



**Mental Health
Carers NSW**



What carers say
about NSW
Mental Health
Services



Mental Health Carer Experience Survey

2022–2023

Acknowledgements

NSW Health acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to their Cultures, Country, and Elders past and present. We commit to building a brighter future together.

We recognise and value the experience-based knowledge of people who have lived and living experience of mental health difficulties or suicide, and the people who care for them. We are thankful to the many carers who completed a CES questionnaire.

We gratefully acknowledge the members of the YES and CES advisory committee and colleagues at Mental Health Carers NSW (MHCN) who supported the implementation and ongoing use of the CES. Thanks also to our colleagues at the NSW Ministry of Health Mental Health Branch and Bureau of Health Information for your support.

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

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Contents

2022–2023 CES snapshot	4
Glossary and acronyms	5
What is the CES?	6
How many surveys were returned?	7
Which carers completed a CES?	8
How did carers rate their experience?	10
CES goal ranges and traffic light charts	11
Do some groups of carers report a different experience?	12
Which questions received the highest and lowest ratings?	14
What was the experience of Aboriginal carers?	16
How do LHDs and SHNs compare?	20
How did LHD and SHN clusters compare?	22
Is there a regional difference in carer experience?	23
Appendix 1 – Mental Health Carer Experience Survey	26
Appendix 2 – About CES	29
Appendix 3 – Technical information	31
Appendix 4 – CES domains	37



2022–23 CES snapshot


2942
surveys returned

About **307** mental
health services

48% of community
returns were online

Percentage of responses that rated overall experience as excellent or very good

67%
in all settings

 **62%**
in hospitals

 **73%**
in community settings

Top 5 findings



Most carers who completed a CES have been caring for over 10 years and are caring for a child.



The Individuality and Making a difference domains were rated significantly lower by Aboriginal carers in community settings than non-Aboriginal carers.



A higher proportion of carers in regional areas are female, Aboriginal and have been caring for more than 10 years.



Experience in metropolitan areas was rated higher than carer experience in regional areas.



Experience scores generally declined as carer age increased. Carers aged less than 34 years rated a more positive experience and carers aged 75 years and over rated a less positive experience.



Glossary and acronyms

Glossary

Aboriginal	Throughout this report, the term 'Aboriginal' is used to refer to Aboriginal and/or Torres Strait Islander people.
Acute inpatient	A person who is experiencing acute symptoms of a mental illness and is receiving care in a hospital inpatient setting.
Carer	A family member, partner or friend of someone with a mental illness whose life is also affected by that person's illness. Carers provide support and assistance.
CES returns	The number of CES surveys completed in a period.
Consumer	Any person who identifies as having a current or past lived experience of psychological or emotional issues, distress or problems, irrespective of whether they have a diagnosed mental illness and/or have received treatment. Other ways people may choose to describe themselves include 'peer', 'survivor', 'person with a lived experience' and 'expert by experience'.
Involuntary legal status	A person with involuntary legal status is someone who received treatment under compulsory treatment provisions in NSW mental health legislation.

Services

Adult and general services	Services that provide mental health support to people aged 18 to 65 years.
Child and adolescent	Services that provide specialist mental health support to people aged under 18 years.
Forensic	Services that provide support to consumers that a court has found to be either: <ul style="list-style-type: none">• unfit to be tried for an offence and ordered to be detained in a correctional centre, mental health facility or other place• not guilty by reason of mental illness or nominated a limiting term and ordered to be detained in a prison, hospital or other place• not guilty by reason of mental illness and released into the community subject to conditions.
Older people	Services that provide specialist mental health support to people aged 65 years and over.

Acronyms

Local Health Districts (LHDs)

CCLHD	Central Coast LHD
FWLHD	Far West LHD
HNELHD	Hunter New England LHD
ISLHD	Illawarra Shoalhaven LHD
MLHD	Murrumbidgee LHD
MNCLHD	Mid North Coast LHD
NBMLHD	Nepean Blue Mountains LHD
NNSWLHD	Northern NSW LHD
NSLHD	Northern Sydney LHD
SESLHD	South Eastern Sydney LHD
SLHD	Sydney LHD
SNSWLHD	Southern NSW LHD
SWSLHD	South Western Sydney LHD
WNSWLHD	Western NSW LHD
WSLHD	Western Sydney LHD

Specialty Health Networks (SHNs)

JH&FMHN	Justice Health and Forensic Mental Health Network
SCHN	Sydney Children's Hospitals Network
SVHN	St Vincent's Health Network



What is the CES?

The Mental Health Carer Experience Survey (CES) is a national tool designed to gather information about carers' experiences of public mental health services.

Carers are the family members, partners or friends who provide support and assistance to a person with a mental illness. Their lives are affected by that illness, and their support often precedes and extends beyond the involvement of mental health services.

Carers are crucial to supporting the recovery and wellbeing of mental health consumers. Their vital contribution is acknowledged in the Fifth National Mental Health and Suicide Prevention Plan (2017) which emphasised that consumers and carers should be at the centre of shaping how services are planned, delivered and evaluated. The centrality of lived experience is also mandated in the NSW Mental Health Commission's Lived Experience Framework.

The CES provides an opportunity for carers to provide feedback about their experience, recognising the unique perspectives carers bring. The survey reflects the National Mental Health Service Standards and is used to support service improvement. Prior to the development of CES, carer experience feedback was not collected in a systematic way.

NSW Health aims to offer the CES to all carers. The CES has been available on paper since 2018 and online since 2019 (Appendix 1). This report reflects mental health carers' experiences of care in 2022–23. It includes feedback about a range of NSW public mental health services provided in both community and hospital settings.

Appendix 2 explains how NSW Health uses data from CES feedback to inform ongoing service improvements. Appendix 3 presents a technical summary of the calculations and analysis methods used to create this report.

The image shows a sample of the Mental Health Carer Experience Survey questionnaire. At the top left, there is a red box labeled "Service:" with a white rectangular area for text. To the right is a logo of two stylized figures. The title "Mental Health Carer Experience Survey" is prominently displayed. Below the title, a paragraph explains the survey's purpose: "This survey is about your experiences, as a carer over the last three months. By completing this survey, you will help the service better understand how to work with carers towards the recovery of mental health consumers. If you care for more than one person, just think of one of these people when completing the questionnaire." A "GETTING STARTED" section follows, stating that responses are anonymous and important to each question. Below this is a section titled "WHO IS A CARER?" which defines carers as family members, partners, or friends. The main part of the form is a table with seven rows of questions and six columns of response options: Never, Barely, Sometimes, Usually, Always, and Not Needed. A legend at the top of the table shows a grid of boxes with an 'X' in the 'Sometimes' column for the first question. The questions are: 1. You understood what you could expect from the mental health service for yourself and your family member, partner or friend; 2. You were given an explanation of any legal issues that might affect your family member, partner or friend; 3. You understood your rights and responsibilities; 4. Your personal values, beliefs and circumstances were taken into consideration; 5. You were able to obtain cultural or language support (such as an interpreter) when you needed; 6. You were given the opportunity to provide relevant information about your family member, partner or friend; 7. Your opinion as a carer was respected.

How many surveys were returned?

In 2022–2023

2942

surveys returned
which is a 1% increase from last year

Feedback was provided about

307


mental health services


104

services in hospital

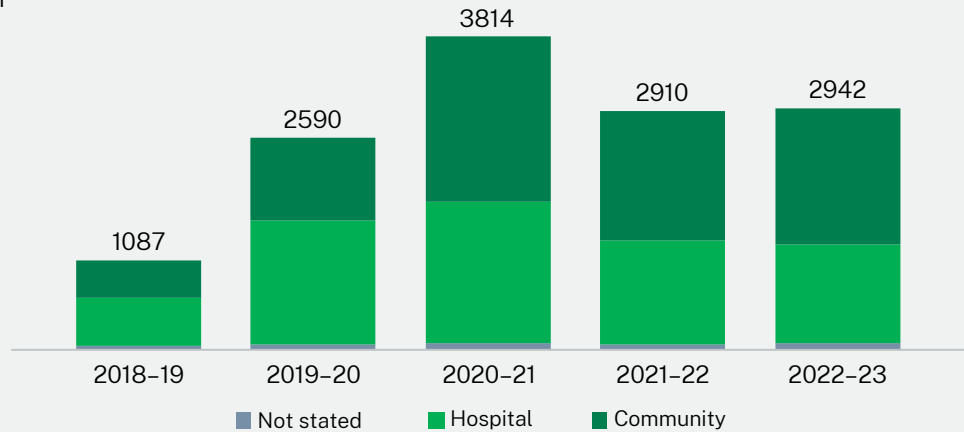
203

services in community

 **1199**
about hospitals

 **1668**
about community settings

The number of surveys received each financial year



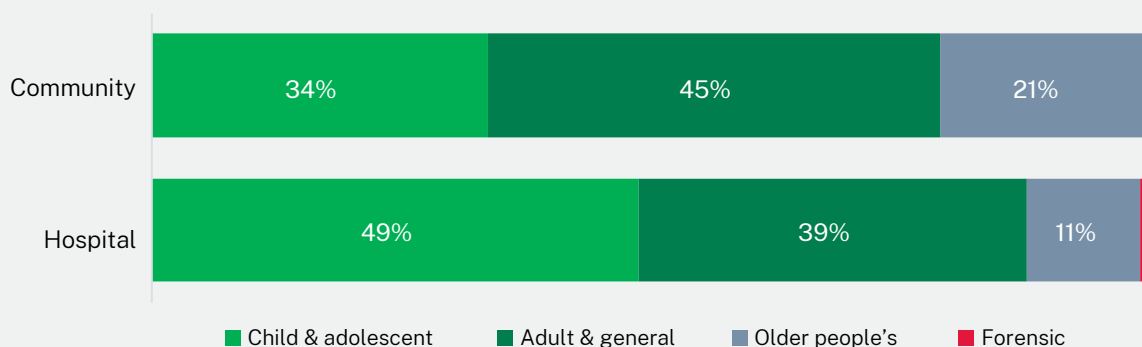
58% of CES returns were about community settings

This year, a total of 2942 CES forms were received, providing feedback about 307 services. Of these, more than half (58%) were about community services. This differs from consumer feedback collected using the Your Experience of Service (YES) survey because most of that feedback relates to hospital services. Almost half (48%) of the carers provided feedback about community services using the online version of the survey. In contrast, only 12% of those who provided feedback about hospital services used the online form.

Around 40% of all CES returns were about child and adolescent services

In NSW there are many more adult and general services than age-specific or forensic services. However, only 43% of all CES returns related to adult and general care. There were a large number of CES returns from child and adolescent and older people's mental health services. This may reflect the greater involvement of carers with those services, or that carers who are parents or children may be more easily identifiable.

Questionnaires returned by program in 2022–23



Which carers completed a CES?

It is important to know if some groups of carers are less likely to complete a CES. Since the CES was implemented, a broad range of carers have provided feedback, but more work is needed to reach as many carers as possible.

It is essential that services are identifying carers

Identification of carers by services is a vital but often challenging component of collecting feedback. Many people providing care never think of themselves as carers; they feel they are doing what anyone else would in the same situation, looking after their family member, partner or friend. Carers who have direct contact with services may be routinely invited to complete CES, whereas carers that have limited contact may not be aware of the opportunity to provide feedback. Finally, consumers may draw on support from different family members, loved ones or friends at different times and so the idea of a person's primary or main carer may be complex and fluid. Mental health clinicians and services may not always have complete or up-to-date information on a consumer's support networks.

The CES includes several demographic questions to help identify how well represented various groups are, and to understand if particular groups of carers are reporting a different experience. As there is limited data about carers available, we cannot evaluate how representative the CES responses are. As the CES is anonymous, there is no way of knowing how many carers were offered a survey.

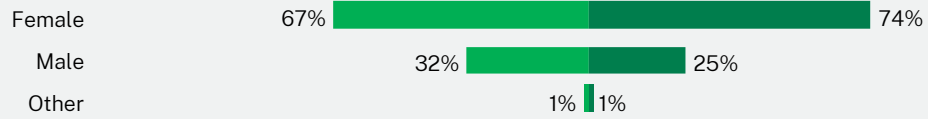
Most carers are caring for their child and have been caring for over 10 years

As with previous years, most carer feedback is from people who care for a child and/or have been providing care for over 10 years. Aboriginal and/or Torres Strait Islander carers are likely to be slightly under-represented, with around 13% of consumers accessing services identifying as Aboriginal. We note that not all consumers may have a carer; not all carers of Aboriginal consumers may be Aboriginal themselves; and some Aboriginal carers may be caring for non-Aboriginal consumers. Returns have increased from male carers and people caring for a sibling or spouse.

Proportion of CES returns across different groups, 2022–23

■ Hospital ■ Community

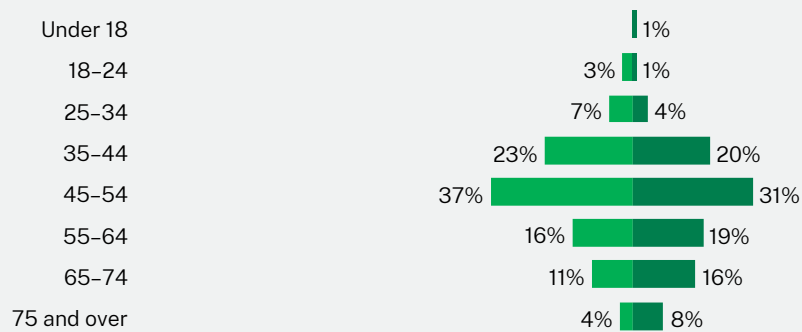
Gender



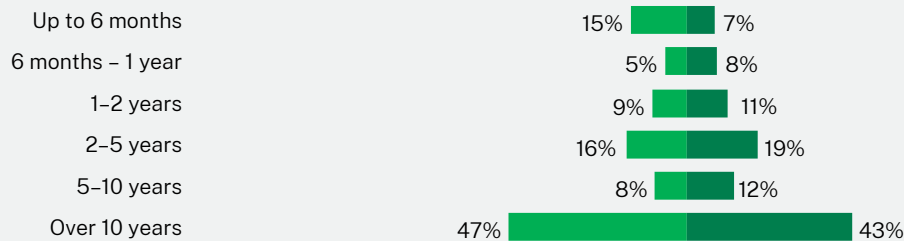
Aboriginal and/or Torres Strait Islander



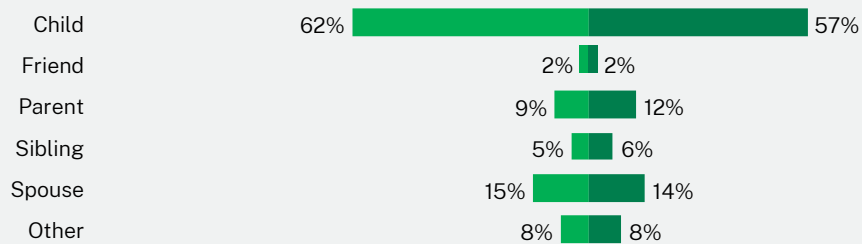
Age group



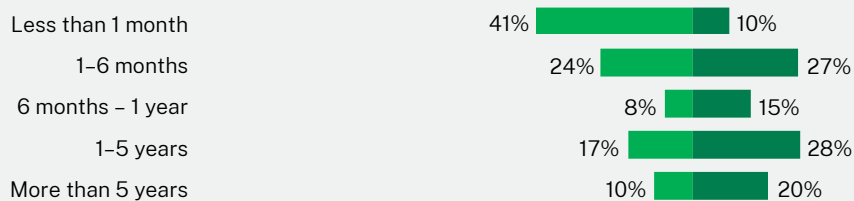
Duration as a carer



Relationship



Duration with service

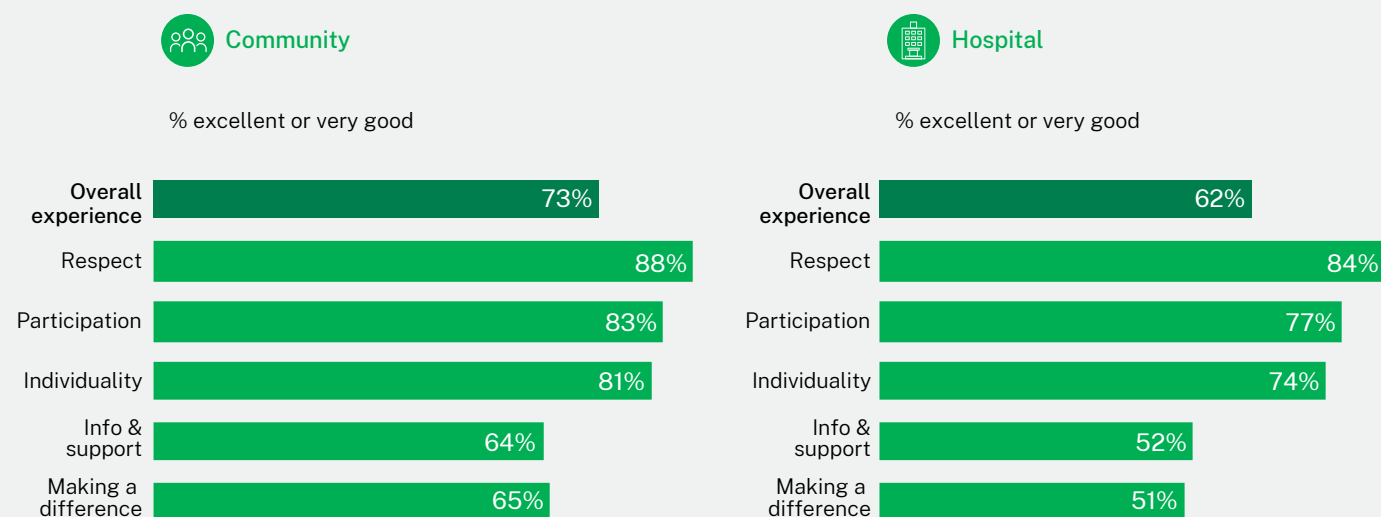


How did carers rate their experience?

Overall experience is measured using an experience index which combines the scores of questions 1–24 (excluding Q15 and Q19). This method ensures that different areas of experience are included in the overall score. The combined score is used to calculate the percentage of carers reporting an excellent or very good experience. CES questions are grouped into five domains, consistent with those used in the YES survey.

This year, 67% of carers reported an excellent or very good overall experience. Carers who were engaged with community services continued to report a more positive experience than those engaged with hospital services. Across both settings, carers rated the Respect domain highest. The rank order of domains from highest to lowest was the same across both settings. For further information about which questions are grouped into each domain, refer to Appendix 4.

Overall experience score and domains



Carers provided some of their most important feedback in the free-text questions

The CES includes two free-text questions inviting people to say what would have improved their experience and what was the best thing about the service. These answers provide important details about where services can improve and what they are doing well. Many carers raise the same points, and themes are generally quite consistent over time. Carers commonly nominate the staff as being the best thing about their experience. This has been consistent over time, applies in both regional and metropolitan areas, and in both hospital and community settings. Carers often describe how staff were caring and understanding and provided friendly support.

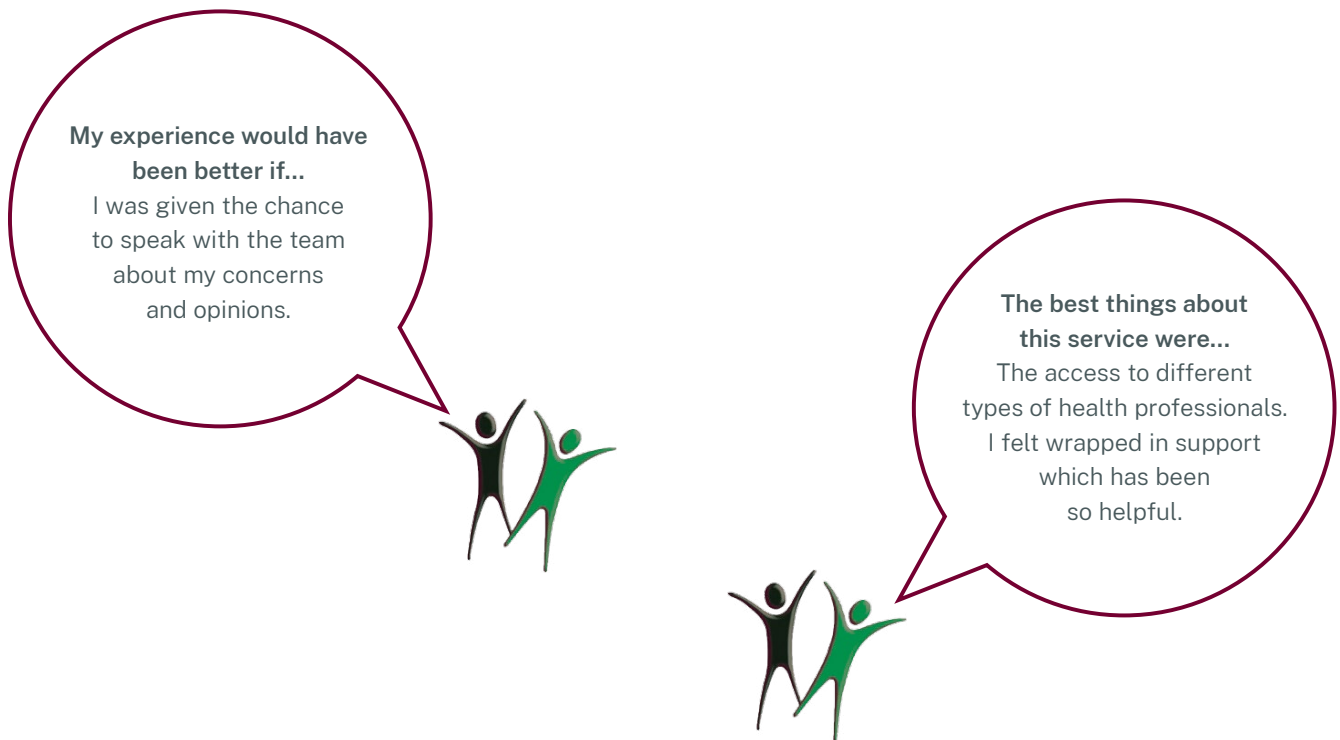
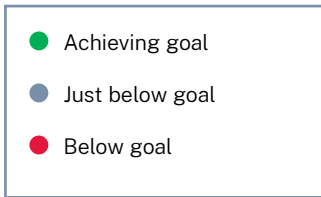
Communication was frequently mentioned by carers in response to both free-text questions

Carers often mentioned the importance of having frequent contact with services, and being listened to, recognised and involved in care planning. Many carers commented on their need for more information about the service, the care of their loved one, future planning and support services. Carers also highlighted the importance of clear documentation about medication and support services available after discharge. Some carers noted that their experience would have been better if facilities were improved to create a more welcoming and comfortable environment.

CES goal ranges and traffic light charts

There are no formal key performance indicators for the CES. To help understand differences across services and groups, a CES goal has been developed for this report. These goals have been set based on the best-performing 25% of NSW mental health services. The overall experience goal is that 75% of carers report an excellent or very good overall experience (70% for hospital, 80% for community). As the CES domains use different question types, separate goals have also been set for the domains. For more information about how these goals were calculated please see Appendix 3.

Throughout this report we use the following legend to show performance against CES goal ranges:



Do some groups of carers report a different experience?

Services should meet the need of all carers, so it is important to consider if some groups report a different experience of care. To understand differences in carer experiences we compared the overall experience of different groups of carers with the average experience of all carers.

My experience would have been better if...

I had been given more information about my child's treatment. I felt completely in the dark. When she was released from hospital, I had no idea what ongoing support to expect.

The best things about this service were...

I always felt my daughter's wellness was at the forefront.



Younger carers rated their overall experience higher in both settings

In both settings, experience scores generally declined as carer age increased. The most positive experiences were reported by carers aged less than 34 years and the least positive experiences were for carers aged 75 and over.

Overall experience in community settings decreased as duration of care increased

In community settings, 81% of carers who engaged with the service for less than 1 month rated their overall experience as excellent or very good. As caring duration increased, experience was rated more negatively, with the least positive experiences reported by those engaged for more than 5 years. Carers who engaged with services only briefly often commented on the clear communication and direction from the staff, who were understanding and helpful. For carers engaged with services over many years, more people commented on the need for ongoing communication and involvement.

People caring for a parent in the community reported a more positive experience

In community settings, people caring for a parent rated all domains higher than people who were caring for someone other than a parent. The largest differences were in the domains of Information and support and Making a difference. The most positive experiences for people caring for a parent were in older people's programs (86%), which were rated higher than adult and general services (74%).

Carers engaged with age-specific programs reported a more positive experience than adult services

Carer experiences of age-specific programs may reflect that different types of carers are represented. For example, carers of people accessing child and adolescent services are more likely to be the young person's parent, while those caring for people accessing older people's services are more likely to be the person's spouse or child.

Child and adolescent programs received the most positive experience ratings, with 72% of carers rating them excellent or very good followed by older people's services which were rated excellent or very good by 71% of respondents. In both hospital and community settings, the domain of Respect had the highest positive rating across all age-specific and adult and general programs. Across these same programs, the Information and support domain had the least positive rating.

In the free-text questions, carers in child and adolescent and older people's services often nominated positive staff attributes such as caring, friendliness and good communication as some of the best things about the service. Carers in adult services often commented that their experience would have been better with improved communication and easier access to services. These themes remain consistent over time.

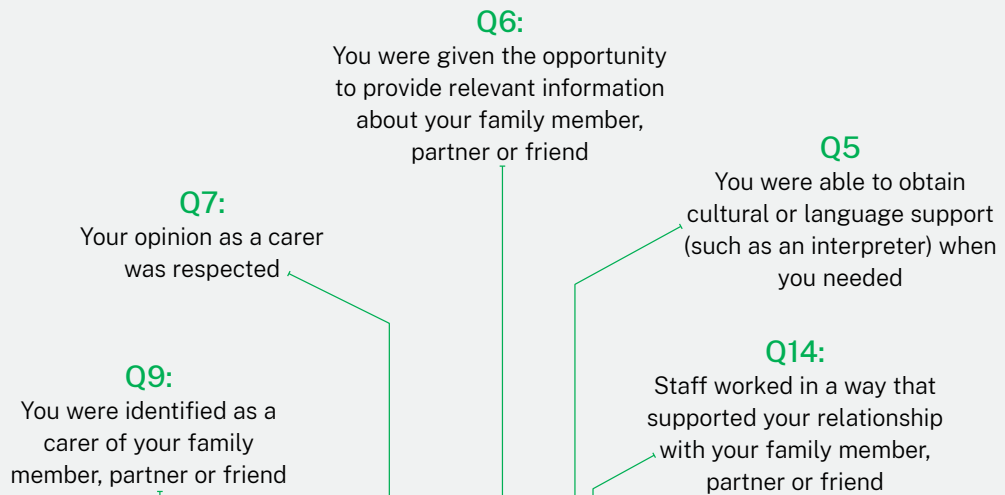
The overall experience of different groups of carers, 2022–23



Which questions received the highest and lowest ratings?

Highest scoring questions in 2022-23

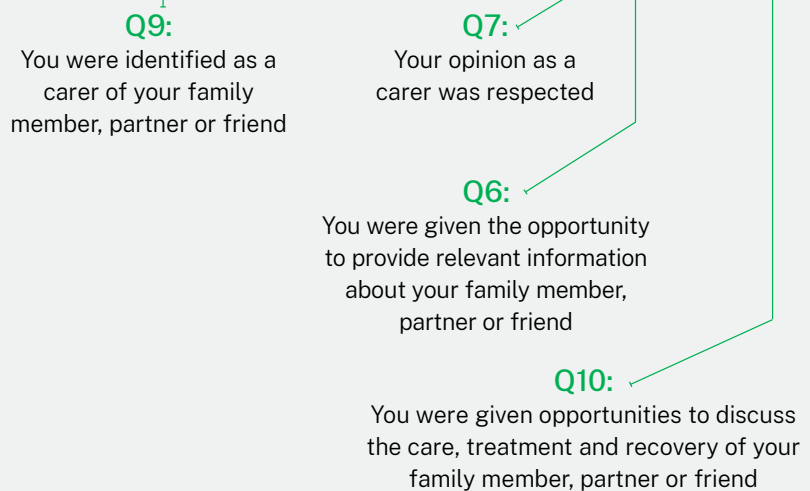
Community

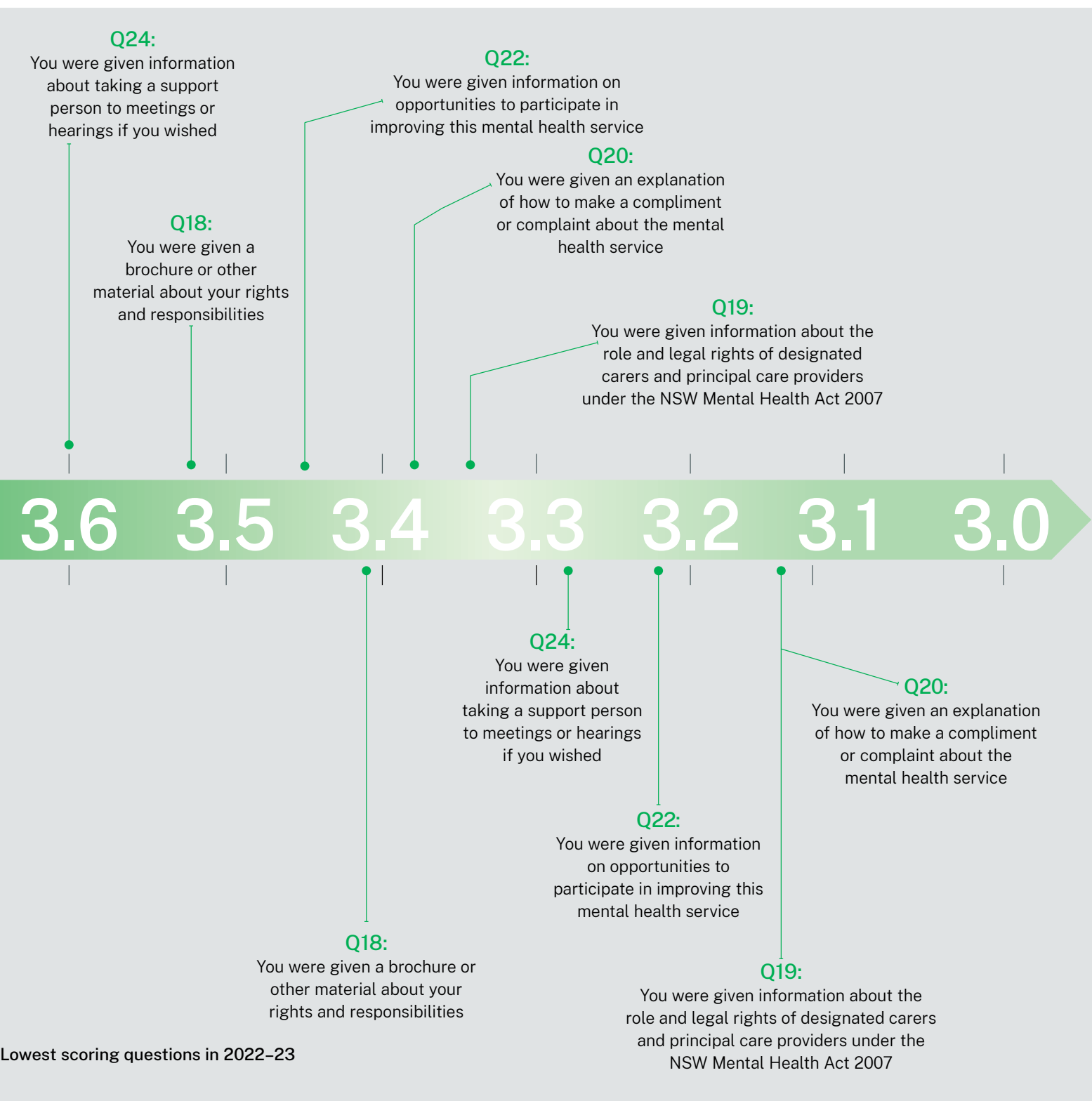


5.0



Hospital





What was the experience of Aboriginal carers?



The mental health of Aboriginal people is strongly affected by broad social and community factors, including a strong history of survival, healing and resilience. It is also shaped by challenges such as transgenerational trauma, disadvantage and the impacts of colonisation. NSW Health is committed to delivering holistic and culturally safe services to make a positive difference to Aboriginal people, families and communities. This commitment is outlined in the *NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025*.

In 2022–23, 13% of all people accessing hospital and community mental health services in NSW identified as Aboriginal. Aboriginal carers returned 173 surveys (6% of community returns and 7% of hospital returns). The proportion of all responses completed by Aboriginal people increased slightly compared to previous years.

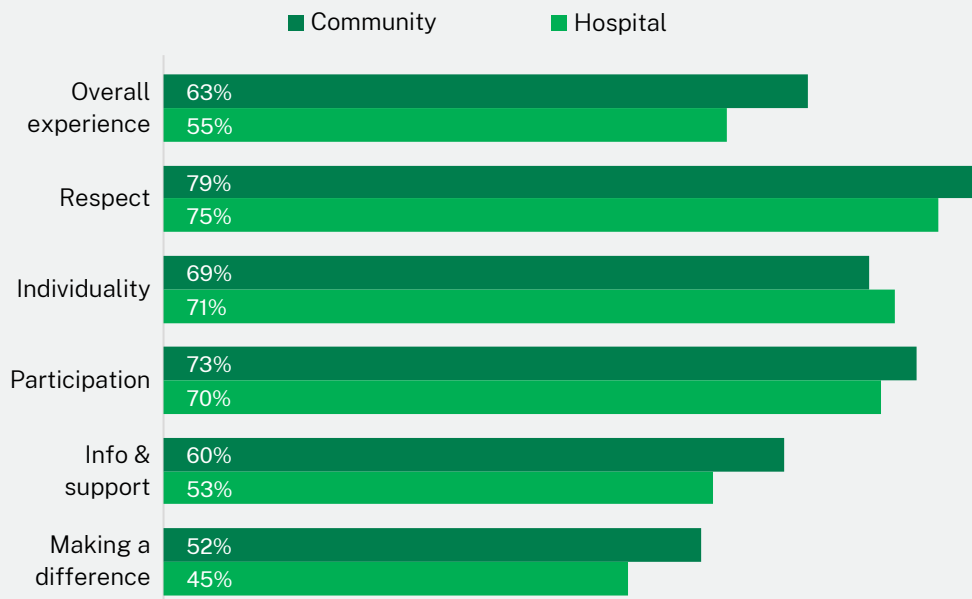
Aboriginal carers reported a more positive experience of community services than hospital services

Almost two-thirds (63%) of Aboriginal carers in the community and 55% in hospitals reported their overall experience as excellent or very good. Community services were rated more positively than hospital services across all domains, except Individuality. The largest difference between hospital and community experience was for the domains of Making a difference and Information and support. Respect was the highest-rated domain for Aboriginal carers in both settings.

Number of CES returns from Aboriginal and Torres Strait Islander people



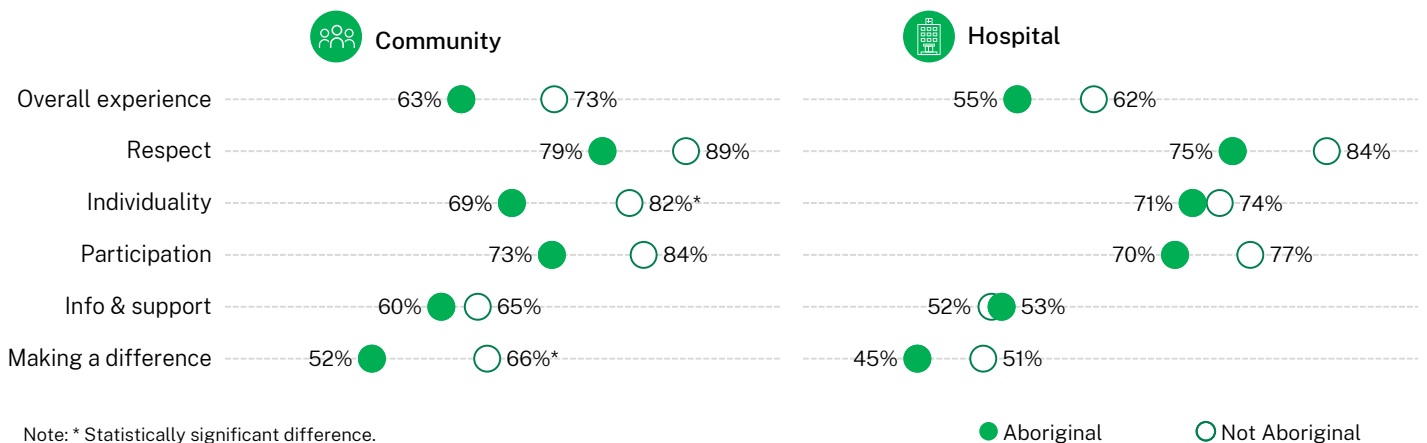
Percentage of Aboriginal carers reporting an excellent or very good experience across CES domains, 2022–23



Individuality and Impact were rated significantly lower by Aboriginal carers in community settings

When comparing Aboriginal and non-Aboriginal carers, Aboriginal carers in the community rated their overall experience lower than non-Aboriginal carers. Non-Aboriginal carers reported a more positive experience across all domains, with the Individuality and Making a difference domains showing the biggest gaps. In hospital, overall experience was less positive for Aboriginal carers. This difference was not statistically significant but was present across all domains, except for Information and Support, where Aboriginal carers reported a slightly more positive experience.

Percentage of carers reporting an excellent or very good experience across CES domains



In hospital settings, information sharing was rated higher by Aboriginal carers

Although overall experience in hospital services was reported as less positive by Aboriginal carers, 10 questions were rated higher by Aboriginal carers than non-Aboriginal carers, with two of these reaching significance:

Q18. *A brochure or other material about your rights and responsibilities.*

Q19. *Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007.*

Aboriginal consumers also reported higher ratings when asked about receiving information about a support person, indicating that some services provided information more effectively to Aboriginal carers:

Q24. *Information about taking a support person to meetings or hearings if you wished.*

Access to cultural support was rated lower in both settings by Aboriginal carers

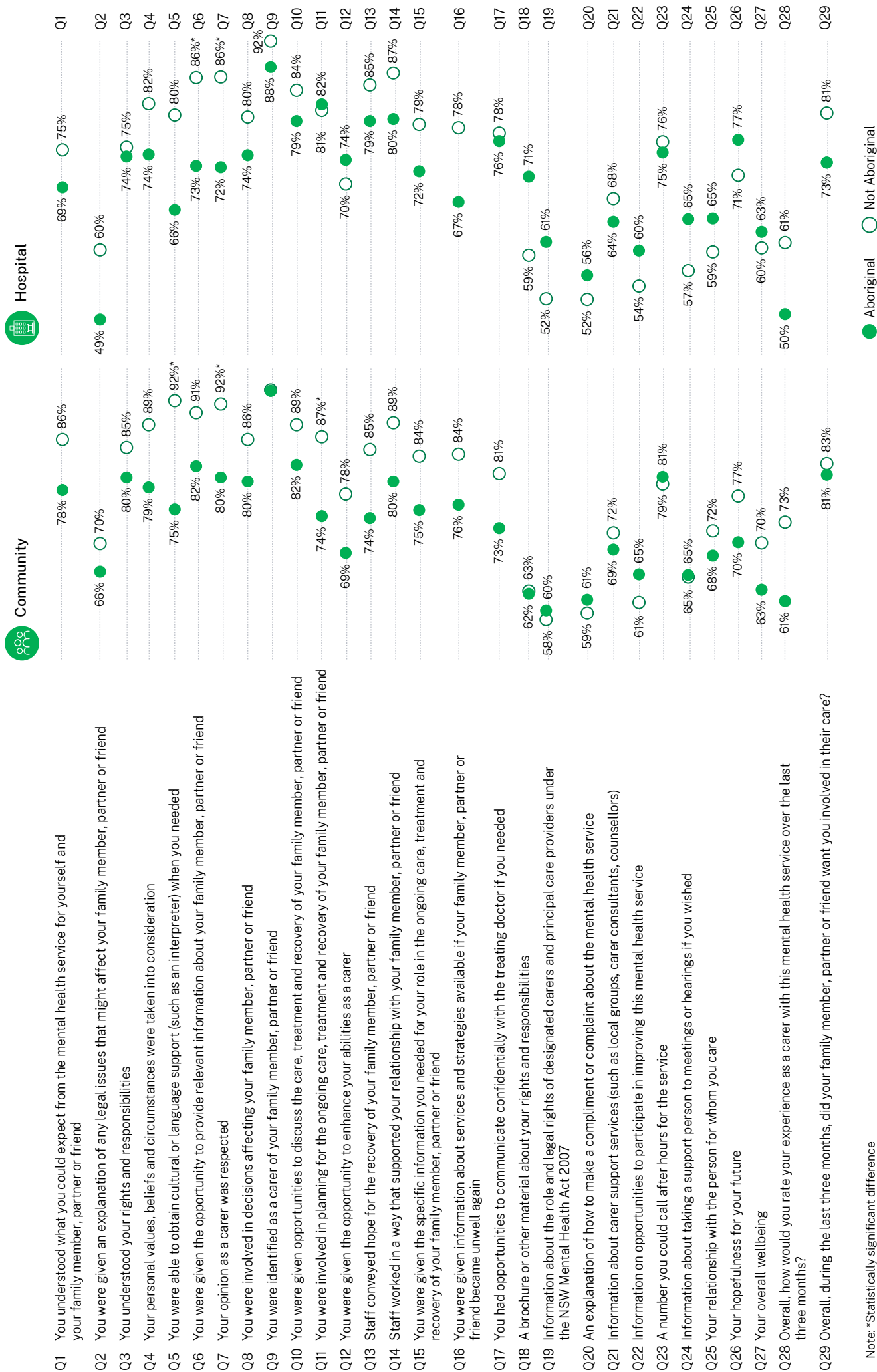
Aboriginal carers rated two questions significantly lower than non-Aboriginal carers in both hospital and community settings. Compared to non-Aboriginal carers, fewer Aboriginal carers reported that their opinion was respected and that they had access to cultural support:

Q5. *You were able to obtain cultural or language support (such as an interpreter) when you needed.*

Q7. *Your opinion as a carer was respected.*



CES question ratings by Aboriginal and non-Aboriginal consumers, 2022-23



Note: *Statistically significant difference



How do LHDs and SHNs compare?

This section shows the percentage of carers reporting an excellent or very good experience across LHDs and SHNs using a combined measure based on hospital and community data.

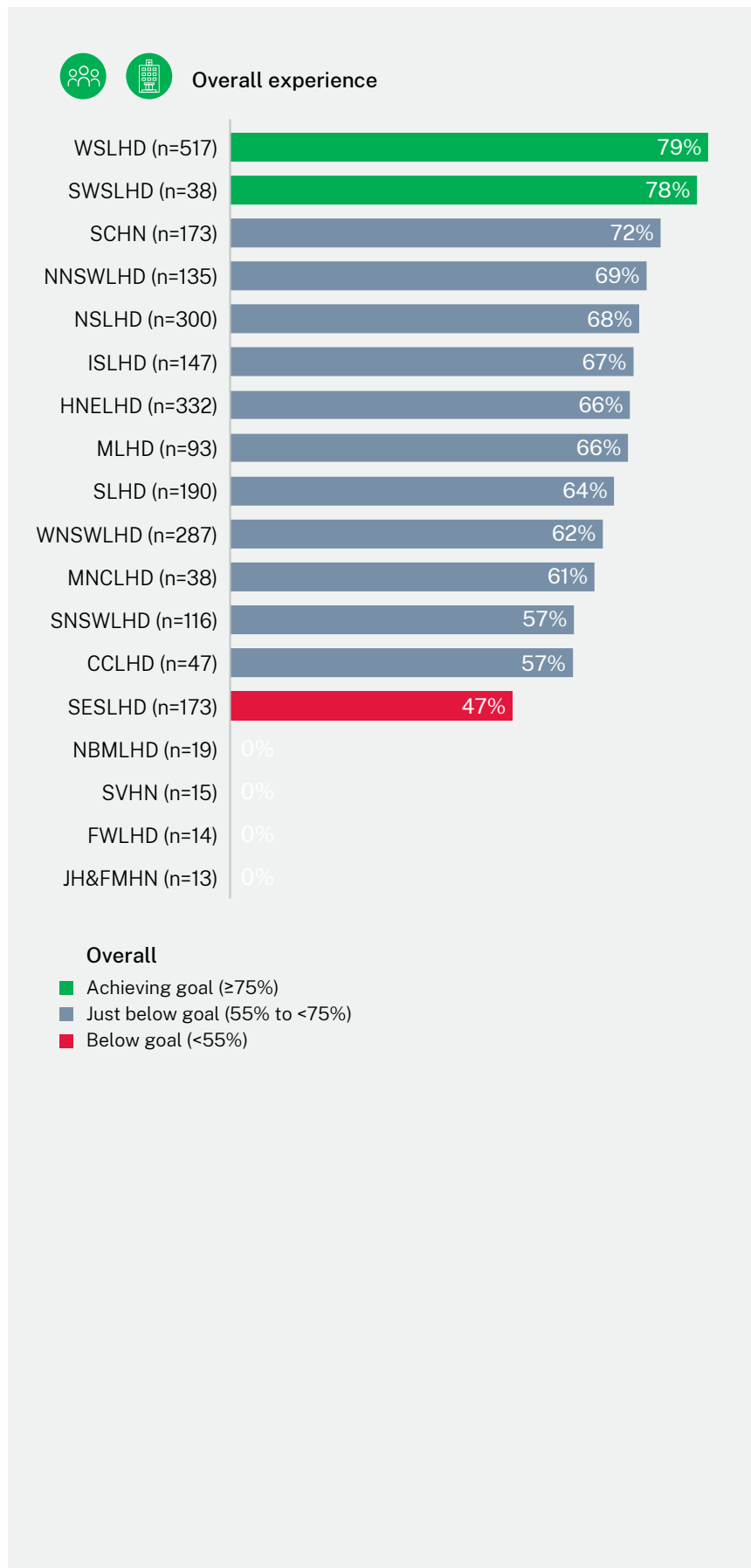
Hospital and community data need to be combined into a single performance measure that is not affected by a different mix of hospital and community responses. To do this, hospital and community scores are calculated separately and then combined in an unweighted average.

In 2022–23, two LHDs achieved the goal

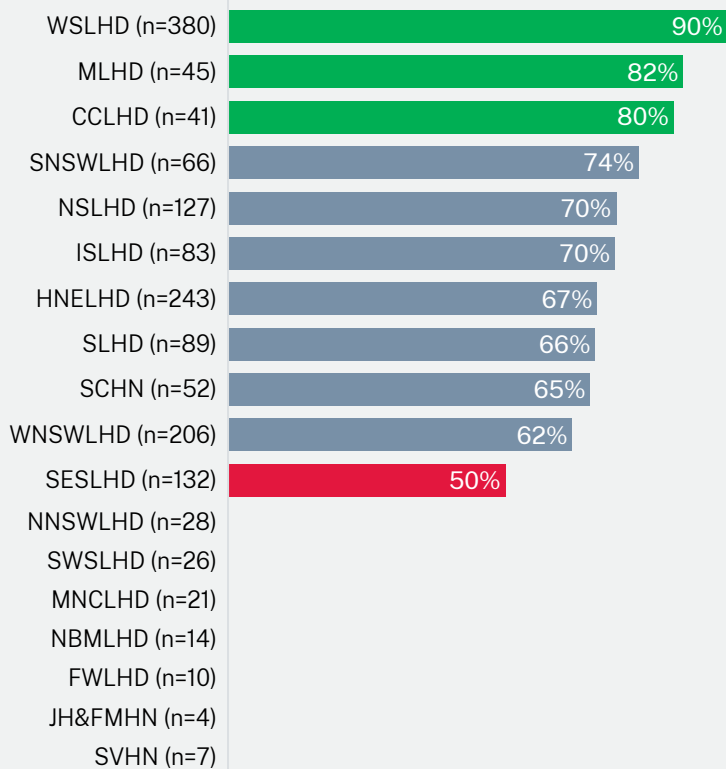
In community settings, three districts/networks achieved the goal while in hospital settings, one district/network achieved the goal.

There may be many reasons why CES results differ between services or over time. Many services are continuing to work towards hearing from more carers to ensure the feedback is representative of the carers engaged with services. For this reason, this report does not explore CES feedback over time.

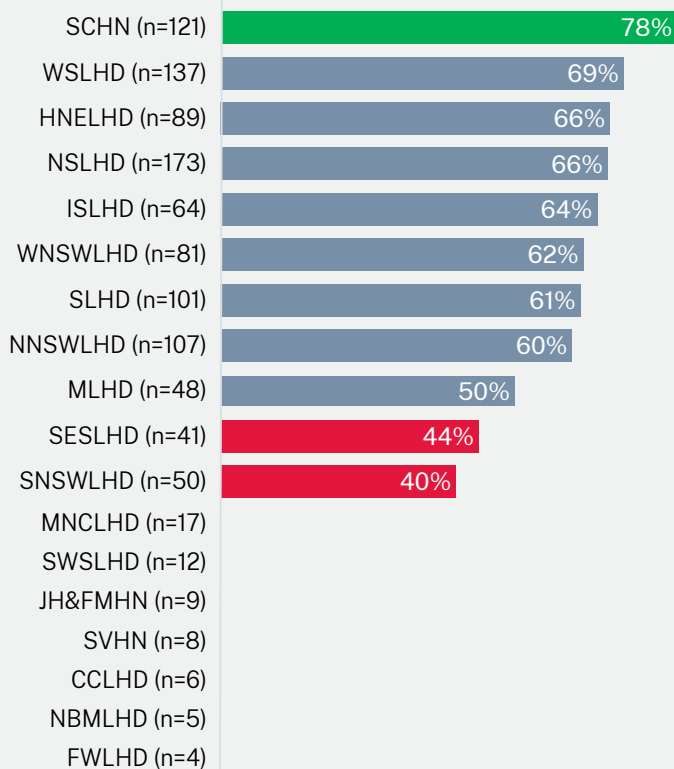
Results are presented where 30 or more CES returns were received for an individual LHD/SHN setting.



 Community



 Hospital



Community

- Achieving goal (≥80%)
- Just below goal (60% to <80%)
- Below goal (<60%)

Hospital

- Achieving goal (≥70%)
- Just below goal (50% to <70%)
- Below goal (<50%)

My experience would have been better if...
 I hadn't been given conflicting information about what was happening when the [person was] being transferred to a different ward and discharged.

The best things about this service were...
 They provided lots of information and showed a lot of care for the person they are treating and my involvement. There is always great communication.



How did LHD and SHN clusters compare?

This section presents more detailed results for individual clusters or catchments. These are groups of care teams that typically form part of one larger local service. Many large LHDs/ SHNs organise their services into distinct geographical catchments in this way, and these local services often work in an integrated way with one or more hospitals.

In 2022–23, CES returns provided feedback on 110 clusters. The table below shows results for those clusters that received 30 or more valid returns. Community and hospital results are presented separately and arranged in order of the overall experience rating. CES goal ranges have been applied to compare performance. For more information about the goal ranges, see Appendix 3.

Community catchment	Valid returns	Overall experience	Respect	Participation	Individuality	Info & support	Impact
Blacktown	35	● 91%	●	●	●	●	●
Parramatta	326	● 90%	●	●	●	●	●
Murrumbidgee	45	● 82%	●	●	●	●	●
Wollongong/ Shellharbour	72	● 75%	●	●	●	●	●
Newcastle/ Lake Macquarie	160	● 68%	●	●	●	●	●
Eastern Suburbs	46	● 67%	●	●	●	●	●
Maitland	55	● 67%	●	●	●	●	●
Orange	147	● 66%	●	●	●	●	●
Children's Hospital at Westmead	46	● 65%	●	●	●	●	●
Marrickville	39	● 59%	●	●	●	●	●
Dubbo	41	● 56%	●	●	●	●	●
Ryde Adult	40	● 48%	●	●	●	●	●
Sutherland	39	● 44%	●	●	●	●	●
St George	47	● 38%	●	●	●	●	●

Hospital cluster	Valid returns	Overall experience	Respect	Participation	Individuality	Info & support	Impact
Children's Hospital at Westmead	55	● 80%	●	●	●	●	●
Hornsby	104	● 77%	●	●	●	●	●
John Hunter	42	● 74%	●	●	●	●	●
Sydney Children's	44	● 73%	●	●	●	●	●
Shellharbour	38	● 71%	●	●	●	●	●
Blacktown	41	● 71%	●	●	●	●	●
Westmead	94	● 67%	●	●	●	●	●
Concord	57	● 65%	●	●	●	●	●
Orange	73	● 64%	●	●	●	●	●
Lismore	105	● 60%	●	●	●	●	●
Greenwich	30	● 57%	●	●	●	●	●
Wagga Wagga	48	● 50%	●	●	●	●	●
Royal Prince Alfred	35	● 49%	●	●	●	●	●
Royal North Shore	38	● 42%	●	●	●	●	●

Is there a regional difference in carer experience?

Services in metropolitan and regional areas see different populations of consumers and carers. Factors such as remoteness and the size of each geographic area mean the way care is delivered needs to be tailored to best meet the needs of each community. This section looks at the experience of regional and metropolitan services across NSW.

LHDs and SHNs have been grouped as follows:

Regional	Metropolitan
CCLHD	NBMLHD
FWLHD	NSLHD
ISLHD	SCHN*
HNELHD	SESLHD
MLHD	SLHD
MNCLHD	SVHN*
NNSWLHD	SWSLHD
SNSWLHD	WSLHD
WNSWLHD	

*These specialty health networks have been included in this group based on geographical location. The Justice & Forensic Mental Health Network has been excluded from this analysis.

In 2022–23, 41% of CES returns were about regional services. The share of returns across different settings was similar in regional and metropolitan areas, with around 60% relating to carer experiences in community settings.

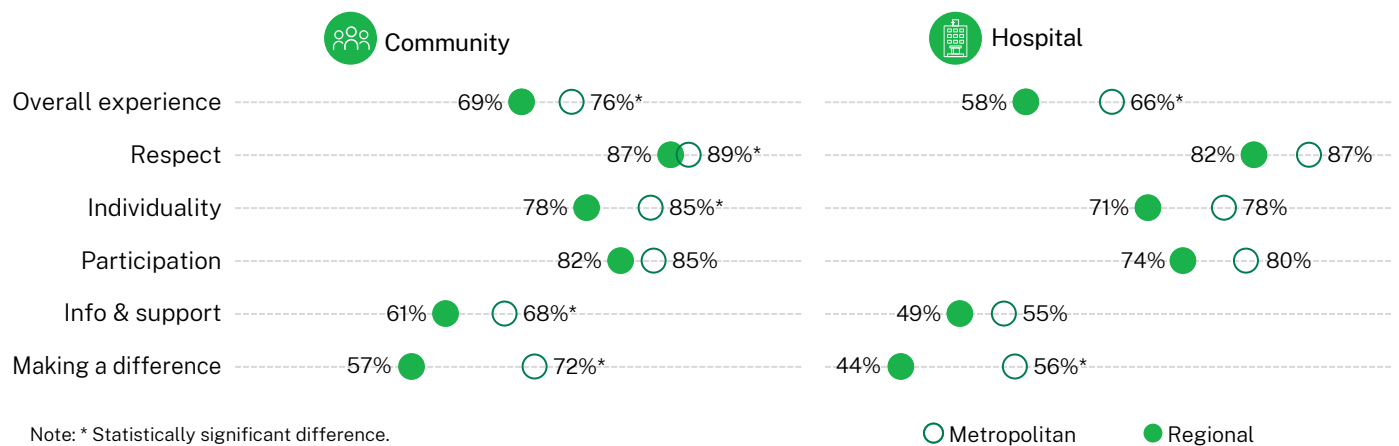
A higher proportion of regional carers are female, Aboriginal and have been caring for more than 10 years

In regional areas, 79% of carers in community services and 72% in hospital services identified as female. This is 10% higher than the proportion of carers who returned surveys in metropolitan areas. More feedback was received from Aboriginal carers about regional services (12% hospital, 7% community) compared to metropolitan services (4% hospital, 4% community). In regional services, around half of the feedback received in 2022–23 was from people who had been caring for more than 10 years.

Experience in metropolitan areas was rated higher than in regional areas

In both regional and metropolitan areas, carers who were engaged with community-based services generally rated their experience more positively than those engaged with hospital services. Carers engaged with metropolitan services rated their experience more positively than those in regional areas. As such, carers engaged with metropolitan community services reported the most positive experiences, with 75% rating their overall experience as excellent or very good. Carers in regional areas rated all domains lower than their metropolitan counterparts, with the largest gap in the Making a difference domain.

Ratings for community and hospital services in regional and metropolitan areas, 2022–23



Being identified as a carer was rated highly in both regional and metropolitan areas

The highest-rated question in both settings was Q9. *You were identified as a carer of your family member, partner or friend.* This likely reflects that carers who are identified by services are more likely to be offered the survey. The highest- and lowest-rated questions were the same across metropolitan and regional areas. Across community settings, all questions were rated lower in regional services, with the exception of Q9.

In community settings, the questions with the largest difference between regional and metropolitan areas were:

Q27. *Your overall wellbeing.*

Q24. *Information about taking a support person to meetings or hearings if you wished.*

In hospital settings, the questions with the largest difference between regional and metropolitan areas were:

Q12. *You were given the opportunity to enhance your abilities as a carer.*

Q27. *Your overall wellbeing.*

Across both metropolitan and regional areas, themes from the free-text questions were similar with many carers needing more regular, consistent communication and updates, information about what to expect, appointments and ongoing support, and wanting to feel listened to and involved. Within regional areas, there were more comments about challenges accessing doctors and psychologists and services being 'short-staffed'.



CES items rated as excellent or very good, comparing regional and metropolitan services



Item	Community	Hospital
Q1 You understood what you could expect from the mental health service for yourself and your family member, partner or friend	84%	71%
Q2 You were given an explanation of any legal issues that might affect your family member, partner or friend	65%	54%
Q3 You understood your rights and responsibilities	73%*	72%
Q4 Your personal values, beliefs and circumstances were taken into consideration	86%	79%
Q5 You were able to obtain cultural or language support (such as an interpreter) when you needed	89%	83%
Q6 You were given the opportunity to provide relevant information about your family member, partner or friend	84%	72%
Q7 Your opinion as a carer was respected	93%*	81%
Q8 You were involved in decisions affecting your family member, partner or friend	89%	83%
Q9 You were identified as a carer of your family member, partner or friend	91%	82%
Q10 You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend	90%	87%
Q11 You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend	92%	77%
Q12 You were given the opportunity to enhance your abilities as a carer	85%	82%
Q13 Staff conveyed hope for the recovery of your family member, partner or friend	94%	91%
Q14 Staff worked in a way that supported your relationship with your family member, partner or friend	86%	85%
Q15 You were given the specific information you needed for your role in the ongoing care, treatment and recovery of your family member, partner or friend	81%	84%
Q16 You were given information about services and strategies available if your family member, partner or friend became unwell again	85%	84%
Q17 You had opportunities to communicate confidentially with the treating doctor if you needed	80%	74%
Q18 A brochure or other material about your rights and responsibilities	86%*	75%
Q19 Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007	78%	77%
Q20 An explanation of how to make a compliment or complaint about the mental health service	60%	59%
Q21 Information about carer support services (such as local groups, carer consultants, counsellors)	65%	61%
Q22 Information on opportunities to participate in improving this mental health service	55%	50%
Q23 A number you could call after hours for the service	61%	56%
Q24 Information about taking a support person to meetings or hearings if you wished	55%	52%
Q25 Your relationship with the person for whom you care	64%	54%
Q26 Your hopefulness for your future	69%	66%
Q27 Your overall wellbeing	57%	53%
Q28 Overall, how would you rate your experience as a carer with this mental health service over the last three months?	76%	76%
Q29 Overall, during the last three months, did your family member, partner or friend want you involved in their care?	82%	80%

● Regional ○ Metropolitan

Note: *Statistically significant difference

Service:



Mental Health Carer Experience Survey

This survey is about your experiences, as a carer **over the last three months**. By completing this survey, you will help the service better understand how to work with carers towards the recovery of mental health consumers. If you care for more than one person, just think of one of these people when completing the questionnaire.

WHO IS A CARER?

Carers can come from many different backgrounds but many never think of themselves as carers. Many feel they are doing what anyone else would in the same situation; looking after their family member, partner or friend. Carers are the family member, partner or friend of someone with a mental illness whose lives are also affected by that illness. Carers provide support and assistance to the person with a mental illness.

GETTING STARTED

Your responses to this questionnaire are anonymous. Your experiences are very important to us so we would like you to provide an answer to each question. But you can leave a question blank if you wish. There is space at the end of the survey for you to provide additional feedback about your experiences.

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

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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As a carer with a family member, partner or friend who had contact with this mental health service in the last three months , how often did the following occur?	Never	Rarely	Sometimes	Usually	Always	Not Needed
1. You understood what you could expect from the mental health service for yourself and your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You were given an explanation of any legal issues that might affect your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You understood your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your personal values, beliefs and circumstances were taken into consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You were able to obtain cultural or language support (such as an interpreter) when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You were given the opportunity to provide relevant information about your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your opinion as a carer was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a carer with a family member, partner or friend who had contact with this mental health service in the <i>last three months</i> , how often did the following occur?		Never	Rarely	Sometimes	Usually	Always	Not Needed
8.	You were involved in decisions affecting your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	You were identified as a carer of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend (even, if for reasons of confidentiality, you could not be told specific information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	You were given the opportunity to enhance your abilities as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Staff conveyed hope for the recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Staff worked in a way that supported your relationship with your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	You were given the specific information you needed for your role in the ongoing care, treatment and recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	You were given information about services and strategies available if your family member, partner or friend became unwell again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	You had opportunities to communicate confidentially with the treating doctor if you needed (such as by phone, email or in person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a carer with a family member, partner or friend who had contact with this mental health service, in the <i>last three months</i> have you been given the following?		Yes	No	Don't Know	Not Needed
18.	A brochure or other material about your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	An explanation of how to make a compliment or complaint about the mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Information about carer support services (such as local groups, carer consultants, counsellors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Information on opportunities to participate in improving this mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	A number you could call after hours for the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Information about taking a support person to meetings or hearings if you wished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



DEMOGRAPHICS

Please tick one box for each question

32. What is your gender? Male Female Other

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

34. What is your age?

Less than 18 years 18 to 24 years 25 to 34 years

35 to 44 years 45 to 54 years 55 to 64 years

65 to 74 years 75 years and over

35. Are you of Aboriginal or Torres Strait Islander descent?

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

No

36. How long have you been a carer of your family member, partner or friend with a mental illness?

Up to 6 months 6 months to 1 year 1 to 2 years

2 to 5 years 5 to 10 years Over 10 years

37. What is your relationship to the family member, partner or friend for whom you are a carer?

The person I care for is:

My spouse / partner (including married, defacto)

My son or daughter (including step and in-law)

My mother or father (including step and in-law)

A friend

My brother or sister (including step and in-law)

Other

38. How long has your family member, partner or friend been a client of this mental health service?

Less than 1 month 1 to 6 months 6 months - 1 year

1 to 5 years More than 5 years

39. Did someone help you complete this survey?

No

Yes - carer or consumer worker/ peer worker

Yes - family member, partner or friend

Yes - another staff member from the service

Yes - language or cultural interpreter

Yes - someone else

Thank you for completing this Survey.

Please place the completed survey in the prepaid envelope provided and return by mail or local collection box

InforMH
Reply Paid 3975
Sydney NSW 2001

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Appendix 2 – About CES

The CES helps public mental health services work with carers to improve their care and support. This national questionnaire was designed and named in partnership with mental health consumers throughout Australia. NSW implemented the paper version of CES in 2018 and the electronic version in 2019.

The CES is a joint project between the NSW Ministry of Health and Mental Health Carers NSW. Use of the CES is guided by an advisory committee with representatives from Mental Health Carers NSW, the NSW Ministry of Health, carers and consumers, and each LHD and SHN.

When and how is the CES offered?

The potential for bias is greater in carer feedback than in consumer feedback. This issue is explored in the national guidance to organisations using CES which states:

[I]t is important that services ensure that they are able to identify carers – both those that visit the service as well as those who do not (due to location, work, family life or other barriers). It is important from a statistical and advocacy point of view that all carers have an equal opportunity of being offered a survey... If CES is only offered to carers who visit a facility or who attended an appointment this will introduce systematic bias into the data and the results will not be representative of the population of carers.

With this in mind, the NSW Health guidelines encourage services to offer the CES to all carers of people accessing NSW Health hospital and community mental health services. If consumers have been engaged with more than one team, the CES should be offered by each of these teams. The CES is available to carers aged 11 years or older. To help make the CES more accessible, it has been translated into a range of community languages and is available both on paper and online.

The CES distribution, collection and reporting process

Distribution to services: LHDs/SHNs order blank CES forms and pre-addressed envelopes using the same online ordering process as for other NSW Health forms. Services can also order promotional materials for the electronic CES (eCES) to encourage carers to complete the survey online.

Identifying services: Before distributing the CES to carers, services enter a unique four-digit service code in the service identification box on page 1 of the survey. If completing the CES online, this code must be entered by the carer before the survey can be completed. Using this code, carer feedback can be attributed to specific services, while still allowing the carer and consumer to remain anonymous. More information about how services are identified is available in Appendix 3.

Sampling periods: NSW Health recommends that the CES is offered to all carers on a continuous basis, either at a consumer's discharge or at regular intervals if there is ongoing contact with services. LHDs/SHNs differ in their approach, and different service types may adopt methods of offering the survey that best fit their model of care.

Promotion: Services are encouraged to promote the availability of the CES through posters and the display of collection boxes. The CES can be made available in waiting rooms, but it is important that staff also regularly offer the survey to carers and explain its importance.

Returns: Carers place completed paper CES forms in a sealed, reply-paid envelope. These can be placed in collection boxes at the service or posted directly by the carer. Carers who complete the CES online are asked to submit their responses at the end of the survey. These are sent directly to the secure database.

Processing: Completed paper surveys are collated and scanned by a commercial organisation under contract to NSW Health.

Data: Scanned data from paper forms are provided to InforMH, System Information and Analytics Branch, NSW Ministry of Health, within two weeks of the end of each month. Data are checked, validated and stored in a secure purpose-built SQL (structured query language) database on password-protected NSW Health servers.

Reporting on CES: The CES feedback is distributed to services through:

- monthly reports on the number of returns and overall experience
- quarterly reports on results for each individual question and all free-text responses for individual hospital units or community teams
- quarterly summary reports, which include return rates and overall experience scores across LHDs/SHNs
- six-monthly reports on results for each individual question and all free-text responses for long-stay units
- the annual Mental Health Carer Experience of Service report, available publicly.

Action and change: Feedback from the CES is used to support service improvement. The 'Action and Change Framework' is used as part of consumer and carer experience measurement in NSW. It helps NSW Health services involve carers and consumers in planning and implementing service improvements. This co-design process is an essential component of the CES.



Appendix 3 – Technical information

CES development and validation

The development, validation and psychometric properties of the CES are described in detail at <https://www.amhocn.org/training-and-service-development/experience-measures>.

Identification of NSW services

The CES is anonymous and contains no identifying information. Therefore, in order to report on services, all services must be accurately identified on the survey.

All NSW Mental Health Services are registered in a central database, the Mental Health Service Entity Register (MH-SER), and have a unique four-digit numerical code. This four-digit code is used in CES reporting because:

- it can be more accurately scanned than a handwritten service name
- it allows CES feedback to be accurately compared to other data on the same service (e.g. consumer feedback).

If service codes are missing or invalid, the response cannot be attributed to an individual LHD/SHN or service. In 2022–23, 312 CES forms were returned without a valid four-digit service code.

Data analysis

Initial data manipulation for this report was conducted using SAS and statistical analyses were conducted using Stata SE v15. Missing, invalid or duplicate answers were recoded as null. CES returns with fewer than 12 of the first 24 questions completed were excluded from analysis.

Overall scores and domain scores were constructed following the methods prepared during the national CES development and align with the methods used in the YES reporting. Testing of significant differences between groups or across LHDs/SHNs was conducted using 95% confidence intervals. These were calculated using Wald's formula for proportions. LHD/SHN totals were calculated for all settings (hospital and community).

Setting-specific averages and confidence intervals were also calculated separately for hospital and community services. We did not undertake standardisation or weighting of items when comparing services, but this approach will be examined for future reporting.

CES questions use four scoring scales

Frequency scale	Performance scale	Change scale	Performance information	Numerical score
Always	Excellent	A lot better	Yes	5
Usually	Very good	A little better		4
Sometimes	Good	No change		3
Rarely	Fair	A little worse		2
Never	Poor	A lot worse	No	1

A 'Not needed' response option is available for each question.

The CES goals

Goals for CES scores should align with the methods used to develop the YES target and:

- be clear and understandable to services, carers and consumers
- allow hospital and community results to be combined into a single LHD/SHN figure, without being biased by a different mix of hospital and community services in different LHDs/SHNs
- be consistent across LHD/SHNs
- be challenging but achievable – encouraging good performance and attainable by at least some services.

Many experience surveys use the 75th percentile of current performance as a target. This creates an aspirational goal that can drive change and is considered achievable. Compared to higher goals, it is less likely to be influenced by a small number of unrepresentative or unique services.

Within this report, the NSW goals have been set based on the best-performing 25% of NSW mental health services. The overall experience goal is that 75% of carers report an excellent or very good overall experience (70% for hospital, 80% for community). To understand variation across services, a lower tolerance limit can be used to help identify services below the goal. Based on the 25th percentile the 'below goal' range is defined as below 55% (50% for hospital services, 60% for community services).



Domain goals

The CES domains use different question types, leading to different distributions of scores. Therefore, performance goals need to be set separately for different domains. The same methodology used to calculate the overall experience goal was applied to the different rating scales. The goals were calculated separately for hospital and community services.

Performance targets, by question type and domain



Question type	Domains	Overall		Community		Hospital	
		Low	High	Low	High	Low	High
Overall	Experience index	<55%	≥75%	<60%	≥80%	<50%	≥70%
Frequency scales	Respect, Individuality, Participation	<65%	≥85%	<70%	≥90%	<60%	≥80%
Performance/ Change scales	Information & support, Making a difference	<45%	≥65%	<50%	≥70%	<40%	≥60%

Comparison of subgroups

	 Community			 Hospital		
	Returns	Excellent or very good %	95% confidence interval	Returns	Excellent or very good %	95% confidence interval
Gender						
Female	1130	72.8	70.2-75.4	684	61.3	57.6-64.9
Male	388	72.4	68.0-76.9	322	63.7	58.4-68.9
Other	9	77.8	50.6-104.9	7	28.6	-4.9-62.0
Aboriginal status						
Aboriginal	86	62.8	52.6-73.0	73	54.8	43.4-66.2
Not Aboriginal	1448	73.4	71.1-75.7	942	62.1	59.0-65.2
Age group (years)						
Under 18	7	71.4	38.0-104.9	3	66.7	13.3-120.0
18-24	18	77.8	58.6-97.0	30	70.0	53.6-86.4
25-34	62	88.7	80.8-96.6	66	69.7	58.6-80.8
35-44	307	77.2	72.5-81.9	233	60.9	54.7-67.2
45-54	487	76.2	72.4-80.0	377	65.8	61.0-70.6
55-64	292	71.6	66.4-76.7	158	54.4	46.7-62.2
65-74	243	63.4	57.3-69.4	108	57.4	48.1-66.7
75 and over	110	59.1	49.9-68.3	37	40.5	24.7-56.4
Duration as a carer						
Up to 6 months	108	84.3	77.4-91.1	144	62.5	54.6-70.4
6 months - 1 year	124	80.6	73.7-87.6	55	63.6	50.9-76.3
1-2 years	163	81.6	75.6-87.5	89	57.3	47.0-67.6
2-5 years	286	71.0	65.7-76.2	156	58.3	50.6-66.1
5-10 years	186	76.9	70.8-82.9	84	60.7	50.3-71.2
Over 10 years	643	66.9	63.2-70.5	457	63.9	59.5-68.3
Relationship						
Child	877	71.8	68.9-74.8	618	65.2	61.5-69.0
Friend	24	83.3	68.4-98.2	25	56.0	36.5-75.5
Parent	194	83.5	78.3-88.7	89	60.7	50.5-70.8
Sibling	92	64.1	54.3-73.9	46	58.7	44.5-72.9
Spouse	222	67.6	61.4-73.7	147	51.7	43.6-59.8
Other	126	76.2	68.8-83.6	74	58.1	46.9-69.3
Duration with service						
Less than 1 month	145	81.4	75.0-87.7	417	60.2	55.5-64.9
1-6 months	421	77.7	73.7-81.7	243	70.4	64.6-76.1
6 months - 1 year	235	75.7	70.3-81.2	76	57.9	46.8-69.0
1-5 years	438	70.5	66.3-74.8	169	62.1	54.8-69.4
More than 5 years	285	63.2	57.6-68.8	98	48.0	38.1-57.9



The experience of Aboriginal consumers

Across many of the CES questions, Aboriginal people continue to report a different experience when compared to non-Aboriginal people. The table below summarises the percentage of Aboriginal and non-Aboriginal carers rating each question either 4 or 5 (out of 5).

	 Community				 Hospital			
	Aboriginal		Not Aboriginal		Aboriginal		Not Aboriginal	
	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval
Q1	78.4	74.0–82.8	86.3	85.4–87.2	69.3	64.0–74.7	75.1	73.6–76.5
Q2	65.8	60.3–71.2	70.1	68.7–71.5	49.3	43.1–55.4	59.8	58.0–61.5
Q3	80.5	76.2–84.7	85.1	84.1–86	74.0	69.0–79.0	75.5	74.1–76.9
Q4	78.8	74.4–83.3	88.7	87.8–89.5	74.3	69.2–79.4	82.1	80.8–83.3
Q5	75.4	69.7–81.1	92.4	91.2–93.5	65.9	58.8–73.1	80.3	77.8–82.9
Q6	82.1	78.0–86.3	90.5	89.8–91.3	72.6	67.4–77.8	86.0	84.9–87.2
Q7	80.5	76.2–84.7	91.9	91.2–92.6	72.4	67.2–77.5	86.2	85.0–87.3
Q8	79.8	75.4–84.1	86.4	85.5–87.3	74.3	69.1–79.5	80.0	78.7–81.3
Q9	94.0	91.4–96.6	94.0	93.4–94.7	87.7	83.8–91.5	91.7	90.8–92.6
Q10	82.4	78.2–86.5	88.7	87.8–89.5	79.5	74.7–84.2	84.1	82.9–85.3
Q11	74.4	69.7–79.1	86.7	85.8–87.6	81.9	77.4–86.5	81.0	79.8–82.3
Q12	68.7	63.6–73.8	77.8	76.7–79.0	73.5	68.2–78.9	69.9	68.3–71.4
Q13	74.1	69.4–78.9	84.8	83.8–85.8	79.5	74.7–84.2	84.9	83.7–86.1
Q14	79.8	75.4–84.1	89.0	88.1–89.8	79.7	75.1–84.4	86.8	85.6–87.9
Q15	75.3	70.6–80.0	83.7	82.8–84.7	71.8	66.5–77.2	78.9	77.6–80.3
Q16	76.2	71.5–80.8	84.0	83.1–85	67.1	61.6–72.6	78.4	77.0–79.8
Q17	72.5	67.5–77.5	81.1	80.0–82.1	76.4	71.4–81.4	77.6	76.2–78.9
Q18	62.3	56.8–67.9	62.8	61.3–64.3	71.0	65.2–76.7	59.0	57.1–60.8
Q19	59.7	53.9–65.5	58.2	56.6–59.8	61.0	54.7–67.4	52.4	50.5–54.3
Q20	61.3	55.7–67.0	59.3	57.7–60.8	55.9	49.5–62.4	52.3	50.4–54.2
Q21	69.2	64.0–74.5	71.8	70.5–73.1	64.1	58.1–70.1	67.6	65.9–69.3
Q22	65.3	59.8–70.8	60.9	59.5–62.4	59.7	53.4–65.9	54.3	52.5–56.2
Q23	80.5	76.0–85.0	79.4	78.3–80.5	74.6	69.3–79.9	76.2	74.8–77.7
Q24	65.2	59.5–71.0	64.9	63.4–66.5	64.5	58.4–70.6	56.6	54.6–58.6
Q25	68.3	63.2–73.4	72.1	70.9–73.3	64.6	58.7–70.5	59.5	57.8–61.1
Q26	70.4	65.3–75.4	77.5	76.4–78.6	76.6	71.3–81.9	71.2	69.7–72.7
Q27	63.0	57.6–68.3	70.2	69–71.5	62.5	56.4–68.6	60.1	58.5–61.8
Q28	61.2	55.9–66.5	73.4	72.2–74.6	50.0	44.0–56.0	60.9	59.3–62.5
Q29	81.0	76.7–85.2	82.6	81.6–83.6	73.1	67.7–78.5	80.6	79.3–81.9

The experience of consumers in regional and metropolitan services

Across many of the CES questions, people in regional areas report a different experience when compared to people in metropolitan areas. The table below summarises the percentage of consumers in regional and metropolitan areas rating each question either 4 or 5 (out of 5).

	 Community				 Hospital			
	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval	Excellent or very good %	95% confidence interval
Q1	83.7	82.4–85.1	88.2	87.1–89.3	71.3	69.2–73.3	78.4	76.8–80.1
Q2	65.1	63.0–67.1	73.4	71.7–75.1	54.0	51.5–56.5	62.4	60.3–64.6
Q3	84.2	82.8–85.5	85.8	84.6–87.0	71.5	69.4–73.6	78.6	76.9–80.3
Q4	86.1	84.9–87.4	89.9	88.9–91.0	79.2	77.3–81.1	84.5	83.0–86.0
Q5	84.1	81.3–86.9	93.1	91.8–94.3	71.9	67.8–76	81.1	78.2–83.9
Q6	88.5	87.4–89.7	91.5	90.5–92.5	83.1	81.4–84.8	87.4	86.1–88.8
Q7	90.4	89.3–91.4	92.3	91.4–93.2	82.2	80.4–83.9	87.5	86.1–88.8
Q8	84.7	83.4–86.0	87.3	86.2–88.5	76.6	74.6–78.5	82.6	81.1–84.2
Q9	94.0	93.1–94.8	94.5	93.7–95.2	91.6	90.3–92.9	91.3	90.2–92.5
Q10	86.1	84.8–87.3	90.4	89.4–91.4	81.3	79.5–83.1	86.4	85.0–87.8
Q11	84.3	83.0–85.6	87.7	86.6–88.9	78.5	76.6–80.4	83.9	82.4–85.4
Q12	73.0	71.3–74.7	81.0	79.6–82.4	64.6	62.3–66.9	74.9	73.1–76.8
Q13	81.7	80.2–83.1	86.7	85.5–87.9	84.0	82.3–85.7	86.1	84.6–87.5
Q14	86.3	85.0–87.5	90.6	89.6–91.6	84.3	82.6–86.0	88.8	87.5–90.1
Q15	81.0	79.6–82.5	85.6	84.4–86.9	74.0	71.9–76.0	83.3	81.8–84.8
Q16	80.1	78.7–81.6	86.7	85.5–87.9	74.9	72.9–76.9	80.1	78.4–81.8
Q17	78.3	76.8–79.9	82.9	81.6–84.3	76.7	74.7–78.6	80.4	78.8–82.1
Q18	60.4	58.2–62.5	65.5	63.5–67.4	59.3	56.7–61.9	62.1	59.8–64.4
Q19	55.2	52.9–57.5	61.5	59.4–63.6	49.9	47.2–52.6	56.7	54.3–59.1
Q20	54.6	52.4–56.8	64.1	62.1–66.1	54.0	51.4–56.6	52.6	50.2–55
Q21	68.5	66.6–70.4	74.7	73.1–76.4	69.4	67.1–71.7	66.2	64–68.3
Q22	56.7	54.7–58.8	64.9	63.0–66.8	53.1	50.5–55.6	57.9	55.6–60.2
Q23	75.6	73.9–77.3	82.6	81.2–84.0	76.7	74.6–78.7	77.3	75.5–79.2
Q24	58.3	56.0–60.6	70.8	68.9–72.7	57.5	54.8–60.2	57.6	55.1–60.1
Q25	66.9	65.1–68.6	76.8	75.3–78.3	56.3	53.9–58.7	63.4	61.4–65.5
Q26	71.9	70.3–73.6	81.8	80.4–83.1	68.5	66.2–70.7	75.4	73.5–77.2
Q27	61.5	59.7–63.3	77.5	76.0–79.0	55.8	53.4–58.2	65.2	63.2–67.3
Q28	67.5	65.8–69.2	77.3	75.8–78.7	55.2	52.8–57.6	64.5	62.5–66.5
Q29	82.2	80.8–83.7	83.2	81.9–84.5	78.6	76.7–80.5	80.3	78.7–82.0

Appendix 4 – CES domains

Making a difference/Impact

This domain describes how the service contributes to outcomes for individuals. It includes social and emotional wellbeing and physical health.

Q25	Your relationship with the person for whom you care
Q26	Your hopefulness for your future
Q27	Your overall wellbeing
Q28	Overall, how would you rate your experience as a carer with this mental health service over the <i>last three months</i> ?

Information and support

This domain describes how the service works for the individual. It includes resources such as written information, a care plan, and access to peer support.

Q1	You understood what you could expect from the mental health service for yourself and your family member, partner or friend
Q2	You were given an explanation of any legal issues that might affect your family member, partner or friend
Q3	You understood your rights and responsibilities
Q16	You were given information about services and strategies available if your family member, partner or friend became unwell again
Q18	A brochure or other material about your rights and responsibilities
Q20	An explanation of how to make a compliment or complaint about the mental health service
Q21	Information about carer support services (such as local groups, carer consultants, counsellors)
Q22	Information on opportunities to participate in improving this mental health service
Q23	A number you could call after hours for the service
Q24	Information about taking a support person to meetings or hearings if you wished

Individuality

This domain describes how the service meets an individual's needs. It includes sensitivity to culture, gender and faith and the importance of personal values and beliefs.

Q4	Your personal values, beliefs and circumstances were taken into consideration
Q5	You were able to obtain cultural or language support (such as an interpreter) when you needed
Q12	You were given the opportunity to enhance your abilities as a carer
Q14	Staff worked in a way that supported your relationship with your family member, partner or friend

Participation

This domain describes how the service provides opportunities for engagement, choice and involvement in the process of service delivery.

Q6	You were given the opportunity to provide relevant information about your family member, partner or friend
Q8	You were involved in decisions affecting your family member, partner or friend
Q10	You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend (even, if for reasons of confidentiality, you could not be told specific information)
Q11	You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend
Q17	You had opportunities to communicate confidentially with the treating doctor if you needed (such as by phone, email or in person)

Respect

The domain describes how the service provides the individual with a welcoming environment where they are recognised, valued and treated with dignity.

Q7	Your opinion as a carer was respected
Q9	You were identified as a carer of your family member, partner or friend
Q13	Staff conveyed hope for the recovery of your family member, partner or friend

Additional NSW questions

Q15	You were given the specific information you needed for your role in the ongoing care, treatment and recovery of your family member, partner or friend
Q19	Information about the role and legal rights of designated carers and principal care providers under the NSW Mental Health Act 2007

Notes: Q29 is not included in the domain structure. The additional NSW questions do not contribute to the overall score.

