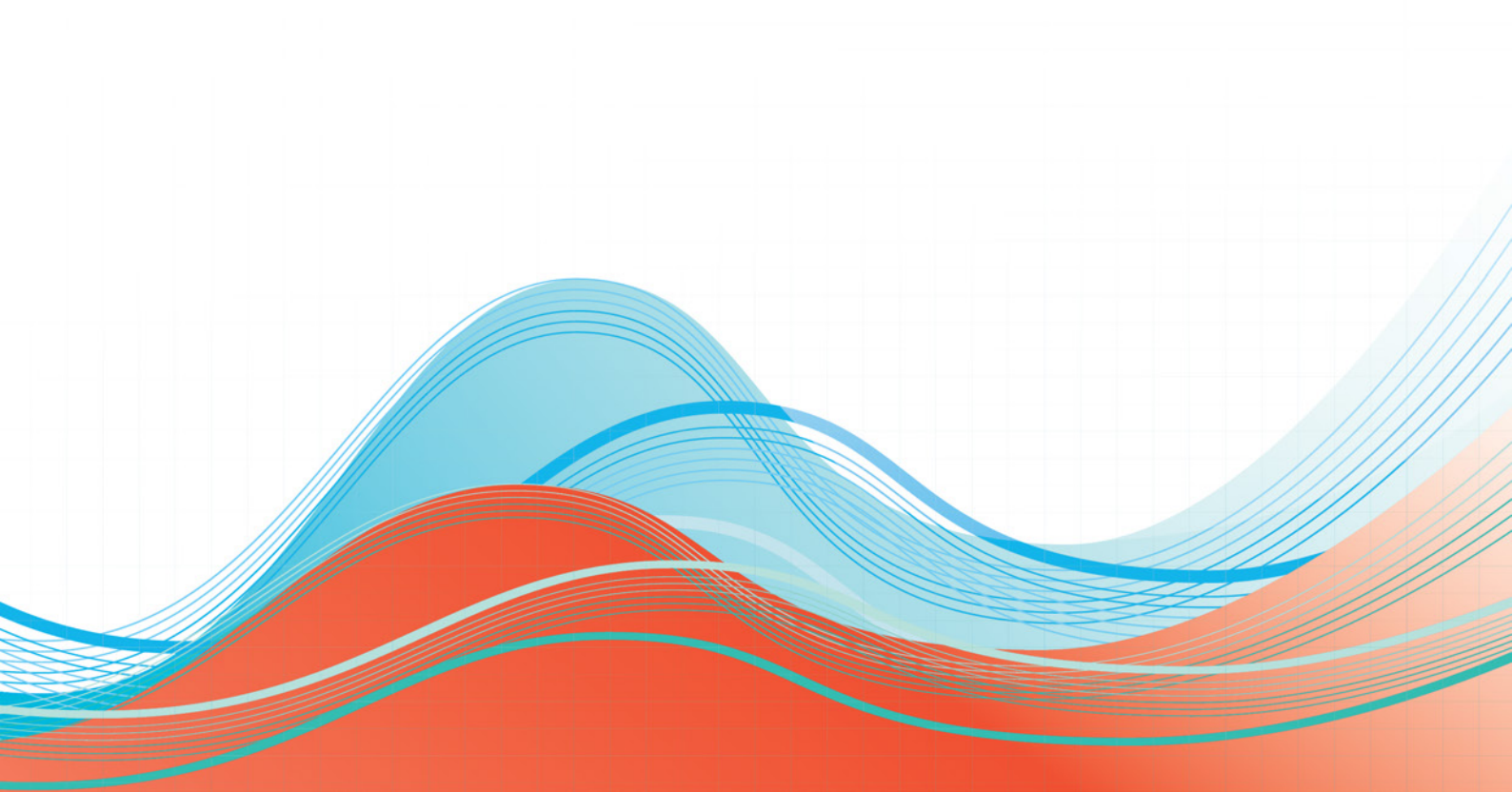


Patient Perspectives

Mental health services in NSW public facilities

Volume 2, Community Mental Health
February 2010 and February 2011



BUREAU OF HEALTH INFORMATION

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Please check the online version at www.bhi.nsw.gov.au for any amendments.

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Foreword

Welcome to the first *Patient Perspectives* report by the Bureau of Health Information (the Bureau). The *Patient Perspectives* series draws information from the NSW Patient Survey Program, offering an insight into what patients are saying about their healthcare experience.

It presents a unique opportunity to measure aspects of the health system that can only be captured from a patient perspective.

Formerly managed by the NSW Ministry of Health, the survey program transferred to the Bureau in 2012. This represents a significant addition to our performance reporting activities.

Although the Bureau has used information from the survey program in previous reports, the launch of *Patient Perspectives* marks a new chapter, and establishes the series as the main vehicle for disseminating findings from the survey program.

Managing the survey program expands our role in this arena, and builds on our previous work analysing, interpreting and reporting survey data. The Bureau will play a central role in the full cycle of the research, contributing its scientific coherence, relevance and rigour.

As an independent organisation, the Bureau works to achieve excellence in the provision of relevant and impartial information for the people of NSW about the performance of their public health system.

Patient Perspectives, like all our reports, will reflect this goal. This is an opportunity for the Bureau to increase its capacity to deliver information about, and for, patients.



Dr Jean-Frédéric Lévesque
Chief Executive

Overview

Patient Perspectives: Mental health services in NSW public facilities, Volume 1, Inpatient Care and Volume 2, Community Mental Health draw on the self-reported experiences of some 5,000 mental health patients.

This information comes from responses to the NSW Health Patient Survey, made by people accessing services in February 2010 and February 2011.

In NSW, mental illness was the diagnosis category responsible for most hospital acute bed days, representing 15% of total acute bed days in 2010–11. The effect of mental illness is far reaching; it places a heavy toll on affected individuals and families across NSW, and constitutes the leading cause of disability in Australia.

This report offers a rare opportunity to look at mental health services in NSW from the end-users' perspective. Though patient surveys are commonly used by health agencies around the world, NSW is one of only a few jurisdictions to survey users of mental health services.

In terms of international benchmarking, the Bureau was able to find only one other health system, England's National Health Service (NHS) with comparable survey results from mental health patients.

Patient surveys are important in the evaluation of healthcare organisations and system performance. Even more valuable are patient reported outcome measures.

Across many health conditions, patient outcomes following treatment have been shown to be related not only to the quality of treatment received, but also to the patient's own personal experience of that care.

The *Community Mental Health Survey 2010 and 2011* included questions on health outcomes. *Volume 2, Community Mental Health* offers an insight into how people rated the impact of treatment on their daily lives.

Looking across Patient Perspectives: Mental health services in NSW public facilities

Volume 1 is based on responses from 1,028 people (response rate of 28%). Results are provided for the state as a whole, by Local Health District (LHD) and by hospital facility (where sample size permits).

Volume 2 is based on responses from 3,956 people (response rate 26%). The report looks at results for NSW as a whole, across Local Health Districts (LHDs) and for individual facility groups.

Both volumes report on survey responses to individual questions and on *aspects of care* - themed categories of questions. Responses to questions and aspects of care were converted to scores. These scores were used to directly compare relative performance and examine relative strengths and weaknesses.

Overall, the reports show:

- People using NSW mental health services are less positive about their healthcare experiences when compared to other patient groups in NSW.
- This pattern echoed the information in the only available international comparison from England.

Aboriginal people were less positive about the care they received than non-Aboriginal people.

- In community mental health, 14% of Aboriginal people rated their care as *poor* compared to 7% non-Aboriginal people.
- For hospital services, 26% of Aboriginal people rated their care as *poor*, compared to 12% of non-Aboriginal people.

Individual questions rating overall care reveal variation between LHDs and at hospital / facility level.

Within some LHDs, there were marked differences between inpatient care and community mental health.

- Western NSW Local Health District (LHD) had one of the lowest proportions of mental health inpatients rating their overall care as *excellent* at 7%.
- However for community mental health, Western NSW LHD had an *excellent* rating of 27%, this was second to one other, Far West LHD at 34%.
- Across the aspects of care very few LHDs or hospitals differed significantly from the NSW average result.

Summary: Volume 2, Community Mental Health

Overall, users of community mental health services are less positive about recent healthcare experiences than other patient groups in NSW.

The survey results show a quarter (24%) of people using community mental health services rated their experience as *excellent* overall. This is the second lowest response of all patient groups; the lowest was mental health inpatients (23%).

Almost two in 10 community mental health patients (19%) said they would *not* recommend the facility they attended to friends and family; only 6% of outpatients made the same response.

Users of NSW community mental health services report most positively on their experience of care in areas such as cleanliness and comfort, respect, dignity and waiting times for treatment.

The survey results show that 72% of NSW community mental health patients said that when they attended a clinic and met with staff, that it was clean and comfortable.

The survey results also reveal:

- 74% of respondents said that health professionals *did not* talk in front of them as if they were not there
- 71% agreed that they were *always* treated with dignity and respect
- 68% said that they *did not* have to wait long for services to start.

This report includes a rare insight into how patients rated outcomes following treatment.

Patient reported outcome measures (PROMs) provide valuable information on the impact of treatment on daily life. Several questions were asked, to gather information on a patients' perspective of outcomes following treatment. Responses show that:

- 89% said they were *definitely* or *somewhat* helped by the services they received
- 85% said they were *definitely* or *somewhat* able to get along better with the people close to them
- 85% said they were *definitely* or *somewhat* better able to deal with daily problems
- 78% said they are *definitely* or *somewhat* better in their work / school or other usual activity.

Community mental health patients report low scores when asked about medication.

The survey results reveal almost four in 10 of community mental health patients (37%) said they could refuse a specific type of medicine or treatment.* Furthermore:

- 38% said they were told about side effects of medicine
- 38% said staff told them about the danger signs about their condition to watch for

(*) Community mental healthcare includes involuntary care as a result of forensic orders under the *NSW Mental Health Act*. While care for these patients should be respectful and seek to be a positive experience, it is not always appropriate to allow treatment refusal.

- 40% said that staff spoke to them about whether to include their family in counselling or treatment.

There were important differences between LHDs and between individual facilities in ratings of overall care.

Across LHDs, the percentage of community mental health patients rating their care as *excellent*, ranged from 34% in Far West NSW LHD to 18% in Illawarra Shoalhaven LHD.

Comparing individual facilities, the percentage of community mental health patients rating their care as *excellent*, ranged from 34% for Broken Hill facility group to 17% for East Western Sydney Health facility group.

Patients were asked a range of questions about the care they received.

Survey questions were grouped into 11 themed summary categories, and the responses averaged as scores out of 10 in the following aspects of care:

- Access
- Comfort
- Continuity
- Coordination
- Family involvement
- Health outcome
- Hygiene
- Information
- Overall experience
- Respect
- Support

The results show that there were noticeable differences when comparing LHDs, and when comparing hospital facilities.

- North Sydney and Central Coast LHDs showed better performance than the NSW average in seven aspects of care.
- Far West NSW LHD showed better performance than the NSW average in four aspects of care.
- Better performance than the NSW average for four or more aspects of care was recorded at the local facility level:
 - Child and Adolescent Mental Health Services North Sydney Central Coast Area Health Service (CAM NSCCAHS)
 - Northern Beaches
 - Specialist Mental Health for Older Persons, North Sydney Central Coast Area Health Service (SMOP NSCCAHS)
 - Broken Hill Region.

Aboriginal people were less positive about the care they received than non-Aboriginal people.

Twice the proportion of Aboriginal people (14%) rated their community mental healthcare experience as *poor* compared with non-Aboriginal people (7%).

Introduction

Mental illness places a heavy toll on affected individuals and families across NSW – and its influence is far-reaching for society as a whole. Mental illness varies in severity and includes a wide range of disorders (such as schizophrenia, depression and anxiety disorders). Altogether, it constitutes the leading cause of disability burden in Australia.

In the year July 2010 to June 2011 there were 2.4 million community mental healthcare service contacts in NSW provided to 115,090 patients.¹ In terms of hospital care, mental disorders were the primary reason for 60,000 overnight hospitalisations and 800,000 hospital bed days in the financial year, July 2010 – June 2011.²

During 2010–11 in Australia, \$309 per person was spent on mental health-related services. For NSW, this expenditure totals almost \$2.3 billion.¹

Mental illness is frequently treated in community-based and hospital-based ambulatory care settings. Together these services are referred to as *community mental health*.

The groupings were named and based upon the Area Health Service administrative areas at the time. More information is provided in the [Technical Supplement](#).

NSW Health Patient Survey

In 2010 and 2011, the NSW Ministry of Health conducted surveys on mental health inpatient and community patient experiences.* The community mental health survey was completed by 3,956 people (response rate 26%). Their responses form the basis for this report.

To ensure adequate sample sizes, the survey grouped community mental health services. These are referred to as *facility groups*.

Questions in the survey were analysed individually and grouped into 11 thematic aspects of care. These aspects of care included: Access, Comfort, Continuity, Coordination, Family involvement, Health outcome, Hygiene, Information, Overall experience, Respect, and Support.

This report presents the range of responses for individual questions and for aspects of care at a state level, for NSW Local Health Districts (LHDs) and for community-based facility groups (see [Table 1](#)). For details about the questions making up each aspect of care and information on survey data collection and analysis, see [Appendix table 1](#).

Scoring of responses

Responses were given a numerical value based upon the rating. For example, *excellent* 10, *very good* 7.5, *good* 5, *fair* 2.5 and *poor* 0. Each question was then scored.

(*) In 2012, responsibility for the administration of the *NSW Health Survey Program* transferred to the Bureau of Health Information.

(†) Community-based mental health services are provided by a network of facility groups. The composition of these groups is listed in the *Technical Supplement Patient Perspectives: Mental health services in NSW public facilities, February 2010 and February 2011*.

Table 1: *NSW Health Patient Survey* Different levels of analysis

Comparison level	What the data can tell us
State	<ul style="list-style-type: none"> • An overall account of how community mental health services are perceived and rated by users of the services • How the ratings and perceptions about community mental health services differ from those given by other patient groups • Statewide ratings and perceptions for individual questions and the extent to which they vary at regional and local levels • The highest rated aspects of care for community mental health services • The lowest rated aspects of care for community mental health services • Differences between population subgroups, for example whether perceptions and ratings of care differ between Aboriginal and non-Aboriginal people • A comparison with other jurisdictions undertaking similar surveys to place NSW results in a broader context
Local Health District	<ul style="list-style-type: none"> • An account of how community mental health services are perceived and rated by users of the services within the region • Regional performance, both in terms of overall ratings and for aspects of care, relative to other regions and to the state average • The highest rated questions and aspects of care for community mental health services in the region (Performance Profiles) • The lowest rated questions and aspects of care for community mental health services (Performance Profiles)
Local facility groups	<ul style="list-style-type: none"> • An account of how community mental health services are perceived and rated by end-users of services locally • Performance of community mental health facility groups, both in terms of overall ratings and for aspects of care, relative to other facility groups across the state, and to the state average • The highest rated questions and aspects of care for community mental health services in the facility group (Performance Profiles) • The lowest rated questions and aspects of care for community mental health services in the facility group (Performance Profiles)

Comparisons with other patient groups

People using mental health services are less positive about recent healthcare experiences than other patient groups

In 2011, a suite of patient surveys was conducted by the NSW Ministry of Health. Compared with all other patient groups surveyed, mental health patients rated the care they had received less positively (Figures 1 and 2).

Among people using community mental health services, around one-quarter (24%) rated their overall care experience as *excellent*. In comparison, 33% of outpatients rated their care experience as *excellent*.

Looking at the other end of the spectrum, 7% of community mental health users rated their overall care as *poor*. This was second to only one other patient group, mental health inpatients (13%) (Figure 1).

While almost five in 10 people (48%) using community mental health services said they would definitely recommend the facility they attended to friends and family, 19% said they would *not* recommend it. In comparison, 62% of general outpatients said they would *definitely* recommend the facility they attended and only 6% said they would *not* recommend it (Figure 2).

Regarding response rates and sample size

Response rate refers to the number of people who answered a survey divided by the number of people who were sent a questionnaire (usually expressed as a percentage). A survey's response rate has historically been regarded to be an important indicator of survey quality / reliability with higher response rates assumed to assure more accurate survey results. More recent studies have shown results from surveys with low response rates are not necessarily compromised in terms of accuracy.^{3,4}

The mental health surveys had a sample size of 1,286 (response rate 28%) for inpatient services and a sample size of 3,956 (response rate 26%) for community mental health services. While the mental health survey data are representative, the relatively small sample size means that there is less power to detect statistically significant associations within the data.

Figure 1: *NSW Health Patient Survey 2011* Overall how would you rate the care you received at the hospital / facility? ⁽¹⁾

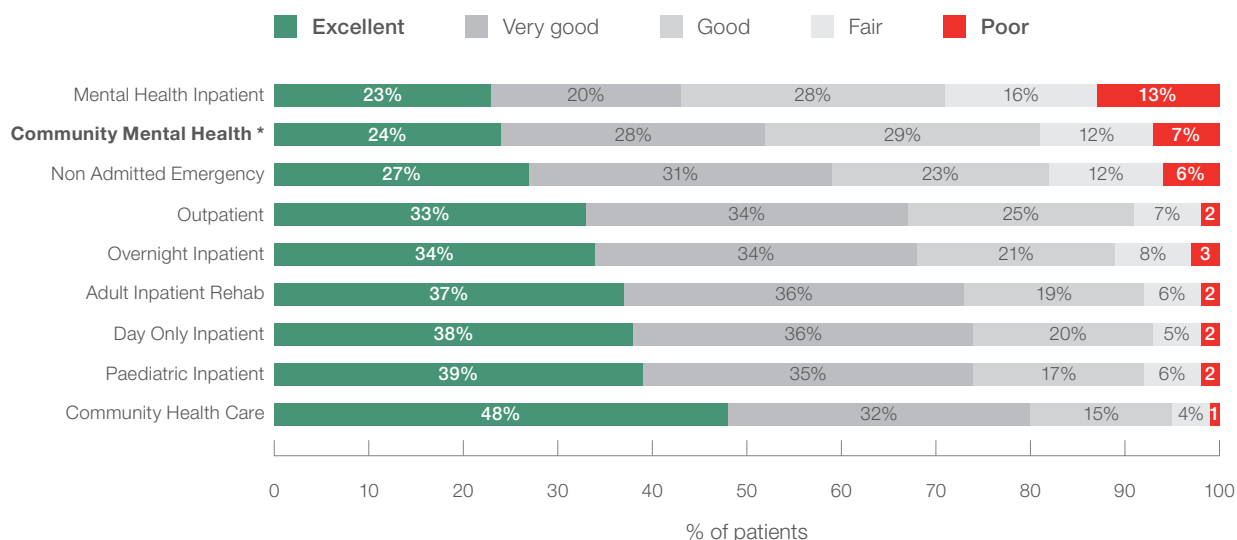
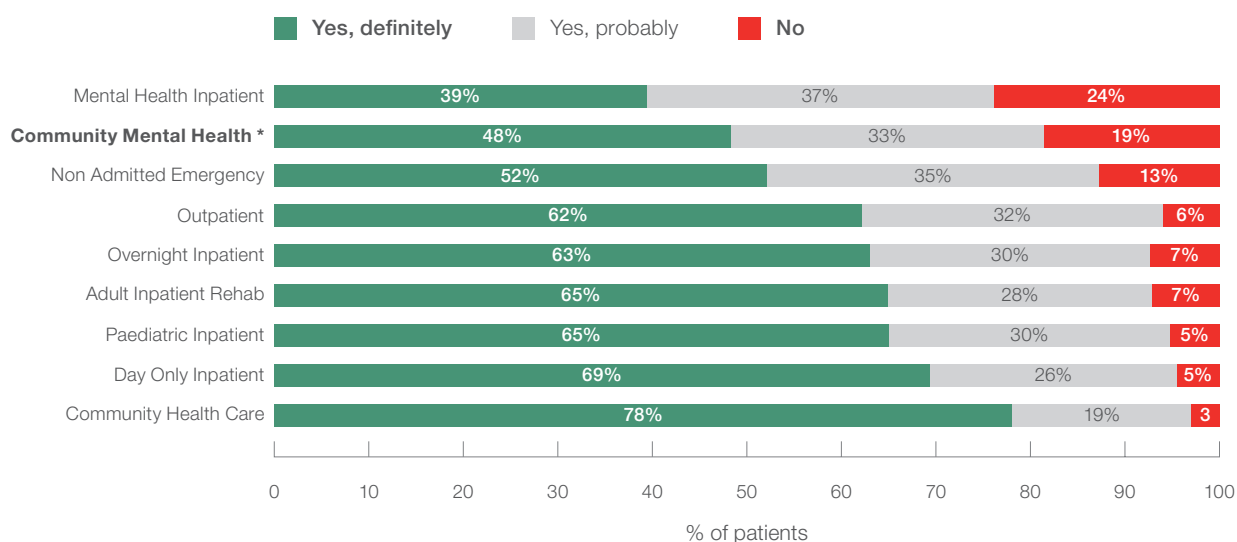


Figure 2: *NSW Health Patient Survey 2011* Would you recommend this hospital / facility to your friends and family? ⁽¹⁾



(1) These data are from the 2011 survey only. In order to achieve sample size necessary for more detailed analyses, the remainder of the report includes *NSW Health Patient Survey, Community Mental Health Survey, 2010 and 2011* data.

(*) The *Community Mental Health Survey* was referred to as the *Mental Health Outpatient Survey* by survey administrators in 2010 and 2011. An expert advisory group to the Bureau recommended that a more appropriate way to refer to this patient group was community mental health patients and this terminology has been adopted throughout the report.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: NSW Ministry of Health, *NSW Health Patient Survey, 2011*.

Community mental health: overall ratings of care

Two-fold difference across LHDs and community-based facilities in the proportion rating their overall care experience as excellent

Among people who received community mental health services across NSW in 2010 and 2011, 24% reported their overall care experience as *excellent*, 29% as *very good*, 28% *good*, 12% *fair* and 7% as *poor* (Figure 2).

In terms of the proportion of community mental health patients who rated their overall care as *excellent*, LHD results ranged from 18% in Illawarra / Shoalhaven to 34% in Far West – almost a two-fold difference. Almost one in 10 patients in Western Sydney (8%) and Illawarra Shoalhaven (8%) rated their care as *poor* (Figure 3).

For local community-based facility groups, the proportion of people who rated their care as *excellent* ranged from 17% in East Western Sydney to 34% in Broken Hill Region – a two-fold difference (Figure 4).

There were six facility groups, all of them metropolitan, within which almost one in 10 people (8%) rated their overall care experience as *poor*, Liverpool, Specialist Mental Health Services for Older People - North Sydney Central Coast Area Health Service (SMOP NSCOCAHS), Hunter New England Mater, Illawarra, Canterbury and East Western Sydney Mental Health.

Standardisation to support fairer comparisons

Facility groups and LHDs are compared as fairly as possible by using a statistical process called *standardisation*. This takes into account for differences in patient characteristics, such as age and sex, which can influence ratings.

Figure 3: *NSW Health Patient Survey 2010 and 2011* Overall how would you rate the care you received? Community mental health, *LHDs*, standardised ratings of care

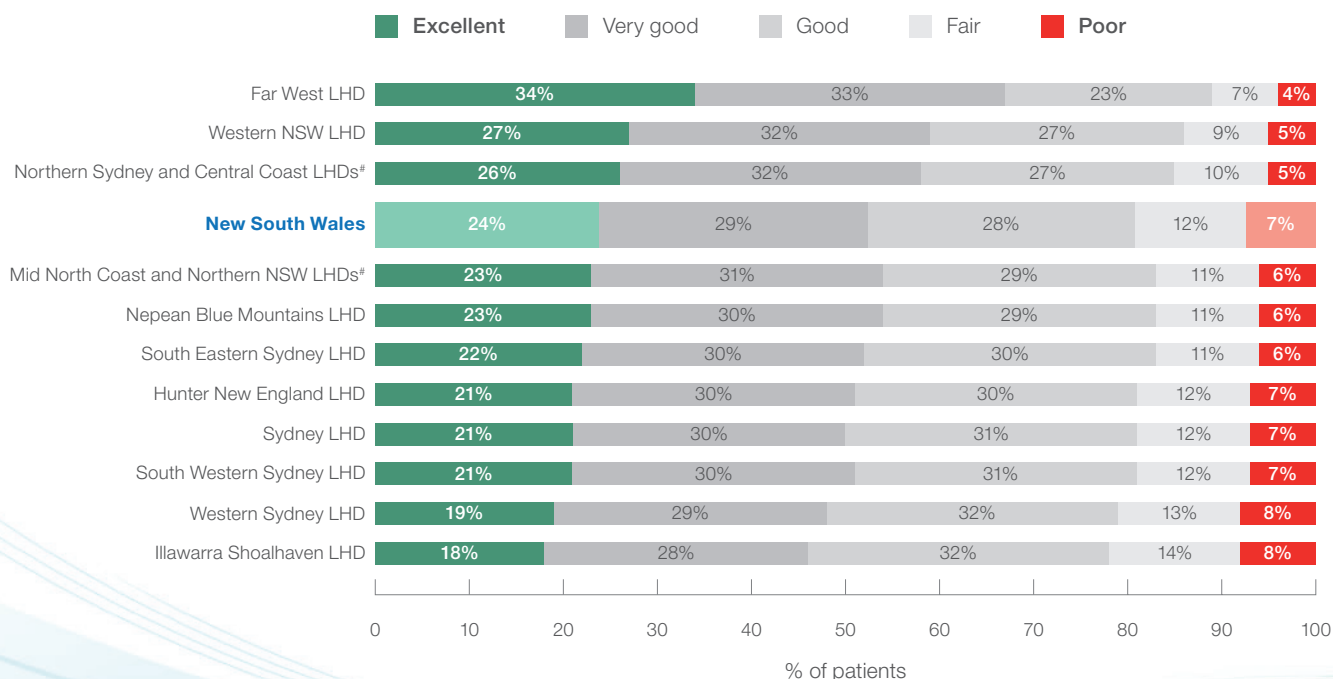
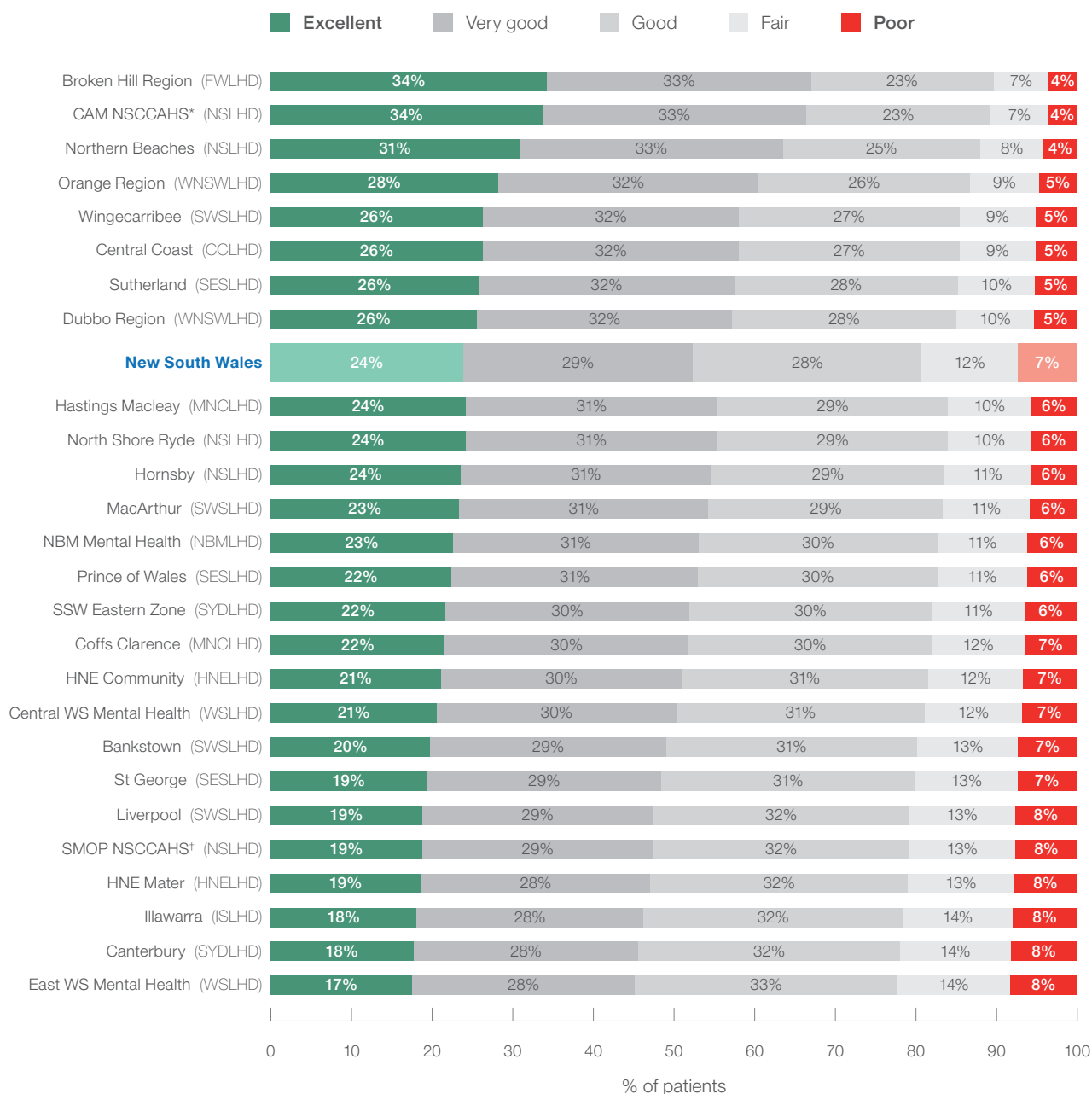


Figure 4: **NSW Health Patient Survey 2010 and 2011** Overall how would you rate the care you received? Community mental health, **facility groups**, standardised ratings of care



(#) These LHDs were grouped based upon boundaries in place when the survey was conducted. Further information can be found in the **Technical Supplement**.

(*) Child & Adolescent Mental Health - North Sydney Central Coast Area Health Service (CAM NSCCAHS).

(†) Specialist Mental Health Services for Older People - North Sydney Central Coast Area Health Service (SMOP NSCCAHS).

Note: Standardised results – due to patient differences between hospitals, values are standardised for patient factors: age group, self-reported health status, number of days bedridden with illness or injury in previous month.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011*.

Aspects of care: variation across NSW by LHDs

Two LHDs scored significantly higher than the NSW average in four or more aspects of care

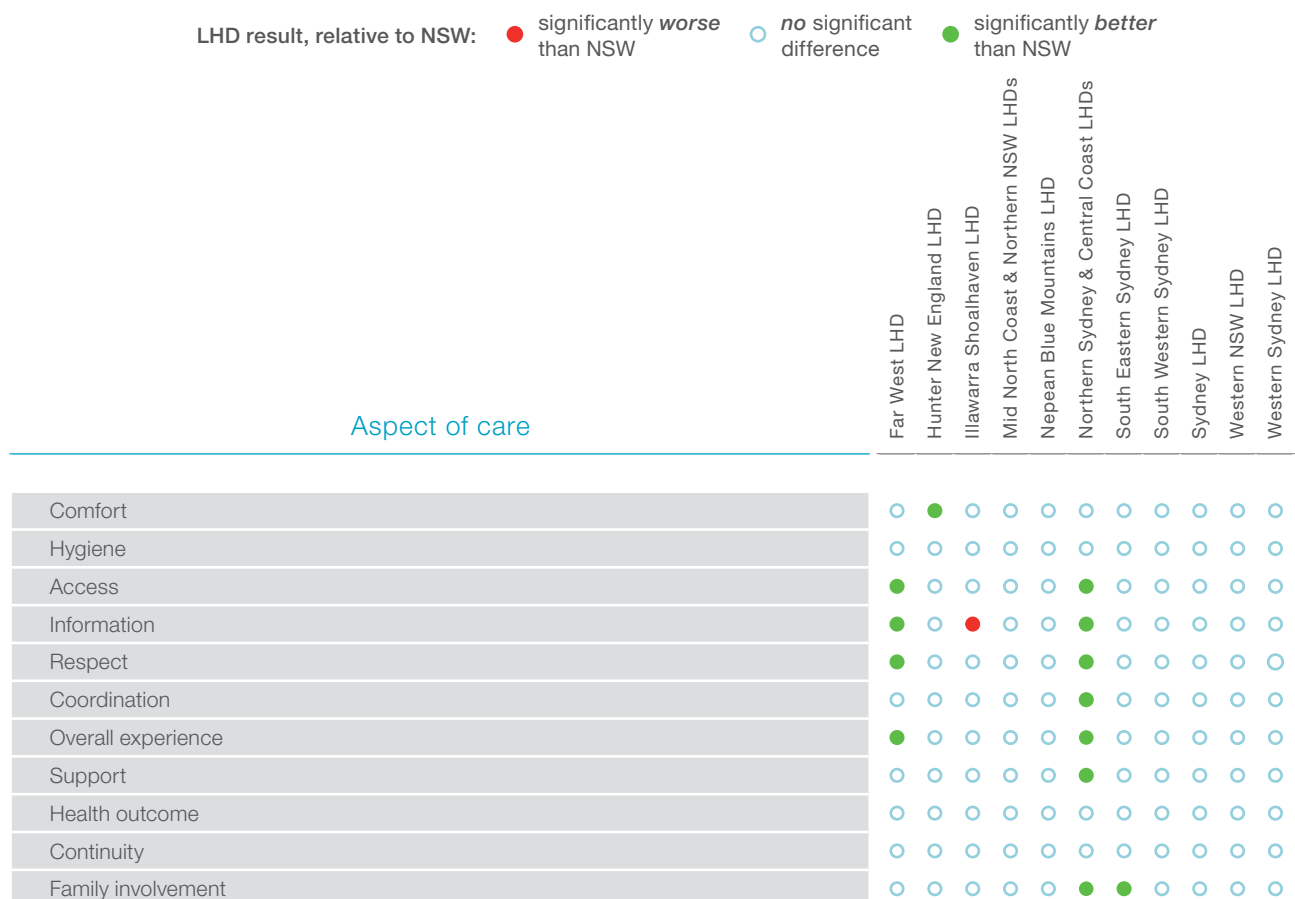
The survey asked 48 questions focusing on patient experiences and perceptions. These have been grouped into 11 aspects of care. For details about the scoring and the questions within each aspect of care, see Appendix.

Figure 5 illustrates the extent to which there were statistically significant differences across LHDs for the various aspects of care. Northern Sydney

and Central Coast, and Far West scored significantly higher than the NSW average in four or more aspects of care.

Figure 6 provides more detail on comparative results. It depicts NSW average results, the extent of variation across LHD scores and any statistically significant differences for each aspect of care.

Figure 5: Extent of significant variation across LHDs in scores for aspects of care, community mental health, NSW 2010 and 2011

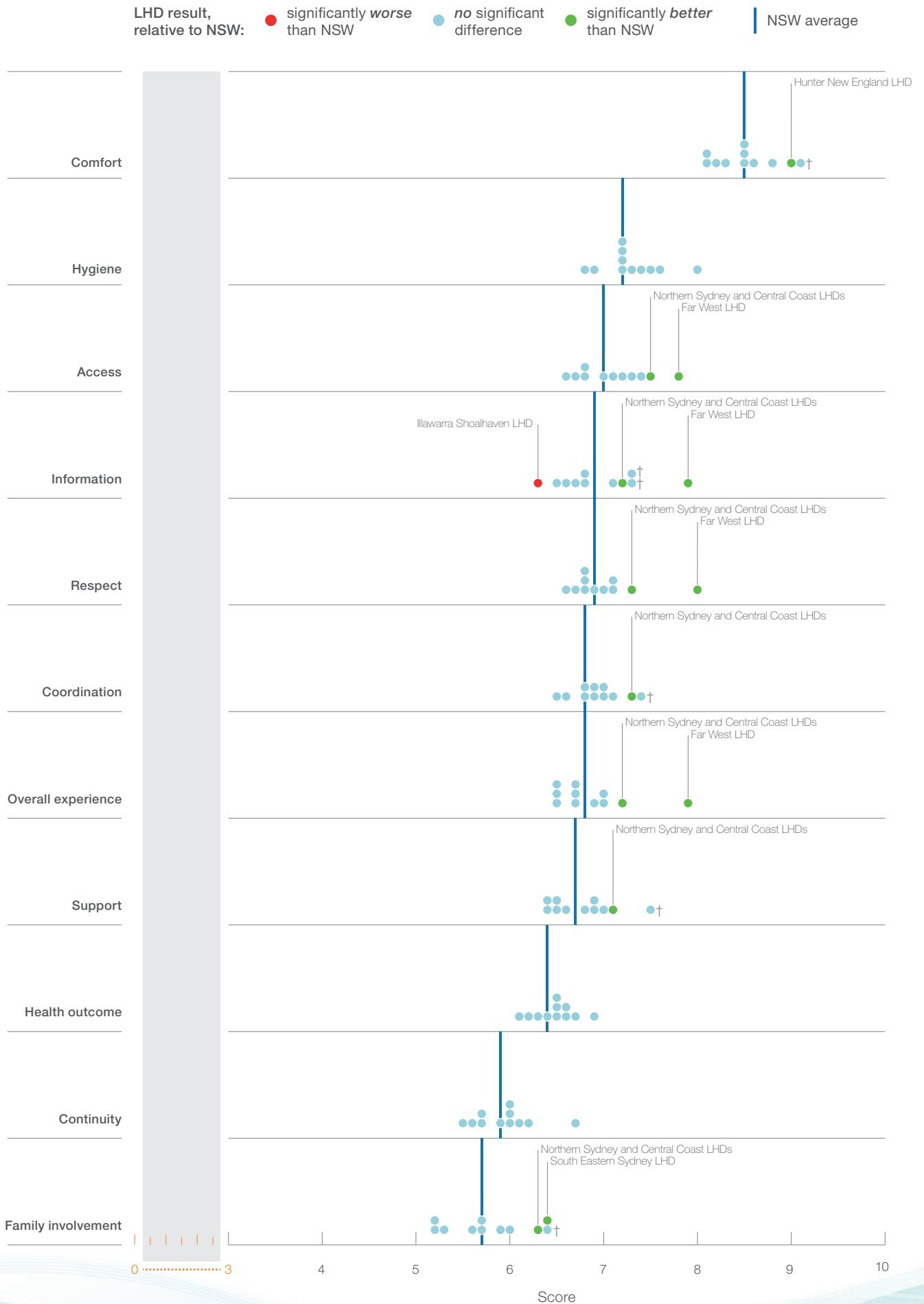


(†) While this LHD had a high score, small sample size means we are unable to say the difference is statistically significant.

Notes: Results for facility groups with fewer than 30 respondents or a response rate of <20%, are suppressed. For fuller definition and description of aspects of care, see Appendix and Technical Supplement.

Source: NSW Ministry of Health, NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011.

Figure 6: Range of scores for aspects of care, *LHDs*, community mental health, NSW 2010 and 2011



Aspects of care: variation in NSW by facility groups

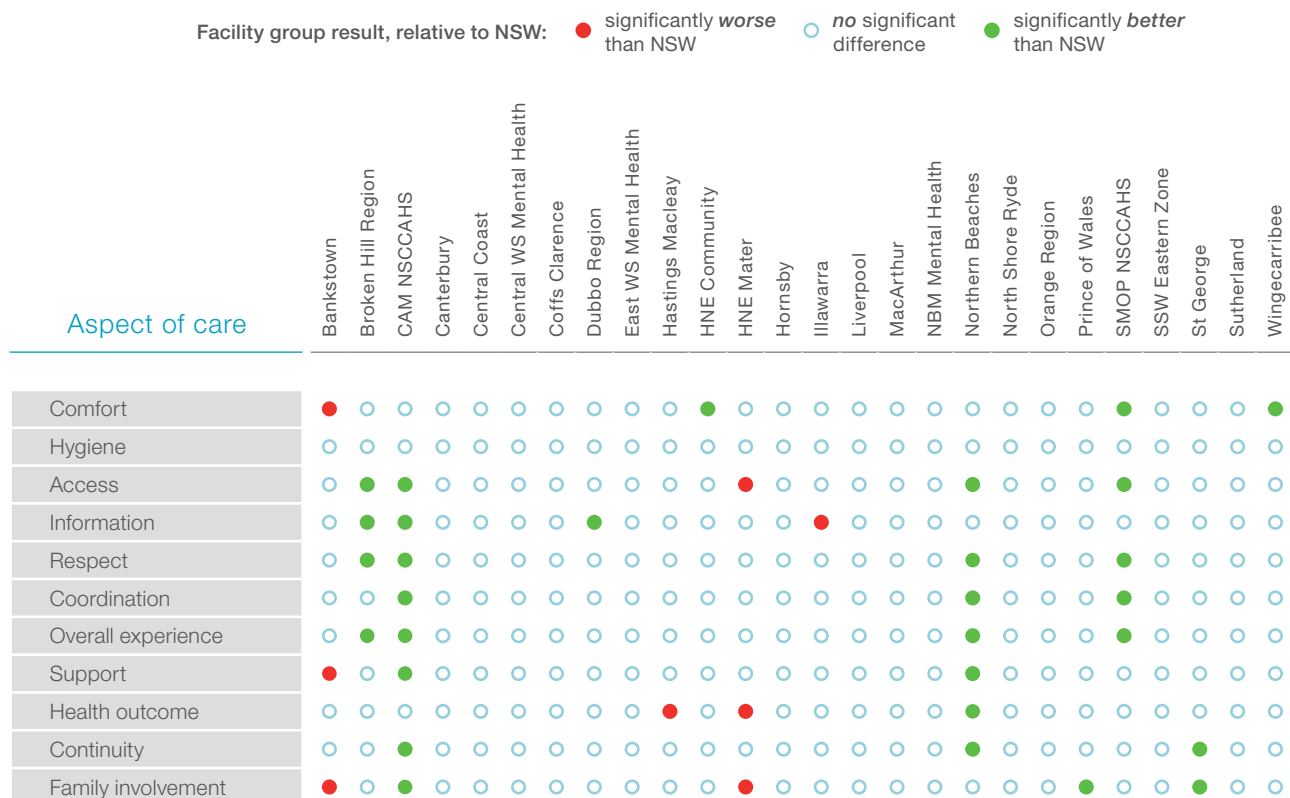
Four groups scored significantly higher, and two significantly lower, than the NSW average on three or more aspects of care

Four facilities (Child and Adolescent Mental Health, North Sydney Central Coast Area Health Service (CAM NSCCAHS), Northern Beaches, Broken Hill Region and Specialist Mental Health Services for Older People - North Sydney Central Coast Area Health Service (SMOP NSCCAHS)) scored significantly higher than the NSW average on three or more aspects of care. Two facility groups (Bankstown and Hunter New England Mater) scored significantly lower than NSW on three aspects of care (Figures 7 and 8).

While scores vary across all aspects of care, the range of scores for family involvement is particularly wide, ranging from 3.8 at Hunter New England Mater to 8.0 at CAM NSCCAHS (Figure 8).

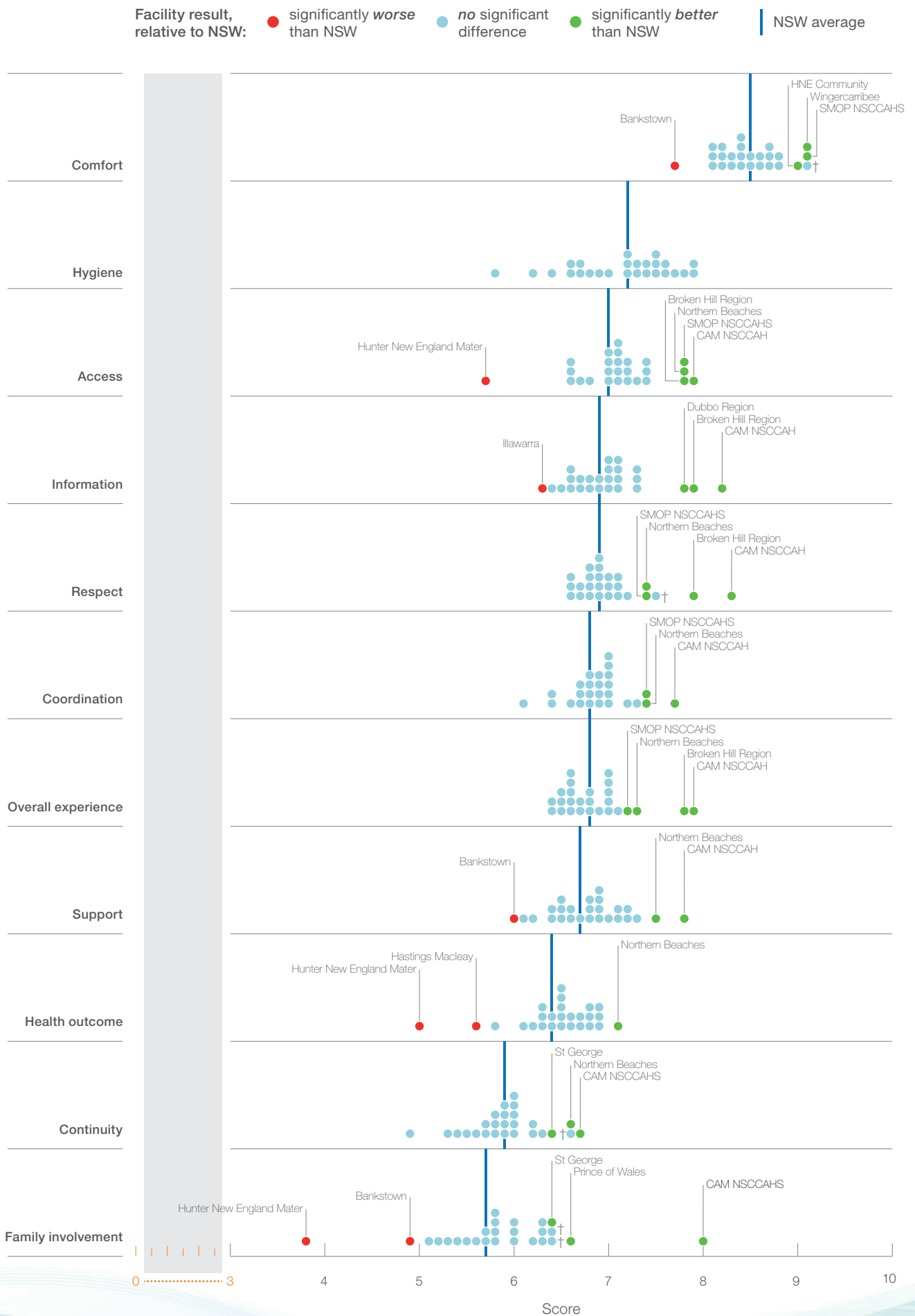
Across NSW, people using the state's community mental health services gave the highest average scores for *Comfort* (8.5), *Hygiene* (7.2) and *Access* (7.0) (Figure 8). In contrast, mental health inpatients (Volume 1) gave two of the same aspects of care the lowest average scores *Comfort* (5.2), *Access* (5.3) and *Continuity* (5.4).

Figure 7: Extent of significant variation across facility groups in scores for aspects of care, community mental health, NSW 2010 and 2011



(†) While this LHD had a high score, small sample size means we are unable to say the difference is statistically significant.
 Notes: Results for facilities with fewer than 30 respondents or a response rate of <20%, are suppressed. For fuller definition and description of aspects of care, see Appendix.
 Source: NSW Ministry of Health, NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011.

Figure 8: Scores for aspects of care, *facility groups*, community mental health, NSW 2010 and 2011



What is *done well* ... and what *needs improving*?

Comfort, respect and dignity scored well ... questions about medication scored lowest

Scores were developed for each question in the survey, by converting ratings to numerical values (for example, a 10 for each rating of *excellent*, 7.5 for *very good*, 5 for *good*, 2.5 for *fair* and 0 for *poor*).

A high score indicates good or excellent performance on average and a low score indicates fair or poor performance.

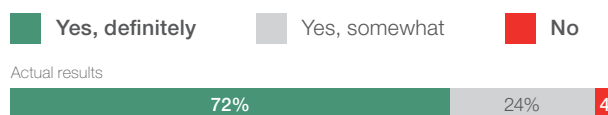
At a state level, the questions with the *highest* scores are shown in (Figure 9).

Things that are done well include:

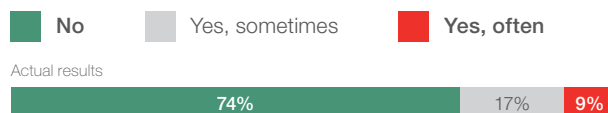
- clean and comfortable area to meet staff
- healthcare professionals did not talk in front of patients as if they were not there
- healthcare professionals treated patients with respect and dignity
- not having a long waiting time after referral for commencing service
- having enough privacy when meeting with staff.

Figure 9: Questions with the *highest* scores, community mental health, NSW 2010 and 2011

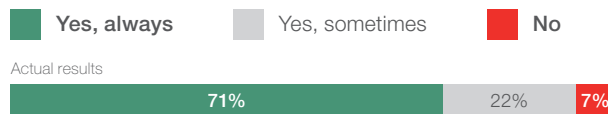
HIGHEST: If you attended a clinic, was the area where you met with staff clean and comfortable?
SCORE 8.5



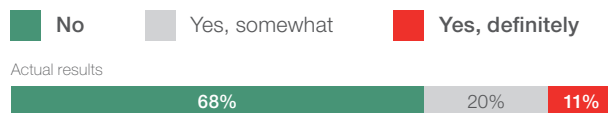
SECOND HIGHEST: Did the healthcare professionals talk in front of you as if you weren't there?
SCORE 8.3



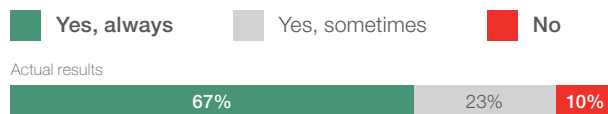
THIRD HIGHEST: Did the healthcare professional treat you with respect and dignity?
SCORE 8.2



FOURTH HIGHEST: After you were referred, did you have to wait a long time for services to start?
SCORE 7.9



FIFTH HIGHEST: Did you feel you had enough privacy when you met with staff?
SCORE 7.8



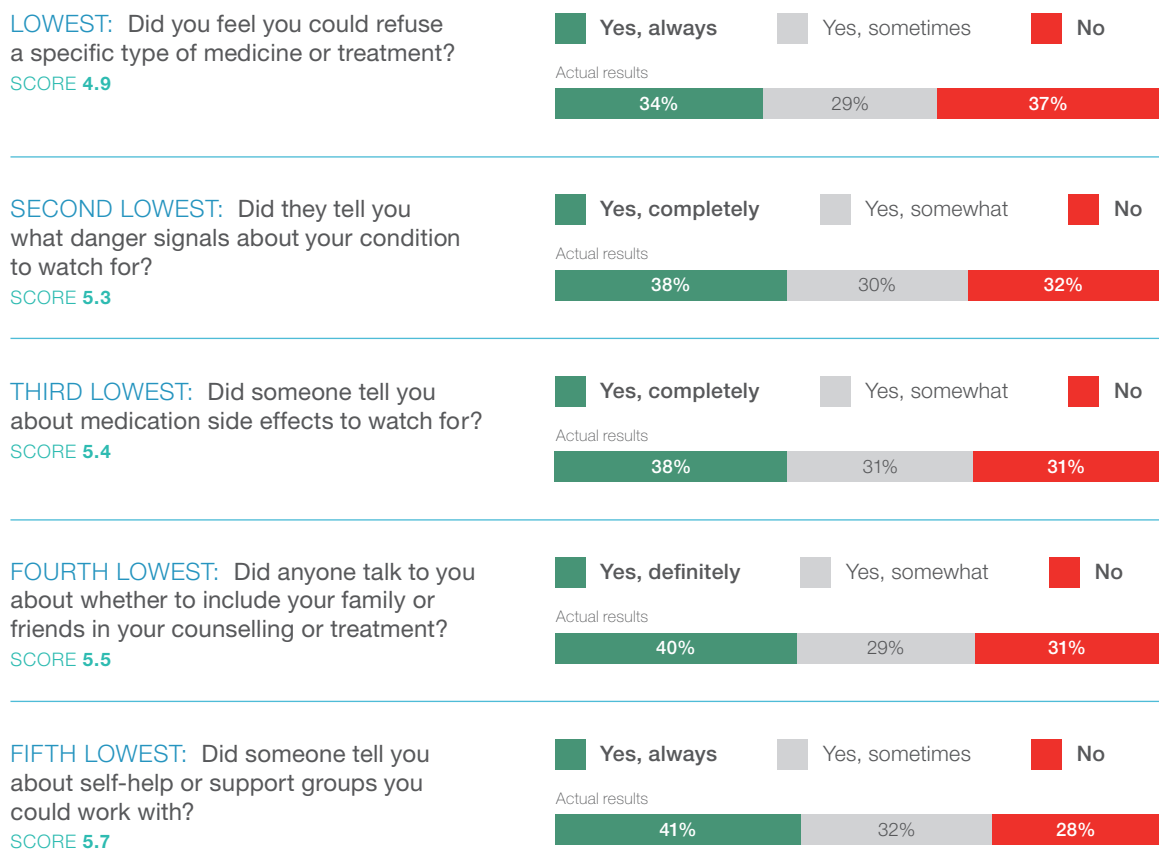
Across the state as a whole, the questions with the *lowest* scores are shown in [Figure 10](#):

- being able to refuse a specific type of medicine or treatment*
- being given information about danger signals to watch for
- being told about medication side effects to watch for
- being asked about inclusion of family and friends in counselling or treatment
- being given information about self-help or support groups.

For information about highest and lowest scores in LHDs and facilities, see [Performance Profiles](#) available at www.bhi.nsw.gov.au

Additional detail about the processes used to score each question can be found in the *Patient Perspectives Technical Supplement: Mental health services in NSW public facilities, February 2010 and February 2011* available at www.bhi.nsw.gov.au

Figure 10: Questions with the *lowest* scores, community mental health, 2010 and 2011



Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011*.

(*) Community mental healthcare includes involuntary care as a result of forensic orders under the *NSW Mental Health Act*. While care for these patients should be respectful and seek to be a positive experience, it is not always appropriate to allow treatment refusal.

Associations between elements of care experience and overall ratings

Which survey responses were statistically associated with excellent ratings of care?

The Bureau used statistical modelling to identify community mental health patient experiences that were associated with *excellent* or *fair / poor* overall ratings of care. The results of this analysis are shown in [Figure 11](#). For details about this modelling see the [Technical Supplement](#).

Responses to five questions about courtesy of healthcare professionals, teamwork, availability of healthcare professionals, responsiveness and helpfulness of staff were most associated with *excellent* ratings of overall care.

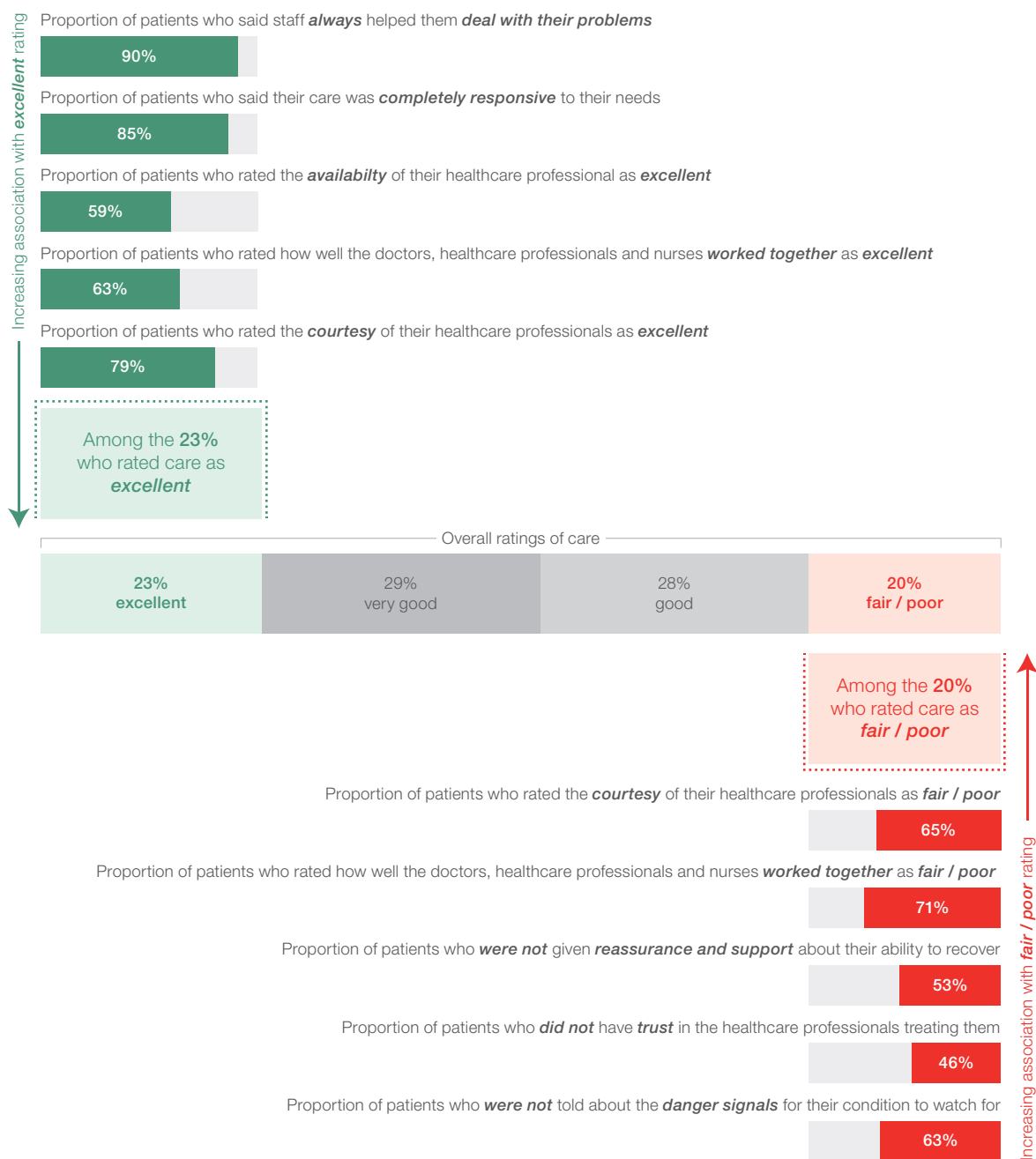
The analysis also identified five questions that were most associated with *fair* or *poor* overall experience. They were courtesy of healthcare professionals, teamwork, reassurance about the ability to recover, trust in health professionals and information about danger signals regarding their condition.

It is notable that two questions were associated both with *excellent* and with *fair / poor* ratings; questions covering courtesy and teamwork.

These data should be interpreted with care. A phenomenon known as the '*halo effect*' is a potential confounder of these analyses.⁵

The halo effect describes the situation when people are asked to make multiple judgements about a service, product or experience. In some cases, rather than considering elements separately and making discrete judgements, one overall judgement or rating is made and this then influences the ratings in multiple questions.

Figure 11: Responses associated with **excellent** or **fair / poor** overall ratings, community mental health, NSW 2010 and 2011



Note: Based on analysis of all community mental health patient respondents. While hospital level results exclude facilities with fewer than 30 respondents, this analysis includes all respondents.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011*.

Aboriginal people: community mental health

Aboriginal people are more likely than non-Aboriginal people to rate their overall care experience as poor

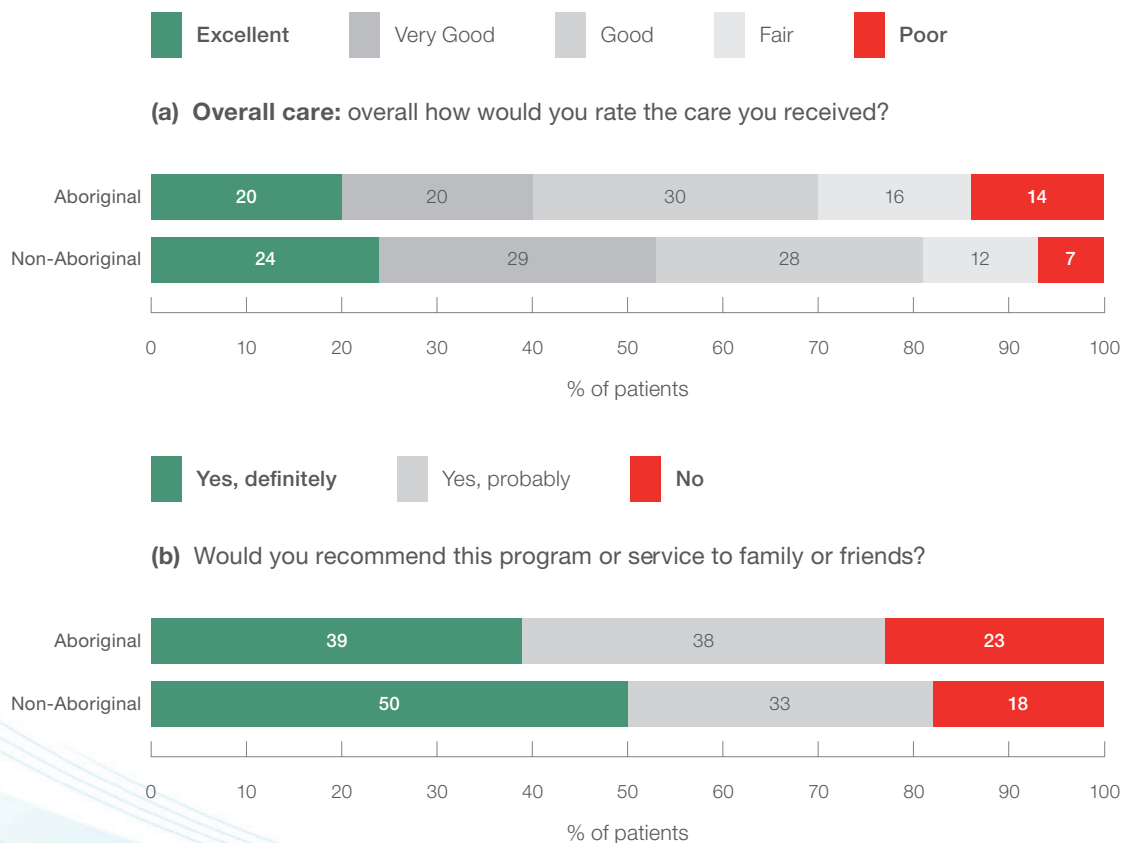
In 2011, an estimated 172,621 Aboriginal people were living in NSW, comprising 2.5% of the total population and 31.5% of the total Aboriginal population in Australia. More Aboriginal people live in NSW than in any other state or territory in Australia.⁶ Aboriginal people suffer a higher burden of psychological distress and mental health conditions compared with non-Aboriginal people. This inequality in mental health begins at an early age and results in greater hospitalisation, incarceration and deaths of Aboriginal people with mental ill health.^{7,8}

We then compared responses between the two groups. There were 130 people (3% of total) who identified as Aboriginal in the community mental health survey.

A significantly higher proportion of Aboriginal people (14%) compared with non-Aboriginal people (7%) rated the overall care they received as *poor* (Figure 12). There was also a significant difference between Aboriginal people (39%) and non-Aboriginal people (50%) who would recommend the program or service they used to family and friends.

We examined responses from two groups: Aboriginal and non-Aboriginal, according to the information provided by them in the survey.

Figure 12: *NSW Health Patient Survey 2010 and 2011* Ratings of overall care experience, community mental health, by Aboriginality



We have used the term Aboriginal people, rather than Aboriginal and Torres Strait Islander people, in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.

Around two in 10 Aboriginal people using community mental health services (22%) *did not* feel comfortable asking questions about their treatment compared with one in 10 non-Aboriginal people using community-based services (12%).

Two in 10 Aboriginal people (23%) said they were *not* able to get help in a crisis or emergency, a significantly higher proportion than reported by the non-Aboriginal people (11%) using community-based services (Figure 14).

An important difference between Aboriginal and non-Aboriginal respondents is apparent in questions about communication (Figure 13).

Figure 13: *NSW Health Patient Survey 2010 and 2011* Did you feel comfortable asking questions about your treatment, for example, medications and counselling? by Aboriginality

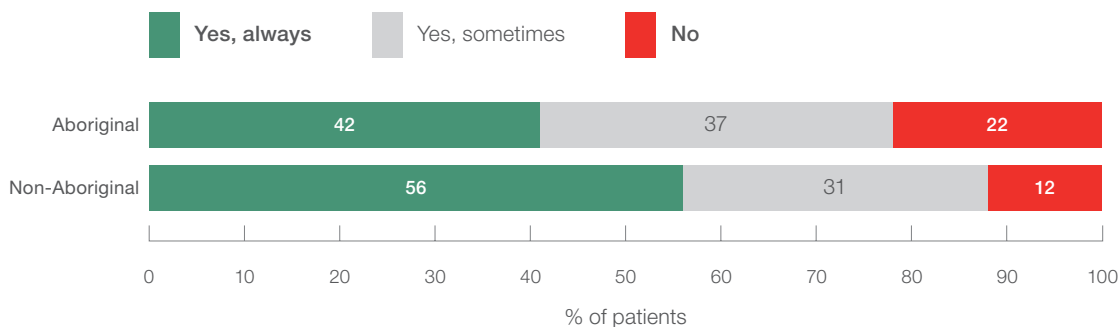
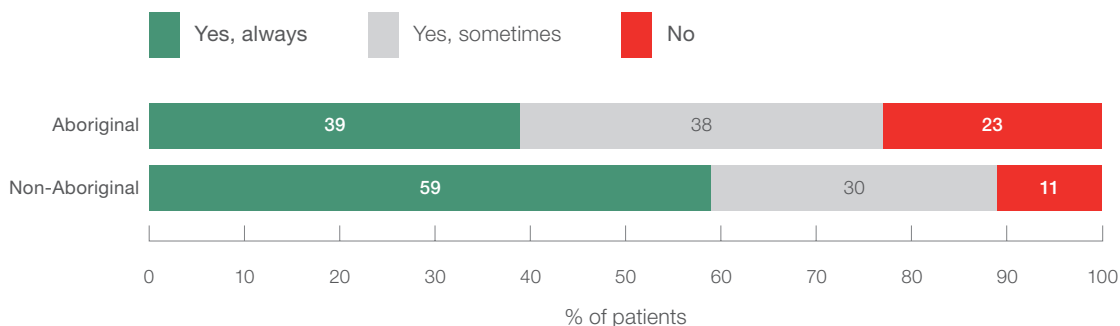


Figure 14: *NSW Health Patient Survey 2010 and 2011* Were you able to get help in a crisis or an emergency if you needed it? by Aboriginality



Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.
 Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011*.

Outcomes from mental healthcare experiences

Over three-quarters of people using community mental health services report positive outcomes

The Bureau analysed questions related to community mental health patient outcomes following their treatment. These questions were related to how patients felt about their ability to perform their usual activities; their preparedness to deal with daily problems; and their ability to get along with people.

Five in 10 community mental health patients (54%) said that they were definitely helped by the community mental health services they received; 45% said that they definitely were able to get along better with family and other people close to them; 42% reported that they were definitely better prepared to deal with daily problems; and 36% were definitely better in school, work or other usual activities (Figure 15).

We examined whether ratings of overall care were associated with patient reported outcome measures. Of patients who rated their overall care as *excellent* or *very good*, 58% said they were definitely able to get along better with family and people close to them (Figure 16). Among those who rated their overall care as *fair* or *poor*, only 18% said they were definitely able to get along better with others.

Similarly, among the patients who rated their overall care as *excellent* or *very good*, 57% said they felt they were definitely better prepared to deal with their daily problems. Among those who rated their overall care as *fair* or *poor*, only 14% said they definitely felt better prepared (Figure 17).

Figure 15: *NSW Health Patient Survey 2010 and 2011* Patient reported outcomes, community mental health services

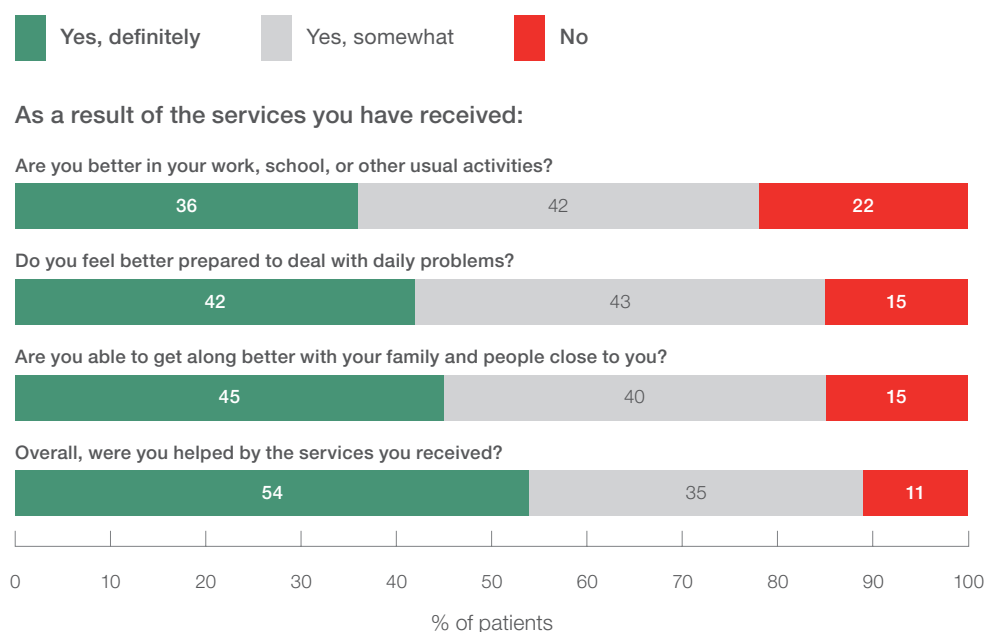


Figure 16: *NSW Health Patient Survey 2010 and 2011* As a result of the services you have received, are you able to get along better with your family and people close to you?

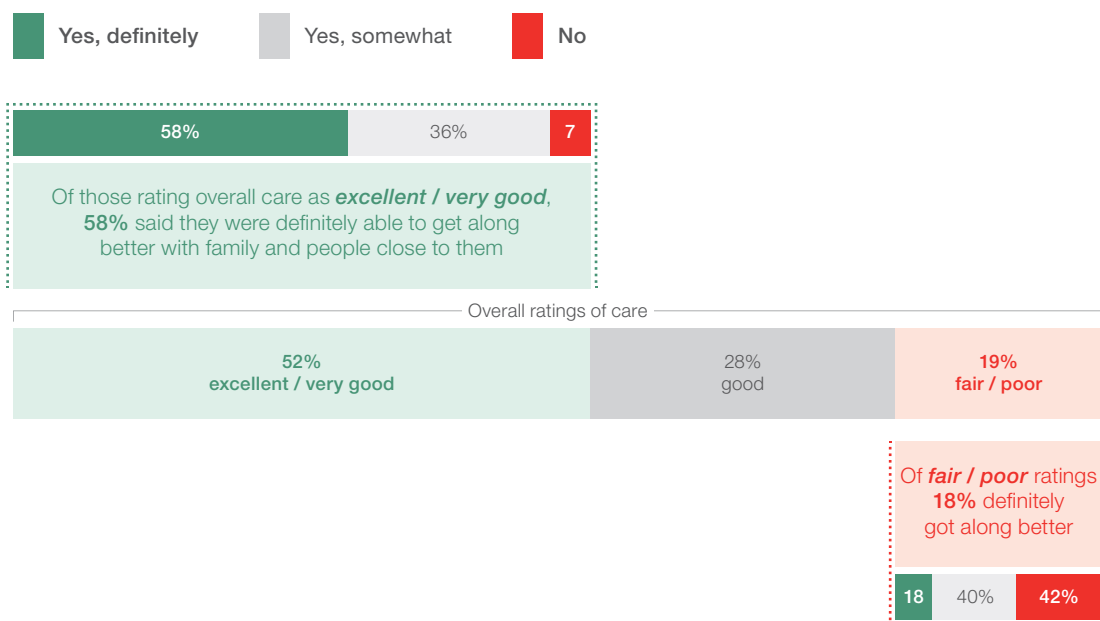
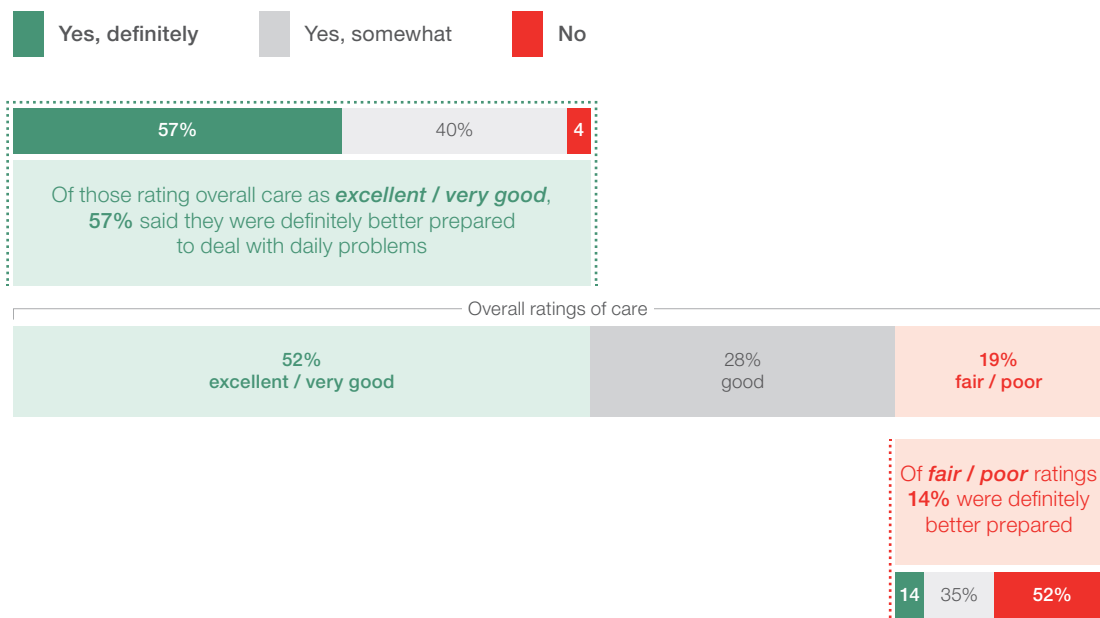


Figure 17: *NSW Health Patient Survey 2010 and 2011* As a result of the services you have received, do you feel better prepared to deal with your daily problems?



Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011*.

Which elements of care experience are associated with reported outcomes?

Responsiveness of community mental healthcare is key

Patient-reported outcome measures (PROMs) describe a patient's own personal experience about their health and the impact that treatments have on their quality of life.

Questions about patient outcomes provide insight into the effect of treatment known only to the people using healthcare services.

The NSW Health Patient Survey asked users of community mental health services four patient-reported outcome questions. The questions focused on whether respondents were helped by the services received; and asked whether, as a result of the services received:

- *Overall, were you helped by the services you received?*
- *Are you better in your work, school, or other usual activities?*
- *Are you able to get along with your family and people close to you?*
- *Do you feel better prepared to deal with daily problems?*

Most respondents indicated that the services they received had a positive impact (Figure 15).

As well as reporting impact and performance, PROMs can also be used to analyse which specific elements of care experience are most closely associated with outcomes.

The Bureau used a modelling approach for this analysis (see [Technical Supplement for details](#)) and identified for each PROM, the three questions that were most strongly associated with each

outcome (Figure 18). These three most strongly associated questions are shown, however, other survey questions were also associated (although less strongly) with outcomes.

The analysis ascertained associations between survey responses and both positive (respondents said they were definitely helped by services received) and negative outcomes (respondents said they were not helped by services received).

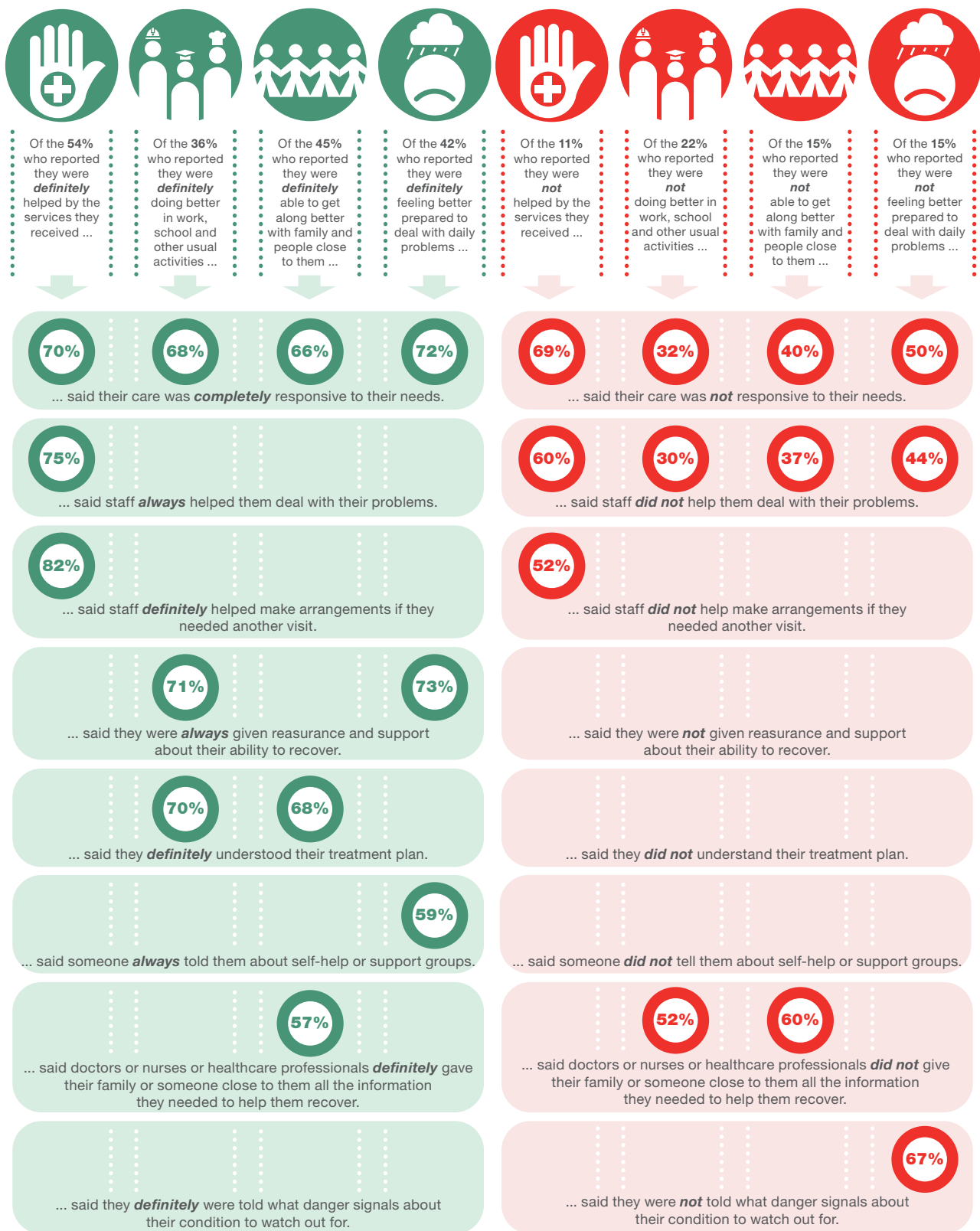
The question *Was your care completely responsive to your needs?* was associated with both positive and negative outcomes in all four patient-reported outcome questions. For example, among patients who said that they were definitely doing better in their work, school or other activities as a result of services received, 68% said that their care was *completely* responsive to their needs. Conversely among those who said they were not doing better in their work school or other activities, 33% said their care was *not* responsive.

The question *Did staff help you deal with your problems?* when answered negatively, was strongly associated with negative reported outcomes across all four PROMs.

Being given help coordinating care was an important factor associated – both positively and negatively - with overall outcome.

Positive responses to questions about being provided reassurance and support about the ability to recover, understand treatment plan and communication were associated with positive outcomes. A perceived lack of information given to family and friends, and about danger signals to watch out for were associated with negative responses to outcome questions.

Figure 18: Survey responses most associated with reported outcomes, community mental health, February 2010 and 2011 (only the three *most strongly* associated questions are shown)



Note: Based on analysis of all community mental health patient respondents.
 Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011*.

International comparisons

When comparable questions were asked, results for England were more positive than those for NSW

While patient surveys are in widespread use around the world's healthcare systems, NSW is one of a few jurisdictions conducting a survey focused on mental health patients.

This means that comprehensive international benchmarking is difficult. However, limited international comparisons can be made with England's National Health Service (NHS).

In 2012 the NHS conducted a survey of people using community mental health services from 61 NHS trusts in England. Services users were aged 18 years and older and were eligible to participate in the survey if they received specialist care or treatment for a mental health condition between July and September 2011. Due to the slightly different patient demographics between the jurisdictions, comparisons should be interpreted with caution.

Figure 19 compares four survey questions and shows:

- three in 10 community mental health patients in England (29%) rated their overall care experience as *excellent* compared with two in 10 in NSW (24%)
- nine in 10 community mental health patients in England (87%) said healthcare professionals *always* treated them with respect and dignity, compared with seven in 10 in NSW (71%)

- seven in 10 English community mental health patients in England (68%) said staff *always* explained the purpose of medications compared with five in 10 in NSW (54%)
- four in 10 community mental health patients in England (43%) said someone told them about medication side effects to watch for, compared with 39% in NSW.

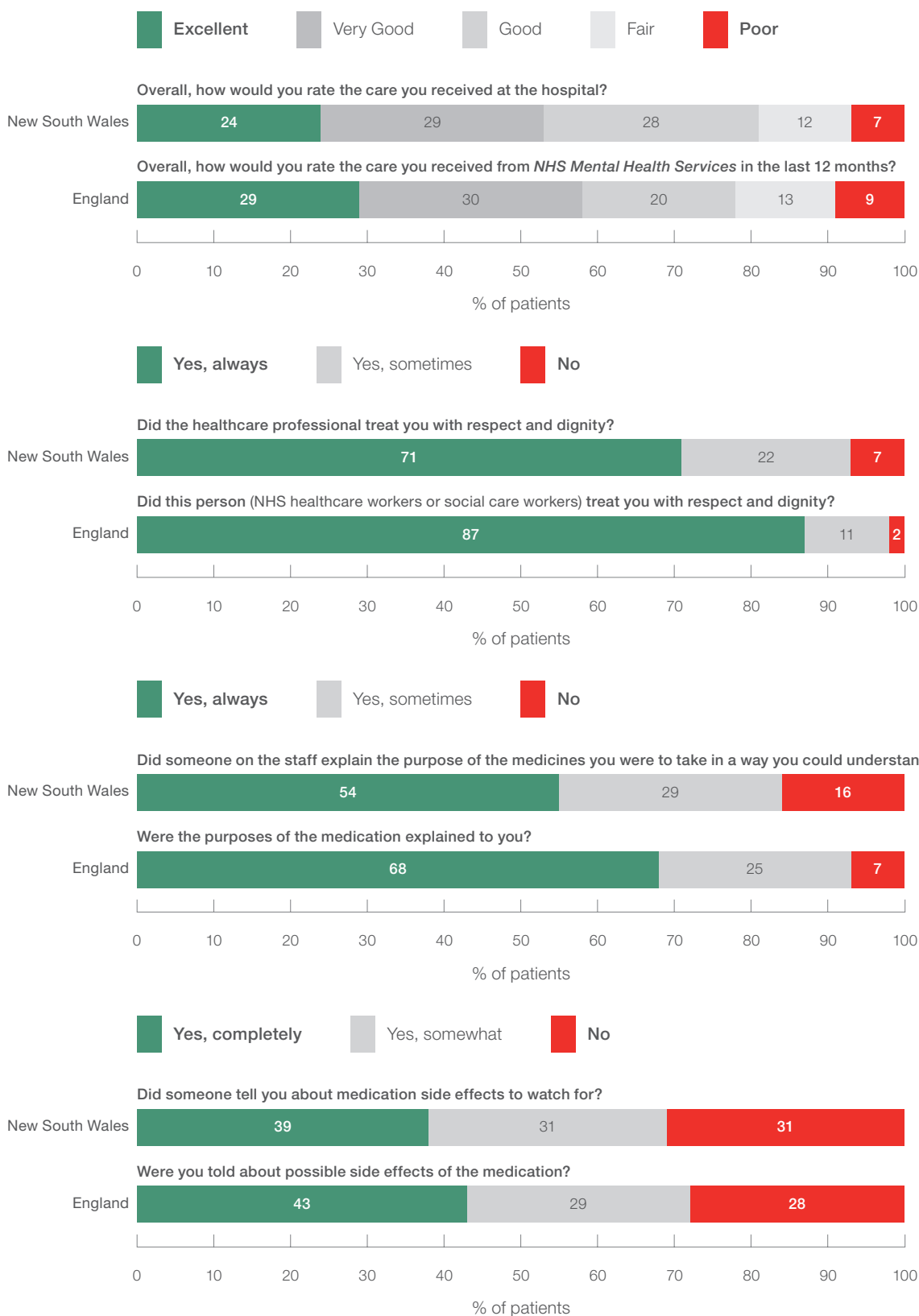
Care should be taken when comparing results from different populations, as inherent differences between survey samples and patient respondents may exist.

Although similar surveys were used by the NHS and NSW, the questions were not exactly the same. Differences in question wording are reflected in Figure 19.

The NHS program surveys a range of different patient groups. As is the case in NSW, English mental health patients are less positive about their care experiences than other patient groups surveyed. For example, 44% of English outpatients rated their overall care as *excellent*, while 29% of English community mental health rated their overall care as *excellent*.

These differences echo the findings in NSW as shown in Figures 1 and 2 on page 2.

Figure 19: Responses to comparable community mental health survey questions, NSW 2010 and 2011 and England 2012



Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011* and NHS, *National NHS patient survey programme, Survey of people who use community mental health services 2012*.

Appendix: summary of methods

The Survey Tool: The 2010 and 2011 mental health outpatient survey by NSW Health was developed by NRC Picker and consisted of 64 questions. Of these, 48 questions were grouped into 11 '*aspects of care*' – Access, Continuity, Coordination, Support, Health outcomes, Hygiene, Information, Family involvement, Overall experience, Comfort and Respect (See Appendix Table 1).

Sampling and reporting: Questionnaires were sent to a random sample of patients who received care at community mental health services in NSW during February 2010 and February 2011. For further information regarding the sampling frame and respondents please see the related [Technical Supplement](#) available at www.bhi.nsw.gov.au

The survey grouped community mental health services into '*facility groups*'. Details of the individual services within each facility group are available in the [Technical Supplement](#).

Facility groups with 30 or more respondents and at least a 20% response rate are included in individual reporting and are featured in [Performance Profiles](#). When reporting at the state level, all facilities are included. [Appendix Table 2](#) shows the facilities surveyed with the number of respondents and the corresponding response rate.

Appendix table 1: **NSW Health Patient Survey 2010 and 2011** Questions comprising aspects of care, community mental health

Access
Q1: After you were referred, did you have to wait a long time for services to start?
Q2: Were you able to get help in a crisis or emergency if you needed it?
Q3: Did you spend as much time with the doctor or healthcare professional as you wanted?
Q4: Were you able to see the other healthcare professionals as often as you wanted?
Q5: Did staff return your calls within a reasonable amount of time?
Q6: When you had appointments, were you kept waiting a long time?
Q12: How would you rate the availability of your healthcare professionals?
Q38: If you needed another visit with this healthcare professional, did the staff do everything they could to make the necessary arrangements?
Continuity
Q7: Did you know who to call if you needed help or had more questions after you left your appointment?
Q34: Did someone tell you about medication side effects to watch for?
Q35: Did they tell you what danger signals about your condition to watch for?
Q37: Did someone tell you about self-help or support groups you could work with?
Coordination
Q14: How would you rate how well the doctors, nurses and other healthcare professionals worked together?
Q15: Sometimes doctors, nurses or healthcare professionals will say one thing and another will say something quite different. Did this happen to you?
Q39: If you needed another visit with another healthcare professional, did the staff do everything they could to make the necessary arrangements?

Support

- Q13: Was it easy for you to find someone on the clinic staff to talk to about your concerns?
- Q19: Were you given reassurance and support about your ability to recover?
- Q21: Did staff help you deal with your problems?
- Q30: If you had any anxieties or fears about your treatment, did a healthcare professional discuss them with you?

Health outcomes

- Q46: Do you feel better prepared to deal with daily problems?
- Q47: Are you able to get along better with your family and people close to you?
- Q48: Are you doing better in your work, school, or other usual activities?
- Q49: Overall, were you helped by the services you received?

Hygiene

- Q42: Was a hand basin and / or alcohol hand wash available in your room (the treatment area) or at your bedside?
- Q43: Did your healthcare providers / staff wash or clean their hands before providing care for you?
- Q44: Did your healthcare providers / staff wash or clean their hands after providing care for you?

Information

- Q20: When you asked questions, did you get answers you could understand?
- Q22: Were you given as much information as you wanted about your rights and responsibilities as a patient?
- Q27: Did you understand your treatment plan?
- Q33: Did someone on the staff explain the purpose of the medicines you were to take in a way you could understand?

Family involvement

- Q24: Did anyone talk to you about whether to include your family or friends in your counselling or treatment?
- Q25: Did the doctors, nurses or healthcare professionals give your family or someone close to you all the information they needed to help you recover?
- Q26: Did your family or someone else close to you have enough opportunity to talk to your doctor or healthcare professional?

Overall experience

- Q9: Did you have confidence and trust in the healthcare professionals treating you?
- Q50: Overall, how would you rate the care and services you received?
- Q51: Using any number from 0 to 10, where 0 is the worst program or service possible and 10 is the best program or service possible, what number would you use to rate this program or service?
- Q52: Would you recommend this program or service to family or friends?

Comfort

- Q41: If you attended a clinic, was the area where you met with staff clean and comfortable?

Respect

- Q10: Did the healthcare professionals talk in front of you as if you weren't there?
- Q11: How would you rate the courtesy of your healthcare professionals?
- Q16: Did you have enough say about your treatment?
- Q17: When you saw the doctor or healthcare professional, did he or she give you a chance to explain the reasons for your visit?
- Q18: Did you feel comfortable asking questions about your treatment, for example, medications and counselling?
- Q23: Were you involved in decisions about your care as much as you wanted?
- Q29: Was your care responsive to your needs?
- Q31: Did the healthcare professional treat you with respect and dignity?
- Q32: Did you feel you could refuse a specific type of medicine or treatment?
- Q40: Did you feel you had enough privacy when you met with staff?

Appendix table 2: *NSW Mental Health Outpatient Survey 2010 and 2011*
 Sample size and response rates, LHDs and facility groups*

	Total sample size	Response rate
Total LHD	3,956	26%
Far West Local Health District (FWLHD)		
Broken Hill Region	34	22%
Total FWLHD	34	22%
Hunter New England Local Health District (HNELHD)		
HNE Community	165	24%
HNE Mater	34	24%
Total HNELHD	199	24%
Illawarra Shoalhaven Local Health District (ISLHD)		
Illawarra	172	29%
Total ISLHD	172	29%
Mid North Coast and Northern NSW Local Health Districts (MNCLHD and NNSWLHD)		
Coffs Clarence	139	25%
Hastings Macleay	127	25%
Other	165	18%
Total MNCLHD and NNSWLHD	431	22%
Nepean Blue Mountains Local Health District (NBMLHD)		
NBM Mental Health	158	27%
Total NBMLHD	158	27%
Northern Sydney and Central Coast Local Health Districts (NSLHD and CCLHD)		
CAM NSCCAHS	159	31%
Central Coast	131	23%
Hornsby	162	31%
North Shore Ryde	158	31%
Northern Beaches	157	30%
SMOP NSCCAHS	172	30%
Total NSLHD and CCLHD	954	29%
South Eastern Sydney Local Health District (SESLHD)		
Prince of Wales	123	28%
St George	188	28%
Sutherland	154	28%
Total SESLHD	465	28%
South Western Sydney Local Health District (SWSLHD)		
Bankstown	147	27%
Liverpool	174	27%
MacArthur	138	27%
Wingecarribee	62	28%
Total SWSLHD	523	27%

Total sample size Response rate

Sydney Local Health District (SYDLHD)		
Canterbury	154	27%
SSW Eastern Zone	150	27%
Total SLHD	304	27%
Western NSW Local Health District (WNSWLHD)		
Dubbo Region	112	24%
Orange Region	149	24%
Total WNSWLHD	261	24%
Western Sydney Local Health District (WSLHD)		
Central WS Mental Health	162	29%
East WS Mental Health	176	29%
Total WSLHD	338	29%
Not reported at Local Health District level		
Murrumbidgee	64	16%
Southern NSW	53	14%

Note: Results for facilities with fewer than 30 respondents or a response rate of <20%, are reported within 'other' category, where applicable.

Note: Details about the composition of facility groups are available online in the **Technical Supplement**.

Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Outpatient Survey, 2010 and 2011*.

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Download our reports

The reports, *Patient Perspectives: Mental health services in NSW public facilities, Volume 1, Inpatient Care* and *Volume 2, Community Mental Health*, and related materials are available at www.bhi.nsw.gov.au

The suite of products includes:

- *Patient Perspectives: Mental health services in NSW public facilities.*
The main reports present data from the NSW Health Mental Health Survey, conducted in February 2010 and February 2011.
- *Technical Supplement* (presenting survey methods and statistical analyses).
- *Performance Profiles* for LHDs and local mental health facilities.



About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW statutory health corporation is intended or should be inferred.

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.