



**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 Community Managed  
Organisation (YES CMO) Survey  
and the  
Your Experience of Service Community Managed  
Organisation Short Form (YES CMO SF) Survey**

**FINAL REPORT**

2018

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# EXECUTIVE SUMMARY

## Background

Following the finalisation of the Your Experience of Service (YES) survey, it was identified that capturing consumer experiences of care was also important for the mental health community managed organisation (CMO) sector. It was agreed that a project should be undertaken to make minimal modifications to the YES to produce a version of the survey that was psychometrically sound and had suitability for use in the mental health CMO sector. Given the diverse nature of the care and support services offered by CMOs, in addition to the development of the YES CMO survey, it was agreed that further work should be undertaken to develop a short form version of the tool i.e. the YES CMO SF survey.

## Method

The Australian Mental Health Outcomes and Classification Network (AMHOCN) collaborated with a project reference group to modify the YES and produce the YES CMO survey. Consultations with consumers, carers and CMO representatives were held and the feedback from those consultations informed further modifications to the survey. A field trial then took place within 16 CMOs in Victoria.

AMHOCN subsequently undertook work to develop a short form version of the YES CMO survey. Regression modelling identified items suitable for inclusion in the short form (YES CMO SF) and these were reviewed by consumer, carer and CMO sector representatives. 5 CMOs in South Australia then participated in a field trial of the YES CMO SF.

## Results

The YES CMO survey tested well. The underlying model was found to be predictive of overall experience. One question was found to be redundant and removed. The YES CMO survey comprises 28 questions plus sections for comments and demographic questions.

The YES CMO SF survey tested well, with the results suggesting peer group matching will be important for this sector where the services can vary substantially between providers. No changes were suggested to the survey following the trial. The YES CMO SF survey comprises 13 questions plus sections for comments and demographic questions.

## Conclusion

The YES CMO survey and the YES CMO SF survey are tools suitable for use in the mental health community managed organisation sector. They provide an effective means of gathering information about a consumer's experience of care, identifying areas where quality improvements can be made in service delivery.

# 1. BACKGROUND

Mental health consumers' experiences of health care have long been identified by services, consumers, carers and families as being important in understanding how health services are performing and to drive service quality improvement. Substantial work has been undertaken in Australia and internationally to establish processes that regularly capture information on the perspectives of consumers and their carers about the health care they receive.

At the national level, there has been strong interest amongst the States and Territories in the development of a standardised, national measure of mental health consumer experiences of care which could support quality improvement, service evaluation and benchmarking between services. The National Mental Health Information Priorities (Department of Health and Ageing, 2005) highlighted the importance of this work and this was again stated in the Fourth National Mental Health Plan (Australian Health Ministers, 2009).

In 2010, the Australian Government Department of Health funded the National Consumer Experiences of Care project to develop a consumer experience survey for use in public mental health services. This project was guided by a national committee, now known the Mental Health Information Strategy Standing Committee (MHISSC), and led by the Victorian Department of Health. The project resulted in the development of the Your Experience of Service (YES) survey which consists of 35 standard items, structured around four content categories (Experience, Outcomes, Open Ended and Demographics). Additionally, the survey allows for local services to insert questions that cover areas of interest not covered by the existing items. (Victorian Department of Health, 2013)

In 2014, following the finalisation of the YES survey, MHISSC agreed that capturing experiences of care was also important for the mental health community managed organisation (CMO) sector. These community managed organisations are non-government organisations (NGOs) and focus on providing well-being, support and assistance to people who live with a mental illness rather than the assessment, diagnostic and treatment tasks undertaken by clinically focused services.

This was also one of the recommendations from the CMO outcome measures project undertaken by the Australian Mental Health Outcomes and Classification Network (AMHOCN) and Community Mental Health Australia (CMHA) (Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia, 2013). This collaborative project aimed to:

- establish the scope of routine outcome measurement within the mental health community managed organisation (CMO) sector;
- identify which measures were being used;
- conduct a review of the literature identifying the psychometric properties of these measures; and
- identify a short list of measures that would be suitable for introduction in the CMO sector and that could be the basis for a nationally consistent outcome measurement collection.

The project included a national workshop with participants from a range of CMOs. One of the key recommendations from this workshop was that the CMO sector should work towards the establishment of a nationally consistent approach to measuring the consumer’s experience of service.

## 1.1. Project aims and objectives

AMHOCN was tasked with leading work on the development of a version of the YES suitable for use in CMOs, supported by a project reference group.

The objectives of this project were to:

- make minimal modifications to the existing YES survey whilst ensuring that it would be suitable for use in the mental health CMO sector;
- test the psychometric properties of the modified measure; and
- test the suitability of the modified measure in the CMO sector.

**Table 1: Brief timeline of the YES CMO survey development**

Date	Activity
November 2014 – January 2015	Measure development with project reference group teleconferences.
March 2015	Consultation forums and interviews in Sydney, Melbourne and regional Victoria with service providers and consumers.
May 2015	Further measure development to address issues raised during consultations.
June 2015	Planning for testing of the YES CMO survey, including test retest reliability and field trial.
October 2015	YES CMO survey test retest trial conducted in Brisbane and Sydney.
March – April 2016	YES CMO survey field trial.
June 2016 – October 2016	Review and analysis of YES CMO survey trial data.
October 2016	MHISSC reviewed results of the testing of the YES CMO survey and agreed on its suitability for use in the sector.

## 2. METHOD

### 2.1. Project reference group

AMHOCN established a project reference group to support the measure development work. The reference group members were: Dr Grant Sara, Mr Geoff Harris, Mr Lei Ning, Ms Emily Clay, Ms Jackie Crowe, Mr Bill Buckingham, Mr Kon Kon, Mr Paul McCann, Ms Cheryl Reed, Mr Tim Coombs and Ms Rosemary Dickson.

This reference group was tasked with:

- reviewing the existing measure;
- making minimal modifications to the existing measure while ensuring that it would be suitable for the use in the CMO sector; and
- providing advice on sector consultations and a trial of the measure in CMO sector.

Noting the importance of consistency and comparability, the reference group reiterated the need to keep the scope of the project to the modification of the YES survey, rather than re-visiting and discussing the various constructs previously considered in the initial development of the YES.

The project reference group participated in a series of teleconferences from late 2014 through until 2015. During the initial meetings, they reviewed each of the items of the YES and recommended some modifications, where appropriate, that would not impact upon the psychometrics of the survey. The modifications mainly focused on the suitability of language for the CMO sector. The main bank of questions that required most consideration was Q. 12 – 17 of the YES. The outcome of this work was the development of the draft Your Experience of Service Community Managed Organisation (YES CMO) survey.

The project reference group also provided advice on the format and plans for both the consultations on the draft YES CMO survey with consumers and community managed organisations and a trial of the survey in a range of CMOs. The project reference group subsequently reviewed the feedback and results of these activities, suggesting modifications, as required, to address key issues that were identified.

## **2.2. Sector consultation**

During March 2015, consultation forums were held in Sydney, Melbourne and Shepparton (as a regional centre) with participants from mental health community managed organisations. The Mental Health Coordinating Council in NSW and Psychiatric Disability Services of Victoria (VICSERV) assisted AMHOCN by making contact with the CMO sector to gain suitable participation.

The consultation forums gathered information as to whether the language and intent of the revised questions were meaningful to both service providers and those who use them. A copy of the plan for sector consultation is provided in Appendix 1.

The consultation included forums in Sydney (24 March), Melbourne (25 March) and Shepparton (as a regional centre) (26 March) with participants from mental health community managed organisations. The Mental Health Coordinating Council in NSW and Psychiatric Disability Services of Victoria (VICSERV) provided the means to connect with the CMO sector to gain suitable participation.

Separately, the Victorian Mental Illness Awareness Council (VMIAC) assisted in contacting a number of consumers, who had used CMO services in the previous 3 months, to participate in one on one interviews about the revised survey.

The feedback about the draft YES CMO survey gathered during the consultations with CMOs and consumers was provided to the project's reference group. The issues were discussed at a teleconference in mid May 2015 and additional modifications were made to the survey. With a view to testing the measure within the mental health CMO sector. The Victorian Department of Health indicated an interest in participating in this trial as part of a project that they were undertaking with the sector in that state.

## 2.3. Field trial

The field trial of the YES CMO survey was conducted across 16 CMOs in Victoria in 2016. The YES CMO survey was offered to consumers in the participating CMOs during March and April of 2016. The survey could be completed by pen and paper, online or on a tablet.

## 2.4. Test retest reliability

To test the suitability of the draft survey in the CMO sector, a small test retest trial was undertaken in New South Wales and Queensland. During October 2015, AMHOCN conducted forums in Brisbane and Sydney with 20 CMO mental health CMO consumers. The aim was to explore the test retest reliability of the survey. Consumers came to a venue and completed the tool on two separate occasions, one week apart, with the last completion followed by a general group discussion, providing the opportunity to gain further feedback or identify any particular issues that people had in completing the tool. When completing the survey, consumers were asked to reflect on a specific mental health CMO that they had used recently. They were not asked to identify that CMO.

# 3. RESULTS

## 3.1. Field trial

The field trial response rate was around 20% with a sample size of 1,041. Respondents were more likely to be from metropolitan Melbourne (79%) than rural/ regional Victoria (21%), noting that one return did not identify location. Of the completed returns, 1,009 (97%) were completed in hard copy and 31 (3%) were completed online or via tablet. Most respondents (75%) completed the survey without assistance. By service setting, respondents were overwhelmingly receiving Individualised Client Support Packages (84%) (Table 3).

**Table 3: Sample size by service setting**

Setting	Sample size (n=1,041)
Aboriginal Mental Health	4%
Adult Residential Rehabilitation	5%
Individualised Client Support Packages	84%
Youth Residential Rehabilitation	7%
Not provided	<1%

The analyses in this section includes:

- Model fit - Multiple regression analysis to determine the underlying fit of the model (i.e. how well the detailed experience questions predict the overall experience of consumers).
- Data reduction – Review of questions to identify any items that do not add value to the survey.
- Index – Development of an overall experience index.

### *Model fit*

The experience model underlying the YES CMO survey was tested using multiple linear regression. The overall model demonstrated that the detailed experience questions (Q1 to Q24) (independent

variables) were able to predict overall experience (Q29) (dependent variable) with a good level of reliability (Table 4). The results were found to be significant (Table 5).

**Table 4: Linear regression (predictors of overall experience)**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.789 <sup>a</sup>	.622	.605	.598	1.950

**Table 5: ANOVA**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	302.991	24	12.625	35.334	.000 <sup>b</sup>
Residual	184.007	515	.357		
Total	486.998	539			

The model was also tested for service types and settings where there was sufficient sample size. This included: respondents receiving individual packages or in rehabilitation services; and respondents accessing metropolitan and rural/ regional services. These models were fitted using stepwise multiple linear regression. The models are included in Appendix 2 and the results are summarised in Table 6. Twelve questions were found to be predictive of overall experience and therefore important to be included in a short form.

**Table 6: Linear regression (predictors of overall experience)**

	Linear regression (predictors of overall experience)				
	Main model (n=1041)	Individual packages (n=875)	Rehab (n=125)	Metro (n=819)	Rural (n=221)
You felt comfortable using this service	✓			✓	✓
Staff showed respect for how you were feeling	✓		✓	✓	✓
You felt safe using this service					
Your privacy was respected					
Staff were positive for your future			✓		
You were listened to in all aspects of your support or care	✓			✓	
Staff worked as a team in your support or care ...	✓	✓		✓	
The support or care available met your needs	✓	✓			✓
Staff talked with you about your physical health in a way that was useful		✓			
Information available to you about this service ...			✓		✓
Explanation of your rights and responsibilities	✓	✓		✓	
Access to peer support ...					✓
Development of a plan with you that addresses all of your support or care needs ...	✓	✓	✓	✓	
Convenience of the location of the service for you...			✓		



### Data reduction

A correlation matrix was produced to identify the level of correlation between questions. Several questions were found to be highly correlated:

- Staff worked as a team → Opportunity to discuss support needs (r .602)
- Care met needs → Staff talked about your health (r .623)
- Development of a plan → Explanation of rights and responsibilities (r .655)
- Development of a plan → Access to peer support (r .655)
- Development of a plan → Information about the service (r .658)
- Access to peer support → Explanation of rights and responsibilities (r .668)
- Access to peer support → Information about the service (r .669)
- Explanation of rights and responsibilities → Information about the service (r .727)
- Opportunity to discuss expectations and progress → Opportunity to discuss support needs (r .745)

In all but one case, these concepts were found to be distinct on review. The exception was the relationship between:

- You had opportunities to discuss your support or care needs with staff; and
- You had opportunities to discuss your expectations and progress with staff.

As the latter item included more individualised and difficult concepts (expectation, progress) it was removed from the survey.

## 3.2. Test retest reliability

The results indicated that the survey had good to very strong reliability (Table 2).

Table 2: Test retest reliability

Category	Questions	Coefficient	Level
Experience	Q1-18	0.700	Strong
Performance	Q19-24	0.695	Good
Outcome	Q25-29	0.736	Strong
Demographics	Q30-42	0.959	Very strong

The YES CMO survey tested well. The underlying model was found to be predictive of overall experience. One question was found to be redundant and removed providing a questionnaire of 28 questions plus demographics.

The data can be summarised using a simple mean of all experience questions, consistent with the public sector mental health sector YES.

The key findings of this analysis were that:

- The underlying model of experience was validated. The independent variables (detailed experience items) are able to predict the dependent variable (overall experience) with an accuracy of 61%.
- The data identified a logical short form survey containing 13 questions.
- The data is able to be summarised using a simple experience index constructed from a weighted mean of the independent variables.
- One question was removed from the survey providing a questionnaire of 28 questions plus demographics.

The items of the YES CMO survey can be mapped to service types within the community managed sector (See Appendix 3) and to policy domains (See Appendix 4).

## **4. DEVELOPMENT OF AN EXPERIENCE INDEX**

Several options were explored to develop an overall index of CMO consumer experience that could be used to compare CMO performance over time. Organisations with a sample size of less than 20 were excluded from the analysis. This provided a dataset of 12 qualifying organisations.

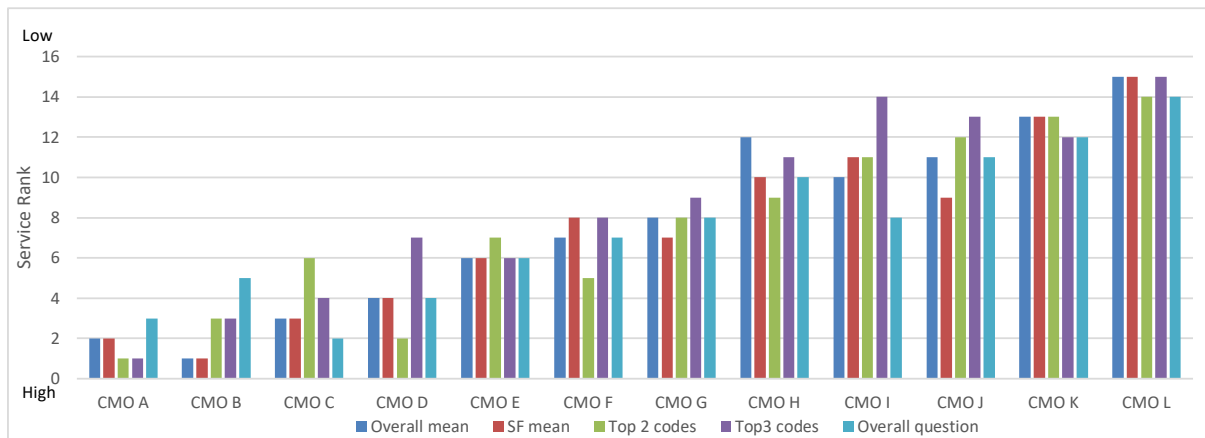
Based on discussions with the project reference group, six approaches to index development for reporting were compared:

- Overall mean – average of Q1 to Q24 (independent variables)
- SF mean – average of the questions included in the YES CMO SF survey (Table 5)
- Top 2 codes - Use of codes 5+4 (always/usually and excellent/very good) from Q1 to Q24
- Use of codes 5+4+3 (always/usually/sometimes and excellent/very good/good on the performance scale) from Q1 to Q24
- Overall question – mean of Q29 Overall experience (dependent variable).

The analysis was conducted using SPSS IBM software and Microsoft Excel 2016. There is no assumption that one method of indicator development is better than another. Therefore, selection of the preferred option was based on that which offers the most consistent result (i.e. the mid-point) and easy to construct and interpret.

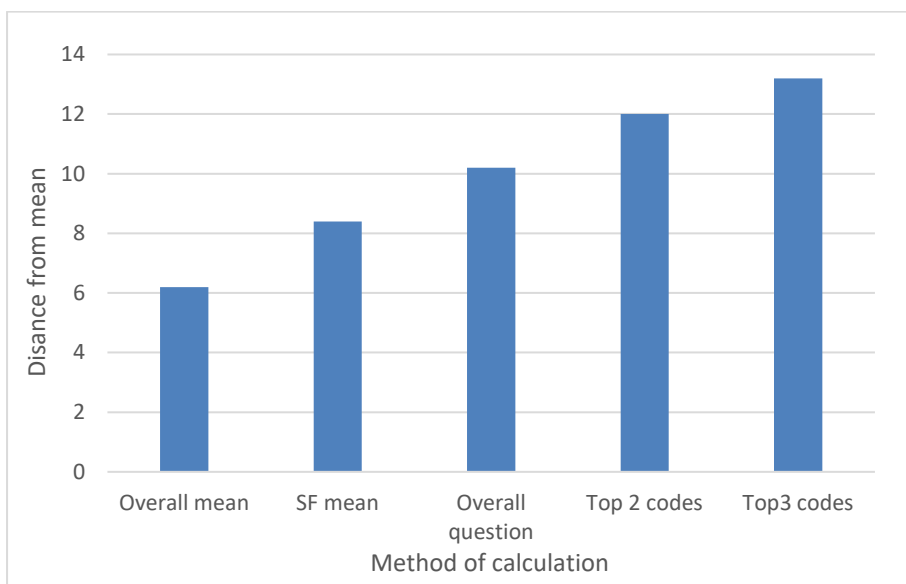
Firstly, the index options were calibrated and used to rank CMOs (Figure 1). Visually, some indexes seem to vary in their ranking of CMOs more than others.

**Figure 1: Using alternative indicators to rank CMOs**



To test this apparent difference in CMO ranking between potential indexes, a mean ranking (across the five options) was conducted for each CMO. The distance from the mean was calculated for each index as an absolute number (Figure 2). This revealed that the *overall mean* (Q1 to Q24) provided a result closer to the mean (i.e. the most consistent across measures). This is consistent with the construct of the Experience Index for the public mental health sector YES survey. Furthermore, the second most consistent measure was the short form mean, suggesting this as an option to use with the YES CMO SF survey.

**Figure 2: Distance from mean rank for alternate indicators**



## 5. DEVELOPMENT OF A YES CMO SHORT FORM SURVEY

As part of the development and analysis of the YES CMO survey, a short form of the survey was identified, consisting of 13 questions plus demographics.

AMHOCN was tasked by MHISSC with development work on the short form, aiming to:

- reduce the length of the YES CMO survey while still maintaining its ability to contribute to quality improvement and compare services;
- ensure the short form survey is suitable for use in the mental health CMO sector; and
- explore the psychometric properties of the short form survey.

This project was conducted in two stages. Stage 1 involved the analysis of the YES CMO survey data to produce a short form survey. Stage 2 involved a field trial in SA with five community managed organisations.

**Table 7: Brief timeline of activities for YES CMO survey**

<b>Date</b>	<b>Activity</b>
October 2016	Development of YES CMO SF survey and review by MHISSC
November – February 2017	Planning for field trial including recruitment of participating CMOs
March 2017	Initial workshop with CMOs participating in trial
May-August 2017	Field trial
October 2017	Post-trial workshop with CMOs Presentation to MHISSC Survey release agreed

## 5.1. Method

A two-step process was used to develop the YES CMO SF survey. Firstly, the results of the regression modelling across segments were compared to identify any questions that have a role in predicting overall experience. Secondly, following the development and implementation of the YES in public sector mental health services, the potential for the development of a short form version of the YES was identified. A draft short form of the YES was developed and this work was used to support the development of the YES CMO short form.

The regression modelling identified 12 questions that had a role in predicting overall experience for consumers (Table 8). Three questions were included in the draft YES SF survey that were not identified in the regression analysis as predictive for the YES CMO survey. Of these three questions, only Q10 (You had opportunities for your family and friends to be involved in your support or care if you wanted) was recommended to be included in the YES CMO SF survey. Fundamentally, policy and sector consultation informed the item selection and this was the case with one item, as shown in Table 9.

**Table 8: Identification of potential Short Form items based on regression analysis**

All YES CMO survey items	Draft YES SF	Linear regression (predictors of overall experience)					YES CMO SF
		YES CMO Main model (n=1041)	YES CMO Individual packages (n=875)	YES CMO Rehab (n=125)	YES CMO Metro (n=819)	YES CMO Rural (n=221)	
You felt comfortable using this service	✓	✓			✓	✓	✓
Staff showed respect for how you were feeling	✓	✓		✓	✓	✓	✓
You felt safe using this service	✓						
Your privacy was respected							
Staff were positive for your future				✓			✓
Your individuality and values were respected (such as your culture, faith or gender identity, etc.)							
Staff made an effort to contact you when you wanted							
You had access to the staff involved in your support or care when you needed							
You would make a complaint to this service if you had a concern about your support or care							
You had opportunities for your family and friends to be involved in your support or care if you wanted	✓						✓
Your opinions about the involvement of family or friends in your support or care were respected							
The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)	✓						
You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)							
You were listened to in all aspects of your support or care	✓	✓			✓		✓
Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)		✓	✓		✓		✓
You had opportunities to discuss your support or care needs with staff							
You had opportunities to discuss your expectations and progress with staff	✓						

<sup>1</sup> Not included in CMO SF as many services are not facility based

<sup>2</sup> Not included in CMO SF survey as the CMO YES survey includes an additional question that is similar and more predictive of overall experience - Q18 *The support or care available met your needs*

All YES CMO survey items	Draft YES SF	Linear regression (predictors of overall experience)					YES CMO SF
		YES CMO Main model (n=1041)	YES CMO Individual packages (n=875)	YES CMO Rehab (n=125)	YES CMO Metro (n=819)	YES CMO Rural (n=221)	
The support or care available met your needs		✓	✓			✓	✓
Staff talked with you about your physical health in a way that was useful			✓				
Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)	✓			✓		✓	✓
Explanation of your rights and responsibilities	✓	✓	✓		✓		✓
Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)	✓					✓	✓
Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)	✓	✓	✓	✓	✓		✓
Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)	✓			✓			✓
The effect of the service on your hopefulness for the future							
The effect of the service on your ability to manage your day to day life							
The effect of the service on the management of your physical health							
The effect of the service on your overall well-being							
Overall, how would you rate your experience with this service in the last 3 months?		NA	NA		NA	NA	✓

**Table 9: Aligning YES CMO SF and draft YES SF surveys**

Possible additional questions from the draft YES SF	To be included in YES CMO SF	Rationale
You had opportunities for your family and friends to be involved in your support or care if you wanted	YES	There are no other sources of information available on carer engagement or experience in the CMO sector
The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)	NO	Most of the services provided are not facility based

You had opportunities to discuss your expectations and progress with staff	NO	The concept underlying this question is better represented by Q18 (The support or care available met your needs) which was highly predictive of overall experience
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Considering the results of the regression analysis and the draft YES SF survey, the proposed YES CMO SF survey comprised 13 questions (Table 10):

**Table 10: YES CMO SF survey questions**

You felt comfortable using this service
Staff showed respect for how you were feeling
Staff were positive for your future
You had opportunities for your family and friends to be involved in your support or care if you wanted
You were listened to in all aspects of your support or care
Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)
The support or care available met your needs
Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)
Explanation of your rights and responsibilities
Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)
Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)
Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)
Overall, how would you rate your experience with this service in the last 3 months?

## 5.2. Field trial

In order to test the 13 item YES CMO SF survey, AMHOCN collaborated with Mr Geoff Harris (MHISSC Community Mental Health Australia Representative) to undertake a project. Five community managed organisations in South Australia agreed to participate in a trial of the survey in their services. The purpose of the trial was to determine the psychometric properties of the survey and whether it was fit for purpose.

To review the data, the following tests and analysis were conducted:

- Missing data analysis was conducted to determine the ease of answering the questions and the appropriateness of the length of the survey
- Correlation was conducted to determine if the questions each made a unique contribution to the survey

- Regression analysis was used to test the theoretical model underpinning the survey (i.e. can the experience questions Q1 to Q12 predict overall experience Q13?)
- An index was constructed to determine if the result was consistent with the index generated from field trials of the full survey in another jurisdiction.

The YES CMO SF survey was also reviewed with the participating CMOs to identify how each question could be utilised for quality improvement.

AMHOCN convened an initial meeting with the participating South Australian CMOs to discuss the conduct of the trial. Data was collected between May and August 2017 using the YES CMO SF survey. The CMOs used a range of methods to distribute the surveys. People offering the surveys included support workers, peer workers, volunteers and other members of staff.

### 5.3. Results

AMHOCN developed an Excel spreadsheet to support CMOs entering their own data. The data was later transformed to numerical data and entered into SPSS for analysis. Open-ended questions were also coded. In total, 233 completed surveys were returned (Table 11).

**Table 11: Sample size**

Organisation	Number of surveys returned	Percentage of total sample
CMO A	10	5%
CMO B	56	25%
CMO C	50	22%
CMO D	19	9%
CMO E	88	40%

#### *Missing data*

The rate of missing data was quite low at 4%. Generally, the rate of missing data was higher on questions that included an 'NA' option:

- Opportunities for family involvement – 13% missing, 7% NA
- Access to peer support – 15% missing, 4% NA
- Convenience of the location – 14% missing, 5% NA.

Respondents were instructed to leave blank questions that they could not answer. It appears that some respondents followed this instruction even when there was an NA option.

The rate of missing data did not increase as a function of the length of the survey. This suggests that for those consumers who completed the survey, the length was not too long. However, we cannot identify if some consumers did not start the survey because it was too long.



### Uniqueness of variables

To ensure that each question made a unique contribution to the overall survey, a correlation matrix was constructed. Generally, items with a correlation of 0.650 or above are considered to substantially cover the same topic. In the case of this survey, the average correlation across all items was 0.413 using Pearson’s bivariate product-moment correlation coefficient. There were several pairs that had a correlation above 0.650, indicating substantial similarity. These were:

- Explanation of your rights and responsibilities → Information about this service (r=0.784)
- Information about this service → Development of a plan with you (r=0.716)
- Staff were positive for your future → Staff respected how you were feeling (r=0.672)
- Development of a plan with you → Explanation of your rights and responsibilities (r=0.692)
- Development of a plan with you → Convenience of the location (r=0.676)
- Development of a plan with you → Access to peer support (r=0.651)
- Information about this service → Access to peer support (r=0.669).

### Theoretical model

The surveys in the YES suite are all based on a theoretical model where the detailed experience questions (Q1 to Q12) can predict a person’s overall experience (Q13). The detailed experience questions measure topics amenable to quality improvement; they provide the lever to change overall experience.

The ability of experience questions (Q1 to Q12) to predict the overall experience (Q13) question was tested using regression analysis. While the model was found to be significant, the level of prediction (adj R<sup>2</sup> of .532) (Table 12) was lower than found with the potential YES SF survey (adj R<sup>2</sup> of .650). However, conducting the same analysis with the two CMOs that had sufficient sample size, revealed a level of predictability comparable to the public sector YES SF survey (Tables 13 and 14). This reinforces the importance of peer grouping in analysis with CMOs.

**Table 12: Model summary, regression (all variables)**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.757	.574	.532	.52238

$F(12, 121) = 13.57, p < .0005$

**Table 13: Model summary, regression (all variables) (CMO B)**

Model	R Service = B	R Square	Adjusted R Square	Std. Error of the Estimate
1	.884	.781	.650	.52937

$F(12, 20) = 5.96, p < .0005$

**Table 14: Model summary, regression (all variables) (CMO E)**

Model	R Service =E	R Square	Adjusted R Square	Std. Error of the Estimate
1	.856	.733	.666	.45541

$F(12, 48) = 10.97, p < .0005$

### **Limitations**

It was not possible to calculate response rates as no data was available on the number of surveys distributed.

Most of the respondents were receiving psychosocial support, but 16 were on a GP access program. In addition, there were differences within the psychosocial support with some services providing in-home support and others offering facility-based options. These differences were not captured in the data file and are not included in the analysis.

### **Post field trial review**

Following the completion of the field trial and subsequent data analysis, AMHOCN conducted a workshop with the CMOs who had participated in the trial. CMOs reviewed the YES CMO SF survey questions and provided feedback on how each question contributed to the overall survey. All questions were considered to be important. Therefore, informed by this feedback and the results of the data analysis, no questions were removed from the survey.

CMOs also provided feedback on their experiences in implementing the survey and were keen to understand and explore the practical use of this data. Therefore the workshop also provided the opportunity for participating CMOs to compare their own performance relative to the performance of all other participants, using de-identified results.

The YES CMO SF survey tested well, with the results suggesting peer group matching will be important for this sector where the services can vary substantially between providers. No changes were suggested to the survey. However, it was highlighted that the YES CMO survey guidance material needed to provide additional information to services on the implementation of the survey and the use of results for quality improvement.

## **5.4. Short Form Experience Index**

An overall experience index was constructed using the recommended approach for the YES survey suite (calculating the mean of valid responses to the experience questions and multiplying the result by 20 to provide a score out of 100). This produced an index of 88.40, which is consistent with index obtained from field trials with the full YES CMO survey. While the results are not directly comparable, this does demonstrate that the results are within the same range.

As would be expected, descriptive statistics for the index show that the distribution of scores is influenced by a small number of respondents who provided negative ratings (Table 15).

Table 15: YES CMO SF Index

N	Minimum	Maximum	Mean	Std. Error of the mean	Std. Deviation	Skewness	Skew Std. Error	Kurtosis	Kurt. Std. Error
222	43.64	100.00	88.3995	.73954	11.01887	-1.014	.163	.787	.325

## 6. CONCLUSION

The modifications made to the original YES survey were successful in achieving a version of the tool more relevant and suitable for use in the mental health community managed organisation sector. The YES CMO survey (Appendix 5) and the YES CMO SF survey (Appendix 6) provide an effective means of gathering information about a consumer’s experience of care and identifying areas where quality improvements can be made.

Following their review of the results of the development work on the YES CMO survey and the YES CMO Short Form survey, the MHISSC agreed that they were suitable for use within the sector, accompanied by Guidance for Use documentation (Australian Government Department of Health, 2018).

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## **APPENDIX 1**

YES CMO Survey - Plan for sector consultation

## Draft YES CMO Survey – Plan for sector consultation and trial

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To ensure relevance and meaningfulness for the CMO sector, the next phase of work on the CMO version of the Your Experiences of Services survey will include:

- Consultations with CMO service providers: These forums will provide opportunities to gather feedback on the content of the tool and ensure its utility for the sector.
- Targeted interviews with consumers: Consumers were an integral part of the development of the original YES survey. This interview format will gather feedback about the meaningfulness and relevance of the revised survey for those specific consumers who access mental health CMOs.
- Trial with several CMOs: Following the consultations with service providers and consumers, the project’s working party will review information gathered and consider whether any further modifications to the survey might be required. A small trial of the draft YES CMO survey will then be undertaken, possibly in collaboration with the Victorian Department of Health, who have indicated that there may be an opportunity to incorporate this into a project that they are undertaking.

### 1. Consultations and interviews

Areas of focus during the consultations with CMOs and interviews with consumers:

- i. The key message/s to be delivered in the consultations include:
  - a. the development of the measure, initially for use in the public mental health sector, involved significant consultation with consumers, carers, representatives from peak bodies and mental health services;
  - b. this next phase of work is therefore to modify the measure to ensure suitability for use in the growing mental health CMO sector;
  - c. the use of a largely consistent measure (i.e. a core measure) across the sector provides greater opportunities to identify areas of for quality improvement, offering potential to foster greater collaboration between services and CMOs in an area, and to better facilitate the consumer’s journey as they move through a service and between services / organisations.
- ii. Participants will be asked to identify key points that would be included in a consumer experiences questionnaire. These can then be mapped, during the consultation, to the items in the questionnaire. This assists in highlighting the utility of the current tool and thus not starting from scratch.

- iii. Participants might be asked to identify the characteristics of high and low performing services and how those characteristics would be experienced by consumers.
- iv. Participants would be given the CMO consumer experiences of care survey to review how well it covers those issues that distinguish high and low performing services. Gaps are prioritised. Questions or language that does not make sense are identified and alternatives suggested.
- v. Specific language and phrasing is tested for relevance and meaning in the sector. For example:
  - a. Does 'plan' have a common meaning? Does it need a qualifier such as 'care' plan? Do all services doing individual plans?
  - b. What might 'welcome' mean for the different services?
  - c. What does 'care and support' mean? Is this the best term? Are both care and support relevant across service types?
  - d. Who are covered by 'people involved in your care and support'? Does this miss any important roles? Does it imply a staff role?
  - e. What might facilities and environment mean for CMO services? Are the examples relevant?
  - f. Should there be a question about medication? If so, what are the important issues it would need to cover?
  - g. Are there questions that overlap or duplicate each other? Are there redundant questions/ deletions required?

## **2. Field trial of the YES CMO survey**

It is proposed that AMHOCN collaborate with the Victorian Department of Health on a field trial of the draft YES CMO survey. The organisations participating would be Mental Health Community Support Services. AMHOCN would provide a copy of the survey to the Victorian Department of Health who would distribute to the organisations. The survey will likely be completed in hard copy or online. A private company will manage the entry of data collected from the survey on behalf of the Victorian Department of Health and will provide a data set (with no identifiers, only demographics) to AMHOCN for analysis.

## **APPENDIX 2**

YES CMO survey linear regression models



## YES CMO survey linear regression models (stepwise)

### Main model (n=1041)

#### Model summary

R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
.778 <sup>g</sup>	.605	.600	.601	2.012

#### ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	294.732	7	42.105	116.503	.000 <sup>h</sup>
Residual	192.266	532	.361		
Total	486.998	539			

### Individual packages (n=875)

#### Model summary

R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
.789 <sup>f</sup>	.622	.617	.567	1.924

#### ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	220.862	6	36.810	114.670	.000 <sup>g</sup>
Residual	134.183	418	.321		
Total	355.045	424			

### Metro (n=819)

#### Model summary

R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
.766 <sup>f</sup>	.587	.581	.610	2.068

## ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	218.070	6	36.345	97.621	.000 <sup>g</sup>
Residual	153.390	412	.372		
Total	371.461	418			

## Rural (n=221)

### Model summary

R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
.827 <sup>e</sup>	.684	.671	.560	1.619

## ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	78.282	5	15.656	49.878	.000 <sup>f</sup>
Residual	36.098	115	.314		
Total	114.380	120			

## Rehab (n=125)

### Model summary

R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
.847 <sup>i</sup>	.717	.693	.599	1.978

## ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	75.498	7	10.785	30.042	.000 <sup>j</sup>
Residual	29.798	83	.359		
Total	105.297	90			

## **APPENDIX 3**

YES CMO survey: Mapping to service types

**Your Experience of Service Community Managed Organisation (YES CMO) Survey**  
**Mapping to CMO service types**

Questions	Residential	Non-residential	Short term	Telephone	Online
1. You felt comfortable using this service	✓	✓	✓	✓	✓
2. Staff showed respect for how you were feeling	✓	✓	✓	✓	✗
3. You felt safe using this service	✓	✓	✓	✓	✗
4. Your privacy was respected	✓	✓	✓	✓	✓
5. Staff were positive for your future	✓	✓	✓	✓	✗
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	✓	✓	✓	✓	✓
7. Staff made an effort to contact you when you wanted	✓	✓	✓	✓	✗
8. You had access to the staff involved in your support or care when you needed	✓	✓	✓	✓	✗
9. You would make a complaint to this service if you had a concern about your support or care	✓	✓	✓	✓	✓
10. You had opportunities for your family and friends to be involved in your support or care if you wanted	✓	✓	✓	✓	✗
11. Your opinions about the involvement of family or friends in your support or care were respected	✓	✓	✓	✓	✗
12. The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)	✓	✓	✓	✗	✗
13. You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)	✓	✓	✓	✓	✓
14. You were listened to in all aspects of your support or care	✓	✓	✓	✓	✗
15. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)	✓	✓	✓	✗	✗
16. You had opportunities to discuss your support or care needs with staff	✓	✓	✓	✓	✗

Questions	Residential	Non-residential	Short term	Telephone	Online
17. The support or care available met your needs	✓	✓	✓	✓	✓
18. Staff talked with you about your physical health in a way that was useful	✓	✓	✓	✓	✗
19. Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)	✓	✓	✓	✓	✓
20. Explanation of your rights and responsibilities	✓	✓	✓	✓	✓
21. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)	✓	✓	✓	✓	✓
22. Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)	✓	✓	✓	✗	✗
23. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)	✓	✓	✓	✗	✗
24. The effect of the service on your hopefulness for the future	✓	✓	✓	✓	✓
25. The effect of the service on your ability to manage your day to day life	✓	✓	✓	✓	✓
26. The effect of the service on the management of your physical health	✓	✓	✓	✓	✓
27. The effect of the service on your overall well-being	✓	✓	✓	✓	✓
28. Overall, how would you rate your experience with this service in the last 3 months?	✓	✓	✓	✓	✓

## **APPENDIX 4**

YES CMO survey: Mapping to policies

YES CMO survey – Policy Map

Questions	Rights and responsibilities (National)	National Standards (National)	Fourth National MH Plan (National)	Framework for recovery-oriented mental health services (national)	Living well 'values' (NSW)	Victorian MH Reform Strategy 2009 – 2019 (Vic)	Strategic Plan (Qld)	Framework for recovery-oriented rehab in MH care (SA)	Strategic Plan (WA)
1. You felt comfortable using this service				Capability 1A					
2. Staff showed respect for how you were feeling	Part I, 5(c)	1.1, 6.1, 10.1.2		Capability 1A	Respect		3 Rights and dignity		
3. You felt safe using this service	Part I, 5(c) Part IV, 16 (m) Part IV, 19 (m)	2		Capability 1A		Strategic priority 2 Strategic priority 6	3 Rights and dignity, Shared comm. 7	6.5 Priority 8 6.8 Priority 8 6.8 Priority 10	
4. Your privacy was respected	Part I, 5(b) Part IV, 19 (j)	1.8					3 Rights and dignity	6.9 Priority 5 and 6	
5. Staff were positive for your future				Capability 1A Capability 5B	Hope				Action area 4

Questions	Rights and responsibilities (National)	National Standards (National)	Fourth National MH Plan (National)	Framework for recovery-oriented mental health services (national)	Living well 'values' (NSW)	Victorian MH Reform Strategy 2009 – 2019 (Vic)	Strategic Plan (Qld)	Framework for recovery-oriented rehab in MH care (SA)	Strategic Plan (WA)
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	Part I, 2(e) Part I, 5(i) Part I, 5(j) Part IV, 19 (h) Part IV, 19 (i)	4		Capability 2B Capability 2C Capability 2D Capability 2E Capability 5B	Respect Community Equity	Strategic priority 4 Strategic priority 6	6 Diversity and respect, Shared comm. 3	6.1 Priority 6 6.4 Priority 1 -7	Action area 5
7. Staff made an effort to contact you when you wanted				Capability 2B Capability 3A					
8. You had access to the staff involved in your support or care when you needed				Capability 2B Capability 3A					Action area 1 and 9
9. You would make a complaint to the service if you had a concern about your support or care	Part IV, 19 (u, v)			Capability 1A		Strategic priority 1	3 Rights and dignity	6.8 Priority 3	



Questions	Rights and responsibilities (National)	National Standards (National)	Fourth National MH Plan (National)	Framework for recovery-oriented mental health services (national)	Living well 'values' (NSW)	Victorian MH Reform Strategy 2009 – 2019 (Vic)	Strategic Plan (Qld)	Framework for recovery-oriented rehab in MH care (SA)	Strategic Plan (WA)
10. You had opportunities for your family and friends to be involved in your support or care if you wanted	Part IV,16 (j) Part IV, 19 (n)	1.11, 10.4.3		Capability 2B Capability 2F Capability 3C		Reform objective (point 2) Strategic priority 1 (point 2) Strategic priority 2 Strategic priority 3		6.1 Priority 8 6.5 Priority 4	Action area 1
11. Your opinions about the involvement of family or friends in your support or care were respected	Part IV, 19 (n)	1.12, 6.11		Capability 2B Capability 2F Capability 3A Capability 5A					
12. The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)									

Questions	Rights and responsibilities (National)	National Standards (National)	Fourth National MH Plan (National)	Framework for recovery-oriented mental health services (national)	Living well 'values' (NSW)	Victorian MH Reform Strategy 2009 – 2019 (Vic)	Strategic Plan (Qld)	Framework for recovery-oriented rehab in MH care (SA)	Strategic Plan (WA)
13. You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)	Part I, 5(k) Part IV,16 (m) Part IV, 19 (x)	3.1, 6.17, 8.3		Capability 3C Capability 4B	Quality		1. Person centred, Shared comm. 1	6.1 Priority 9 6.4 Priority 3 and 6 6.8 Priority 10	Action area 1 and 9
14. You were listened to in all aspects of your support or care	Part IV, 19 (c)	1.7, 1.10, 10.5.8		Capability 2B Capability 3A Capability 5A	Recovery	Reform objective (point 1) Strategic priority 1 Strategic priority 2	1. Person centred	6.1 Priority 8	Action area 1
15. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)	Part IV,16 (i)		Priority area 3	Capability 2B Capability 3C Capability 4C		Strategic priority 1 Strategic priority 3 Strategic priority 4	Shared comm.t 6	6.1 Priority 8 6.6 Priority 2	Action area 1, 2 and 9
16. You had opportunities to discuss your support or care needs with staff			Priority area 1	Capability 2B Capability 3A		Strategic priority 3			Action area 1

Questions	Rights and responsibilities (National)	National Standards (National)	Fourth National MH Plan (National)	Framework for recovery-oriented mental health services (national)	Living well 'values' (NSW)	Victorian MH Reform Strategy 2009 – 2019 (Vic)	Strategic Plan (Qld)	Framework for recovery-oriented rehab in MH care (SA)	Strategic Plan (WA)
17. The support or care available met your needs	Part IV, 17 Part IV, 19 (g)	1.7		Capability 2B Capability 3A	Citizenship	Strategic priority 3	4 quality of life	6.1 Priority 14	
18. Staff talked with you about your physical health in a way that was useful	Part I, 5(d)		Priority area 1	Capability 2B Capability 3B	Equity	Reform objective (point 1) Reform objective (point 4) Strategic priority 1	4 Quality of life	6.3 Priority 9 6.4 Priority 13-15 6.6 Priority 8-11 6.8 Priority 12-14	Action area 2 and 9
19. Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)		1.14		Capability 3A				6.3 Priority 2	
20. Explanation of your rights and responsibilities	Part I, 2(b)	1.4, 6.3	Priority area 4	Capability 3B		Strategic priority 1 (point 1)	Shared comm. 1	6.1 Priority 1, 5, 7	Action area 9

Questions	Rights and responsibilities (National)	National Standards (National)	Fourth National MH Plan (National)	Framework for recovery-oriented mental health services (national)	Living well 'values' (NSW)	Victorian MH Reform Strategy 2009 – 2019 (Vic)	Strategic Plan (Qld)	Framework for recovery-oriented rehab in MH care (SA)	Strategic Plan (WA)
21. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)		1.15	Priority area 4	Capability 5A		Strategic priority 1	Shared comm. 1	6.1 Priority 7 6.6 Priority 6	Action area 8 and 9
22. Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)	Part III, 15 Part IV, 17	10.4.8, 10.5.11	Priority area 1 and 3	Capability 2A Capability 2B Capability 3A Capability 3B Capability 4C Capability 5A		Strategic priority 1 (point 1) Strategic priority 3	1 Person centred, Shared comm. 6 and 7	6.6 Priority 2	Action area 1, 2 and 9
23. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)	Part III, 11	10.2.4	Priority area 4	Capability 2D	Equity		7. Fair, accessible and equitable 6.4 Priority 16 and 17	6.1 Priority 14	Action area 5

Questions	Rights and responsibilities (National)	National Standards (National)	Fourth National MH Plan (National)	Framework for recovery-oriented mental health services (national)	Living well 'values' (NSW)	Victorian MH Reform Strategy 2009 – 2019 (Vic)	Strategic Plan (Qld)	Framework for recovery-oriented rehab in MH care (SA)	Strategic Plan (WA)
24. The effect of the service on your hopefulness for the future			Priority area 1	Capability 1A Capability 5B	Hope		6.2	Action area 4	
25. The effect of the service on your ability to manage your day to day life		10.5.13	Priority area 1	Capability 2B Capability 3A Capability 3B		Reform objective (point 4) Strategic priority 3			
26. The effect of the service on the management of your physical health	Part I, 5(d)		Priority area 1	Capability 2B	Equity	Reform objective (point 1) Reform objective (point 4) Strategic priority 1	4 Quality of life	6.3 Priority 9 6.4 Priority 13-15 6.6 Priority 8-11 6.8 Priority 12-14	Action area 2 and 9

Questions	Rights and responsibilities (National)	National Standards (National)	Fourth National MH Plan (National)	Framework for recovery-oriented mental health services (national)	Living well 'values' (NSW)	Victorian MH Reform Strategy 2009 – 2019 (Vic)	Strategic Plan (Qld)	Framework for recovery-oriented rehab in MH care (SA)	Strategic Plan (WA)
27. The effect of the service on your overall well-being	Part III, 15		Priority area 1	Capability 2A Capability 2B	Respect	Reform objective (point 1) Strategic priority 3 Strategic priority 4	Priority 1 Shared comm. 2 and 5	6.5 Priority 8	Action area 9
28. Overall, how would you rate your experience with this service in the last 3 months?			Priority area 4	Capability 2B		Strategic priority 6	Priority 6		

## **APPENDIX 5**

YES CMO survey

# Your Experience of Service

## (Community Managed Organisations)

SERVICE NAME

*Service code stamped here*

STATE OR SERVICE LOGO

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

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

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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These questions ask **how often** we did the following things . . .

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt comfortable using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff showed respect for how you were feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You felt safe using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your privacy was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff were positive for your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff made an effort to contact you when you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You had access to the staff involved in your support or care when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You would make a complaint to this service if you had a concern about your support or care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



10. You had opportunities for your family and friends to be involved in your support or care if you wanted

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:

11. Your opinions about the involvement of family or friends in your support or care were respected

12. The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)

13. You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)

14. You were listened to in all aspects of your support or care

15. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)

16. You had opportunities to discuss your support or care needs with staff

17. The support or care available met your needs

18. Staff talked with you about your physical health in a way that was useful

	Never	Rarely	Sometimes	Usually	Always	Not applicable
10. You had opportunities for your family and friends to be involved in your support or care if you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Your opinions about the involvement of family or friends in your support or care were respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. You were listened to in all aspects of your support or care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. You had opportunities to discuss your support or care needs with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The support or care available met your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff talked with you about your physical health in a way that was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:

19. Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)

20. Explanation of your rights and responsibilities

21. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)

22. Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)

	Poor	Fair	Good	Very Good	Excellent	Not applicable
19. Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Explanation of your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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As a result of your experience with the service in the last 3 months or less please rate the following:

24. The effect of the service on your hopefulness for the future

25. The effect of the service on your ability to manage your day to day life

26. The effect of the service on the management of your physical health

27. The effect of the service on your overall well-being

28. Overall, how would you rate your experience with this service in the last 3 months?

Poor	Fair	Good	Very Good	Excellent
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide any extra comments**

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

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

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.

What is your gender?  **Male**  **Female**  **Other**

What is the main language you speak at home?  **English**  **Other**

Are you of Aboriginal or Torres Strait Island origin?  **No**  
 **Yes - Aboriginal**  
 **Yes - Torres Strait Islander**  
 **Yes - Aboriginal and Torres Strait Islander**

What is your age?  **Under 18 years**  **18 to 24 years**  
 **25 to 34 years**  **35 to 44 years**  
 **45 to 54 years**  **55 to 64 years**  
 **65 years and over**

How long have you been receiving support or care from this service?  **Less than 24 hours**  
 **1 day to 2 weeks**  **3 to 4 weeks**  
 **1 to 3 months**  **4 to 6 months**  
 **More than 6 months**

Did someone help you complete this survey?  **No**  
 **Yes - family or friend**  
 **Yes - language or cultural interpreter**  
 **Yes - consumer worker or peer worker**  
 **Yes - another staff member from the service**  
 **Yes - someone else**

*This area would be modified depending on state/territory or organisation, to add*  
 - *Instructions for where to send completed questionnaire*  
 - *Contact details for extra information*

## **APPENDIX 6**

YES CMO SF survey

# Your Experience of Service (Community Managed Organisations) Short Form

Service Name:

Service Type:

Survey Number:

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

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

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

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

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt comfortable using this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff showed respect for how you were feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff were positive for your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You had opportunities for your family and friends to be involved in your support or care if you wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You were listened to in all aspects of your support or care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The support or care available met your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Poor	Fair	Good	Very Good	Excellent	Not applicable
8. Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Explanation of your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Poor Fair Good Very Good Excellent Not applicable

13. Overall, how would you rate your experience with this service in the last 3 months?

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

.....

.....

.....

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

.....

.....

.....

*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.*

16. What is your gender?

<sub>1</sub> Male <sub>2</sub> Female <sub>3</sub> Other

17. What is the main language you speak at home?

<sub>1</sub> English Other  <sub>2</sub>

18. Are you of Aboriginal or Torres Strait Island origin?

<sub>1</sub> No  
<sub>2</sub> Yes - Aboriginal  
<sub>3</sub> Yes – Torres Strait Islander  
<sub>4</sub> Yes – Aboriginal and Torres Strait Islander

19. What is your age?

<sub>1</sub> Under 18 years <sub>2</sub> 18 to 24 years  
<sub>3</sub> 25 to 34 years <sub>4</sub> 35 to 44 years  
<sub>5</sub> 45 to 54 years <sub>6</sub> 55 to 64 years  
<sub>7</sub> 65 years and over

20. How long have you been receiving support or care from this service?

<sub>1</sub> Less than 24 hours <sub>2</sub> 1 day to 2 weeks  
<sub>3</sub> 3 to 4 weeks <sub>4</sub> 1 to 3 months  
<sub>5</sub> 4 to 6 months <sub>6</sub> More than 6 months

21. Did someone help you complete this survey?

<sub>1</sub> No  
<sub>2</sub> Yes – family or friend  
<sub>3</sub> Yes - language or cultural interpreter  
<sub>4</sub> Yes – lived experience/peer worker  
<sub>5</sub> Yes – another staff member from the service  
<sub>6</sub> Yes – someone else