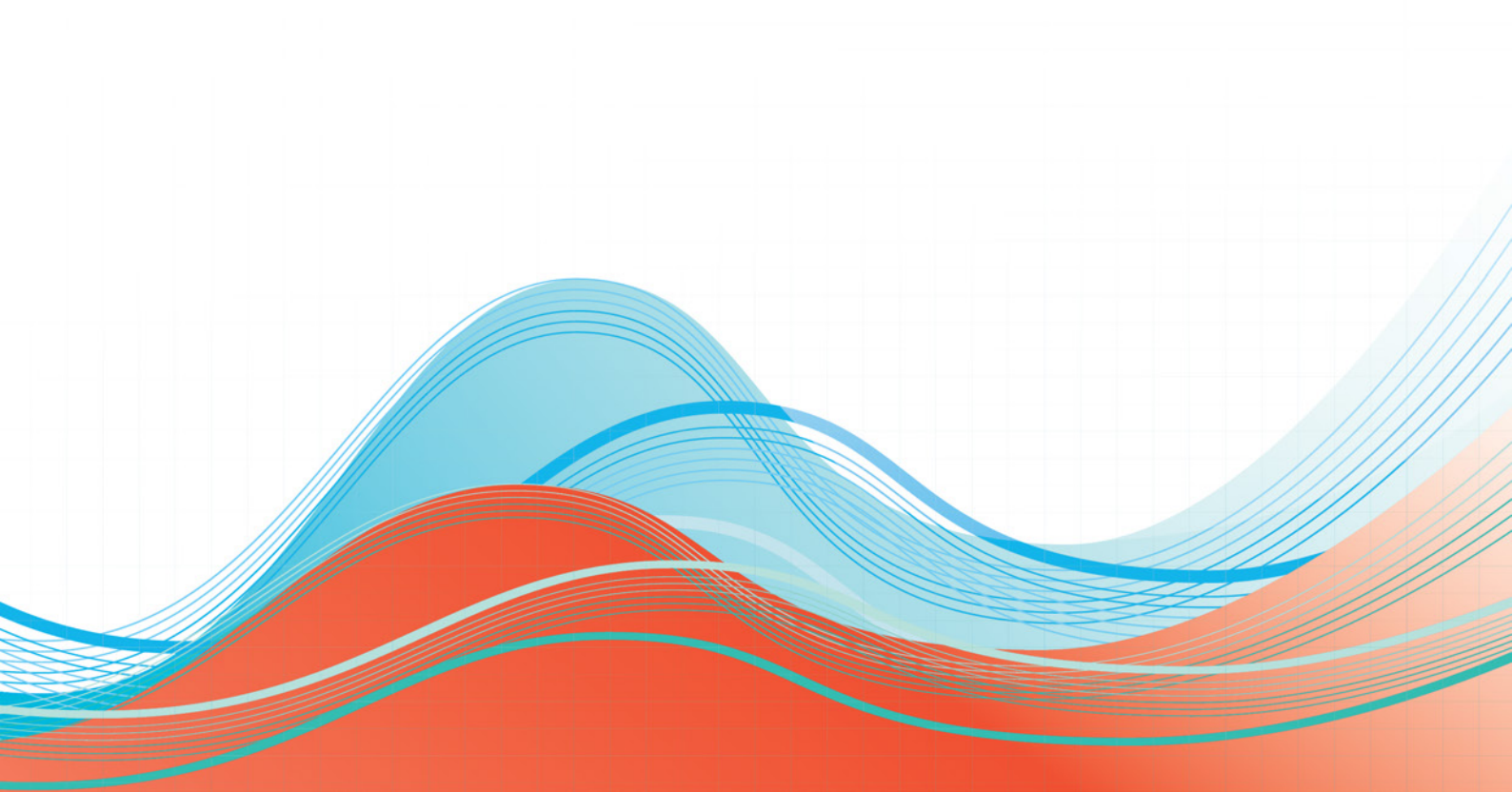


Patient Perspectives

Mental health services in NSW public facilities

Volume 1, Inpatient Care
February 2010 and February 2011



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State Health Publication Number: (BHI) 130252
ISBN 978-1-74187-815-8

Suggested citation:

Bureau of Health Information. *Patient perspectives: Mental health services in NSW public facilities, Volume 1, Inpatient Care, February 2010 and February 2011.*
Sydney (NSW); BHI; 2013.

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Published October 2013

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

i	Foreword
ii	Overview
iv	Summary
vi	Introduction
1	Comparisons with other patient groups
3	Mental health inpatients' overall ratings of care
5	Aspects of care: variation across NSW by LHD
7	Aspects of care: variation across NSW by hospital
9	What is done well ... and what needs improving?
11	Associations between elements of care experience and overall ratings
13	Aboriginal people: inpatient mental health services
15	International comparisons
17	Appendix: summary of methods
21	References

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 draws 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 15% of total acute bed days in 2010–11. The impact 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 1, Inpatient Care

Overall, people using mental health services are less positive about recent healthcare experiences than other patient groups in NSW.

The survey results show that 23% of NSW mental health inpatients reported their care overall as *excellent*. This was lowest percentage of all surveyed patient groups. In comparison, 34% of overnight inpatients rated their care overall as *excellent*.

More than one in 10 (12%) mental health inpatient service users - the highest percentage of all surveyed patient groups - rated their care overall as *poor*. This response was mirrored in the international comparison, with 12% of England's NHS mental health inpatients also rating their care as *poor*.

About a quarter (24%) of NSW people using mental health inpatient services said they would not recommend the facility they attended to friends and family.

Among NSW mental health inpatients the experiences of care reported on most were hygiene, respect for the patient and help being available.

Survey findings include:

- 79% of people using inpatient services said that they knew who they could call when help was needed
- 65% of users of inpatient services agreed that staff showed respect by not talking in front of them as if they weren't there

- 65% said that staff displayed good hygiene by washing their hands, and
- 54% of those patients that used the emergency department, said the care there was well organised.

Users of mental health inpatient services report less positively in regards to ensuring they have a say in refusing treatment, information on side effects and availability of professionals.

The survey results showed:

- 55% of patients felt they could not refuse a specific type of medicine or treatment*
- 30% said they were completely informed about side effects of medication
- 30% said they were provided with complete information about danger signs to look out for after discharge
- 10% rated the availability of professionals as *excellent*.

(*) It should be recognised that up to half of mental health acute inpatients are involuntary admissions 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.

There were important differences across the state when patients were asked to rate the care received.

Comparing across LHDs, the percentage of inpatients rating their care as *excellent* was nearly four times higher in Northern NSW LHD (26%) than in Western NSW LHD (7%).

Comparing across hospitals, the percentage of inpatients rating their care as *excellent* was three times higher at St George Hospital (25%) than at Cumberland Hospital (8%).

Patients were asked questions relating to certain aspects of the care they received.

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

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

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

- At a LHD level, Western NSW and Western Sydney LHDs scored significantly lower than the state average in four aspects of care
- At a facility level, St George Hospital scored significantly higher than the state average in three aspects of care and Cumberland Hospital scored significantly lower than the state average in three aspects of care.

Aboriginal people report their care less positively than non-Aboriginal people.

A significantly higher proportion of Aboriginal people (26%) rated their mental health inpatient care as *poor* compared with non-Aboriginal people (12%).

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.¹ In NSW, 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

People admitted to hospital for specialised psychiatric care are the focus of this report. These inpatients may have experienced care in a psychiatric hospital or in a psychiatric unit within a hospital.

NSW Health Patient Survey

In 2010 and 2011, the NSW Ministry of Health conducted surveys on mental health inpatient and community patient experiences.*

The inpatient survey was completed by 1,028 inpatients (response rate 28%).

The responses form the basis for this report.

Questions in the survey were grouped into 10 thematic aspects of care: Access, Comfort, Continuity, Coordination, Hygiene, Information, Family involvement, Respect, Support, and Overall experience.

This report presents results for the state as a whole, for NSW Local Health Districts (LHDs) and for hospitals, [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

Scores were developed for questions in the survey by converting ratings to numerical values and averaging all responses - for example 10 for each rating of *excellent*, 7.5 for each rating of *very good*, 5 for *good*, 2.5 for *fair* and 0 for *poor* - and summing them for each question across all responses in NSW or in a specific hospital or facility. A high score indicates excellent performance on average and a low score indicates poor performance.

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

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 mental health inpatient services are perceived and rated by users of the services • How the ratings and perceptions about mental health inpatient 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 inpatient mental health services • The lowest rated aspects of care for inpatient 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 mental health inpatient 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 inpatient mental health services in the region (Performance Profiles) • The lowest rated questions and aspects of care for inpatient mental health services (Performance Profiles)
Local facility	<ul style="list-style-type: none"> • An account of how mental health inpatient services are perceived and rated by users of hospital services locally • Hospital performance, both in terms of overall ratings and for aspects of care, relative to other hospitals across the state, and to the state average • The highest rated questions and aspects of care for inpatient mental health services in the hospital (Performance Profiles) • The lowest rated questions and aspects of care for inpatient mental health services in the hospital (Performance Profiles)

Comparisons with other patient groups

People using mental health inpatient 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.

Among people using mental health inpatient services, 23% rated their overall care experience as *excellent*, and 13% rated it as *poor*.

In comparison, 34% of people admitted as overnight inpatients rated their overall care experience as *excellent*, and only 3% rated their care as *poor* (Figure 1).

While four in 10 people (39%) using mental health inpatient services said they would *definitely* recommend the hospital they attended to friends and family, 24% said they would *not* recommend the hospital. In comparison, 63% of general overnight inpatients said they would *definitely* recommend the hospital they attended and only 7% said they would *not* recommend it (Figure 2).

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

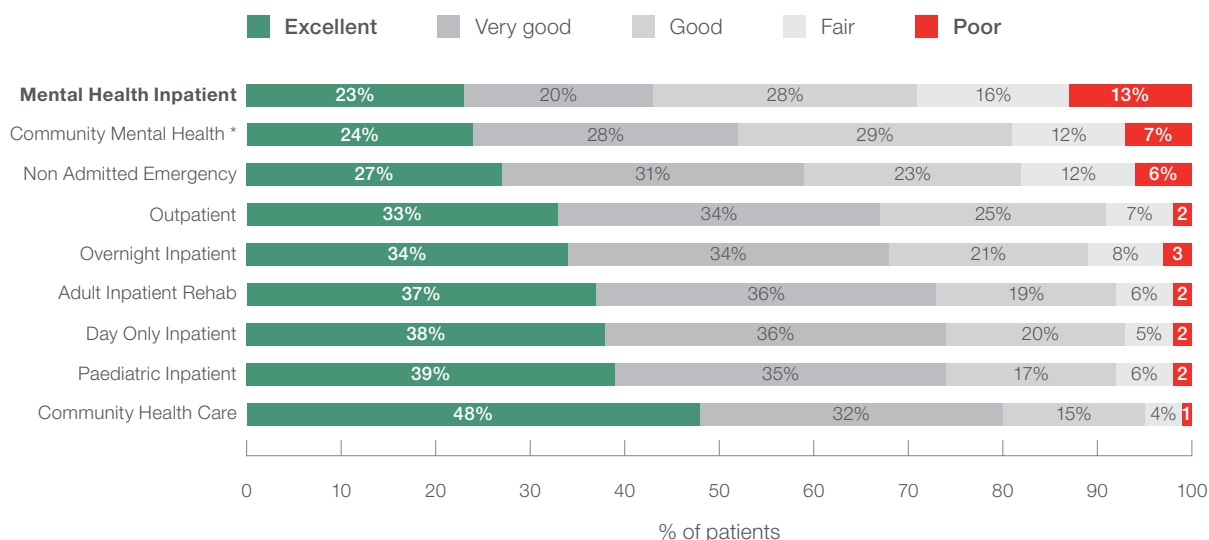
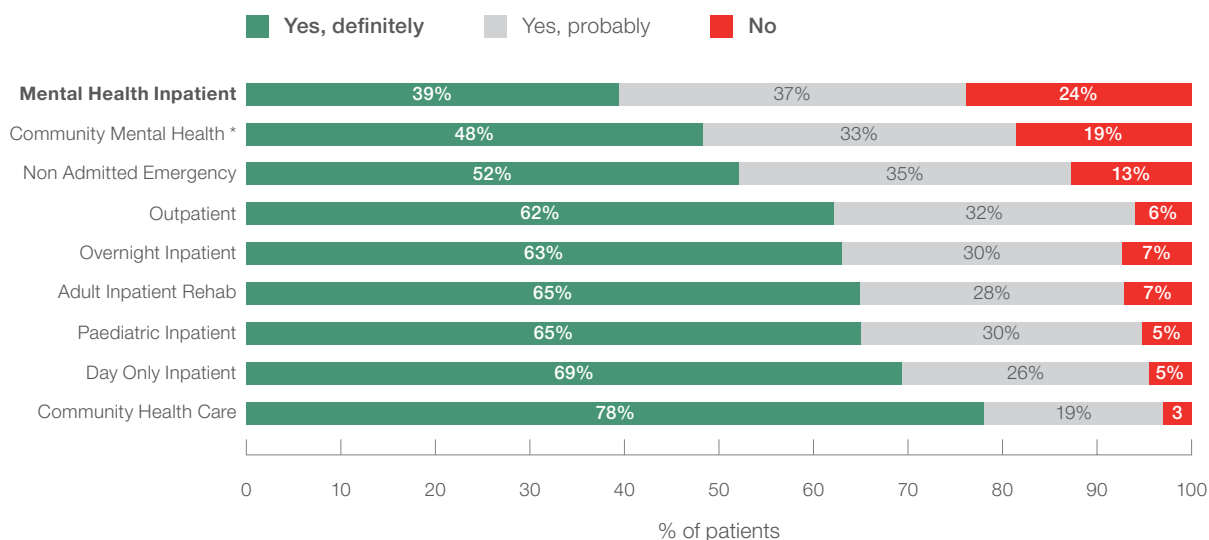


Figure 2: *NSW Health Patient Survey 2011* Would you recommend this hospital / facility to your friends and family? [¶]



(¶) 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, Mental Health Inpatient 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*.

Inpatient services: overall ratings of care

The proportion of people rating their overall care experience as excellent differs markedly across LHDs and inpatient facilities

Among people who received mental health inpatient services in 2010 and 2011 across NSW, 20% reported their overall care as *excellent*, 25% as *very good*, 28% *good*, 15% *fair* and 12% as *poor* (Figure 3).

Within the NSW health system, Local Health Districts (LHDs) have responsibility and accountability for managing hospital and health service delivery for their local district. LHDs are therefore an important level of an analysis for performance reporting.

Among the 12 LHDs that met the criteria for reporting (see Appendix and Technical Supplement for details), the proportion of mental health inpatients who rated their overall care as *excellent*, ranged from 7% in Western NSW to 26% in Northern NSW – almost a four-fold difference. Around a quarter of mental health inpatients in Western NSW (23%) rated their overall care as *poor* (Figure 3).

While LHDs are important structurally and organisationally, operational decisions and day-to-day care are delivered by hospital facilities. Only 13 hospitals met the criteria for facility level reporting (See Appendix and Technical Supplement).

At the hospital level of analysis, the proportion of mental health inpatients who rated their care as *excellent* ranged from 8% in Cumberland Hospital to 25% in St George Hospital. Two in 10 (20%) mental health inpatients in Cumberland Hospital rated their overall care as *poor* (Figure 4).

Standardisation to support fairer comparisons

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

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 with higher response rates seen 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 3: *NSW Health Patient Survey 2010 and 2011* Overall how would you rate the care you received? Mental health inpatients, *LHDs*, standardised ratings of care

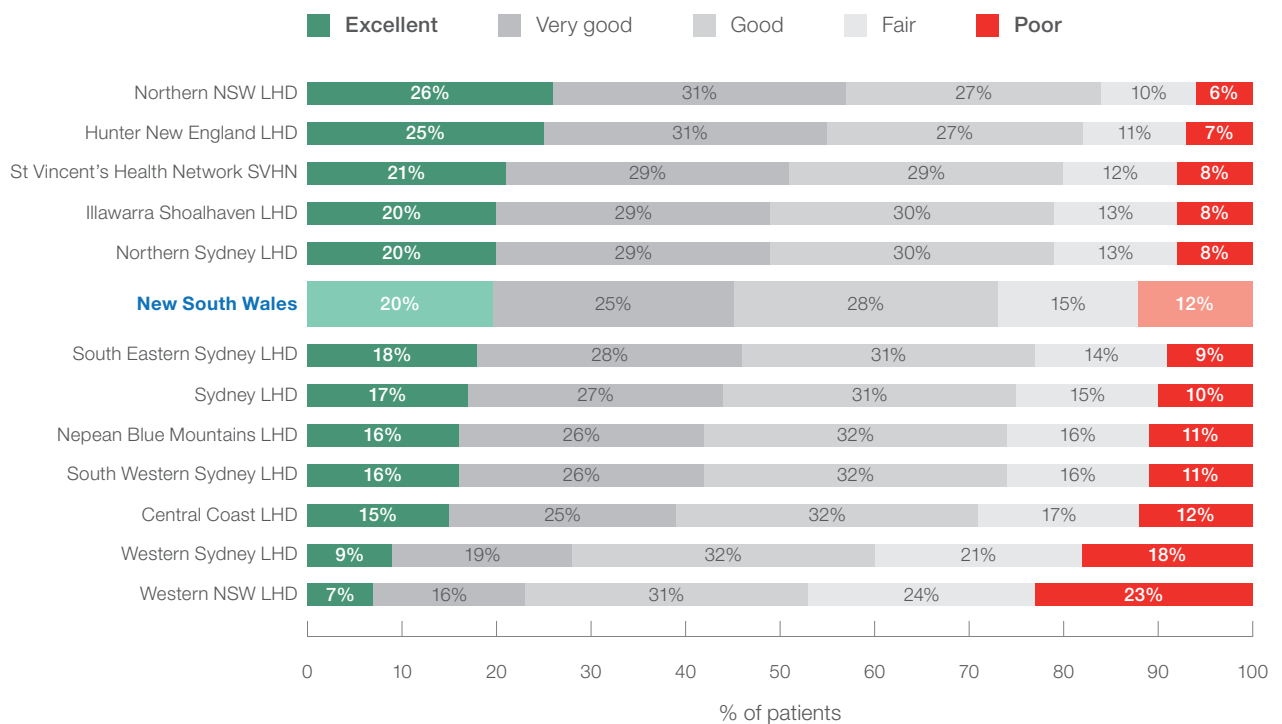
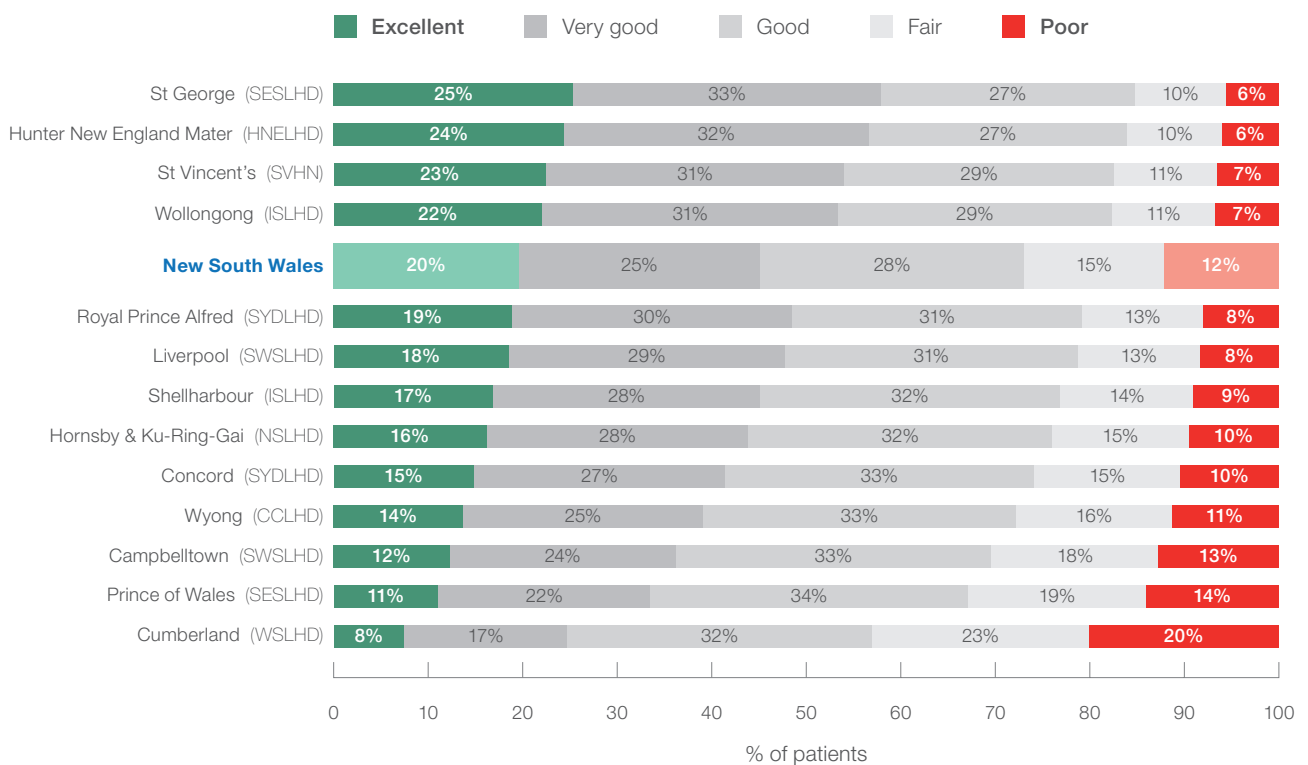


Figure 4: *NSW Health Patient Survey 2010 and 2011* Overall how would you rate the care you received? Mental health inpatients, *hospitals*, standardised ratings of care



Note: Standardised results – due to patient differences between hospitals, values are standardised for patient factors: age group, self-reported health status, Aboriginality, education level, overnight hospitalisation in the 6 months prior to survey.

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 Inpatient Survey, 2010 and 2011*.

Aspects of care: variation across NSW by LHD

Two LHDs scored significantly lower than the NSW average in four aspects of care

The survey asked 59 questions focusing on patient experiences and perceptions. These have been grouped into 10 aspects of care. For details about scoring and question groupings in each aspect of care, see [Appendix and Technical Supplement](#).

Figure 5 illustrates the extent to which LHDs significantly differed from the state average across the various aspects of care. There were two LHDs, (Western NSW and Western Sydney) that scored significantly lower than the NSW average in four aspects of care.

There were three aspects of care: information, family involvement, and support for which no LHDs differed from the state average.

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

In both **Figure 5 and 6**, the aspects of care are ordered according to the average result recorded for the state as a whole.

Figure 5: Extent to which **LHDs** vary from NSW average scores for aspects of care, mental health inpatient services, 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 LHDs with fewer than 28 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 Inpatient Survey, 2010 and 2011*.

Figure 6: Scores for aspects of care, *LHDs*, mental health inpatient services, NSW 2010 and 2011



Aspects of care: variation across NSW by hospital

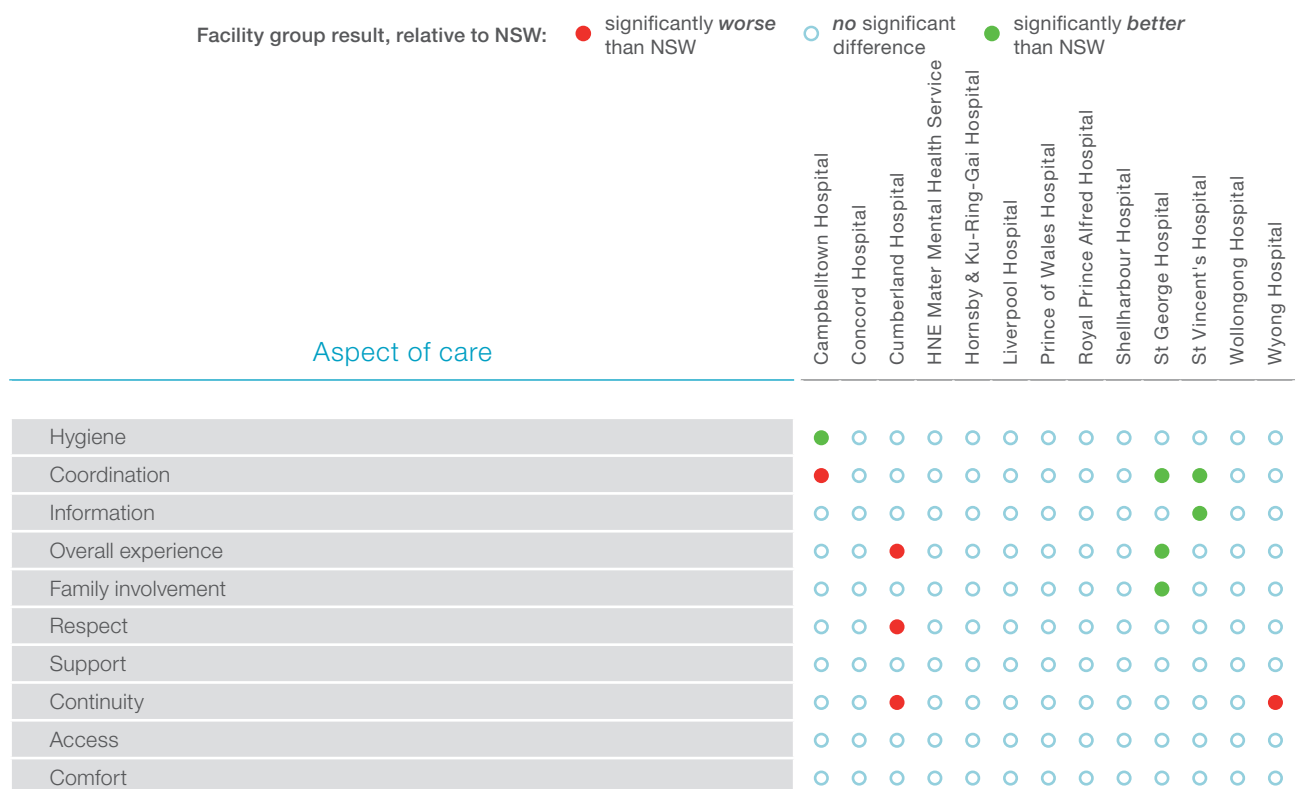
One hospital scored significantly higher, and one significantly lower, than the NSW average on three aspects of care

At a facility level of analysis, few hospitals differed significantly from the NSW average. There was one facility (St George Hospital) that scored significantly higher than the NSW average on three aspects of care. Conversely, one hospital (Cumberland Hospital) scored significantly lower than NSW on three aspects of care (Figure 7).

Figure 8 provides more detail on comparative results, showing NSW average scores, variation across hospital results and any statistically significant differences for each aspect of care.

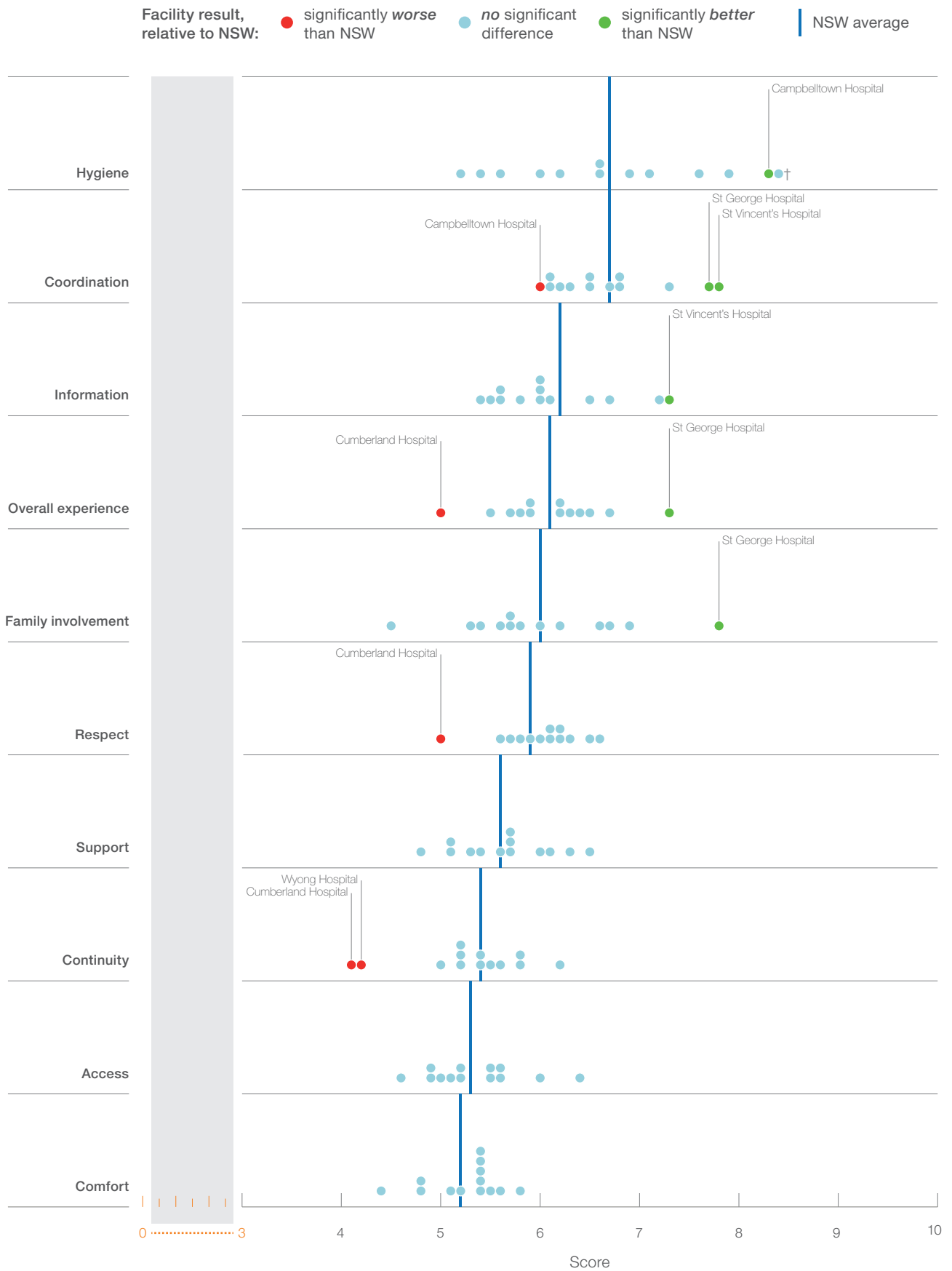
Figure 8 also shows relative average scores for NSW across the 10 aspects of care. The state's mental health inpatients gave the lowest average scores for **Comfort** (5.2) and **Access** (5.3); and the highest average scores for **Hygiene** (6.7) and **Coordination** (6.7). In contrast, the companion report, *Patient Perspectives: Volume 2, Community Mental Health* shows lowest average scores for **Family involvement** and **Continuity** (5.9); and the highest average scores for **Comfort** (8.5) and **Hygiene** (7.2).

Figure 7: Extent to which **hospital** scores vary from NSW scores for aspects of care, mental health inpatient services, NSW 2010 and 2011



(†) While this hospital 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 28 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 Inpatient Survey, 2010 and 2011*.

Figure 8: Scores for aspects of care, *hospitals*, mental health inpatient services, NSW 2010 and 2011



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

Access to help, being treated with respect and hygiene scored well ... questions about medication scored lowest

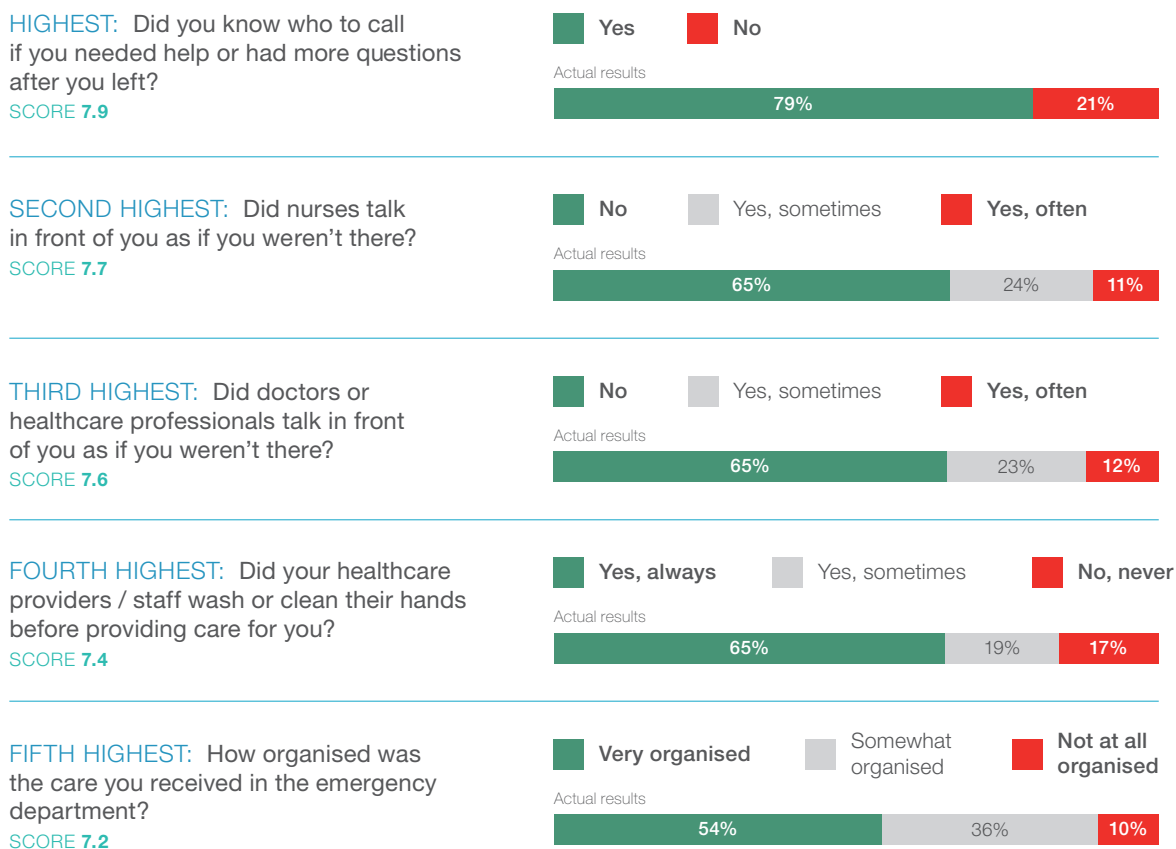
Scores were calculated for each question in the survey, by converting ratings to numerical values (for example, a 10 for each rating of *excellent*, 7.5 for *very good*, 5 for *good*, 2.5 for *fair* and 0 for *poor*). Scores were then used to examine the average performance across different aspects of care for the state, and to compare the performance across LHDs or facilities. 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 in are shown in (Figure 9).

Things that are done well include:

- knowing who to call if help was needed
- nurses, doctors or healthcare professionals did not talk in front of patients as if they weren't there
- staff always washed their hands before providing care
- care in the emergency department was very organised.

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



Conversely, the questions with the *lowest* scores in NSW were (Figure 10):

- being able to refuse a specific type of medicine or treatment*
- availability of parking
- provision of information about medication side effects
- provision of information about danger signals to watch for after discharge
- availability of doctors or healthcare professionals.

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

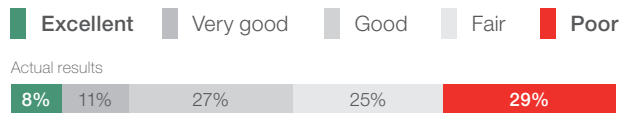
Additional detail about the processes used to score each question can be found in the *Patient Perspectives Technical Supplement: Mental health services in NSW public facilities, February 2010 and February 2011* available at www.bhi.nsw.gov.au

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

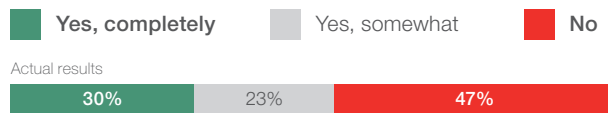
LOWEST: Did you feel you could refuse a specific type of medicine or treatment?
SCORE 3.3



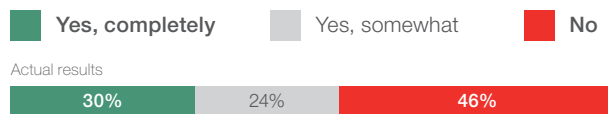
SECOND LOWEST: Availability of parking
SCORE 3.7



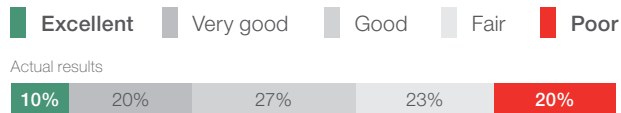
THIRD LOWEST: Did someone tell you about medication side effects to watch for when you went home?
SCORE 4.2



FOURTH LOWEST: Did they tell you what danger signals about your condition to watch for when you went home?
SCORE 4.2



FIFTH LOWEST: How would you rate the availability of your doctors or healthcare professionals?
SCORE 4.4



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 Inpatient Survey, 2010 and 2011*.

(*) Up to half of mental health acute inpatients are involuntary admissions 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 modelled the survey data to identify mental health inpatient experiences that were most strongly associated with *excellent* or *fair / poor* overall ratings of care. The results of this analysis are shown in [Figure 11](#).

Responses to five questions covering teamwork, counselling or treatment, food items, staff responsiveness and nurse courtesy were most strongly associated with excellent ratings of overall care. [For details about this analysis see the Technical Supplement](#).

The analysis also identified five questions that were most associated with *fair* or *poor* overall experience; they were in the areas of teamwork, counselling or treatment, staff courtesy, being treated with respect and dignity and signage.

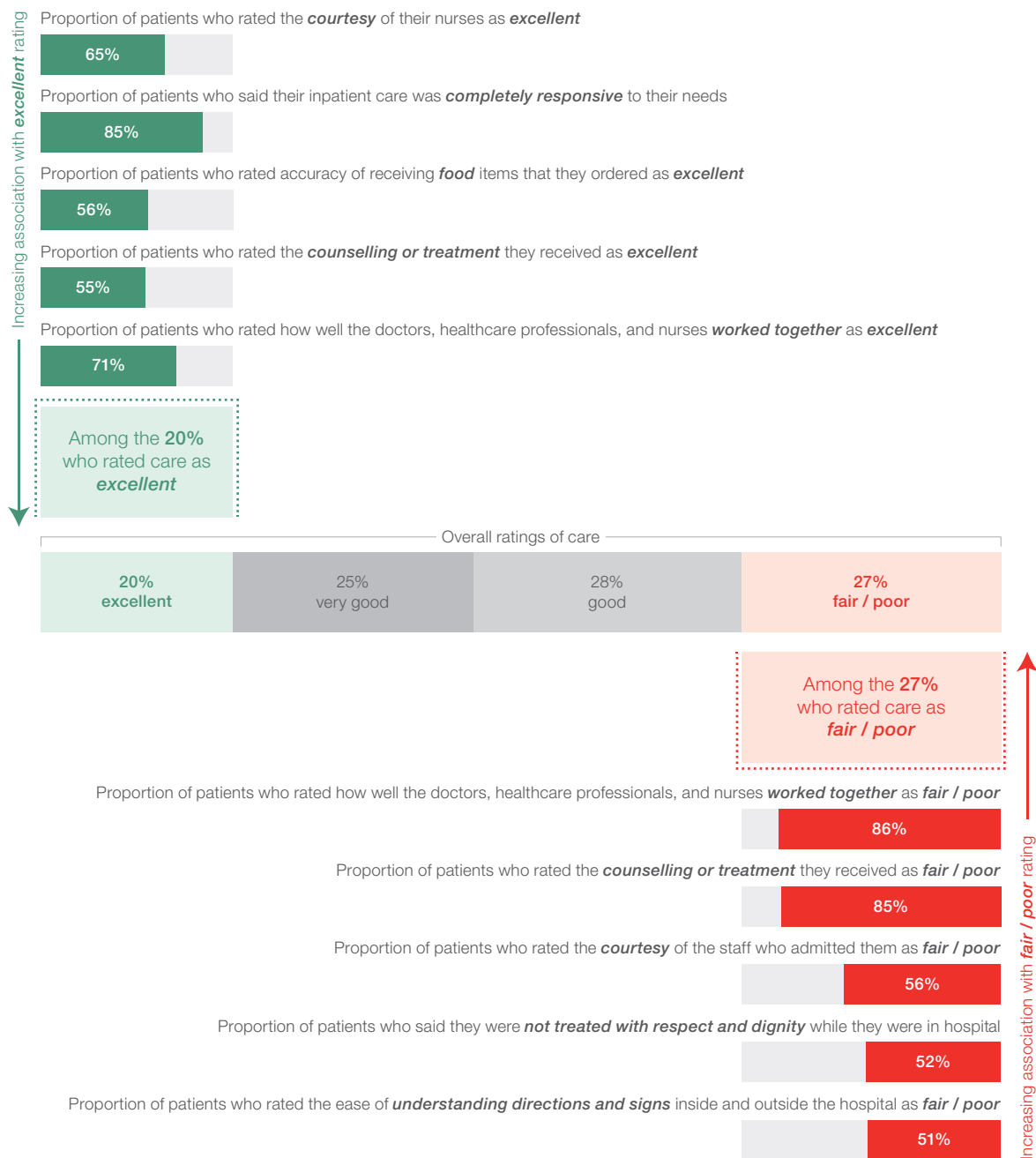
It is notable that two questions were associated with both *excellent* and *fair / poor* ratings; questions covering teamwork and counselling or treatments.

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 can then influence the ratings in multiple questions.

Figure 11: Responses associated with *excellent* or *fair / poor* overall ratings, mental health inpatient services, NSW 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 Inpatient Survey, 2010 and 2011.

Aboriginal people: inpatient mental health services

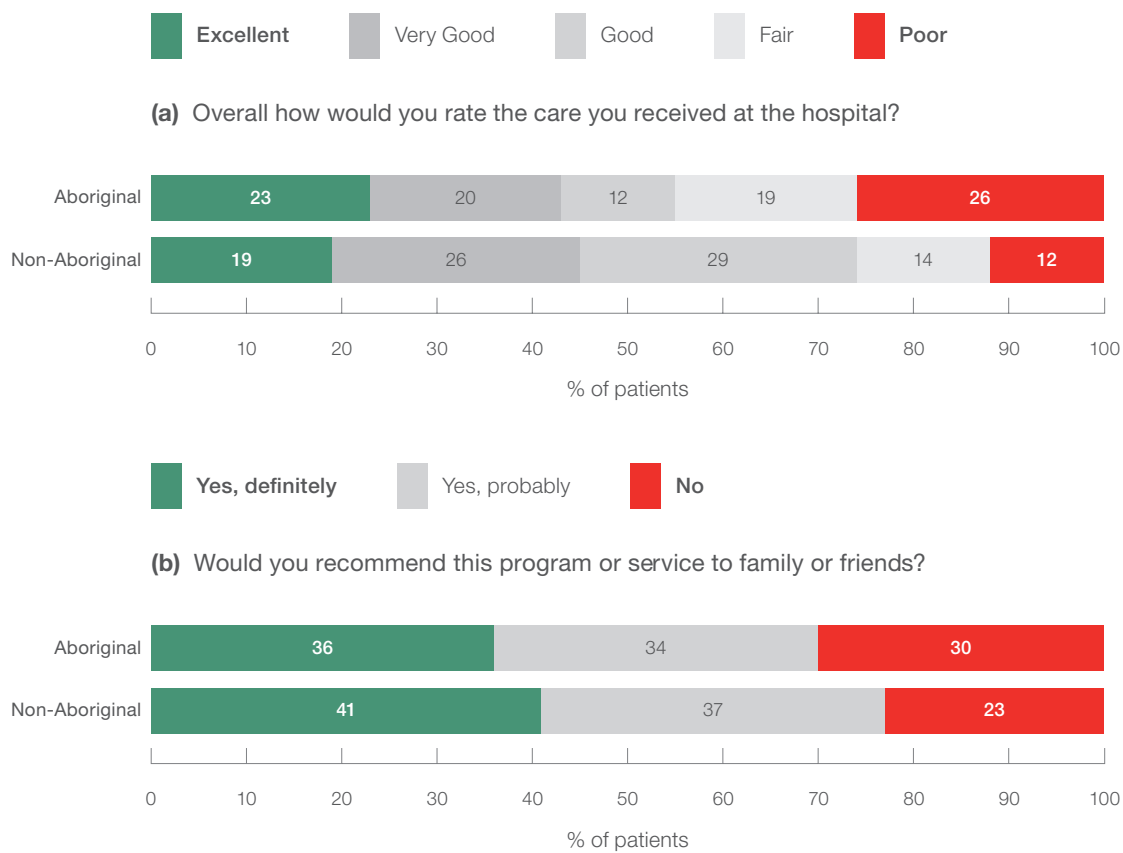
Aboriginal people are more likely than non-Aboriginal people to rate their overall care experience as poor

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 of Australia⁶. Aboriginal people suffer a higher burden of psychological distress and mental ill health than non-Aboriginal people. This inequality in mental health begins at an early age and results in greater hospitalisation, incarceration and death of Aboriginal people with mental ill health.^{7,8}

Responses from Aboriginal and non-Aboriginal respondents were compared on the basis of the information they gave in the survey.⁹ There were 52 people (5% of the total) who identified as Aboriginal in the mental health inpatient survey.¹¹

A significantly higher proportion of Aboriginal people (26%) using mental health inpatient services than non-Aboriginal (12%) rated their overall care experience as *poor* (Figure 12).

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



(o) There are known issues relating to Aboriginal identification and the reported numbers of Aboriginal people participating in the survey may underestimate the numbers of actually participating.

(π) There are no data available on the number of Aboriginal people who were sent the survey, making it impossible to calculate a response rate among Aboriginal people.

There was also a significant difference between Aboriginal people (36%) and non-Aboriginal people (41%) using inpatient mental health services who would definitely recommend the facility from which they received their care to family and friends.

A key difference between Aboriginal and non-Aboriginal users of mental health inpatient services is apparent in questions about communication (Figure 13). Three in 10 Aboriginal mental health inpatients (30%) *did not* get understandable answers to their questions, compared with one in 10 non-Aboriginal (14%).

Similarly, almost three in 10 Aboriginal people (27%) said they were *not* treated with respect and dignity while in hospital, a significantly higher proportion than non-Aboriginal (16%) (Figure 14).

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.

Figure 13: *NSW Health Patient Survey 2010 and 2011* When you had important questions to ask a doctor or healthcare professional, did you get answers you could understand? by Aboriginality

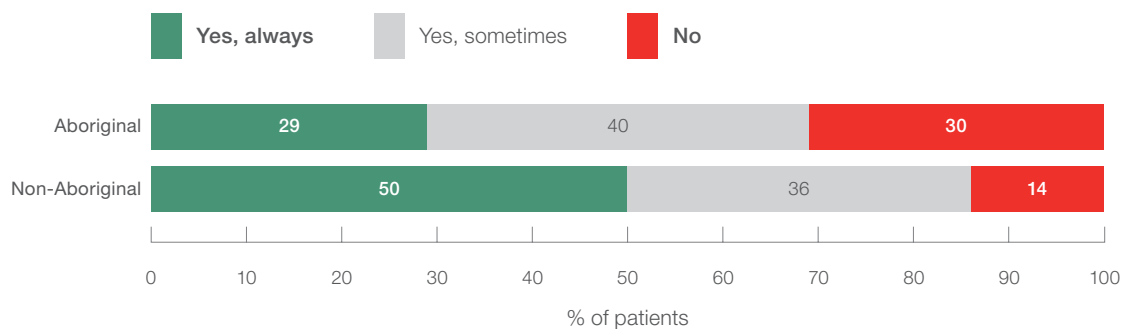
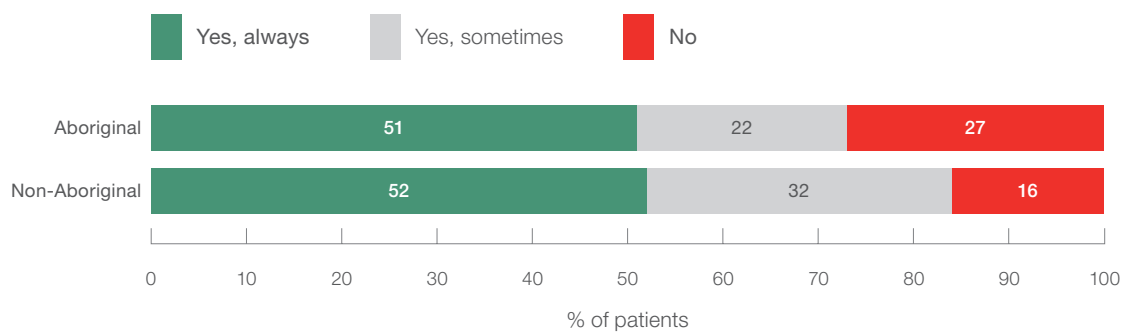


Figure 14: *NSW Health Patient Survey 2010 and 2011* Did you feel you were treated with respect and dignity while you were in the hospital? by Aboriginality



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 Inpatient Survey, 2010 and 2011*.

International comparisons

When comparable questions were asked, results for NSW and England were similar

While patient surveys are in widespread use around the world's healthcare systems, NSW is one of a handful of 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).

The NHS conducted an acute inpatient mental health survey in 2009. The inclusion criteria were patients aged 16–64 years who were admitted for at least 48 hours to an acute ward or psychiatric intensive care unit. Four questions asked in the NHS survey were comparable to the NSW survey and the results are presented here.

Figure 15 compares four survey questions and shows:

- Two in 10 mental health inpatients in England (21%) rated their care as excellent, a similar proportion to that seen in NSW (19%)
- More than three in 10 mental health inpatients in England (34%) said they were involved as much as they wanted to be in decisions about their care, compared with 30% in NSW who said they definitely had enough say about their treatment
- Almost five in 10 mental health patients in England (48%) and NSW (46%) said they had confidence and trust in the healthcare professionals treating them
- Similarly, among NSW mental health inpatients 50% said they always had confidence and trust in the nurses treating them, compared with 45% of English mental health inpatients.

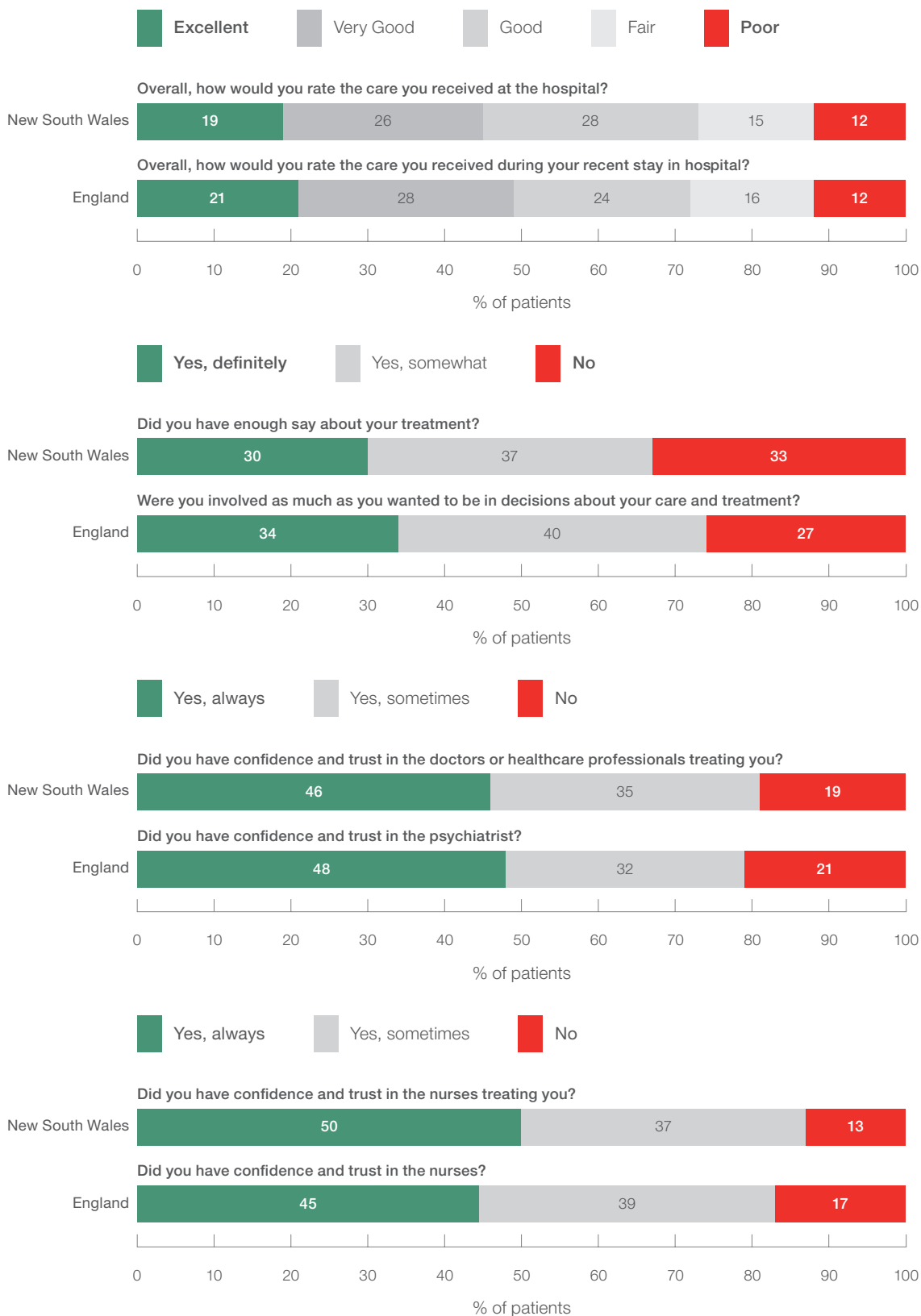
Care should be taken when comparing results from different populations, as inherent differences between survey samples and patient respondents may exist.

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 15**.

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, 43% of English overnight admitted patients rated their overall care as *excellent*, while 21% of English mental health inpatients rated their overall care as *excellent*.

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

Figure 15: Responses to comparable mental health inpatient survey questions, NSW 2010 and 2011 and England 2009



Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Inpatient Survey, 2010 and 2011* and National Health Service, *National NHS patient survey programme, mental health acute inpatient service users survey 2009*.

Appendix: summary of methods

The Survey Tool: The 2010 and 2011 mental health inpatient survey by NSW Health was developed by NRC Picker and included 59 questions that were grouped into 10 *aspects of care* – Access, Continuity, Coordination, Support, Hygiene, Information, Family involvement, Overall experience, Comfort and Respect (See Appendix Table 1). The score for each aspect of care is the average of the scores for constituent questions.

Sampling and reporting: Questionnaires were sent to a random sample of patients who received care at mental health inpatient services in NSW public hospitals during February 2010 and February 2011. Patients were defined as

receiving a mental health inpatient service if they were classified as having a stay (with psychiatric bed). For further information regarding the sampling frame and respondents please see the related [Technical Supplement available at \[www.bhi.nsw.gov.au\]\(http://www.bhi.nsw.gov.au\)](#)

In this report, mental health inpatient facilities with 28 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, mental health inpatient services

Access
Q14: About how much time did you spend with your doctor or healthcare professional?
Q19: How would you rate the availability of your doctors or healthcare professionals?
Q25: How would you rate the availability of your nurses?
Continuity
Q38: Did someone tell you about self-help or support groups you could work with?
Q39: Did someone tell you about different kinds of counselling or treatment that are available?
Q51: Did someone tell you about medication side effects to watch for when you went home?
Q52: Did they tell you what danger signals about your condition to watch for after you went home?
Q54: Did you know who to call if you needed help or had more questions after you left?
Coordination
Q6: How organised was the care you received in the emergency department?
Q8: How organised was the admission process?
Q9: Do you feel you had to wait an unnecessarily long time to go to your ward or room?
Q26: Sometimes in the hospital, one doctor, healthcare professional, or nurse will say one thing and another will say something quite different. Did this happen to you?
Q37: Were your scheduled tests and procedures performed on time?
Q55: How would you rate how well the doctors, healthcare professionals, and nurses worked together?
Support
Q15: If you had any anxieties or fears about your condition or treatment, did a doctor or healthcare professional discuss them with you?
Q21: If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?
Q31: Was it easy for you to find someone on the hospital staff to talk to about your concerns?

Hygiene

Q32: Was a hand basin and / or alcohol hand wash available in your room or at your bedside?

Q33: Did your healthcare providers / staff wash or clean their hands before providing care for you?

Q34: Did your healthcare providers / staff wash or clean their hands after providing care for you?

Information

Q7: While you were in the emergency department, did you get enough information about your medical condition and treatment?

Q13: When you had important questions to ask a doctor or healthcare professional, did you get answers you could understand?

Q20: When you had important questions to ask a nurse, did you get answers you could understand?

Q36: Did a doctor or nurse explain the results of tests in a way you could understand?

Q40: Were you given as much information as you wanted about what you could do to manage your condition?

Q41: Were you given as much information as you wanted about your rights and responsibilities as a patient?

Q49: Did someone explain when you would be allowed to go home?

Q50: Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?

Family involvement

Q28: Did anyone talk to you about whether to include your family or friends in your counselling or treatment?

Q29: Did your family or someone else close to you have enough opportunity to talk to your doctor or healthcare professional?

Q30: How much information about your condition or treatment was given to your family or someone close to you?

Q53: Did the doctors, healthcare professionals, or nurses give your family or someone close to you all the information they needed to help you recover?

Overall experience

Q16: Did you have confidence and trust in the doctors or healthcare professionals treating you?

Q22: Did you have confidence and trust in the nurses treating you?

Q47: How would you rate the counselling or treatment you received?

Q56: Overall, how would you rate the care you received at the hospital?

Q57: 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?

Q58: Would you recommend this hospital to your friends and family?

Comfort

Q59: Ease of understanding directions and signs inside and outside the hospital

Q60: Availability of parking

Q61: Keeping noise levels to a minimum

Q62: Cleanliness of the facility

Q63: Cleanliness of the room

Q66: Taste of the food

Q67: Temperature of the food

Respect

Q10: If you had to wait to go to your ward or room, did someone from the hospital explain the reason for the delay?

Q11: How would you rate the courtesy of the staff who admitted you?

Q17: Did doctors or healthcare professionals talk in front of you as if you were not there?

Q18: How would you rate the courtesy of your doctors or counsellors healthcare professionals?

Q23: Did nurses talk in front of you as if you were not there?

Q24: How would you rate the courtesy of your nurses?

Q27: Did you have enough say about your treatment?

Q42: Do you feel you had enough privacy during your stay?

Q43: Did you feel you could refuse a specific type of medicine or treatment?

Q45: Was your inpatient care responsive to your needs?

Q46: Did you feel you were treated with respect and dignity while you were in the hospital?

Q64: Courtesy and helpfulness of the staff that served your food

Q65: Accuracy of receiving food items that you ordered

Appendix table 2: **NSW Mental Health Inpatient Survey 2010 and 2011**
Sample size and response rates, LHDs, hospitals and facilities

	Total sample size	Response rate
Total NSW	1,028	28%
Central Coast Local Health District (CCLHD)		
Wyong Hospital	55	28%
Other facilities	24	27%
Total CCLHD	79	28%
Hunter New England Local Health District (HNELHD)		
Hunter New England Mater MHS	62	37%
Other facilities	43	24%
Total HNELHD	105	30%
Illawarra Shoalhaven Local Health District (ISLHD)		
Shellharbour Hospital	54	34%
Wollongong Hospital	28	46%
Total ISLHD	82	37%
Nepean Blue Mountains Local Health District (NBMLHD)		
No facilities reported individually		
Total NBMLHD	32	30%
Northern NSW Local Health District (NBMLHD)		
No facilities reported individually		
Total NNSWLHD	29	25%
Northern Sydney Local Health District (NSLHD)		
Hornsby and Ku-Ring-Gai Hospital	53	40%
Other facilities	54	26%
Total NSLHD	107	31%
South Eastern Sydney Local Health District (SESLHD)		
Prince of Wales Hospital	58	36%
St George Hospital	35	34%
Other facilities	21	30%
Total SESLHD	114	34%
South Western Sydney Local Health District (SWSLHD)		
Campbelltown Hospital	74	37%
Liverpool Hospital	49	29%
Other facilities	20	20%
Total SWSLHD	143	30%
St. Vincent's Health Network (SVHN)		
St Vincents Hospital, Darlinghurst	38	24%
Other facilities	8	42%
Total SVHN	46	26%

Total sample size Response rate

Sydney Local Health District (SYDLHD)		
Concord Hospital	71	21%
Royal Prince Alfred Hospital	28	25%
Total SLHD	99	22%
Western NSW Local Health District (WNSWLHD)		
No facilities reported individually		
Total WNSWLHD	40	24%
Western Sydney Local Health District (WSLHD)		
Cumberland Hospital	61	24%
Other facilities	29	24%
Total WSLHD	90	24%
Not reported at Local Health District level		
Far West	*	23%
Mid North Coast	*	19%
Murrumbidgee	*	21%
Southern NSW	*	22%

(*) Values suppressed due to small numbers and to protect privacy.

Note: Results for facilities with fewer than 28 respondents or a response rate of <20%, are reported within 'other' category, where applicable.

Source: NSW Ministry of Health, *NSW Health Patient Survey, Mental Health Inpatient 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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State Health Publication Number: (BHI) 130253
ISSN 978-1-74187-821-9

Suggested citation: Bureau of Health Information
Patient Perspectives: Mental health services in NSW public facilities, Volume 1, Inpatient Care and Volume 2, Community Mental Health.
Sydney (NSW); 2013.

Published October 2013

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.