



Australian Government

Department of Health

Your Experience of Service

Australia's National Mental Health Consumer Experience of Care Survey

**Guide for licensed organisations and organisations
seeking a licence to use the instrument**

Endorsed by

**Australian Health Ministers Advisory Council
Mental Health Information Strategy Standing Committee**

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1.0	6 February 2015	Final version for public release.
1.1	11 March 2015	Correction to Table 2 page 9. Stem question for outcome items O-1 to O-4 amended to "As a result of your experience with the service in the last 3 months or less please rate the following." This is to align with the survey instrument provided at Appendix B. Corrections made to Tables 9 and 10, pages 25 and 26. Item E-15 was previously identified as the item only applicable to inpatient and residential settings. Corrected to E-16.
1.2	3 July 2017	YES reporting domains updated. Updating of wording on release of Carer Experience Survey.

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These guidelines were prepared by the Australian Government Department of Health under the guidance of the National Mental Health Information Strategy Standing Committee.

About the survey name

Your Experience of Service (YES) was selected as the official title for the survey on the basis of recommendations made by a panel of consumer and carer representatives set up specifically to select a name for the instrument. The panel recommended that any name used for a national survey should be empowering and respectful of consumers, use appropriate language and convey appropriate values, be easy to pronounce, communicate and remember, be able to be used in different types of services or settings, be clearly distinguished from names of any current questionnaires and be free of jargon or popular terms which may date quickly. Several options meeting these criteria were put to vote in an on-line poll of consumers and carers drawn from the National Consumer and Carer Forum, the National Consumer and Carer Register and the New South Wales Consumer Advisory Group, and conducted with the assistance of the Mental Health Council of Australia (now known as Mental Health Australia). *Your Experience of Service* was voted as the top- ranked choice.

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1. PURPOSE – WHAT THIS DOCUMENT AIMS TO DO

This document has been prepared to provide guidance to mental health service organisations planning to introduce the *Your Experience of Service (YES)* survey. The document:

- provides background information on the instrument, covering why and how it was developed, its content and structure and the current status of development work;
- outlines the arrangements in place for organisations to obtain a licence to use the survey instrument, along with conditions attached to the licence;
- discusses the main design issues that need to be addressed by organisations considering implementing the survey;
- describes the recommended protocol for using the survey with individual mental health consumers; and
- outlines the recommended approach to scoring and interpreting survey results, based on the instruments' current status.

2. BACKGROUND TO AUSTRALIA'S NATIONAL CONSUMER EXPERIENCES OF CARE SURVEY INSTRUMENT

2.1 Origin

Consumers' perceptions of health care has 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. Substantial work has been undertaken internationally and in Australia to establish systems that regularly capture information on the perspectives of consumers and carers about the health care they receive.

Within the mental health sector, initiatives have been taken by several states and territories to introduce local surveys of consumer experiences of care but these have varied in the instruments used and in the approaches used to collect information from consumers. At the national level, there has been strong interest across jurisdictions in the development of a national standard measure of consumer experiences of care which could support quality improvement, service evaluation and benchmarking between services. Agreement to begin work to achieve this objective was made in the second edition of the National Mental Health Information Priorities document¹ released in 2005, and again reiterated in the Fourth National Mental Health Plan²,

¹ Department of Health and Ageing. National Mental Health Information Priorities 2nd Edition. Canberra: Commonwealth of Australia, 2005.

² Australian Health Ministers, Fourth National Mental Health Plan 2009-14. Canberra: Commonwealth of Australia, 2009

released in 2009. More recently, the National Mental Health Commission has called for the introduction of regular surveying of consumer experiences as a priority for public mental health services.^{3,4}

First steps to the development of a national approach were taken in 2006, with a Commonwealth-funded pilot study by Queensland⁵ and the Private Mental Health Alliance⁶. The pilot study used the consumer survey measure developed in the United States under the auspices of the Mental Health Statistics Improvement Program (MHSIP) and the National Research Institute of the National Association of State Mental Health Program Directors⁷. The main focus of the pilot was on the implementation of a collection protocol and reporting process rather than the development an Australian national standard measure.

2.2 The National Consumer Experiences of Care project 2011-2013

In 2010, the Commonwealth Department of Health funded the national Consumer Experiences of Care project to develop the new consumer experiences of care measure for use in public mental health services. The project was led by the Victorian Department of Health under contract, and guided by the Mental Health Information Strategy Standing Committee (MHISSC). The project aimed to develop an instrument that:

- incorporates evidence from existing experiences of care measures;
- measures the recovery orientation of care from a consumer perspective based on the recently revised Australian National Standards for Mental Health Services;
- measures the degree to which consumers see themselves as being involved and engaged in their care;
- is psychometrically robust; and
- is suitable for use in adult mental health services to inform service-level quality improvement.

The work commenced in June 2011, and progressed over two years in the following stages:

³ National Mental Health Commission. *A Contributing Life, the 2012 National Report Card on Mental Health and Suicide Prevention*. Sydney: NMHC, 2012.

⁴ National Mental Health Commission. *A Contributing Life, the 2012 National Report Card on Mental Health and Suicide Prevention*. Sydney: NMHC, 2013.

⁵ Queensland Health. *Pilot study of the routine collection and reporting of information on Consumer Perceptions of Care in Queensland*. Final report for Queensland Health, August 2009

⁶ Morris-Yates, A. *A pilot study of the Routine Collection and Reporting of Consumer Perceptions of Care in Private Hospital-based Psychiatric Services*. Private Mental Health Alliance, Canberra, November 2009.

⁷ The MHSIP website can be found at www.mhsip.org

- Planning phase (June-August 2011)
- Phase 1: Development of draft instrument (September 2011-February 2012)
- Phase 2: National multi-site proof of concept trial to assess the validity and reliability of the draft instrument (March -November 2012), additional reliability testing (December – April 2013),and evaluation and instrument refinement (May 2013)

Overall, the project was successful in developing a measure that was psychometrically robust and fit for purpose. In particular, consumers found the survey easy to complete and the questions were seen as meaningful and relevant to their experience.

The project delivered a final revised instrument in June 2013 which was accepted by MHISSC as suitable for further investment and broader field implementation. A full report of the project methodology and outcomes is available at:

www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-conexp

2.3 Current status of the instrument and next stages of development

The national work led by Victoria has built an instrument that meets all the basic criteria but, like all ‘first generation’ instruments, could be improved through further research and development. The final project report identified a range of possible areas of development based on field work with a larger sample to improve the utility of the instrument for benchmarking and tracking of organisation performance. Further development of the YES has taken place since then, including the development of indices and statistically derived domains for summarising and reporting survey data. The measure has been implemented in a number of jurisdictions and has proven useful in reporting organizational performance across different service settings and service types. Further work on the exploration of a short form and /or the inclusion of additional survey items continues.

Given this work, the instrument has been released for use by organisations that enter a licensing agreement specifying conditions aimed at promoting consistency of use and reducing the risk of multiple variants of the tool emerging. It is anticipated that, with ongoing experience in use of the survey instrument, further changes will be made in the years ahead with the implication that the content of this document, including recommendations about how to use the instrument, will be subject to change based on the collective experience of user organisations.

The specific processes to bring together data collected by licensed organisations and their experiences in use of the instrument are still to be developed, but the intent to do this is reflected in the licence agreement, discussed in section 4.3 below.

2.4 Related national work to develop a Carers' Experience of Services instrument

Running in parallel with the development of the *YES* survey, work was undertaken to develop an Australian national standard instrument to capture carers' experiences of mental health services. This work was first foreshadowed in the 2005 statement of national mental health information priorities and reinforced as a priority in the Fourth National Mental Health Plan.

Development of the Mental Health Carer Experience of Survey was coordinated through the Australian Mental Health Outcomes and Classification Network (AMHOCN) and funded by the Commonwealth Department of Health. The survey is now available from the AMHOCN website <https://www.amhocn.org/mental-health-carer-experience-survey-0>.

3. DESCRIPTION OF THE RELEASE VERSION OF THE SURVEY INSTRUMENT

The survey instrument released for licensed use incorporates a number of changes that were identified as desirable in the proof of concept study.⁸ These changes included deletion of items that were found to be redundant or confusing, amendments to the wording of some items to make their intent clearer, addition of a new question about whether assistance was provided and reordering and grouping of items to assist consumers' ease of survey completion. This section describes the modified release version of the survey instrument. A copy of the release version is provided at Appendix B.

3.1 Naming of the instrument

The working title of the survey version used in the national project was '*Your Care Survey*'. The modified instrument is being released under the title *Your Experience of Service (YES)* which was selected following an on-line poll conducted with the assistance of the Mental Health Council of Australia, and involving the National Consumer and Carer Forum, National Consumer and Carer Register and NSW Consumer Advisory Group.

Assigning a national name to identify the survey instrument by organisations is considered essential to promote consistent use. A condition of the license arrangements includes the requirement that the title be used in all local versions of the survey instrument.

⁸ The project final report summarises the changes made to the final instrument that were identified as desirable in the proof of concept study.

3.2 Introductory wording to be added to survey forms

Alongside the requirement for the survey instrument to be named consistently, a set of standard words should be used on all forms to orient the consumer to the survey aims and conditions. These are shown below.

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.

3.3 Number and sequencing of items

The release instrument 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.

Most items are constructed as statements preceded by a stem statement e.g., "Thinking about the care you received from this service within the last the 3 months or less what was your experience in the following areas?" The stem is designed to reference the context of care that the consumer is to reflect on, and the time period for consideration (the previous 3 months or less of care). A minimum number of stems is utilised to increase ease of completion.

Items are 'banked' (grouped) in a predetermined order to facilitate ease of completion and sequenced to reflect the consumer journey through a mental health service. As the order of questions and how they are grouped or banked has an impact on the ratings provided, it is essential that that the sequence is maintained in all uses of the instrument.

3.3.1 Experience items

The first group of items is referred to as the 'experience questions' and comprises 22 items designed to measure the consumer's experience of the services they have received over the previous 3 months. For technical reference purposes, these items are referred to as E-1 to E-22.⁹ For all versions of the instrument, these questions should be positioned as the first 22 items.

⁹ Technical reference numbers assigned to each item of the survey are intended for 'behind the scenes' use and not for display on printed or on-screen versions of the survey instrument. It is possible that new questions may be included in future versions of the survey to update the content, capture local issues or new policy directions. To assist in managing this process, the technical reference numbers are designed to allow cross-mapping of items between versions.

The first 17 experience items are rated on a frequency scale (Never, Rarely Sometimes, Usually, Always) that examines how often the person experienced certain activities of events. The remainder are rated on a performance scale (Poor, Fair, Good, Very Good, Excellent) that examines how well the service performed in specific areas. These scales are described in section 3.4 below.

Table 1: The 22 ‘experience’ items of the YES survey

Item sequence	Technical reference #	Question
<i>Stem: 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>		
1	E-1	You felt welcome at this service
2	E-2	Staff showed respect for how you were feeling
3	E-3	You felt safe using this service
4	E-4	Your privacy was respected
5	E-5	Staff showed hopefulness for your future
6	E-6	Your individuality and values were respected (such as your culture, faith or gender identity, etc)
7	E-7	Staff made an effort to see you when you wanted
8	E-8	You had access to your treating doctor or psychiatrist when you needed
9	E-9	You believe that you would receive fair treatment if you made a complaint
10	E-10	Your opinions about the involvement of family or friends in your care were respected
11	E-11	The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc)
12	E-12	You were listened to in all aspects of your care and treatment
13	E-13	Staff worked as a team in your care and treatment (for example, you got consistent information and didn’t have to repeat yourself to different staff)
14	E-14	Staff discussed the effects of your medication and other treatments with you
15	E-15	You had opportunities to discuss your progress with the staff caring for you
16	E-16	There were activities you could do that suited you
17	E-17	You had opportunities for your family and carers to be involved in your treatment and care if you wanted
18	E-18	Information given to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc)
19	E-19	Explanation of your rights and responsibilities
20	E-20	Access to peer support (such as information about peer workers, E-referral to consumer programs, advocates, etc)

Item sequence	Technical reference #	Question
21	E-21	Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc)
22	E-22	Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc)

3.3.2 Outcome items

The second group of items is referred to as the ‘outcome questions’ and comprise 4 items designed to capture the consumer’s views on the extent to which the services they received have been of benefit. For technical purposes, these items are referred to as O-1 to O-4. All items are rated on a performance scale (Poor, Fair, Good, Very Good, Excellent) described in section 3.4 below

For all uses of the instrument, the four outcome questions should be positioned to immediately follow the 21 experience items.

Table 2: The 4 ‘outcome’ items of the survey

Item sequence	Technical reference #	Question
<i>Stem: As a result of your experience with the service in the last 3 months or less please rate the following</i>		
23	O-1	The effect the service had on your hopefulness for the future
24	O-2	The effect the service had on your ability to manage your day to day life
25	O-3	The effect the service had on your overall well-being
26	O-4	Overall, how would you rate your experience of care with this service in the last 3 months?

3.3.3 Open-ended items

The third group of items comprise two open-ended questions (free text) that are designed to elicit the consumer’s views on areas of improvement required in service delivery. The items are worded to facilitate narrative feedback on how to improve care experience (negative experience) and highlight positive aspects of the person’s experience. For reference purposes, these items are referred to as F-1 to F-2.

For all versions of the instrument, the two open-ended questions should be positioned to immediately follow any additional service-specific questions added by the organisation (see section 3.3.5 below), which are to be inserted following the Outcome items (O-1 to O-4). Because there is no upper limit on the number of additional items that can be added by local organisations in the service-specific category, this number is referred to as *n* in the item sequence column of Table 3 below.

Table 3: The 2 open ended items of the YES survey

Item sequence	Technical reference #	Question
<i>Stem: Please provide any additional comments</i>		
26+n	F-1	My experience would have been better if ...
27+n	F-2	The best things about this service were ...

3.3.4 Demographic items

The fourth group of items comprise seven demographic and related questions that capture information about the consumer, the length of time they have been receiving services and whether assistance was provided in completing the survey. For technical reference purposes, these items are numbered D-1 to D-7. For all versions of the instrument, the demographic questions should be positioned to immediately follow the open-ended questions. Response options are pre-defined and specific to each item.

Table 4: The 7 demographic items of the YES survey

Item sequence	Technical reference #	Question
<i>Introductory wording: This section asks for some information about you. The information 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 used in this section will be used to identify you.</i>		
28+n	D-1	What is your gender?
29+n	D-2	What is the main language you speak at home?
30+n	D-3	Are you of Aboriginal or Torres Strait Island origin?
31+n	D-4	What is your age?
32+n	D-5	How long have you been receiving care from this service on this occasion?
33+n	D-6	At any point during the last 3 months were you receiving involuntary treatment (such as an involuntary patient or on a community treatment order) under Mental Health Legislation?
34+n	D-7	Did someone help you complete this survey?

3.3.5 Service-specific items

This group of items provides additional questions to be included at the discretion of the local service organisation. There is no set format for these items but it is recommended that the approach used adopt one of the two existing measurement scales (Frequency or Performance) rather than introduce another set of response options. If a new set of response options is used, the preamble to the items should be designed to highlight the change.

It is recommended that the number of service-specific items be kept to a minimum to reduce overall response burden. As a broad guide, the recommended maximum number of additional questions is five, keeping the total number of question asked of the consumer to 40.

Any local service-specific questions added to the survey should be positioned following the first 26 'standard' items that require ratings on the Frequency of Performance scales i.e. they should be placed to follow the four Outcome questions and precede the two Open Ended items. This placement is designed to ensure that any new questions added do not affect responses to the first 26 items.

For reference purposes, service-specific items are referred to as S-1 to S-n, where n equals the number of items added.

3.4 Rating scales used for recording consumers' responses to the Experience and Outcome questions

The YES survey uses two Likert rating scales for consumers to record their response to the individual items within the Experience and Outcome categories.

- A *frequency scale* (Never, Rarely Sometimes, Usually, Always) that examines how often the person experienced certain activities or events. This scale is used for the first 17 items in the Experience group (items E-1 to E-17). To assist in orienting the consumer to the task, these items should be preceded by the statement "*These questions ask **how often** we did the following things ...*"
- A *performance scale* (Poor, Fair, Good, Very Good, Excellent) that examines how well the service performed in specific areas. This scale is used for the final five items in the experience group (items E-18 to E-22) and all four items in the Outcome group (O-1 to O-4). To highlight the change in response format, these items should be preceded by the statement "*These questions ask **how well** we did the following things ...*"

Frequency scales are commonly used in health consumer experience surveys because they are relatively straightforward for people to report care occurrences. The performance scale enables reporting of the consumers thoughts about certain care activities.

Both scales are positively weighted and consist of five points (three positive points, two negative points). Five point rather than seven point (or higher) scales were selected to reduce cognitive burden on participants. The positive weighting of the scales was chosen following a technical review of the literature which indicated that health consumers are more likely to positively respond to their health experience. Positively weighting the scales provides for greater discrimination of the consumer responses and produces data that is normally distributed, allowing for more robust statistical analysis of the data. The Proof of Concept study demonstrated that this positive weighting approach was successful in 'normalising' the data.

The scales are presented in the survey in a semantic rather than numeric form – that is, the response options offered to the consumer use only words as anchor points rather than assign numbers to any rating category. This was designed to ensure that consumers are asked to respond to well understood concepts, rather than just 'ticking a number'. However, as is

discussed later (see section 7.2), the frequency and performance scales were found to have good numeric properties, meaning that they can be used to generate a score that allows the survey data to be analysed quantitatively.

For specific items that might not be relevant to all respondents, the response option of *Not Applicable* is included to facilitate consumers moving through the survey more easily. Seven questions have a *Not Applicable* option, as shown in Table 5.

Table 5: Survey items that include a ‘Not Applicable’ response option

Technical reference #	Question
E-7	Staff made an effort to see you when you wanted
E-8	You had access to your treating doctor or psychiatrist when you needed
E-9	You believe that you would receive fair treatment if you made a complaint
E-10	Your opinions about the involvement of family or friends in your care were respected
E-16	There were activities you could do that suited you
E-17	You had opportunities for your family and carers to be involved in your treatment and care if you wanted
E-20	Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc)

3.5 Domains covered by the survey questions

The YES domains are consistent across the suite of experience measures YES, YES CMO and Carers Experience Survey (CES). The domain names were developed through a consumer consultation process.

The domain structure of the YES covers 6 broad areas:

- Making a difference
- Providing information and support
- Valuing individuality
- Supporting active participation
- Showing respect
- Ensuring safety and fairness

Table 6 shows how each of the 21 experience items, the 3 outcome items and the 1 overall experience item are mapped to the domains.

Table 6: Survey items mapped to domains

Domains covered by 25 items*	Survey questions that primarily map to the domain	Number of items primarily mapped to this domain
Making a difference	E 23. E 24. E 25. E 26.	4
Providing information and support	E 18. E 19. E 20. E 21.	4
Valuing individuality	E 6. E 16.	2
Supporting active participation	E 8. E 10. E 13. E 14. E 15. E 17.	6
Showing respect	E 1. E 2. E 4. E 5. E 7. E 12.	6
Ensuring safety and fairness	E 3. E 9. E 11.	3

* Note that *item 22 Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc)* does not contribute to domain reporting but is included in the calculation of the overall score.

3.6 Single version of the instrument for use in all treatment settings

The proof of Concept trial used separate versions of the survey instrument for inpatient and community treatment settings. In contrast, the revised *YES* survey is being released as a single instrument version that can be used across all treatment settings. This is designed to promote simplicity and recognises that, except for one question only, all survey items in the release version were found to be suitable in the Proof of Concept trial in both community and inpatient treatment settings.

Item E-16 (*There were activities you could do that suited you*) is the exception. Having been tested only in inpatient settings, the applicability of this item for consumers treated in community settings, or seen through home-based outreach services, is unknown. This anomaly is handled in the release version of the survey by including the *Not Applicable* response option for this item.

4. LICENSING ARRANGEMENTS

A licensing process has been set up to enable mental health service organisations to use the *YES* survey for specified purposes. These arrangements were developed in recognition that there is considerable interest across the Australian mental health sector in trialling or implementing the instrument. While such use is to be supported, the licensing arrangements aim to achieve a controlled release whilst further refinement and development work is undertaken. The arrangements are designed to promote consistency of use and discourage unnecessary modification to the tool. The latter is necessary to minimise the risk that multiple and varied versions with no comparability are produced following public release. The licence also aims to prevent use of the instrument for profit.

A copy of the licence¹¹ is available at <http://mhsa.aihw.gov.au/committees/mhissc/>. The sections that follow summarise its main components.

4.1 Who can obtain a licence?

Mental health service organisations operating in the public, private or non government sector can obtain a licence to use the survey. Authorised use is tied to specific service entities itemised in Schedule A of the Agreement which is completed by the licensee. Limitation of the scope to specific service entities is believed appropriate, as opposed to an individual person being licensed to use the instrument in any organisation or setting.

The Agreement is designed for licensing a single organisation or a whole jurisdiction. In the case of jurisdictions, Schedule A does not require a comprehensive listing of all organisations funded by the specific state or territory. Instead, the Schedule can be completed by indicating that the organisations to be covered are all clinical mental health services managed by Local Hospital Networks (or equivalent) that are funded by the relevant state or territory government. For NGOs, a similar arrangement can be adopted where the organisation is large and has multiple components. However, in all cases the descriptions of organisations listed in Schedule A must be specific enough to identify the particular entity or class of entities.

4.2 What are the specified uses allowed by the licence agreement?

The licence is for defined purposes are set out at clause 3.2 – specifically, organisations are licensed to use the *YES* survey for the purpose of:

- “... undertaking regular or ad hoc surveys of the experience of consumers” of the Service Organisations as listed in Schedule A and to
- “... produce Results derived from such surveys for the purpose of internal or external reporting and publication”.

¹¹ The actual instrument used is technically referred to as a ‘sub-licence agreement’ because this more accurately reflects the powers of the Department of Health under the original funding agreement with Victoria. However, for the purpose of improving readability, it is referred to as ‘licence’ throughout this document.

4.3 What conditions are specified in the licence agreement?

Clause 4 of the licence agreement outlines a number of conditions. In summary:

- Licensed organisations are permitted to use the survey in its existing form layout (as set out in Appendix B of this document) or to place it within a different form created by the licensee but only if no changes are made to:
 - the wording of individual items;
 - the name of the survey, in particular the heading ‘Your Experience of Service’ must be retained;
 - the ordering of items; or
 - the response options to each item;

- Licensed organisations are permitted to make the following specified modifications:
 - remove items that are not relevant to the service setting in which the survey is used;
 - add a local or jurisdictional logo or other form of agency identification;
 - add items that are of interest to the organisation under an identifiable ‘additional questions heading’; and
 - make technical and formatting changes that are necessitated by the choice of medium chosen by the organisation.

- Licensed organisations are required to:
 - refer to the survey as the *Your Experience of Service* survey on all forms;
 - include an acknowledgment on all survey forms by adding the following words: “© 2013 The Secretary to the Department of Health (Vic) developed with funding from the Australian Government Department of Health.”
 - use the survey for non-commercial purposes only;
 - to maintain communication and share experience of use of the survey with the Commonwealth. Licensed organisations also are required to provide the Commonwealth with copies of any published reports prepared from use of the survey;
 - ensure that officers and employees of the organisation who will be using the survey are made aware of this Agreement and its contents; and
 - not further sub-sub-license the survey to a third party, but are permitted to allow a Service Organisation to make copies of, reproduce and download the survey on the condition that the licensed organisation authorises that use in writing and the use is necessary or desirable in order for the organisation to collect survey results.

- Licence agreements terminate in June 2019, unless terminated by either party at an earlier time.

4.4 Who issues the licence?

While Intellectual Property rights over the *YES* survey are held by Victoria, the terms of the funding agreement between Victoria and the Commonwealth Department of Health provided to the Commonwealth “a perpetual, irrevocable, royalty-free and licence fee-free, world-wide, non-exclusive licence (including a right of sub-licence) to use, copy, modify, publish, communicate and exploit the survey instrument.” The Victorian and Commonwealth Governments therefore each have the right and authority to set conditions on the public release of the survey instrument.

For the national release of the instrument, licences will be issued by the Commonwealth Department of Health following completion and acceptance of a licence application.

4.5 What is the process for obtaining a licence?

The licensing process has been designed to be as streamlined as possible and will be managed on behalf of the Commonwealth Department of Health by the Australian Institute of Health and Welfare acting in its capacity as Secretariat to the National Mental Health Information Strategy Standing Committee.

Licence application forms and copies of the licence agreement can be downloaded from the National Mental Health Information Strategy Committee website managed by the AIHW at <http://mhsa.aihw.gov.au/committees/mhissc/>. A range of other resource materials is also available on the website.

4.6 Is there a licence fee?

The *YES* survey is being released with no fees charged to licensed organisations.

5. IMPLEMENTATION ISSUES FOR ORGANISATIONS TO CONSIDER BEFORE INTRODUCING THE *YES* SURVEY

This section of the document covers the range of design issues organisations will need to address when considering a planned implementation of the *YES* survey within services under their management control. There are multiple aspects to designing a surveying approach, including what services should be in scope, the approach to sampling, the period over which survey data collection occurs, the mode of survey administration, the frequency of data collection and whether any additional content will be added to the 'standard' *YES* survey questions. Each of these is considered below.

The issues canvassed are not intended to be comprehensive, nor are the approaches outlined intended to be prescriptive. Organisations will need to develop solutions to each of the issues that suit their circumstances and meet the objectives they are pursuing through use of the survey instrument.

5.1 Scope of services to be covered

Organisations need to consider which services under their management control are in scope for implementing the *YES* survey. In determining scope and eligibility, organisations need to be mindful that the release version of the survey is based on a national project that aimed to develop a consumer survey tool for monitoring consumers' experiences of across clinical mental health services in the adult mental health sector. It was not designed to cater for the breadth of mental health populations, such as young people, older people, forensic or child and adolescent consumers. Nor was it designed to meet the specific needs of culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities. Organisations considering implementing the *YES* survey will need to assess the suitability of the instrument within their own environments and decide whether it is fit for the purposes intended.

In making these decisions, it is important to note that:

- the public release version of the instrument was developed for use across public adult inpatient and community mental health clinical settings. A single version is released, with all items having been tested as suitable for use in all settings except one item (Item E-16 - *There were activities you could do that suited you*). The addition of the *Not Applicable* response option provides room for a single instrument to be applied across multiple treatment settings.
- The licence agreement conditions are permissive, allowing licensed organisations to remove items not relevant to the service settings in which the survey is used and to add items that are of interest to the organisation under an identifiable 'additional questions heading'.

5.2 Approach to sampling consumers

Organisations intending to introduce the *YES* survey will need to decide their approach to sampling consumer responses. The main decisions to be made concern whether all or only a proportion of consumers is offered the survey and how often it is administered.

A range of approaches is available, each with different administrative implications. For example, organisations can choose to:

- Implement the survey on a comprehensive annual census basis, where all consumers seen over a given period are offered the survey (for example, all consumers seen on a given day, or over a one week period). Annual administration allows sufficient time to identify improvements, implement changes and for those changes to be experienced by consumers; or
- Implement the survey on a selected sample basis, where only a defined proportion of all consumers seen over a given census period are offered the survey (for example, one in every 10 consumers seen are offered the survey). A cautionary note to add here is that, typically, many consumers are keen to share their experiences of surveys. Sampling or screening based on consumer characteristics or a random selection process may appear as exclusionary to those consumers who are not invited to participate; or
- Implement on an ongoing basis where all consumers are routinely offered the survey at pre-determined points in the service provision cycle (for example, all consumers are requested to complete the survey after receiving 3 months of care, or at regular reviews, or at discharge).

The sampling options are numerous. The key considerations for organisations are to select an approach that:

- ensures that the consumers completing the survey are representative of the total population of consumers assisted by the organisation;
- is sustainable over the longer term (to enable changes over time to be monitored); and
- provides minimal response burden on the consumer.

5.3 When should the survey be offered?

The collection points at which the survey is offered to consumers depend on the sampling approach taken by the organisation and the service setting in which the survey is administered. Where the survey is being implemented as part of routine practice (that is, offered to all consumers seen by the organisation), development of a local protocol should be undertaken that specifies the points in the person's care pathway at which the survey should be offered. For example, in inpatient settings, the local protocol could specify that the survey should be offered at discharge, or alternatively, on the day prior to discharge. In community settings, a local protocol

for routine use could specify that all consumers should be offered the survey after receiving services over a specified time period (e.g., three months) or at discharge from care if this occurs sooner. There is no 'gold standard' that dictates when a consumer experience of care instrument should be offered as part of routine practice. However, the important requirement is that a local protocol should be developed that ensures consistency across the organisation.

Where the survey is being implemented periodically rather than as part of routine service delivery, equivalent decisions need to be made about when the survey is offered to consumers. For example, in inpatient settings, the survey could be offered to all consumers in hospital on specified census dates, or to all individuals being discharged over a specified period. In community settings, the local protocol could specify the survey to be offered to all individuals seen over a given period (e.g., one month). Again, it is essential that local organisations resolve the best approach to meet their requirements and document the collection protocol clearly for all staff.

5.4 Mode of administration

The *YES* survey was designed as an instrument to be visually presented to consumers and has not been tested in other presentation modes (for example, auditory presentation via telephone or other interviewing techniques). Visual modes present the response scales to the consumer in a way that allows them to see the options and record their responses. This can be achieved by paper-based forms or via electronic means through surveying on a computer tablet, or on-screen formats. The Proof of Concept trial trialled electronic forms (i-Pad and on screen) and found them to be acceptable.

Organisations implementing the survey will need to resolve the presentation mode to be used, noting that the only recommended mode is visual until additional modes are tested.

5.5 Adding content to the survey

The *YES* survey allows for organisations to add questions to the survey content from time to time that are designed to address local issues of interest. As noted earlier (section 3.3.5) these questions should be positioned at the end of the rating questions so that responses to these questions are not affected by the presentation of the new questions. Any additional questions should use the same response scales that are used in the 'standard' questions and be kept to a minimum (recommended maximum of five additional questions).

5.6 Consent issues

As a research project, the national Proof of Concept study was required to obtain clearance by a National Health and Medical Research Council (NHMRC)-approved ethics committee. Under the NHMRC guidelines on ethical conduct in human research (*insert ref, National Statement on Ethical Conduct in Human Research (2007)*), this is not required where health service organisations use the survey for local quality improvement initiatives. However, organisations should review the

purposes that are being pursued to ensure compliance with the NHMRC guidelines and their own local policies.

5.7 Maximising response rates

Response rate is the term used to describe the relative number of completed surveys received as a proportion of those that were expected to have been offered. Understanding response rates for any consumer survey is critical to interpreting how representative are the results achieved by an organisation when it reviews its data and compares its performance to similar organisations.

Careful consideration needs to be given by organisations to developing an implementation approach that maximises participation and response rates. The protocol used for inviting individual consumers to complete the instrument is most critical and is covered in section 6. There are also system-wide elements of implementation that need to be considered by the organisation. These include, for example:

- establishing suitable governance arrangements that provide a central point for coordination and monitoring the progress of the survey;
- inclusion of consumers and peer workers (where available) in all aspects of the survey planning and implementation to promote ownership and ensure that the approach taken is responsive to local consumer views;
- establishing organisation-wide processes to promote the survey through staff briefings and educational material;
- preparation of brochure and promotional material to raise awareness of the survey and its aims; and
- routinely making available the survey results to all stakeholder groups at the completion of each survey cycle.

In England, the national rollout of national consumer experience of care surveys has set a target of 40% as the minimally acceptable response rate for survey data to be considered representative (add ref). Equivalent targets are not set in Australia but organisations should set up a monitoring process to allow response rates to be estimated. At a minimum, this requires a method to enumerate the number of consumers who are in scope for the survey and to monitor the actual number of consumers invited to participate.

5.8 Managing risk

At times consumers may add responses to surveys that raise significant issues that have legal or safety implications. For example, a consumer may report a staff member engaged in illegal activity, or make a serious complaint. Organisations should establish appropriate governance arrangements to manage such occurrences. The information sheet prepared for consumers

should also emphasise that the survey is not for lodging complaints or raising allegations, and alert consumers to the existing complaint mechanisms in place.

6. RECOMMENDED PROTOCOL FOR USING THE SURVEY WITH INDIVIDUAL CONSUMERS OF MENTAL HEALTH SERVICES

How the survey is administered to individual consumers is crucial to achieving acceptable response rates. Additionally, for comparisons between and within organisations to be accurate and fair, it is essential that surveys are carried out using comparable procedures. This section outlines the recommended protocol for organisations embarking on use of the *YES* survey instrument.

6.1 How should consumers be invited to complete the survey?

The key to achieving a high response rate will be the manner in which the surveys are offered to consumers, particularly the extent to which they feel that the organisation values their feedback. Survey approaches that adopt a mail-out approach, or simply leave survey forms on front desk counters, are typically perceived to be impersonal and yield low response rates. The approach adopted in the Proof of Concept study relied on a face-face offering by consumer peer workers. Queensland also requires its consumer survey to be offered in the context of face to face interaction between the consumer and his or her service provider, who is deemed to be in the best position to explain the requirements and address any concerns raised.

Face to face offering is strongly recommended for use of the *YES* survey. This should be undertaken by a service provider who knows and works with the consumer. Consumer peer workers are included in this category and provide an invaluable resource for offering the survey where they are available.

The processes used when offering and collecting the survey needs to achieve three objectives:

- Emphasise the voluntary nature of the survey.
- Give consumers the strongest possible motivation to complete the survey in an honest and careful manner. The key to this is the staff member's attitude and willingness to answer the consumer's questions or concerns. If consumers believe that the organisation values their responses they are more likely to complete and submit the survey.
- Assure consumers that the confidentiality of their responses will be maintained. The key to attaining this objective is to emphasise that completion of the survey is on an anonymous basis, and to implement a collection process that makes it clearly apparent to consumers that any staff who have been involved in their care will not be able to review their individual responses to the survey.

6.2 Should a fact sheet be prepared for consumers?

Good practice dictates that a summary statement of the aims the survey be prepared for all consumers invited to participate which also addresses the basic issues of confidentiality, the voluntary nature of participation, and where to seek any additional information.

A draft consumer information sheet is provided at Appendix A that can be used by organisations as a basis for their local fact sheets.

6.3 What should be said to the consumer?

Organisations should also prepare a standard set of words that can be used by staff when introducing the survey to consumers. The words used will depend on the implementation approach adopted by the organisation. The script below provides an example of what might be drafted by organisations. The language is somewhat formal in expression. As staff become familiar with what needs to be said, it is expected that they will be able to convey the essential points convincingly in their own way.

Begin by stating that:

“I’d like to invite you to complete a survey that asks your views about the quality of the services and care provided by this organisation. Your feedback will be highly valued.

Your Experience of Service is a new survey that has been developed with lots of input from mental health consumers. It is about your experiences of care in this service. By completing the survey you can provide feedback on what’s been good and what’s not been so good about your experience. Your experiences are important. The information obtained from the survey will be used to help us work together to improve services.

It’s voluntary and completely confidential. No one, including staff at this service, will know whether or not you completed the survey. They will only get overall results based on all the responses to the survey. The service will only get the survey results so that they can improve this service based on your feedback.

This form explains a bit more about the survey [give brochure/information sheet]. You can keep this, and take some time to read it now or take it with you to read later if you like. It includes more information about why we’re doing the survey, and has some contact numbers if you want to ask questions later on.”

Then clearly explain to the person what they should do with their completed survey.

It is likely that some consumers will ask more detailed questions about the survey and what is done with it once they have completed it. It is important that the person offering the survey be familiar with the aims, and in a position to answer any questions asked.

If the consumer agrees to complete the survey, the survey instrument should be provided along with instructions on how to return it to the organisation.

6.4 Can assistance be provided?

Assistance can be provided to consumers to complete the survey. Assistance should be limited to reading out the questions, explaining words unfamiliar to consumers and/or writing consumer's responses. In many cases, it will be found that simply hearing the question read out loud can help the consumer form a clear understanding of what is meant with no further comment being needed. Under no circumstances should the surveyor provide or influence answers on behalf of the consumer or rephrase the question. Where the consumer requires assistance, if at all possible the staff member who assists should be someone who has not been involved in the direct care of the patient.

A specific item is included in the survey to indicate whether assistance was provided to the consumer.

6.5 Should some consumers be excluded?

As noted earlier, the *YES* survey was specifically built for use in public adult mental health services. As such, the instrument was not designed to cater for the breadth of mental health populations, such as young people, older people, forensic or child and adolescent consumers. Nor was it designed to meet the specific needs of culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities. However, there are no prima facie reasons that consumers in any of these groups should be excluded from the survey offering process. In fact, use of the survey with these groups will provide valuable evidence about how to improve the instrument to better capture the views of these consumers.

Organisations should aim to offer the survey to as many consumers as possible, recognising that care should always be exercised to not cause distress. A small number of circumstances have been identified in previous work where offering the survey may be contraindicated. These are:

- Consumers who are too distressed or unwell at the time the survey would be offered.
- Consumers who are too cognitively impaired to be able to complete the survey. Judgement will need to be exercised by those offering the survey to consumers to determine whether either of these circumstances applies.

6.6 Is formal consent required?

By completing the survey the consumer is implicitly giving their consent for the information they are providing to be used by the organisation. In most instances, it is expected that implementation of the *YES* survey will be for the purposes of internal quality assurance and service improvement rather than research. As such, the formal consent requirements stipulated in the National Health and Medical Research Council guidelines for human research are not required. However, where consumer surveying is being undertaken principally for research purposes,

organisations will need to ensure compliance with the NHMRC ethical guidelines, including informed consent requirements.

7. SCORING AND INTERPRETING SURVEY RESULTS

This section of the document provides general guidance on how organisations can use the information collected from the survey to explore patterns, compare performance to similar organisations or identify trends in local agency performance over time.

7.1 Individual item analysis

The most basic use of the survey data is to undertake analysis at the individual item level. This involves examining aggregate responses to each item, usually based on simple frequencies and percentages. The table below gives an example of this approach.

Table 7: Example of how the YES survey can be used for individual item analysis

Item	Technical reference #	Percent consumers responding 'always' or 'usually'	Percent consumers responding 'never' or 'rarely'
E-2	Staff showed respect for how you were feeling	55%	35%
E-15	You had opportunities to discuss your progress with the staff caring for you	65%	20%

Analysis of individual items can assist organisations in focusing on specific areas of service delivery that are perceived as problematic by consumers.

Assigning numeric values to consumer responses to individual survey items will facilitate item-level analysis. The item values for the Frequency and Performance scales were demonstrated in the Proof of Concept study to have sufficient numeric properties to allow scores to be assigned to consumer responses. Table 8 shows the scores assigned to the scale values in the two item groups.

Table 8: Assigning numeric values to the Frequency and Performance scales

		Numeric value to be assigned				
		1	2	3	4	5
Scale	Item Group					
Frequency scale	Experience items	Never	Rarely	Sometimes	Usually	Always
Performance scale	Outcome items	Poor	Fair	Good	Very Good	Excellent

7.2 Can a summary score be derived from the survey?

Individual item analysis provides useful insights into how the organisation is perceived by its consumers across the full range of areas covered by the survey but has limitations. Typically,

organisations look for ways to summarise the data into an overall index of performance that can be used for simple comparisons between organisations or over time.

In order to be able to produce aggregate scores, the semantic scales used in the survey must be converted into numeric values. As noted above, the Proof of Concept study demonstrated that the scales do in fact have numeric properties and function like an interval scale – that is where each of the assigned values are separated by an equal distance. While further work is needed to develop an empirically-derived overall index¹² the following approach is outlined as an interim solution for organisations seeking to convert consumers’ responses to numeric summary indices. Organisations seeking to use this interim solution to scoring should note that work has not yet been undertaken to validate the approach, including testing of scoring algorithms that differentially weight individual items and methods for handling missing data. Caution should therefore be exercised in using the proposed approach.

Note that the proposed approach generates two rather than a single summary score - one for the Experience group of items and the second for the Outcome item group. It is not sensible to add the two into a single score because the underlying scales measure different attributes.

7.2.1 Step 1: Assign numeric values to consumer ratings

Table 8 above shows the scores assigned to the scale values in the two item groups.

7.2.2 Step 2: Sum the total scores for the Experience and Outcome items separately

The total sum of numerically assigned values for each of the Experience items (items E-1 to E-22) and Outcome items (O-1 to O-3) should be added separately to yield two overall scores. Table 9 shows the score range possible for the two item groups.

Table 9: Score range for the Experience and Outcome item groups

Scale	Item Group	Number of items	Minimum score	Maximum score
Frequency scale	Experience items	22	22	110
Performance scale	Outcome items	3 *	3	15

* Suggested total score for the Outcome items covers only items 0-1 to 0-3. Item 0-4 (‘Overall, how would you rate your experience of care with this service in the last 3 months?’) is excluded because it captures overall experience rather than the consumers views about the effect the service had on outcomes.

¹² An empirically derived index would be based on an analysis of the relative weighting across all items, because they may not all be equally important. The interim solution outlined here assigns equal weight to each item, separately for each of the Experience and Outcome item groups.

7.2.3 Step 3: Convert the total score for each of the Experience and Outcome item groups to a standard score based on maximum possible score

This third and final step involves converting the total score to a standardised score that takes account of missing data and items recorded by the consumer as 'Not Applicable'. The formula to be applied is as follows:

$$\text{Total standardised score for items (Experience or Outcome group, \%)} = \frac{100 \times \text{Total score for consumer's responses}}{\text{Maximum possible score possible adjusted for missing and 'Not Applicable' responses}}$$

7.3 Can sub scores for different domains be generated?

Table 10 shows how each of the 21 experience items and the 3 outcome items and the 1 overall experience item are mapped to the domains.

Table 10: Mapping of items to domains and scoring

Domains covered by 25 Items*	Survey questions that primarily map to the domain	Number of items primarily mapped to this domain	Minimum Score	Maximum Score
Making a difference	E 23. E 24. E 25. E 26.	4	4	20
Providing information and support	E 18. E 19. E 20. E 21.	4	4	20
Valuing individuality	E 6. E 16.	2	2/1	10/5
Supporting active participation	E 8. E 10. E 13. E 14. E 15. E 17.	6	6	30
Showing respect	E 1. E 2. E 4. E 5. E 7. E 12.	6	6	30
Ensuring safety and fairness	E 3. E 9. E 11.	3	3	15

* Note that *item 22 Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc)* does not contribute to domain reporting but is included in the calculation of the overall score.

8. ADDITIONAL CONSIDERATIONS OF SCOPE OF THE SURVEY

8.1 Using the survey instrument with Aboriginal and Torres Strait Islander consumers

As noted, the *YES* survey has not previously been tested specifically for these communities. However, Aboriginal and Torres Strait Islander consumers should not be excluded as any information provided will inform further targeted investigation into the appropriateness of the survey tool.

8.2 Using the survey instrument with people from a CALD background

Similarly, the *YES* survey measure has not been tested specifically for these populations. However, Culturally and Linguistically Diverse consumers should not be excluded as any information provided will inform further targeted investigation into the appropriateness of the survey tool.

8.3 Using the survey instrument across the lifespan

The *YES* survey measure was developed and tested with adult mental health consumers in the 18-64 year age range and has not been tested outside this range. Organisations considering implementing the *YES* survey with younger or older consumers will need to assess the suitability of the instrument within their own environments and decide whether it is fit for the purposes intended.

8.4 Non government managed community support services

The survey was designed specifically for consumers of public sector clinical mental health services and includes a number of items that may not be applicable to specific service delivery settings or programs operating in the NGO sector. However, noting that the licence conditions allows the removal of items considered not relevant to the service setting in which the survey is used, as well as allowing service-specific questions to be added, there is considerable scope for the instrument to be used in many community support services managed by the NGO sector.

At the time of release of the *YES* survey, consideration is being given to further modifications that may be necessary to improve the instrument's applicability to the sector.

9. FURTHER INFORMATION

More information on the survey is available at: <http://mhsa.aihw.gov.au/committees/mhissc/>

APPENDIX A: SUGGESTED WORDING FOR CONSUMER INFORMATION SHEETS

Your Experience of Service (YES) Questionnaire

1. What is the Your Experience of Service Questionnaire?

The Your Experience of Service (YES) questionnaire is designed to gather information from consumers about their experiences of care. It aims to help mental health services and consumers to work together to build better services.

The YES questionnaire was developed in consultation with mental health consumers and carers throughout Australia. It is based on the recovery principles of the *2010 National Standards for Mental Health Services*. The project to develop YES was funded by the Commonwealth Department of Health, and was led by the Victorian Department of Health. A national trial of the questionnaire occurred in 2012 and 2013.

More information about the development of the YES questionnaire tool can be found at www.health.gov.au, searching for “experience of care”.

2. Are my answers confidential?

The YES questionnaire does not record your name, date of birth or any other personal identifiers such as your medical record number. Your answers will not be used to identify you. Services will receive combined feedback based on groups of people. They will also receive a list of all comments made. However other details such as your age, sex or cultural background will not be attached to those comments.

3. Where can I get help to complete the questionnaire?

Feel free to ask a friend, family member, carer or staff including a Consumer Worker to help you complete the YES questionnaire

4. What do I do with my YES questionnaire when I have finished?

Put it in the reply paid envelope, then

- Post it, or
- Put it in a Your Experiences of Service Survey return box (*location to be inserted*).

5. What will happen to my feedback?

Services across Australia are using the same survey which will help us develop better services regardless of where you live. Your feedback will be combined with other consumers’ feedback in a report that helps services to identify what it is they do well and what they could do better. Services will then use these reports to identify areas where they can improve their service.

6. Are there other ways I can provide my feedback about services?

The YES questionnaire provides anonymous feedback to services. If you need to lodge a complaint or raise a specific allegation you should consider discussing these with:

(Insert relevant details for your organisation or state and territory)

Acknowledgement: Information sheet is based on the NSW consumer information sheet.

APPENDIX B: THE SURVEY INSTRUMENT

Your Experience of Service

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 checked="" 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:

1. You felt welcome at 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 showed hopefulness 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 see you when you wanted
8. You had access to your treating doctor or psychiatrist when you needed
9. You believe that you would receive fair treatment if you made a complaint
10. Your opinions about the involvement of family or friends in your care were respected
11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)

	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt welcome at this service	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You felt safe using this service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your privacy was respected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff showed hopefulness for your future	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff made an effort to see you when you wanted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You had access to your treating doctor or psychiatrist when you needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You believe that you would receive fair treatment if you made a complaint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your opinions about the involvement of family or friends in your care were respected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)	<input type="checkbox"/>	<input checked="" 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
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

23. The effect the service had on your hopefulness for the future

24. The effect the service had on your ability to manage your day to day life

25. The effect the service had on your overall well-being

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

Please provide any extra comments

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

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

