

Consumer Perceptions of Care

Statewide Report 2013

Consumer Perceptions of Care statewide report 2013

Published by the State of Queensland (Queensland Health), March 2014



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) **2014**

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Systems and Collections Team, Information and Performance Unit, Mental Health Alcohol and Other Drugs Branch, Department of Health, PO Box 2368, Fortitude Valley BC QLD 4006, email cpoc@health.qld.gov.au, phone 07 3328 9499.

An electronic version of this document is available at <http://www.health.qld.gov.au/mentalhealth/>

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Message from the Executive Director

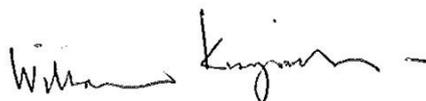
The Consumer Perceptions of Care (CPoC) initiative is designed to measure whether consumers value the services they receive from Queensland's public mental health services. The results and consumer comments outlined in this report are from more than 4000 mental health consumers who received care from participating services during the period 20 May 2013 to 30 June 2013.

Consumers and carers offer valuable insight about our services which is then used to drive quality improvement activities. In 2013, all Queensland Hospital and Health Services (HHSs) volunteered to participate in CPoC. One HHS withdrew during the collection period due to local competing priorities. It is a pleasing result that all HHSs continually choose to be a part of CPoC which demonstrates a strong commitment to the value our services place on meaningful consumer and carer participation in service evaluation and improvement.

Since November 2013, participating services have:

- received individual reports summarising their results
- communicated this information to consumers, carers and staff in a variety of ways
- used this information to develop action plans, directing activity and resources to respond to identified issues.

I would like to sincerely thank everyone who supported the 2013 collection and look forward to your continued support as we work towards better mental health in Queensland.



Dr Bill Kingswell
Executive Director
Mental Health Alcohol and Other Drugs Branch

19 May 2014

Acronyms/definitions

CSI	Consumer Satisfaction Index	The Consumer Satisfaction Index is a single statistic that summarises the response to each item or group of items as represented on a scale of 0 to 10.
CSI-Q	Consumer Satisfaction Index Question	The CSI-Q is the CSI for each individual question, for each survey type.
CSI-D	Consumer Satisfaction Index Domain	The CSI-D is the CSI for all questions combined in each domain.
CSI band	Consumer Satisfaction Index band	The CSI band categorises the CSI-Q or CSI-D as being inadequate, moderate, commendable or exceptional. Further details are provided on page 5 in this report.
CPoC	Consumer Perceptions of Care	An annual survey collection that measures whether consumers and families value the services they receive from Queensland's public mental health services.
HHS	Hospital and Health Service	Hospital and Health Services are statutory bodies governed by a Hospital and Health Board that provide public health services in Queensland.
MHAODB	Mental Health Alcohol and Other Drugs Branch	The Mental Health Alcohol and Other Drugs branch is responsible for planning, funding, reviewing and developing public mental health services.
MHSO	Mental Health Service Organisation	An organisation responsible for the clinical governance, administration and financial management of services providing specialised mental health care.
POS	Provision of Service	The provision of a clinically significant service involving a single or contiguous intervention by a mental health service provider(s), for a particular consumer, which results in a dated entry being made in the consumer's clinical record.
Significance	Statistical Significance	Statistically significant differences between 2011 and 2013 CSI scores were evaluated using <i>t</i> -tests. Differences between collections are statistically significant if ≤ 0.05 .

Contents

Message from the Executive Director.....	iii
Acronyms/definitions	iv
Highlights.....	1
Overview of Consumer Perceptions of Care	2
Background	2
How the CPoC collection works.....	3
Participation.....	4
Results	5
Adult acute inpatient services.....	6
Participation.....	6
Outcomes	6
Extended treatment services.....	8
Participation.....	8
Outcomes	8
Adult community services.....	10
Participation.....	10
Outcomes	10
Child and youth community services	12
Youth community survey.....	12
Participation.....	12
Outcomes	12
Family of youth community survey.....	14
Participation.....	14
Outcomes	14
The future of Consumer Perceptions of Care.....	16

Appendices

Appendix 1	Mental health service types.....	17
Appendix 2	Participating Mental Health Service Organisation in 2013	18
Appendix 3	Mental Health Service Organisation offering, refusal and response rates by survey type 2013	19

Figures

Figure A	Statewide participation	4
Figure B	Adult inpatient CSI-D scores	7
Figure C	Extended Treatment CSI-D scores.....	9
Figure D	Adult community CSI-D scores.....	11
Figure E	Youth community CSI-D scores	13
Figure F	Family of youth community CSI-D scores.....	15

Tables

Table 1	Acute inpatient top five and bottom five responses.....	6
Table 2	Extended treatment top five and bottom five responses	8
Table 3	Adult community top five and bottom five responses.....	10
Table 4	Youth community top five and bottom five responses.....	12
Table 5	Family of youth community top five and bottom five responses.....	14

Highlights

The 2013 Consumer Perceptions of Care (CPoC) survey found that:

- Queensland consumers' feel mostly positive about the care they received from public mental health services.
- The majority of Consumer Satisfaction Index (CSI) scores fall within the moderate to commendable CSI bands. (For further information about the CSI bands see page 5 of this report).
- Child and youth community services performed particularly well with regards to respect and safety.
- Adult community services scored in the commendable range across all domains.
- Inpatient and extended treatment services demonstrated improvement across most domains when compared with the 2011 collection.
- Extended treatment services had the most diverse range of CSI-Q scores, ranging from a high 8.0 (commendable) to a low 4.3 (inadequate). Extended treatment services were the only service type to receive a score in the inadequate CSI band.
- Child and youth community services achieved the highest CSI scores with three responses (one from the youth community survey, two from the family of youth community survey) falling into the exceptional CSI band.
- Adult community and child and youth community services rated most poorly on the service outcomes domain.
- Adult community services demonstrated significant improvement across all domains when compared to 2011.
- In 2013 many of the top five and bottom five questions for each service type were similar if not the same to previous collections.
- There are improvements across many of the CSI-Q and CSI-D scores compared with previous collections.
- Despite overall improvement to scores the questions and domains that services perform least well on have remained the same.
- The collection of CPoC surveys is now well established in most services. The planning and implementation of actions into the quality improvement process remains a greater challenge and may explain the limited variation in performance noted over the three collection cycles.

Overview of Consumer Perceptions of Care

Background

The Consumer Perceptions of Care (CPoC) survey is designed to gauge whether public mental health consumers value the services they receive. A pilot study was conducted in 2006 to address the need for increased levels of full and meaningful consumer and carer participation in service evaluation. The first state wide survey collection was conducted in 2010.

During consultation for the pilot study it was identified that patient satisfaction surveys did not provide information that could be used to improve service quality for integrated mental health services. It was recognised that an alternative model of evaluation which focused on the broader concepts of perceptions of care rather than the more narrow focus of satisfaction would facilitate service improvement. Perception of care monitoring focuses on treatment and service provision whereas satisfaction monitoring tends to focus more on physical attributes of the facility.

The Pilot study did not require or involve the development of a CPoC measure. Rather, the study made use of consumer survey measures already developed in the United States under the auspices of the Mental Health Statistics Improvement Program (MHSIP) and the National Research Institute of the National Association of State Mental Health Program Directors. The MHSIP Consumer Surveys included versions suitable for use in the acute inpatient and community care setting with adults, and the community care setting with adolescents and their families. The acute inpatient survey has since been adapted to be used in the adult extended care setting.

Today there is a growing importance for partnerships between mental health services, consumers, carers and their families. The intention is to create services that are responsive to consumer input and needs. CPoC provides an annual snapshot of what consumers and carers think about the services they receive. This information is utilised in the planning and delivery of safe, high quality health care through effective quality improvement processes.

The ongoing success of CPoC relies on participation from consumers, families of young consumers and mental health service staff. In order to encourage high levels of participation, the survey is offered during a face-to-face interaction. This approach provides consumers the opportunity to access help to complete the survey, aiming to remove obstacles that may decrease participation. Responses are anonymous and consumers are not required to provide any identifying details. Consumers are also provided the opportunity to take the survey away and to post it back in a reply paid envelope.

The information presented in this report is the perceptions of 4097 consumers who received care from Queensland public mental health services between 20 May 2013 and 30 June 2013. This information is presented alongside data from previous collections in 2011 and 2010.

How the CPoC collection works

CPoC uses five survey types including: adult acute inpatient, adult extended treatment, adult community, youth community and family of youth community which are offered across four mental health service types (Appendix one)¹. Each survey includes questions which relate to quality and appropriateness of services, access to services, general satisfaction, outcomes and overall perceptions of care. Consumers are required to select responses on a five point scale ranging from strongly disagree to strongly agree. The information collected is then used to implement quality improvement activities.

The main requirement for CPoC is for each survey to be offered to a consumer face-to-face by a surveyor. To determine which consumers were in-scope to complete a survey, data was drawn from the Consumer Integrated Mental Health Application. However, consumers or family members of child and youth consumers who requested a survey may have also participated.

The offering scope for each survey in the 2013 CPoC collection was:

Adult acute inpatient

- Consumers in general adult and older person acute inpatient services were offered the survey provided they had been in the service overnight.

Extended treatment

- Consumers in extended treatment and rehabilitation units, medium secure units and community care units were offered a survey provided they had been in the service overnight.

Adult community

- Consumers of general adult, older persons and forensic community services were offered the survey if they had an open service episode and had participated face to face in at least two Provisions of Service (POS).

Youth community

- Consumers aged 13-18 years were offered the survey if they had an open service episode and had participated face-to-face in at least two POS.

Family of youth consumers

- Family of youth consumers 18 and under were offered the survey if their child had an open service episode and had participated face-to-face in at least two POS.

¹ The four mental health service types include: acute mental health inpatient, extended treatment (campus based), extended treatment (non-campus based) and community/ambulatory. A detailed explanation of each service type is included in the appendix to this report.

Consumers were provided reply paid envelopes to return their surveys directly back to the Mental Health Alcohol and Other Drugs Branch (MHAODB). Community clinics and inpatient units also provided a confidential return box for their consumers to return their surveys. Mental health services were responsible for ensuring surveys placed in the confidential boxes were returned to MHAODB at the end of the collection period.

Participation

Ideally, all in-scope consumers will be offered a survey, however there are a range of factors which impact on offering—such as when consumers did not have or did not attend scheduled appointments during the collection period and/or may have been too distressed or unwell. Consumers who speak languages other than English and did not have access to an interpreter may not be offered the survey.

All mental health service organisations (MHSO) in Queensland (Appendix two) volunteered to take part in the 2013 CPoC survey. One service withdrew during the collection period due to local competing priorities. With CPoC being a voluntary activity this is considered an excellent result.

The calculation of response and offering rates continues to be a challenge. Through the initial pilot and the three collections, various methodologies have been employed in estimating response and offering rates while ensuring a consumers' anonymity. Difficulties encountered include ensuring accurate completion of tracking sheets, correct application of the offering scope and the complexity of tracking which consumers had been offered the survey, particularly in services where multiple surveyors' are used.

In 2013, services were allocated an estimated number of surveys based on expected scope. At the completion of the collection, services were required to return any incomplete surveys to MHAODB. Surveys that were not returned were calculated as offered and not returned. This change has impacted on the comparability of these items and caution should be exercised when conducting time series analysis.

In 2013, 4097 responses were received which is 739 less than the previous collection in 2011. The decrease in 2013 can be partly attributed to the withdrawal of one service which contributed 290 responses in 2011. Overall, the response achieved in 2013 is considered a good result and is a statistically representative sample of the surveyed population.

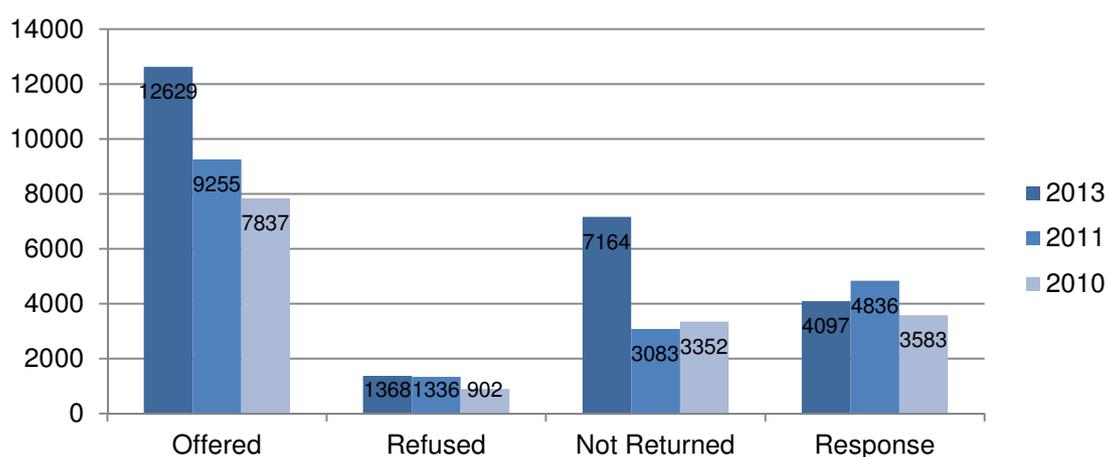


Figure A Statewide participation

Figure A demonstrates the offering, refusal and response rates across all survey types for 2013, 2011 and 2010. The offering rate and the not returned rate both increased significantly in 2013. This is attributed to a change in the survey tracking methodology.

Results

The main statistic to analyse data for CPoC is the Consumer Satisfaction Index (CSI). The Consumer Satisfaction Index (CSI) is a single statistic that summarises the response to each item or group of items as represented on a scale of 0 to 10. The CSI for each individual question is referred to as the CSI-question (CSI-Q) score.

All questions from each survey of a similar nature or theme are further grouped into domains. The CSI-domain (CSI-D) is the CSI for all questions combined in each domain. Domains differ between survey types. The domains are titled: service outcomes, treatment, appropriateness of care, involvement in the process of care, respect and safety, encouragement, accessibility, general satisfaction with the service that needs were met and overall perceptions of care.

To ensure understanding of the CSI scores, they are explained to services with the use of the following CSI bands:

Exceptional 9–10	Commendable 7– 8	Moderate 5–6	Inadequate < 5
<ul style="list-style-type: none">• Scores at this level indicate the vast majority of consumers recorded very positive perceptions of their care in this area.	<ul style="list-style-type: none">• Scores at this level indicate most consumers recorded positive perceptions of care in this area.	<ul style="list-style-type: none">• Scores at this level potentially indicate wide variance in the consumers' perceptions, with consumers recording both positive and negative perceptions about their care in this area.	<ul style="list-style-type: none">• Scores at this level indicate the vast majority of consumers recorded negative perceptions of their care in this area.

Adult acute inpatient services

Consumers of adult acute inpatient services who are over the age of 18 years and have been in the service overnight are offered a survey to complete.

Participation

In 2013, adult acute inpatient services offered surveys to 1026 consumers. Of these consumers 486 completed the survey, 149 refused and 391 were not returned. These numbers decreased slightly from the previous collection.

‘The staff and doctors were very professional and caring.’

Inpatient consumer, 2013 CPoC survey

Outcomes

Table 1 Acute inpatient top five and bottom five responses

2013					2011		2010	
Top five responses	CSI-D	CSI band	Score/Rank		Score/Rank		Score/Rank	
Q25 My family and/or friends were able to visit me	Accessibility	Commendable	7.9	1	7.6	2*	7.9	1*
Q28 My contact with nurses was helpful	Treatment	Commendable	7.8	2	7.6	1*	7.5	2*
Q8 Staff here believed that I could grow, change and recover	Encouragement	Commendable	7.7	3	7.4	3*	7.5	3*
Q23 The hospital environment was clean and comfortable	General satisfaction	Commendable	7.3	4	7.1	6	7.4	4*
Q29 If I had a choice of hospitals, I would still choose this one	General satisfaction	Commendable	7.2	5	6.7	10	6.9	8
Bottom five responses	CSI-D	CSI band	Score/Rank		Score/Rank		Score/Rank	
Q5 I deal more effectively with daily problems	Service outcomes	Moderate	6.3	25	6.1	20	6.2	19
Q12 My other medical conditions were treated	Appropriateness of care	Moderate	6.3	26	6.1	21	6.2	22
Q11 I was given information about how to manage my medication and side effects	Encouragement	Moderate	5.7	27	5.2	27*	5.3	28*
Q26 I had a choice of treatment options	Involvement in care	Moderate	5.5	28	5.1	29*	5.4	27*
Q15 I felt safe to refuse medication or treatment during my hospital stay	Respect and safety	Moderate	5.4	29	5.2	28*	5.0	29*

*these questions were previously in the top five and bottom five responses for 2011 and 2010

Table 1 demonstrates the top five and bottom five CSI-Q scores for the adult inpatient survey. Adult acute in-patient services have historically maintained CSI-Q scores within the moderate to commendable CSI bands.

‘Since beginning to seriously treat my alcohol problem I’ve found my mental illness is becoming easier to understand too.’

Inpatient consumer, 2013 CPoC survey

Many of the questions that were ranked in the top five and bottom five in 2013 were also ranked in the top five and bottom five in 2011 and 2010. One variation in the top five was question 29 (if I had a choice of hospitals I would still choose this one) which was ranked in the top five for the first time in 2013.

In the bottom five, question 11 (I was given information about how to manage my medication side effects), question 26 (I had a choice of treatment options) and question 15 (I felt safe to refuse medication or treatment during my hospital stay) remained the bottom three questions for the third year in a row. The CSI-Q scores for 2013 remained within the moderate to commendable CSI bands. Only the bottom three questions scored below six. A statistically significant increase was seen in 12 of the CSI-Q scores which is a pleasing result.

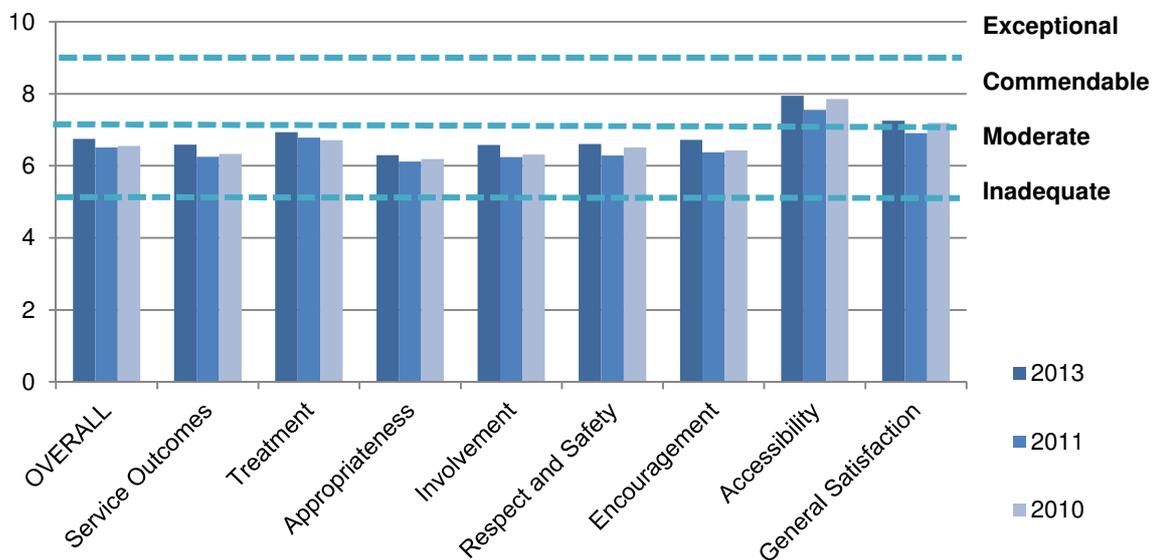


Figure B Adult inpatient CSI-D scores

Figure B displays the results for the adult acute in-patient services grouped by domain. Consumers were pleased friends and family were able to visit them while receiving care. They also reported a general satisfaction with the hospital and its environment. Overall the CSI-D scores improved across the board for this service type.

What adult acute inpatient services are doing well

- Adult inpatient service consumers like the hospital environment and staff.

Opportunity to improve

- Adult inpatient services reported lower satisfaction with regards to treatment choices and medication. Improved partnering with consumers may ensure the consumer is involved in choices about their treatment and medication.

Extended treatment services

Consumers of extended treatment services who are over the age of 18 years and reside in rehabilitation units, medium secure units and community care units overnight or longer are offered a survey to complete.

'I feel like staff at this service are trying to help me.'

Community Care Unit Consumer,
2013 CPoC survey

Participation

In 2013, adult extended treatment services offered surveys to 545 consumers. Of these consumers 268 completed the survey, 172 refused and 105 were not returned. Responses increased significantly compared with the previous collection which can be partially attributed to the inclusion of new extended treatment services in Queensland.

Outcomes

Table 2 Extended treatment top five and bottom five responses

2013				2011	
Top five responses	CSI-D	CSI band	Score/Rank		Score/Rank
Q23 The unit environment is clean and comfortable	General satisfaction	Commendable	8.0	1	7.1 7
Q25 My family and/or friends are able to visit me	Accessibility	Commendable	7.9	2	7.3 1*
Q6 I feel better overall	Outcomes	Commendable	7.6	3	7.0 9
Q28 My contact with nurses and therapists is helpful	Treatment	Commendable	7.4	4	7.1 5*
Q8 Staff here believe that I can grow, change and recover	Encouragement	Commendable	7.3	5	7.2 3*
Bottom five responses	CSI-D	CSI band	Score/Rank		Score/Rank
Q16 My complaints and grievances are addressed	Respect and safety	Moderate	6.2	25	6.0 27*
Q13 I feel this rehabilitation stay is necessary	Treatment	Moderate	6.0	26	6.3 23
Q11 I have been given information about how to manage my medication side effects	Encouragement	Moderate	5.8	27	6.0 26*
Q26 I have a choice of treatment options	Process of care	Moderate	5.2	28	5.7 28*
Q15 I feel safe to refuse medication or treatment	Respect and safety	Inadequate	4.3	29	5.1 29*

*these questions were previously in the top five and bottom five responses for 2011

Table 2 displays the top five and bottom five CSI-Q scores for extended treatment services. Extended treatment services showed a diverse range of CSI-Q scores in the 2013 collection, ranging from inadequate to commendable.

Many of the questions in the top five and bottom five in 2013 were repeated from the previous collection in 2011. Two variations in the top five for 2013 were question 23 (the environment is clean and comfortable) and question six (I feel better overall). CSI-Q scores for the top three questions demonstrated a statistically significant increase.

Four questions remained in the bottom five for the second year in a row. The CSI-Q scores for three of these questions decreased from 2011 to 2013. Of concern is question 15 (I feel safe to refuse medication or treatment) which decreased significantly

and scored a CSI-Q of 4.3, placing it in the inadequate CSI band. This indicates that consumers recorded mainly negative perceptions regarding safety to refuse medication or treatment during their stay. Further, question 11 and 26 scored lower than previously and closely relate to treatment and medication choices.

In response to these scores many Queensland MHSO have action plans specifically targeting medication management and using medicines safely and effectively. For example addressing the issue of educating consumers about medication and why it is necessary in their recovery, ensuring consumers are better informed and involved in the process.

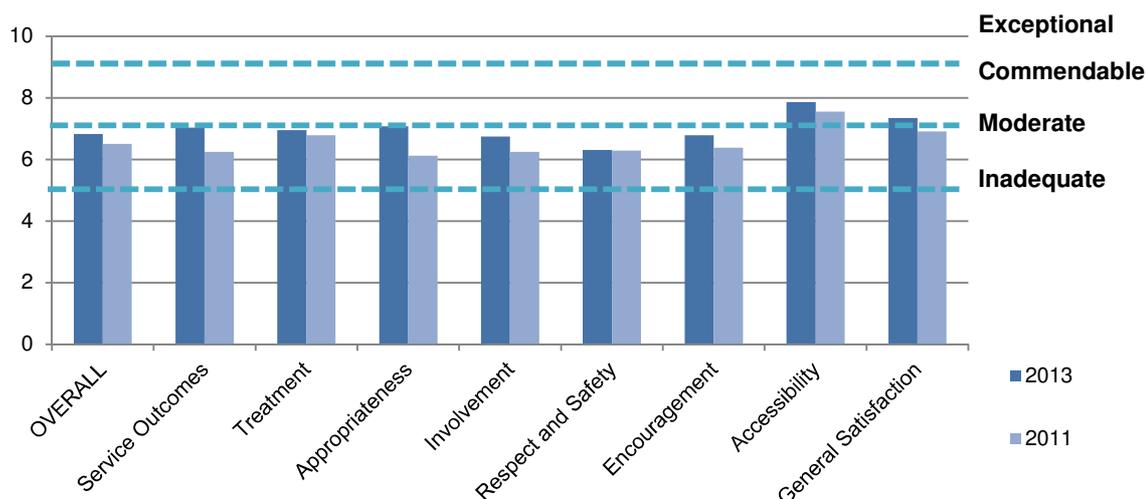


Figure C Extended Treatment CSI-D scores

Figure C demonstrates an improvement across all CSI-D scores in 2013 with the exclusion of respect and safety. This is indicative of the questions in the respect and safety domain receiving lower scores than the other domains.

What extended treatment services are doing well

- Extended treatment service consumers liked the environment, that their friends and family are able to visit and contact with staff was helpful and encouraging.

Opportunity to improve

- Involve the consumer in the decision processes regarding their medication. Provide education and communication about why they take medication.

Adult community services

Consumers of adult community services who are over the age of 18 with an open service episode and had participated in at least two face-to-face POS are offered a survey to complete.

‘Thank you for your help, the services has improved my life for the better.’

Community consumer,
2013 CPoC survey

Participation

In 2013, 2388 adult community service consumers completed the survey while 973 consumers refused. The number of completed surveys decreased by 548 while the number of consumers who refused remained static when compared to 2011.

Outcomes

Table 3 Adult community top five and bottom five responses

2013				2011		2010	
Top five responses	CSI-domain	CSI band	Score/Rank		Score/Rank		Score/Rank
Q1 I like the treatment that I receive here	General satisfaction	Commendable	8.1	1	7.8	6	7.9 3*
Q11 I feel comfortable asking questions about my treatment and medication	Process of care	Commendable	8.1	2	8.0	1*	7.9 1*
Q5 Staff are willing to see me as often as I feel it is necessary	Accessibility	Commendable	8.1	3	7.9	2*	7.9 2*
Q7 Services are available at times that are good for me	Accessibility	Commendable	8.1	4	7.8	5*	7.9 4*
Q14 Staff encourage me to take responsibility for how I live my life	Encouragement	Commendable	8.0	5	7.8	4*	7.8 7
Bottom five responses	CSI-domain	CSI band	Score/Rank		Score/Rank		Score/Rank
Q17 I, not staff, decide my treatment goals	Process of care	Commendable	7.0	25	6.8	28*	6.7 26*
Q28 My symptoms are not bothering me as much	Outcomes	Commendable	7.0	26	6.9	25*	6.7 25*
Q27 My housing situation has improved	Outcomes	Commendable	7.0	27	6.8	26*	6.6 28*
Q25 I do better in social situations	Outcomes	Moderate	6.8	28	6.8	27*	6.7 27*
Q26 I do better in school and/or work	Outcomes	Moderate	6.7	29	6.4	29*	6.3 29*

*these questions were previously in the top five and bottom five responses for 2011 and 2010

Table 3 demonstrates the top five and bottom five CSI-Q scores for adult community services. Adult community services have historically maintained CSI-Q scores within the commendable CSI band. Many of the questions that were ranked in the top five and bottom five in 2013 were also ranked in the top five and bottom five in 2011 and 2010.

'I don't like the name Mental health—you should change it because it makes me feel mental. Get rid of the word mental.'

Community Consumer,
2013 CPoC survey

The CSI-Q scores for adult community services have improved from the initial collection in 2010. The top five questions demonstrate consumers are satisfied interacting with the service and feel encouraged by the service to be included in treatment planning.

The bottom five questions are the same bottom five questions for three collections in a row, albeit minor changes to order. Four of these five questions, including question 28 (my symptoms are not

bothering me as much), 27 (my housing situation has improved), 25 (I do better in social situations) and 26 (I do better in school and/or work) sit within the service outcomes domain. While these questions continue to score in the bottom five, the CSI-Q scores have increased slightly with questions 17 and 26 recording significant improvement.

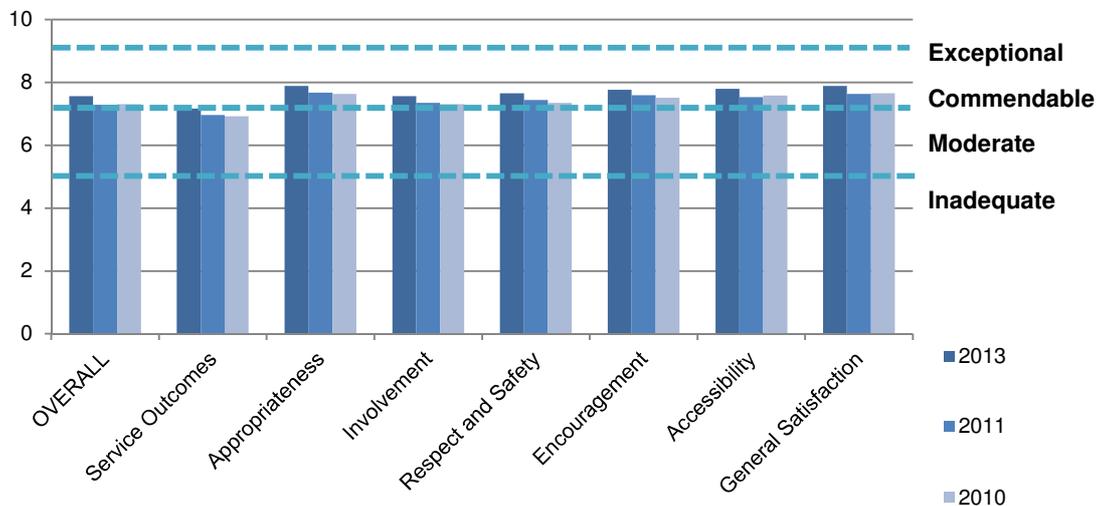


Figure D Adult community CSI-D scores

Figure D demonstrates an improvement across all CSI-D in 2013. There is minimal variation between the CSI-D scores for this survey type which are in the commendable range. Of all domains the lowest scoring appears to be service outcomes.

What adult community services are doing well

- Adult community services have the smallest range of CSI-Q scores with most questions and all domains scoring in the commendable CSI band. Overall, consumers like the treatment they receive and feel they can get the help they need.

Opportunity to improve

- Continue to build pathways that improve service outcomes for consumers. This may include expanding links with non-government community organisations, employment and housing.

Child and youth community services

Youth community survey

Consumers of child and youth community services who are aged between 13 and 18 years, have an open service episode and participated in at least two face-to-face POS are offered a survey to complete.

‘Everybody listens to me and helps me with respect.’

Youth Community Consumer,
2013 CPoC survey

Participation

In 2013, child and youth community services offered surveys to 1351 youth consumers. Of these consumers 418 completed the survey while 35 consumers refused and 898 surveys were not returned. The number of completed and refused surveys showed a slight decrease in comparison to 2011.

Outcomes

Table 4 Youth community top five and bottom five responses

2013				2011		2010		
Top five responses	CSI-domain	CSI band	Score/Rank		Score/Rank		Score/Rank	
Q12 Staff treat me with respect	Respect and safety	Exceptional	9.0	1	9.0	1*	8.6	1*
Q13 Staff respect my family’s religious/spiritual beliefs	Respect and safety	Commendable	8.7	2	8.7	3*	8.2	2*
Q14 Staff speak to me in a way that I understand	Needs were met	Commendable	8.5	3	8.7	2*	8.2	3*
Q15 Staff are sensitive to my cultural/ ethnic background	Respect and safety	Commendable	8.4	4	8.2	4*	7.7	7
Q5 I have someone to talk to when I am troubled	Needs were met	Commendable	8.0	5	7.8	7	7.8	6
Bottom five responses	CSI-domain	CSI band	Score/Rank		Score/Rank		Score/Rank	
Q17 I get along better with family members	Outcomes	Moderate	6.6	18	6.5	18*	6.6	17
Q21 I am satisfied with my family life right now	Outcomes	Moderate	6.5	19	6.0	22*	5.9	21*
Q20 I am better able to cope when things go wrong	Outcomes	Moderate	6.5	20	6.2	19*	6.0	19*
Q2 I helped to choose my services	Process of care	Moderate	6.3	21	6.1	20*	6.0	20*
Q19 I am doing better in school and/or work	Outcomes	Moderate	6.2	22	6.0	21*	5.9	22*

*these questions were previously in the top five and bottom five responses for 2011 and 2010

Table 4 demonstrates the top five and bottom five CSI-Q scores for child and youth community services. In 2013, the child and youth community services had a diverse range of CSI-Q scores ranging from moderate through to exceptional. Most of the questions that were ranked in the top five and bottom five were also ranked in the top five and bottom five in 2011 and 2010. The top five questions indicate that consumers feel respected, understood and listened to.

All questions in the top five received a CSI-Q score of greater than 8.0 and question 12 (staff treat me with respect) scored in the exceptional CSI band for the second year in a row. Overall, child and youth community services received the highest CSI-Q scores of all survey types.

Four of the five lowest scoring questions, number 17 (I get along better with family members), question 21 (I am satisfied with my family life right now), question 20 (I am better able to cope when things go wrong) and question 19 (I am doing better in school and/or work) relate to the service outcomes domain. Initial interpretations suggest that youth consumer outcomes are the least satisfying. In this instance, the five lowest scoring questions still scored a CSI-Q of 6.2 and above which suggests consumers are more satisfied than dissatisfied with their service outcomes.

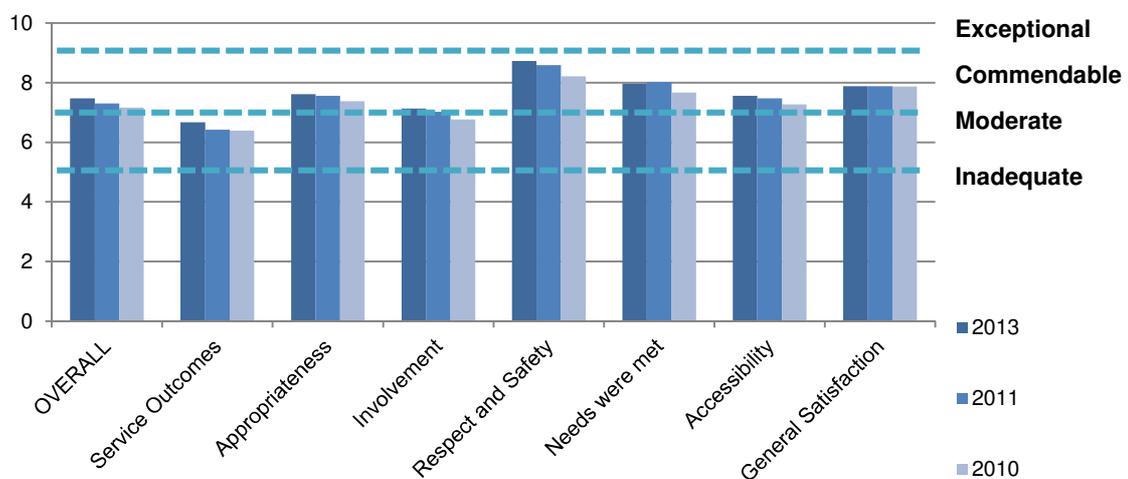


Figure E Youth community CSI-D scores

Figure E displays the CSI-D scores for the youth community survey. Many of the domains improved their scores from the previous collection. The stand out domain was respect and safety while the lowest scoring domain is service outcomes. Overall there is no significant change in the CSI-D scores across the three CPOC collections.

What youth consumers think child and youth services are doing well

- Child and youth service consumers feel their needs are being met and they are respected.

Opportunity to improve

- Child and youth service consumers feel like they could have been more involved in the choice of their services and treatment goals.

Family of youth community survey

Families of youth consumers aged 0 to 18 years who had an open service episode and participated in at least two face-to-face POS are offered a survey to complete.

'I have learnt more about how to handle my child's behaviour.'

Family member of youth consumer, 2013 CPoC survey

Participation

In 2013, child and youth services offered surveys to 2007 families of their youth consumers. Of these families 537 completed the survey, 39 refused and 1431 were not returned. The number of completed and the number of refused remained fairly static when compared to 2011.

Outcomes

Table 5 Family of youth community top five and bottom five responses

2013				2011		2010		
Top five responses	CSI-domain	CSI band	Score/Rank		Score/Rank		Score/Rank	
Q12 Staff treat me with respect	Respect and safety	Exceptional	9.2	1	9.2	1*	9.2	2*
Q14 Staff speak with me in a way that I understand	Needs were met	Exceptional	9.1	2	9.1	2*	9.2	1*
Q13 Staff respect my family's religious/spiritual beliefs	Respect and safety	Commendable	8.6	3	8.4	4*	8.3	7
Q1 Overall, I am satisfied with the treatment my child receives	General satisfaction	Commendable	8.5	4	8.3	5*	8.6	3*
Q6 I participate in my child's treatment	Process of care	Commendable	8.5	5	8.4	3*	8.4	4*
Bottom five responses	CSI-domain	CSI band	Score/Rank		Score/Rank		Score/Rank	
Q22 Overall, my child feels better	Outcomes	Commendable	7.0	18	6.6	17	6.9	17
Q18 My child gets along better with family members	Outcomes	Moderate	6.9	19	6.5	19*	5.8	19*
Q20 My child is better able to cope when things go wrong	Outcomes	Moderate	6.6	20	6.1	21*	6.4	21*
Q19 My child is doing better in school and/or work	Outcomes	Moderate	6.6	21	6.2	20*	6.6	20*
Q21 I am satisfied with our family life right now	Outcomes	Moderate	6.2	22	5.6	22*	6.0	22*

*these questions were previously in the top five and bottom five responses for 2011 and 2010

Table 5 demonstrates the top five and bottom five CSI-Q scores for the family of youth community survey. Similar to the youth community survey results, families of youth recorded some of the highest CSI-Q scores, with the top two questions making it into the exceptional CSI band. As with other survey types, most of the questions that were ranked in the top five and bottom five continue to be the same as those in the top five and bottom five in 2011 and 2010. Respect and safety scored highly which suggests

that families of youth consumers feel included and respected while seeking treatment for their children.

The lowest scoring questions for the family of youth survey were all linked to service outcomes. The bottom four questions remain the lowest scoring questions for three collections in a row. All questions in the bottom five had a CSI-Q score of six or higher which is a significant increase when compared with 2011. This suggests that while the services outcomes are the poorest for this survey, families of youth consumers remained more satisfied than dissatisfied with the outcomes achieved for their family member.

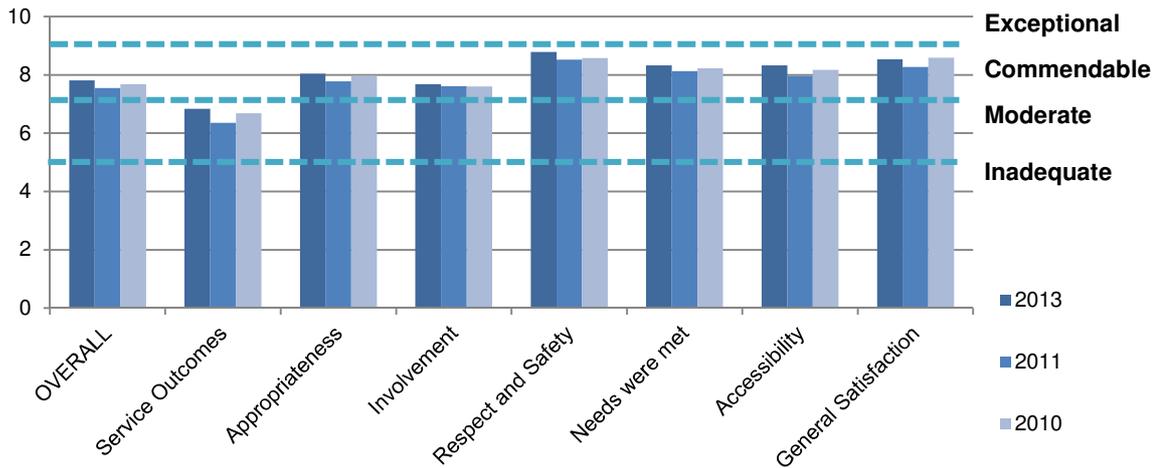


Figure F Family of youth community CSI-D scores

Figure F displays the CSI-D scores for the family of youth community survey. All domains improved slightly in the 2013 collection. Five of the eight domains had CSI-D scores of eight or higher, with the stand out domain being respect and safety. The lowest scoring domain, and the only domain to score lower than a seven, is service outcomes.

What family of youth consumers think child and youth services are doing well

- Families commend child and youth mental health services for their overall respect and treatment approach. Many comments indicate that families are very appreciative of the support these services provide to their children and themselves.

Opportunity to improve

- Child and youth services continue to build on existing strategies to improve service outcomes for child and youth consumers.

The future of Consumer Perceptions of Care

Consumer Perceptions of Care will be undertaken as an annual collection in Queensland. While public mental health services across Queensland will have the choice to opt in each year. MHAODB is confident that the collection is now embedded and valued by services.

Information from the CPoC collection is being requested at local, state and national levels to help understand what is important to consumers and families using our services. It has also been seen to benefit the accreditation process due to alignment with the priorities in the National Safety and Quality Health Service Standards.

A national project funded by the Australian Government Department of Health and delivered by the Victorian Department of Health, recently concluded and developed a national mental health consumer experience of care tool. This tool has been promoted for future use in states and territories across Australia. It has the potential to replace the current CPoC adult community/adult inpatient survey tools. When this measure becomes available—later in 2014—use by states and territories will be optional. The benefit for Queensland to use a national tool is the ability to benchmark results with other states and territories. Prior to adopting the national tool, work will be undertaken to map questions and domains between the tools to minimise the impact on the time series.

Other work currently being undertaken that may align well with CPoC in the future is the National Carer Experience of Care project. The tool for this measure is currently undergoing ethics approval for a proof of concept trial to take place in 2014 across various Australian states and territories. Twelve Queensland mental health services have indicated they will participate in the trial which is encouraging. Depending on the outcomes of this project, it may provide an option to add an adult carer experience of care measure to the suite of CPoC surveys.

Neither of these two survey tools will impact the 2014 CPoC collection. In 2014, the collection will use the same surveys as previous years. Surveys will be offered to consumers and families of youth consumers starting from 19 May 2014. The information from each survey will then be entered and collated into reports and provided to each mental health service from September 2014. The MHAODB Clinical Improvement Team will work alongside mental health services to analyse the information from the reports and implement quality improvement activities.

Consumer Perceptions of Care will be reported publicly through an annual report and the Queensland Open Data website. Raw data relating to the 2013 CPoC survey is available now at <https://data.qld.gov.au/>.

Appendix 1 Mental health service types

1. **Acute mental health inpatient**

Refers to a period of care provided to a consumer who is admitted for overnight care to an authorised acute mental health inpatient unit located in a public hospital.

2. **Extended treatment—campus based**

Refers to a period of care provided to a consumer who requires ongoing assessment, longer-term treatment and rehabilitation on an inpatient basis, where a severe impairment exists. Campus based units are those located on a general hospital or psychiatric hospital campus.

3. **Extended treatment—non-campus based**

Refers to a period of care provided to a consumer who requires ongoing assessment, longer-term treatment and rehabilitation on a 24 hour live-in basis, where a severe level of impairment exists. Non-campus based units include those units that are stand alone in the community or are co-located with nursing homes or other non-health institutions.

4. **Community/ambulatory**

Refers to community based mental health services and mental health services to non-mental health inpatients. Care provided by consultation-liaison and assessment services to admitted patients in non-mental health and hospital emergency settings are included. This category includes mental health treatment and care provided through a wide range of mental health programs including, for example, acute care teams, mental health day programs, psychiatric outpatient clinics provided by either hospital or community based services, child and adolescent outpatient and community teams, social and living skills programs, psychogeriatric assessment services and so forth.

Appendix 2

Participating Mental Health Service Organisations in 2013

Bayside
Cape York
Central Queensland
Central West
Fraser Coast
Gold Coast
Logan Beaudesert
Mackay
Mater
Mount Isa
Princess Alexandra Hospital
Royal Brisbane and Women's Hospital (RBWH)
Royal Children's Hospital (RCH)
Redcliffe Caboolture
South West
Sunshine Coast
The Prince Charles Hospital (TPCH)
Toowoomba
Torres Strait and Northern Peninsula
Townsville
West Moreton
Wide Bay

Appendix 3

Mental Health Service Organisation offering, refusal and response rates by survey type 2013

Mental Health Service Organisation	Adult acute inpatient				Extended treatment				Adult community				Youth community				Family of youth community			
	In scope	Offered	Refused	Response	In scope	Offered	Refused	Response	In scope	Offered	Refused	Response	In scope	Offered	Refused	Response	In scope	Offered	Refused	Response
	n	%	%	%	n	%	%	%	n	%	%	%	n	%	%	%	n	%	%	%
Bayside	46	48	0	5	32	94	30	63	372	73	18	18	84	37	3	48	129	28	0	61
Cape York	*	*	*	*	*	*	*	*	234	78	2	10	*	*	*	*	*	*	*	*
Central Queensland	52	56	28	59	*	*	*	*	574	79	8	30	118	70	2	35	157	78	2	31
Central West	*	*	*	*	*	*	*	*	56	109	5	34	5	60	0	33	11	73	0	38
Fraser Coast	33	15	0	100	*	*	*	*	221	120	1	12	49	76	0	5	61	93	0	11
Gold Coast	148	39	12	79	66	123	12	47	881	38	18	39	125	46	5	66	196	23	11	70
Logan Beaudesert	103	68	27	63	*	*	*	*	1116	53	17	24	172	85	0	4	286	102	0	2
Mackay	71	45	6	53	*	*	*	*	477	42	14	42	140	58	1	47	175	39	0	31
Mater	*	*	*	*	*	*	*	*	*	*	*	*	303	34	5	65	539	23	2	79
Mount Isa	*	*	*	*	*	*	*	*	108	85	26	62	18	61	18	45	28	21	0	50
PAH	186	54	23	26	22	91	20	70	1142	52	18	38	*	*	*	*	*	*	*	*
RBWH	156	110	19	60	17	100	29	71	979	79	25	32	*	*	*	*	*	*	*	*
RCH	*	*	*	*	*	*	*	*	*	*	*	*	284	62	5	65	442	63	6	59
Redcliffe Caboolture	106	146	4	26	51	69	6	51	793	62	5	34	94	*	*	*	146	82	0	1
South West	*	*	*	*	*	*	*	*	103	88	1	15	13	269	0	9	24	150	0	8
Sunshine Coast	111	14	0	88	20	95	5	5	749	73	4	22	156	165	1	11	248	140	1	11
TPCH	152	78	18	69	41	107	16	41	956	95	18	46	*	*	*	*	*	*	*	*
Toowoomba	92	140	0	5	129	89	58	34	821	80	2	16	161	87	0	16	257	82	0	16
Torres Strait	*	*	*	*	*	*	*	*	90	78	11	17	4	250	0	40	5	200	20	20
Townsville	87	71	31	69	73	103	16	73	681	69	17	56	92	67	3	35	158	62	3	45
West Moreton	77	52	23	75	133	82	50	50	733	48	15	32	84	80	13	28	121	58	4	21
Wide Bay	28	57	13	63	*	*	*	*	270	80	1	17	57	86	0	6	76	99	0	5
Statewide	1448	71	15	47	584	93	32	49	11356	67	13	31	1959	72	3	31	3059	66	2	27

In scope = total consumers the service was able to offer based on the CPoC protocol
 Offered = number of consumers offered a survey calculated as a percentage of the in scope consumer population

* Service type not provided within the MHSO

Refused = percentage of consumers who were offered a survey and refused
 Response = percentage of consumers who were offered a survey and completed it

