sub>a</sub>	15.2%
	Always	82.6% <sub>a</sub>	82.3% <sub>a</sub>	73.9% <sub>a</sub>	78.0%
Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	Never	3.6% <sub>a</sub>	0.0% <sup>1</sup>	0.8% <sub>a</sub>	1.3%
	Rarely	0.0% <sup>1</sup>	0.0% <sup>1</sup>	1.7% <sub>a</sub>	0.9%
	Sometimes	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0%
	Usually	0.0% <sup>1</sup>	3.2% <sub>a</sub>	6.8% <sub>a</sub>	4.3%
	Always	96.4% <sub>a</sub>	96.8% <sub>a</sub>	90.7% <sub>a</sub>	93.6%
This service listened to and followed up on feedback or complaints	Never	0.0% <sup>1</sup>	1.9% <sub>a</sub>	1.0% <sub>a</sub>	1.0%
	Rarely	2.3% <sub>a</sub>	0.0% <sup>1</sup>	1.0% <sub>a</sub>	1.0%
	Sometimes	2.3% <sub>a</sub>	0.0% <sup>1</sup>	1.0% <sub>a</sub>	1.0%
	Usually	4.7% <sub>a</sub>	11.5% <sub>a</sub>	15.7% <sub>a</sub>	12.2%
	Always	90.7% <sub>a</sub>	86.5% <sub>a</sub>	81.4% <sub>a</sub>	84.8%
The service respected your right to make decisions	Never	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0%
	Rarely	1.9% <sub>a</sub>	0.0% <sup>1</sup>	0.8% <sub>a</sub>	0.9%
	Sometimes	1.9% <sub>a</sub>	0.0% <sup>1</sup>	0.8% <sub>a</sub>	0.9%
	Usually	1.9% <sub>a</sub>	6.6% <sub>a</sub>	7.5% <sub>a</sub>	6.0%
	Always	94.3% <sub>a</sub>	93.4% <sub>a</sub>	90.8% <sub>a</sub>	92.3%
The support or care available met your needs	Never	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0%
	Rarely	1.8% <sub>a</sub>	0.0% <sup>1</sup>	0.8% <sub>a</sub>	0.8%
	Sometimes	1.8% <sub>a</sub>	0.0% <sup>1</sup>	0.8% <sub>a</sub>	0.8%
	Usually	14.3% <sub>a</sub>	16.1% <sub>a</sub>	17.5% <sub>a</sub>	16.4%
	Always	82.1% <sub>a</sub>	83.9% <sub>a</sub>	80.8% <sub>a</sub>	81.9%

## APPENDIX F

		Low intensity (n=56)	AOD (n=62)	Complex (n=121)	Total (n=239)
Access to a peer worker/ lived experience worker, if you wanted	Poor	0.0% <sup>1</sup>	0.0% <sup>1</sup>	5.7% <sub>a</sub>	2.7%
	Fair	11.1% <sub>a</sub>	1.9% <sub>a</sub>	2.9% <sub>a</sub>	4.0%
	Good	14.8% <sub>a</sub>	0.0% <sup>1</sup>	12.9% <sub>a</sub>	8.7%
	Very good	18.5% <sub>a</sub>	32.7% <sub>a</sub>	20.0% <sub>a</sub>	24.2%
	Excellent	55.6% <sub>a</sub>	65.4% <sub>a</sub>	58.6% <sub>a</sub>	60.4%
Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.)	Poor	0.0% <sup>1</sup>	0.0% <sup>1</sup>	2.6% <sub>a</sub>	1.3%
	Fair	1.8% <sub>a</sub>	1.6% <sub>a</sub>	2.6% <sub>a</sub>	2.2%
	Good	12.7% <sub>a</sub>	3.2% <sub>a,b</sub>	2.6% <sub>b</sub>	5.2%
	Very good	21.8% <sub>a</sub>	33.9% <sub>a</sub>	25.2% <sub>a</sub>	26.7%
	Excellent	63.6% <sub>a</sub>	61.3% <sub>a</sub>	67.0% <sub>a</sub>	64.7%
Development of a plan with you that considered all of your needs (including support, coordination and follow up)	Poor	0.0% <sup>1</sup>	0.0% <sup>1</sup>	2.8% <sub>a</sub>	1.4%
	Fair	3.9% <sub>a</sub>	0.0% <sup>1</sup>	1.9% <sub>a</sub>	1.9%
	Good	9.8% <sub>a</sub>	6.8% <sub>a</sub>	4.7% <sub>a</sub>	6.5%
	Very good	23.5% <sub>a</sub>	25.4% <sub>a</sub>	23.6% <sub>a</sub>	24.1%
	Excellent	62.7% <sub>a</sub>	67.8% <sub>a</sub>	67.0% <sub>a</sub>	66.2%
The effect of this service on your hopefulness for the future	Poor	0.0% <sup>1</sup>	0.0% <sup>1</sup>	1.7% <sub>a</sub>	0.9%
	Fair	1.9% <sub>a</sub>	1.6% <sub>a</sub>	1.7% <sub>a</sub>	1.7%
	Good	9.3% <sub>a</sub>	8.1% <sub>a</sub>	10.9% <sub>a</sub>	9.8%
	Very good	24.1% <sub>a</sub>	30.6% <sub>a</sub>	31.9% <sub>a</sub>	29.8%
	Excellent	64.8% <sub>a</sub>	59.7% <sub>a</sub>	53.8% <sub>a</sub>	57.9%
The effect of this service on your skills and strategies to look after your own health and wellbeing	Poor	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0%
	Fair	3.6% <sub>a</sub>	1.6% <sub>a</sub>	1.7% <sub>a</sub>	2.1%
	Good	10.7% <sub>a</sub>	3.2% <sub>a</sub>	7.6% <sub>a</sub>	7.2%
	Very good	30.4% <sub>a</sub>	25.8% <sub>a</sub>	37.8% <sub>a</sub>	32.9%
	Excellent	55.4% <sub>a</sub>	69.4% <sub>a</sub>	52.9% <sub>a</sub>	57.8%
The effect of this service on your ability to manage your day to day life	Poor	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.8% <sub>a</sub>	0.4%
	Fair	3.7% <sub>a</sub>	1.6% <sub>a</sub>	1.7% <sub>a</sub>	2.1%
	Good	11.1% <sub>a</sub>	8.1% <sub>a</sub>	9.3% <sub>a</sub>	9.4%
	Very good	27.8% <sub>a</sub>	33.9% <sub>a</sub>	34.7% <sub>a</sub>	32.9%
	Excellent	57.4% <sub>a</sub>	56.5% <sub>a</sub>	53.4% <sub>a</sub>	55.1%
Overall, how would you rate your experience with this service in the last 3 months?	Poor	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0% <sup>1</sup>	0.0%
	Fair	1.8% <sub>a</sub>	1.6% <sub>a</sub>	2.5% <sub>a</sub>	2.1%
	Good	3.6% <sub>a</sub>	3.3% <sub>a</sub>	3.3% <sub>a</sub>	3.4%
	Very good	21.4% <sub>a</sub>	18.0% <sub>a</sub>	22.5% <sub>a</sub>	21.1%
	Excellent	73.2% <sub>a</sub>	77.0% <sub>a</sub>	71.7% <sub>a</sub>	73.4%
<p>Note: Values in the same row and subtable not sharing the same subscript are significantly different at <math>p &lt; .05</math> in the two-sided test of equality for column proportions. Cells with no subscript are not included in the test. Tests assume equal variances.<sup>2</sup></p> <p>1. This category is not used in comparisons because its column proportion is equal to zero or one.</p> <p>2. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.</p>					

## **Appendix G**

**YES PHN Survey Field Trial: My experience would have been better if...**

## APPENDIX G

# YES PHN Survey Field Trial: My experience would have been better if...

(There was) more co-operating with other agencies, other services such as support group eg sports club. social club, church social club.

(I) work fulltime, support afterhours would help.

Had to explain things over and over, need more notetaking, felt like first appointment each time

More education for psychological disorder, eg dissociative disorder

All my scheduled calls happened. I didn't receive a call a few times and had to chase up.

Assistance was extended. Longer time of program.

Digitising of KIO forms or DAS forms. There is just so much paper. Bureaucracy can take place outside of session times.

Easier parking.

Euthanasia!

For a period, there was too much going on but it wasn't anyone's fault.

Having a care coordinator available at all times.

I am bit confused as to who I am giving feedback. You see, I contacted my GP and my psychologist contacted me so I have been in contact with PHN except the time where I was trying to find out why it was taking so long for a fax to get to you so that it could get to my psychologist.

I could have seen my counsellor for a few more sessions.

I found each session helped me understand my use of drugs more clearly and I didn't feel judged.

I got to use this nice room more often.

I had more practical support activities and if during the weekends or week I had someone to call in times when I'm stressed.

I had received the manual a week in advance (so I could pre read).

I had the possibility of regaining my former physical health and mental well-being.

I lived closer and was able to make earlier appointment times.

I put in more action.

I was a millionaire with no problems! If the service wasn't changed by gov. funding issues to provide ongoing service.

I was able to attend face to face location.

I was able to see the psychiatrist sooner. Had to wait a long time. And probably needed a longer time to talk.

If there were not so many public holidays.

Learning about self and self compassion.

Linking of services within (organisation).

Maybe a closer service in the eastern suburbs?? Maybe a better facade/ street presentation, not that matters to me, but some may not know it's there. No signage at (location withheld) road facility and entrance is in the rear. I can look past that but others may not. I found out about it via a friend who WORKS there. Maybe let GP know of the service????

More days available, however, I always appreciate my time with xx.

## APPENDIX G

More peer workers, more hours to be allocated to participant, more available cars to transport participant. Left Wellness group - repeatable, too much input from participant. Less personal sharing, more ideas and strategies, rather than his participants 'sore stories'.

More people who needed it could access this service if it was available on Saturday mornings.

More visits.

My GP had been better informed of the service. As they had not heard of it, I had to educate them about the service and its requirements. That said, the service itself has been excellent and it is an existential relief to be able access care.

My Peer Worker actually met up with me. I only saw her twice, but she stood me up four times without any explanation. I felt embarrassed to book an appointment with her out of fear I'd be waiting in public by myself for her to never come. Due to severe social anxiety it would take the full length of a conversation for me to full confident enough to express serious concerns and core issues that I was dealing with. Next session the things I finally admitted were often ignored and we never returned to them.

Pls could u educate the GPs more. Some will sign 4 this & some say no can't be long term? Wrong. I am long term suffer being using this for yrs - pls keep it go for us.

Something happening in the evenings.

Sometimes it would be good to see more often when things are particularly bad. But there isn't the room.

Sometimes my appointments (should be) closer together.

The (waiting time) could have been quicker to see a counsellor. They do their best to help and get me in quick enough.

There had been greater speed with the connection with the psychologist. From my first consultation with the GP to finally being referred was about three weeks. The result was fantastic but the speed could be improved.

There was communication and contact from the service when appointments were cancelled by them. I showed up to appointments only to find out my peer support worker was not in. Basically one week I had appointments the next I didn't. After a month or so I got a phone call saying she (my peer support worker) heard I wanted to apologize for something? Then she made my appointments set as a phone call each week. I never heard from her again, it's been about 5 or 6 months. Communication and professionalism need some work.

There were more sessions available.

Wait time for peer work.

Wasn't aware of the availability for family to come.

We have more than 6 coaching sections.



## **Appendix H**

**YES PHN Survey Field Trial: The best things about this service were...**

## APPENDIX H

# YES PHN Survey Field Trial: The best things about this service were...

A lot: therapy has been good, great psych connection, great care and understanding, tailored well to needs, far more accommodating than (alternative service) apt times, understanding, more appreciating.

Outreach was v useful for breaking down physical barrier.

How readily available it was to me.

Call psych when in need, reminders for apt was v helpful.

Peer support mostly gave hope for participant, as isolated, lifestyle, job challenges

Psychology (names withheld) were great in presentation, mindfulness program.

Talk therapy was excellent. One of the best ever with (name withheld) one on one sessions, for follow up.

Accessibility.

Action Planning. hopeful in day to day living skill e.g tafe and learners.

Advice.

All the family can be seen separately.

Always available to speak to them (Counsellors) when require help or advice on phone.

Amazing and very grateful that I am able to receive so many sessions and free- at a very delicate time of my life. It would be great if the wider LGBTQI community was aware of this service.

Apt available outside business hours. No judgement about drug history.

Being able to bring my mother to a session, and the fact that my counsellor did not give up on me even though I was very stuck a lot of the time.

Being able to have enough sessions to help me. It is good that my appointments are able to be fitted in with my access to public transport.

Being able to make an appointment when I need and always being fitted in, even if I miss an appointment.

Very caring and remembers all my information (I don't need to remind her of anything)

Being listened to in a friendly & helpful way.

Being respected for differences. The voluntary aspect and that it was ok if unable to attend a session

(Name withheld), he really listened I felt like from day one I could be open and honest with him he made me feel so comfortable always encouraging and it is a testament to how well I have done on the programme.

Name withheld). We clicked straight away.

Compassion understanding.

Connecting with others & the support.

Consistency & Professionalism.

Convenience and someone to talk to.

Counsellor listened well and I felt respected.

Discussion/talks.

(Name withheld). Counsellors.

Easy to get support and talk therapy.

Easy to talk to understands my situation.

Enjoyed sessions

## APPENDIX H

Outreach was useful, transport would be a barrier.

Excellent practitioner (name withheld). I could not have afforded it without this scheme.

Fantastic service with (name withheld) and understanding.

Feeling better about myself.

Feeling comfortable at all times.

Finding people who actually knew what they were doing and could actually help me.

Follow up to check how I'm doing for me to get back with the service whereas other services did not care or follow up to check how I was doing.

Free, consistency, being able to develop a relationship.

Getting a care coordinator - huge difference.

Getting to know therapist and how they helped me with things

Giving me more hopes

Great consultant. Very good info and support

Great counsellor who listened to my needs and helped me understand my addiction.

Having a brilliant presenter with outstanding communication & interpersonal skills. Very respectful and insightful presentation of invaluable tools for my life.

Having sessions with (name withheld). She's incredible

Having someone to talk to.

Having someone to talk to and get a second opinion on my problems.

He is good to me.

Doing good job.

I like to come here.

Gives me something to do.

Help.

Helpful.

Helpful met my needs.

Helpfulness.

How calm & respectful they were.

How helpful & supportive it has been. Also how much it has helped me with everything.

I can have all services in one but the counselling is good. Also the Monday group mudmap is great, talking about a different topic about addiction each week.

I don't have any complaints. The supports have been quickly mobilised, expanded where needed & addressed every aspect of what has been needed. I've never felt so supported & validated before. It has been a hugely positive experience.

I felt respected when I was talking about my issues. I felt no sense of judgement when talking. I felt like they cared and wanted to help.

I felt safe and comfortable to express myself.

I felt the counsellor was there for me and I trusted him respected his knowledge.

I found it excellent right from the start, very practical.

I found the counsellor gave me deep insights into how addiction entered my life and how to find a way to live with reality without using anything.

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I had never had counselling for addictions before and I appreciated that the counsellor started with the basics and took me on a journey.

I had the help and new strategies to handle my anxiety.

I was listened to and a plan was developed for my needs that gives me back hope for the future.

I'm listened to given good advice & strategies assistance in all aspects where possible - eg housing substance use mental health.

Involvement of GP.

It did have a wide variety of resources I could use and the psych was very well informed and educated. He was able to give me an explanation to what was going on and why it was happening.

It has been very helpful in regards to helping me branch out physically - gym membership.

It has helped me access cre (sic) when its very hard to find services being a rural area.

It is accessible to the group who are not eligible for any other services and it is free. It was not possible for me to get any help because of my visa status and financial issues. Under this scheme I am receiving the help and support I needed to be ...

It's dependable.

(Name withheld) and her humanistic approach.

Keep getting the care that I need.

knowledgeable and empathic staff listened to me and gave me hope for the future

Liked phycologist support and peer worker helped a lot.

Major improvement in my life due to Trauma from my marriage family violence. I am now not feeling suicidal & I understand my choices are sound. I have myself as my resource now. My social worker gives me tools and help my understanding.

Many. The care, friends I've made, support, great clinic.

(Name withheld) is brilliant. Always listens, always helpful.

(Name withheld) and his approach to helping me.

(Name withheld) listens really well. (Name withheld) shows great empathy.

Meeting, sharing life, helping one another.

My carer was very kind a good listener. Also helped me through my grief and manage my life better.

My coach was a good listener and provided practical advice. He provided his own personal examples to illustrate points.

My councillor was fantastic.

My counsellor is really nice & is helping me with bullies at school. I'm feeling better.

My mental health provider went out of her way to make sure the downtime between my 6th and 7th sessions was minimised, in order to keep up with progress.

My nurse.

My nurse listens to me.

My psychologist is good t assessing the severity of the symptoms and whether a relapse is likely, she's available to give extra attention when needed.

My psychologist. Very communicative, always sends reminders for my appointments the day before. Very professional but down to earth and approachable. I'm finding these appointments very useful for handling my day to day life, I only wish there was more appointments available in the service.

My situation has improved. My social worker really understand & provides me so much learning in improving my situation or problem.

## APPENDIX H

My social worker counsellor listened & was helpful in my healing.

My social worker (name withheld) has been amazing. I don't think I could have received the help I needed from anyone else. She was so supportive and gave me endless ways to deal with PTSD and anxiety. She helped me gain new perspectives and was always available if I needed.

My understanding amazing counsellor (Name withheld) :)

Non-judgemental, consistent relevant help & support that suited and varied with all my own ups and down and significantly reduced the distress and damage that could have happened to myself.

Not suicidal.

Open door, being able to talk with Coordinator without making an appointment if needed to.

Openness, friendliness, insightful. And allowing me to find insights into myself . . .

Organising allied health service and the ease of access.

Prevented hospitalisation.

Prompt contact made and followed up when needed. Treated in respectful and caring manner made to feel equal. More people should access this service, not generally known.

Psychologist.

Regular appointments.

Safe environment.

(Name withheld) always contacted me later with follow up calls. Made other appts for me and put my mind at ease. Beautiful lady!

Someone to talk to and who could stop and stay

Spoken to about peer worker to get involved in which I taken on board and put in action

Staff was very kind and a good listener. He help me overcome my grief and better manage my life.

Support and access to further information and networks for other issues in my life.

Telling (Name withheld) my problems.

That I finally understood how I felt the way I felt and that my feelings are normal It's normal to feel the way I feel in stressful situations.

That I was treated like a human being & never felt looked down on. I felt safe & received sound guidance from knowledgeable staff.

The amazing facilitator. She was incredible!!

The attitude of the counsellor.

The availability of the counselling as soon as applied. Telephone appointments at home at my convenience.

The sensitivity of the counsellor to provide me with posted hard copy workbook and exercises to use as homework.

The best things about this service was the understanding and patience of the person conducting our course and the way the course helped solve a variety of problems for the participants.

The care and understanding of my coach.

The close proximity to this service. Readily available. A personal connection, empathy with the counsellor.

The Coach. He was amazing and his patience and professionalism was outstanding.

The communication and listening skills of the staff and then the appropriate action taken immediately to help with any of my needed requests.

The consultant listen to my stories, analysis together. Leave my decision to proceed.

The continued excellence, support and care of my psychologist. I am amazed at the difference their guidance has made in my ability to lead the life I want.

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The counsellor knew his stuff.

The counsellor understood my experience and had many helpful ways of seeing a way out of addiction.

The counsellor was very understanding and her advice was very helpful.

The experience of having a support worker with a similar lived experience to mine.

the friendly presenter, comfortable premises and the time held (daytime).

The help and support of the people here. The care that they give me when I feeling very low in life, they give me that life back and the feeling of hope.

The mental health nurse person has been immensely helpful while I am dealing with very difficult personal issues. Even if I cannot change anything at least there is one person who listens.

The non-judgement and willingness to help.

The people! Lovely doctors and nurses help.

The people. (Name withheld) - Counsellor. (Name withheld) Reception - ALWAYS PLEASANT. Thanks

The respect, support and advice given.

The service is great and very easy. My experience has been very helpful. Everyone is very friendly. The text reminders really helped me to remember my appointments

The service is wonderful however the facility is uninviting

The staff.

The staff and the assistance I am receiving.

The strategies I've learnt to cope with my mental illness.

The support.

The support is unreal.

The use of a political framework to understand the world around me. This service has merged my experience with my politics in a way that is humanizing, validating and incredibly safe. By using a systemic analysis of our world, (name withheld) enables clients to understand their psychological experiences as moved and shaped by the wider world around them. This removes false neo-liberal promises of individual growth that are removed from the context of the world we live in. The method of psychology they engage in feels radically honest, and is the best mental health service I have ever had the privilege of accessing. Also - (name withheld) knows how to engage with their clients in a way that feels authentic and intimate but maintains boundaries that are clear.

The way I was treated.

The workbooks.

There is always someone I can talk to if my counsellor is unavailable when I need to talk to someone.

They give me hope, understanding and they care. They are always there is I need help.

They listen to you, and give you strategies to work on the situation you're in and the way you are feeling on the day = Respect.

Trust in (name withheld).

Very caring people available.

Very friendly & helpful.

Very happy with everything.

Very supportive & well trained staff.

very understanding and patient with me while also pushing me to get out and try things.

Very understanding people.

Welling to help.

## APPENDIX H

When I first came to use this service, I was a badly addicted, homeless, escort, who was suicidal and overdosing with a general desire to die. I was matched with an awesome team of psychologists, doctor and peer workers. I am clean, stable and fighting to get my kids back all because of help received at (name withheld).

When involved with anything to do with the service, its very calm, does not agitate me in any way.

Where do I start. (Name withheld) is a god!! This lady helped, supported, cared & educated me to be the wonderful healed human that I've become. I can't thank both the service & (name withheld) enough. I am forever gratefully & now studying social worker myself.