

Patient Perspectives:

Mental health services in NSW public facilities

Volume 1: Inpatient Care
Volume 2: Community Mental Health
February 2010 and February 2011



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Summary

This supplement describes the methods and statistical analyses used to create the Bureau of Health Information's (the Bureau) reports, Patient Perspectives: Mental health services in NSW public facilities, Volume 1, Inpatient Care, and Volume 2, Community Mental Health, and the accompanying Performance Profiles. The Bureau has produced Performance Profiles for the Local Health Districts (LHDs), individual hospitals and facility groups† included in the main report. This Technical Supplement is intended for audiences interested in the development of the measures presented in these reports, and additional background information to the surveys themselves.

The NSW Health Patient Survey program commenced in 2007. The aim of the program is to allow reporting of patients' experiences of care at state, regional, peer group and hospital level, where possible. NSW Health commissioned lpsos Australia to conduct this cross-sectional, mailed survey, under conditions that ensured the protection of the privacy of all respondents.

The report, Patient Perspectives: Mental health services in NSW public facilities, Volume 1, Inpatient Care, summarises the responses of the patients who presented at public inpatient mental health facilities across NSW during February 2010 and February 2011.

The report, Patient Perspectives: Mental health services in NSW public facilities, Volume 2, Community Mental Health summarises responses of patients who attended community mental health services during the same period.

In these reports, the Bureau summarises and analyses the survey data to:

Describe patients' overall ratings
 of their experience with mental health
 services and compare NSW public
 mental health facilities of the same type.
 This is done by standardising patient
 characteristics, such as age and health,
 which differ between facilities and
 influence ratings.

2) Guide efforts to improve care.

- Responses for each survey
 question were converted into
 a score. For NSW as a whole,
 for LHDs, and for hospitals and
 facilities / facility groups the scores
 were ranked from most positive
 to least positive. The top five and
 bottom five questions are reported.
- Question responses that were statistically correlated with excellent ratings of overall care (compared to other responses), or poor / fair ratings of overall care (compared to other responses) are identified.

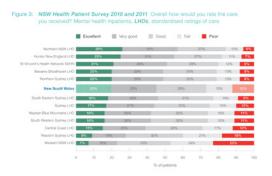
This supplement describes the statistical methods used to summarise and create these analyses for both surveys. Statistical analyses were performed using SAS1 V9.3™.

^(†) Community mental health services are reported for groups of facilities and / or service units, see page 3. The composition of these groups is described in Appendix 1 on page 14.

The surveys

Between 2007 and 2011, a series of patient experience surveys was conducted by the NSW Ministry of Health using questionnaires developed for nine different patient groups as supplied by NRC Picker. The nine patient groups were: overnight inpatients, day-only inpatients, non-admitted Emergency Department patients, paediatric inpatients, adult rehabilitation inpatients, outpatients, community health patients, mental health inpatients and mental health outpatients (Example A). These patient group surveys are referred to as modules.

Example A:



Although each group received a slightly different survey, many questions were the same. For instance, all questionnaires included a question regarding the patient's overall rating of care. The surveys also differed in their timing, with some patient groups only surveyed during a specific month in the year and others involving surveys sent throughout the year.

The mental health inpatient and mental health outpatient modules of the NSW Health Patient Survey were sent to a sample of patients who utilised the services in February 2010 and February 2011. The Mental Health Inpatient Survey included 79 questions, and the Mental Health Outpatient Survey included 64 questions. A total of 35 questions were common.

An expert advisory group to the Bureau recommended the use of the term *Community Mental Health* in the report as opposed to *Mental Health Outpatient*. The term *Community Mental Health Survey* is used throughout this document.

Patient sample

Inpatient Care

People deemed eligible to participate in the *Mental Health Inpatient Survey* were discharged from a NSW public inpatient mental health facility during February 2010 or February 2011. Using information available from the Health Information Exchange, a random sample of these patients (n = 3,672) were sent a questionnaire. The survey was completed by 1,060 people. The following exclusions applied:

- Responses from patients aged under 17 years (n=30) due to the small sample size;
- Patients from the following facilities:
 The Children's Hospital at Westmead,
 Sydney Children's Hospital, Thomas
 Walker and John Hunter Hospital as
 population data were unavailable for
 these facilities (n= 2).

Of the remaining 1,028 patients, 19 did not answer the survey question that rated overall care, hence these patients were excluded from parts of the analysis that required a response to this question.

Overall response rate for the *Mental Health Inpatient Survey* was 28%.

Community Mental Health

The eligibility criteria for the *Community Mental Health Survey* included being provided a service by a community mental health facility during the month of February in either 2010 or 2011. At the time, the data items required for sampling were not available from a state-wide database.

Due to small expected sample sizes for the *Community Mental Health Survey* it was necessary, for reporting purposes, to group the community mental health teams. Therefore, prior to the 2010 survey, the Mental Health coordinators of each Area Health Service (AHS) were asked to provide details on the first level of services at AHS level for which results would be meaningful, and, provide a relevant name for each of the groupings suggested. These groups were used for both 2010 and 2011, despite a change in health administrative areas (to LHDs).

We report at these group levels. This means that some of the facility groupings cross LHD boundaries.* The facilities included in the sampling, and the grouping to which they were allocated are provided in Appendix 1.

The Community Mental Health Survey was completed by 3,956 people. Responses from 88 patients who did not answer the survey question that rated overall care were excluded from parts of the analysis that required a response to this question.

Overall response rate for the *Community Mental Health Survey* was 26%.

Levels of reporting

We include all responses at NSW level. Information is reported at LHD# and individual facility or facility-group level provided that:

- The facility or facility group was surveyed in the NSW Health Patient Survey 2010 and 2011, Mental Health surveys;
- The facility or facility group achieved a response rate in excess of 20%;
- A minimum of 28 people for inpatients and 30 people for community mental health responded to the survey.
 This number was determined following analysis of standard errors around ratings of overall care.

Facilities and LHDs were grouped according to whether the LHD was considered rural or metropolitan according to the Ministry of Health (see www.health.nsw.gov.au/lhd/pages/default.aspx). St Vincent's Health Network was included in the metropolitan grouping.

^(#) Because of the way that the services were grouped for the community mental health survey it was not possible to provide LHD-level estimates for Northern Sydney LHD separate from Central Coast LHD, or Northern NSW LHD separate from Mid North Coast LHD. The results are therefore presented for these two sets of grouped LHDs, plus the remainder of the LHDs in the Patient Perspectives: Mental health services in NSW public facilities, Volume 2 Community Mental Health, February 2010 and February 2011 report.

Sampling and weighting methods

A stratified survey design was used, with each facility or group of community health services treated as a stratum, and random sampling within facilities / groups.

Estimates of the patient population were based on the number of patients who attended each facility or group of community health services during February 2010. Patients selected at random from each facility / group were mailed the appropriate survey. An option was provided which allowed on-line submission of the survey through a secure website administered by Ipsos Australia.

Ipsos Australia calculated survey weights based on the probability of selection of a patient at each service (determined by the number of patients at the service and the number who responded to the survey) and post-stratification weighting by age (to reduce the effect of differing response rates).³

The data were then provided to the Bureau and the weights were verified before analysis. In both surveys, there was a great deal of variability in the post-stratification weights. Variation in survey weights increases the variability of estimates and reduces the effective sample size. The extreme observations were trimmed to the 5th and 95th percentiles in order to reduce the variability of the estimates without compromising the results. The range in the original, as well as the trimmed weights for both surveys, are shown in Table 1.

Table 1: Range in weights before and after trimming

	Ori <u>ç</u>	ginal	Trimmed		
Survey module	Minimum Maximum		Minimum	Maximum	
Mental Health Inpatients	0.164	17.681	0.384	2.239	
Community Mental Health	0.165	8.507	0.366	2.394	

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

Descriptive statistics

The methods used to analyse the results of the survey can be broken into descriptive methods and model-based methods.

Scoring

Responses to questions in the survey differ in the number of responses; but in most cases the responses are ordinal. For instance responses of yes, always, yes, sometimes and no, never for one question, and excellent, very good, good, fair and poor for another question are ordinal. In order to compare responses to questions objectively, the responses for questions with ordinal responses were translated to an interval scale.

For scoring, the ordinal responses were allocated a score from zero to 10, with the most negative response for the question given a score of zero, and the most positive response a score of 10. Intermediate responses are calculated by dividing the total range of 10 equally between the number of possible responses. For example, for the question: "How would you rate how well the healthcare professionals worked together?" the most positive response option, excellent scored 10, very good scored 7.5, good scored 5, and poor scored zero. Responses such as "don't know or can't remember", or where the question is not applicable are coded as missing for this analysis.

Scores were aggregated using the SURVEYMEAN procedure in SAS to calculate the weighted average score for each facility / group for each question.

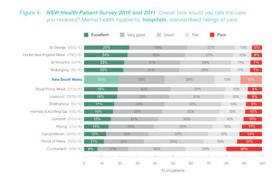
A summary table of the scores for each question is available at www.bhi.nsw.gov.au

Highest ratings for overall care (LHDs, hospital facilities and community mental health facility groups)

The weighted average score for the overall care question was used to rank the facilities / groups for Figure 4 in both reports (Example B).

The figure presents the proportions for each ordinal response, adjusted by survey weight and standardised in order to allow fairer comparisons between facilities, groups or LHDs.

Example **B**:



Highest and lowest rated questions

The weighted average scores for each individual question were ranked from highest to lowest. At a state level the five highest and lowest scoring questions are reported. At the LHD and hospital / facility group level, the Performance Profiles present the weighted proportions of the ordinal responses for the three questions with the highest and lowest scores for each. These results show what each LHD, hospital / facility group is doing well and what can be improved on, relative to the responses for the other questions (Example C).

Example **C**:



Significance testing

Statistically significant results between LHDs or hospital / facility group and the state rate are detected as follows. The 95% confidence interval around the mean for each facility[‡] and for the state rate was obtained using the SURVEYMEAN procedure. If the 95% confidence interval around the mean for a facility overlaps with the 95% confidence interval around the state mean, there is *no significant difference* between that facility and the state. If the average score for a

facility is greater than the average score for the state and the confidence intervals do not overlap, then the facility is *significantly better* than the state. Conversely if the average score for a facility is greater than the average score for the state and the confidence intervals do not overlap then the facility is *significantly worse* than the state for that question (Example D).

Example **D**:



The statistically correct method is to compare the difference between the two means with the standard error of the difference between the two means. Different sample sizes between facilities or LHDs means that such a method is time consuming and complex. The use of overlapping 95% confidence intervals around the mean is often used in routine reporting.⁵ It is generally more conservative than the difference between the two means method.

^(‡) Facility is used in this explanation. The same process is used for detecting significant differences between groups and the state for the *Community Mental Health Survey* and between LHD and the state for both surveys.

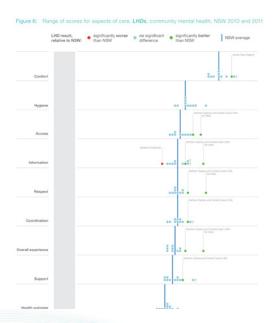
Aspects of Care

The questions are summarised into 10 aspects of care for the Mental Health Inpatient Survey and 11 aspects of care for the Community Mental Health Survey. The list of questions included in each aspect of care are shown in Appendix 2a for Inpatients and Appendix 2b for Community Mental Health.

We first calculate the aspect of care score for each respondent. We then obtain the mean and 95% confidence interval for each aspect of care for each hospital / facility group, LHD and for the state overall using the SURVEYMEAN procedure, only including respondents that have responses to at least 66% of the questions. This method is similar to those used by the Victorian Patient Satisfaction Monitor (VPSM) to calculate their composite indices of satisfaction.⁶

Results for aspects of care scores are shown in Figure 6 of the reports for LHDs and in Figure 8 of each report for individual facilities / community mental health facility groups (Example E).

Example **E**:



Aboriginal respondents

Aboriginal respondents are identified using the response to the question on Aboriginal status asked in the demography question section of each survey. Insufficient data was obtained from the sampling frame to be able to calculate the response rate for Aboriginal Australians compared to non-Aboriginal respondents.

The effect of Aboriginal status was calculated using chi-square tests, taking into account the survey weights. A *p-value* of 5% was used to determine statistical significance.

Modelling and standardisation

The following sections outline the multivariate and standardisation techniques used to identify the questions that were associated with patients' ratings of overall care in order to determine where quality improvement initiatives could be of most value. All analyses allowed for the finite population size.

The dependent variables

The model-based analyses centred on the patients' ratings of overall care experience.

This question was stated as "Overall, how would you rate the care you received at the hospital?" in the Mental Health Inpatient Survey and as "Overall how would you rate the care and services you received?" in the Community Mental Health Survey with response options of excellent, very good, good, fair and poor for both.

The analysis assumed, prospectively, that the questions most associated with highly positive ratings could be different from the factors associated with highly negative ratings.

To identify the factors underlying positive ratings, statistical techniques were used to identify the factors and experiences that differentiated those who answered *excellent* to the overall care question from those who reported their overall care experience as *very good, good, fair* or *poor* (i.e. all remaining respondents). The *positive* rating therefore codes *excellent* responses to the overall care question as '1' and any other responses as '0'.

The same approach was used to identify the factors associated with negative ratings of overall care. Responses were aggregated from patients who rated fair or poor ratings because so few patients offered *poor* ratings, and *fair* ratings of care still allow for improvement in the quality of service. The negative rating codes *fair* and *poor* as '1' and the remaining responses as '0'.

This analysis only included respondents who answered the overall care question in the survey.

Independent variables

International research evidence suggests that characteristics of the patient, such as age or health status, may influence how they rate the care they receive. Therefore, we assessed the degree to which these characteristics were statistically significant predictors of patients' ratings of overall care, and considered statistically significant factors in tandem with information on care experiences to determine:

- Question responses that are most correlated with positive or negative responses to the overall care question.
- 2) The magnitude of the odds ratios that question responses have on *positive* or *negative* ratings
- 3) The magnitude of the odds ratios that question responses have on positive or negative ratings, adjusted for patient characteristics and care experiences variables.

Questions from the survey were sorted into two groups:

- 1) Patient characteristics: age group, gender, self-reported health status, education, language spoken at home, days that illness or injury kept the respondent in bed all or part of the day in the month of the hospital or clinic visit. In the Mental Health Inpatient Survey the quintile of socioeconomic disadvantage was included. This was not possible for the Community Mental Health Survey as the postcode was not available.
- 2) Care experiences: patient perceptions about the nature and process of their care, such as overall impression of hospital staff, amenities or staff hygiene from the survey.

Grouping the variables in this way sought to distinguish the influence of the two groups on patients' ratings of overall care.

Individual data were available for all patient characteristics variables, except socioeconomic status. We estimate the quintile of socioeconomic disadvantage using the index of relative socioeconomic disadvantage (IRSD) for the patient's residential postcode. The IRSD is one of the four summary measures of socioeconomic status in Socio-Economic Information for Areas (SEIFA) published by the Australian Bureau of Statistics from census data.8

All questions are included as categorical variables. Missing responses, and responses such as *don't know / can't remember* are included as a valid category in the independent questions in order. The analysis coded any non-ordinal responses and missing responses

as -9. They were then included as their own grouping in the analysis, and therefore the missing group gets an odds ratio as well as all ordinal groupings.

Multivariate analyses

Forward stepwise logistic regression analysis was conducted to identify the independent variables, including care experiences, that explain the most variability in positive ratings and negative ratings considered separately. SAS PROC SURVEYLOGISTIC was used for the analysis. All analyses included a finite population correction factor, and took into account the survey design.

At each stage of the forward stepwise regression analysis, the selection of the next variable was based on choosing the model with the lowest Akaike's Information Criterion (AIC). This process continued until the model no longer benefited from the addition of any further patient characteristics – either the AIC increased or the Wald chi-square for addition of the variable was not significant at the 5% level.

We added variables in two groups as follows:

First step – The questions about patient characteristics in the survey were considered for inclusion in the model. Only significant characteristics were left in the model.

Second step – Starting from the model developed in the first step, we included questions from the survey asking patients about their care experience.

LHD was initially added in the process between the first and second steps, but it was not statistically significant so was omitted from the process. Table 2 shows the number of independent variables that were included from the different variable groups in the final models. Appendix 3 and 4 list the statistically significant patient characteristics with their corresponding *p-values* and odds ratios in the bivariate and multivariate models. Also shown are the five care experience variables most important in determining the ratings of overall care.

Although there are more than five significant care experience variables, the greatest increase the amount of variability in the response explained by the model occurs when the first of the care experience variables is added. Once three of these variables are included in the model, the incremental increase for each successive variable is small, as shown in Figure 1 on page 11.

Table 2: Number of significant independent variables included in the model, by dependent variable, type of patient survey and category of independent variable

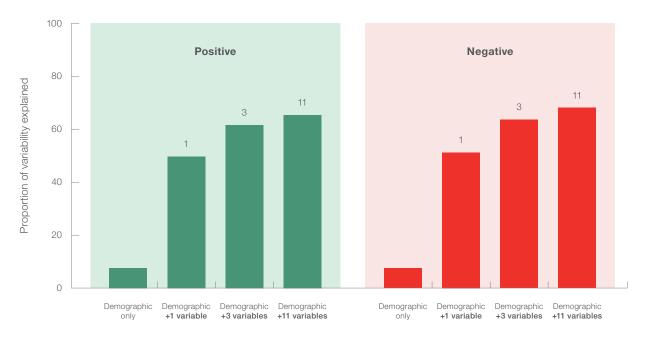
		sitive nt vs rest	Negative Poor / Fair vs rest		
Independent Variable Group	Mental Health Inpatient Survey	Community Mental Health Survey	Mental Health Inpatient Survey	Community Mental Health Survey	
Demographic (group1)	1	3	6	3	
Care experience (group 2)	21	11	10	11	

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

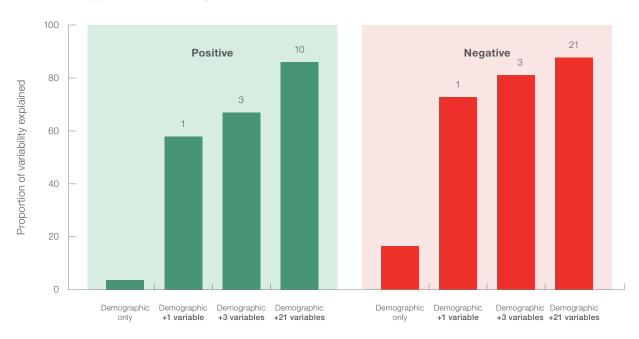
Figure 1: Proportion of variability in the response variable explained by the model. The number represents the number of care experience variables included in the model at that time.



(a) Community Mental Health



(b) Mental Health Inpatients



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

Identifying factors most associated with patient reported outcome measures

The multivariate modelling process was repeated using each of the four patient reported outcome measures as the dependent variable. These measures are included in the Community Mental Health Survey as the questions: "Do you feel better prepared to deal with daily problems?", "Are you able to get along better with your family and people close to you?", "Are you doing better in your work, school, or other usual activities?" and "Overall, were you helped by the services you received?".

We created positive and negative binary variables from responses for these four questions as follows:

- For positive, Yes, definitely = 1,
 Yes, somewhat and No = 0;
- For negative, No = 1, Yes, somewhat and Yes, definitely = 0.

Respondents who did not provide a response to the specific outcome question were excluded from the analysis.

We report the three care experience questions that explain most of the variation in the model (after adjusting for significant demographic variables, excluding questions regarding hand washing and cleanliness) (Example F).

Example **F**:



Standardised patient ratings

To support fair comparisons between different facilities, patients' ratings of care experiences were standardised. Standardisation is important because different facilities and service units provide services to different types of people. These differences may predispose patients to offer higher or lower ratings and are beyond the control of healthcare workers who provide care.

The standardised results show how facilities would be rated if they all served the same standard patient population.

We included all Group 1 variables that were statistically significant in the positive and / or negative stepwise as variables in the standardisation. For the *Mental Health Inpatient Survey* this included: age group, self-reported health status, sex, Aboriginality, education level, and patient in a hospital overnight or longer in last 6 months. For the *Community Mental Health Survey* this included: self-reported mental health status, number of days illness or injury kept you in bed in last month, patient in a hospital overnight or longer in last 6 months, and age group.

To calculate the standardised estimates for each care experience, terms for individual hospitals were added to the base model. As described above, the model was fitted using the cumulative logit link function. The standard population was defined as all NSW respondents included in the analyses that responded to the outcome of interest. The tables in **Appendix 3 and 4** include the proportion of respondents in each category, for each variable in the base model. We use these proportions to standardise at the facility and LHD level.

Both actual and standardised results for ratings of overall care, and for the top three care experiences from the analyses of the positive and negative ratings of overall care, are included in profiles at www.bhi.nsw.gov.au

They are available for 13 hospitals and 12 LHDs for the mental health inpatient services, and for 26 facility groups, 9 LHDs and 2 grouped sets of paired LHDs for community mental health services. Actual and standardised results are also presented for facilities located in rural LHDs or metropolitan LHDs as a whole depending on whether the LHD is considered rural or metropolitan.

Appendix 1: units of analysis

Appendix table 1: Composition of community mental health facility groups

Facility group name	LHD	Mental Health Service Units included	Sample size	Response rate	Reported
Bankstown Mental Health Service	South Western Sydney LHD	Bankstown Mental Health Service	147	27%	Yes
Braeside	South Western Sydney LHD	Braeside	2	27%	No
Broken Hill region	Far West LHD	Broken Hill Child & Adolescent Service, Broken Hill Mental Health and Counselling Team, Broken Hill Transition Support, Lower Southern Sector Mental Health & Counselling Team	34	22%	Yes
Canterbury	Sydney LHD	Canterbury Mental Health Service	154	27%	Yes
Child and Adolescent Mental Health, North Sydney Central Coast Area Health Service (CAM NSCCAHS)	Northern Sydney and Central Coast LHDs	Central Coast Child & Adolescent Mental Health Service, Young People's Early Psychosis Intervention (YPPI), Youth Mental Health, Vocational Education Training & Employment (VETE) Mental Health Program, Hornsby Ku-ringgai Child & Adolescent Team, Coral Tree Non Inpatient Service, Lower North Shore Parenting & Child Behaviour Team (PCBT), Royal North Shore Child and Adolescent Psychiatry, Royal North Shore Psychosis In Young People (PIYP), Northern Beaches Child and Family Counselling Service, Northern Beaches Adolescent Team, Ryde Child and Adolescent Service	159	31%	Yes
Central	Murrumbidgee LHD	Temora Community Mental Health Service - Child & Adolescent Mental Health Service, Temora Community Mental Health Service Adult, Tumut Community Mental Health Service - Adult, Tumut Community Mental Health Service - Child & Adolescent Mental Health Service, Young Community Mental Health Service, Pementia Behaviour and Management Assessment Centre (DBMAS), Wagga Wagga Community Mental Health Service - Adult, Wagga Wagga Community Mental Health Service - Age, Wagga Wagga Community Mental Health Service - Child & Adolescent	24	19%	No
Central Coast	Northern Sydney and Central Coast LHDs	Acute Home Based Treatment Team - Central Coast, Central Coast Mental Health Consultation and Liaison, Central Intake & Emergency Assessment Service - Central Coast, GP Shared Care Team - Central Coast, Rehabilitation Assertive Follow-up Team, Therapy Team - Central Coast	131	23%	Yes
Central Western Sydney Mental Health	Western Sydney LHD	Blacktown Access and Assessment Mental Health Team, Blacktown Aged Care Psychiatry Community Team, Blacktown Case Management Service, Blacktown Clozapine Clinic, Blacktown Early Intervention Team, Blacktown Hospital - Acute Inpatient Service, Blacktown Hospital Consultation Liaison, Blacktown Hostel and Residential Services, Blacktown Mental Health Outpatient Service, Blacktown Paediatric Mental Health Team, Blacktown Psychiatric Emergency Care (PECC) Service, Blacktown Therapies and Clinical Suport	162	29%	Yes

Facility group name	LHD	Mental Health Service Units included	Sample size	Response rate	Reported
Coffs Clarence	Mid North Coast and Northern NSW LHDs	Bellingen Mental Health Service for Adults, Coffs Harbour Mental Health Acute Care Service, Coffs Harbour Mental Health Consultation Liaison Service, Coffs Harbour Mental Health Service for Young People, Coffs Harbour Mental Health Service for Adults, Coffs Mental Health Service for Older Persons, Coffs Clarence Mental Health Vocational Educational Training and Employment Service, Coffs Harbour Mental Health Community Rehabilitation Service, Coffs / Clarence Mental Health Service for Older People, Grafton Acute Care Service, Grafton Mental Health Service for Adults, Grafton Aboriginal Emotional Wellbeing Service, Grafton Mental Health Service for Young People, Macksville Mental Health Service for Adults, North Coast Mental Health Vocational Education Training and Employment Service	139	25%	Yes
Dubbo Region	Western NSW LHD	Dubbo Base Hospital - Mental Health Emergency Department Clinical Nurse Consultant, Dubbo Child & Adolescent Mental Health Worker, Dubbo Community Mental Health Team, Dubbo Specialist Mental Health Older Persons Team, Dubbo Psychiatric Services, Lyndarra Mental Health Team, Upper Western Sector Mental Health & Counselling Team, Mental Health Rehabilitation Team, Mudgee Community Mental Health Team, Mudgee Child & Adolescent Mental Health Worker, Nyngan / Cobar Mental Health and Drug & Alcohol Worker	112	24%	Yes
Eastern	Southern NSW LHD	Bega Valley Community Adult Mental Health Service, Bega Valley Community Child & Adolescent Mental Health Service, Cooma Community Adult Mental Health Service, Cooma Community Child & Adolescent Mental Health Service, Eurobodalla Community Adult Mental Health Service, Eurobodalla Community Child & Adolescent Mental Health Service, Goulburn Community Adult Mental Health Service, Goulburn Mental Health Emergency Care, Queanbeyan Child & Adolescent Mental Health Service, Queanbeyan Community Adult Mental Health Team, Dementia Behaviour and Management Assessment Centre (DBMAS), Wagga Wagga Community Mental Health Service - Adult, Wagga Wagga Community Mental Health Service - Child & Adolescent, YASS Community Mental Health Service - Adult	53	14%	No
East Western Sydney Mental Health	Western Sydney LHD	Auburn Community Mental Health, Community Rehabilitation Service Eastern Cluster Sydney West Area Health Service, Dundas Mental Health Team, Anxiety Clinic, Merrylands Aged Care, Merrylands Mental Health Team, Parramatta City Community Mental Health, Parramatta Eating Disorder Day Treatment Program, Redbank House Adolescent Program, Hills Mental Health Team	176	29%	Yes

Facility group name	LHD	Mental Health Service Units included	Sample size	Response rate	Reported
Greater Albury	Murrumbidgee LHD	Albury Community Mental Health Service - Adult, Albury Community Mental Health Service - Aged, Albury Community Mental Health Service - Child & Adolescent Mental Health Service, Albury Mental Health Emergency Care	29	14%	No
Hastings Macleay	Mid North Coast and Northern NSW LHDs	Kempsey Mental Health Acute Care Service, Kempsey Mental Health Consultation Liaison Service, Kempsey Mental Health Service for Adults, Kempsey Mental Health Service for Young People, Kempsey Mental Health Emergency Care Service, Hastings-Macleay Mental Health Service for Older People, Port Macquarie Mental Health Consultation Liaison Service, Port Macquarie Mental Health Acute Care Service, Port Macquarie Mental Health Community Rehabilitation Service, Port Macquarie Mental Health Emergency Care Service, Port Macquarie Mental Health Service for Adults, Port Macquarie Mental Health Service for Young People	127	25%	Yes
Hunter New England Community	Hunter New England LHD	Child & Adolescent, Forensic, General & Adult, Older People	165	24%	Yes
Hunter New England Mater	Hunter New England LHD	Hunter New England Mater Mental Health Service, Psychiatric Emergency Care Centre	34	24%	Yes
Hornsby	Northern Sydney and Central Coast LHDs	Hornsby Ku-ring-gai Acute Care Team, Hornsby Ku-ring-gai Hospital Clozapine Clinic, Hornsby Assertive Outreach and Residential, Wahroonga Rehabilitation Service	162	31%	Yes
Illawarra	Illawarra Shoalhaven LHD	Fernhill Place Rehabilitation Service, Lake Illawarra Community Mental Health Team, Lake Illawarra Acute Assessment Team, Specialist Psychological Services, Eating Disorders Illawarra, Shoalhaven Community Mental Health Team, Child & Adolescent Service Shoalhaven, Eating Disorder Program Shoalhaven, Nowra Youth Mental Health, Specialist Mental Health Services for Older Persons - Shoalhaven, The Junction Rehabilitation Service, Ulladulla Community Mental Health Service, Wollongong Community Mental Health Team, Wollongong Accommodation, Child & Adolescent Service Wollongong, Specialist Mental Health Services For Older Persons - Wollongong, Wollongong Psychiatric Emergency Care Centre Ambulatory Care, Wollongong Youth Mental Health	172	29%	Yes
Liverpool Mental Health Service	South Western Sydney LHD	Liverpool Mental Health Service	174	27%	Yes
MacArthur Mental Health Service	South Western Sydney LHD	MacArthur Mental Health Service	138	27%	Yes

Facility group name	LHD	Mental Health Service Units included	Sample size	Response rate	Reported
Nepean Blue Mountains Mental Health	Nepean Blue Mountains LHD	Blue Mountains Hospital Consultation Liaison Psychiatry, Blue Mountains Mental Health Access Team, Hawkesbury Mental Health Team, Katoomba Mental Health Team, Lithgow Community Mental Health Team, Homeless Persons Mental Health, Prevention Early Intervention Recovery Service, Penrith Mental Health Team, Child & Adolescent Mental Health Service - Penrith, Early Psychosis Intervention - Penrith, Plains Mental Health Access Team, Springwood Mental Health Team, St Marys Mental Health Team, Aged Care Psychiatry - Western Sector Sydney West	158	27%	Yes
Northern Beaches	Northern Sydney and Central Coast LHDs	Frenchs Forest Community Mental Health, Manly Mental Health Emergency Department Clinical Nurse Consultant, Mona Vale Mental Health Team, Beaches Early Intervention Clinicians, Northern Beaches Assertive Outreach Team, Northern Beaches Clozapine Clinic, Northern Beaches Extended Hours Team, Queenscliff Community Mental Health Team	157	31%	Yes
North Shore Ryde	Northern Sydney and Central Coast LHDs	Cremorne Mental Health, Royal North Shore Assertive Outreach Team, Royal North Shore Hospital - Emergency Department Mental Health Clinical Nurse Consultant, Royal North Shore Consultation / Liaison, Royal North Shore Hospital Community Acute Services, Ryde Acute Services, Ryde Assertive Outreach Team, Ryde Community Mental Health Service Emergency Department Clinical Nurse Consultant	158	31%	Yes
North Sydney Central Coast Area Health Service (NSCCAHS)	Northern Sydney and Central Coast LHDs	Early Psychosis Intervention Service, Specialist Rehabilitation Service	15	31%	No
Orange Region	Western NSW LHD	Bathurst Community Mental Health Team, CADIA House - Ambulatory Mental Health Service, Child & Adolescent Mental Health Team, Condobolin Community Mental Health Team, Cowra Community Mental Health Team, Forbes Community Mental Health Team, Mental Health Emergency Care - Rural Access Project, Mental Health Consultation Liaison Nurse Emergency Department, Older Persons Mental Health Team - Southern & Eastern Clusters, SHIPS Activity Centre Service, SHIPS Ambulatory Team, SHIPS Community Residential Team, Orange Community Mental Health Team, Parkes Community Mental Health Team, Pine Lodge Youth Day Program	149	24%	Yes

Facility group name	LHD	Mental Health Service Units included	Sample size	Response rate	Reported
Prince of Wales	South Eastern Sydney LHD	Bondi Junction Youth Mental Health, Eastern Suburbs Acute Care Team, Eastern Suburbs Adult Outpatient Service, Eastern Suburbs Aged Care Mental Health Service, Eastern Suburbs Child & Adolescent Mental Health - Adolescent, Eastern Suburbs Child & Adolescent Mental Health - Child, Eastern Suburbs Consultation Liaison Psychiatry, Eastern Suburbs Community Medicine, Neuropsychiatric Institute Outpatients, Eastern Suburbs Early Psychosis Program, Eastern Suburbs Mental Health Services Bilingual Team, Eastern Suburbs Mental Health Services Case Management & Assessment Team, Eastern Suburbs Mobile Community Treatment Team, Eastern Suburbs Rehabilitation Service	123	28%	Yes
Richmond	Mid North Coast and Northern NSW LHDs	Ballina Mental Health Community Rehabilitation Service, Ballina Mental Health Service For Adults, Ballina Mental Health Service For Young People, Casino Mental Health For Adults, Casino Mental Health Service For Young People, Kyogle Mental Health Service For Adults, Lismore Aboriginal Emotional Wellbeing Service, Lismore Mental Health Acute Care Service, Lismore Mental Health Emergency Care Service, Lismore Mental Health Service For Adults, Lismore Mental Health Service For Young People	84	18%	No
Specialist Mental Health Services for Older People, North Sydney Central Coast Area Health Service (SMOP NSCCAHS)	Northern Sydney and Central Coast LHDs	Central Coast Older Persons Mental Health, Hornsby Aged Care, Community Mental Health Services for Older People, Behavioural Assessment and Intervention Service, Northern Beaches Community Aged Care Psychiatry Team, Ryde Mental Health Services for Older People	172	31%	Yes
Sydney South West Eastern Zone	Sydney LHD	Camperdown, Croydon Health Centre, Marrickville, Redfern Mental Health	150	27%	Yes
St George	South Eastern Sydney LHD	Rockdale Youth Mental Health, St George Acute Community Care Team, St George Mental Health Connections Team, St George Mental Health Directions Team, St George Mental Health Outlook Team, St George Older Adult Psychiatry Service, St George Psychiatric Emergency Care Centre Ambulatory Care, St George Mental Health Child Youth & Family Team, St George Mental Health Intensive Care & Assessment Team, St George Rehabilitation Service	188	28%	Yes
Sutherland	South Eastern Sydney LHD	Sutherland Acute Community Treatment Team (ACTT), Sutherland Continued and Extended Care Team (CONNECT), Sutherland Mental Health ACCESS Team, Sutherland Older Adult Service, Sutherland Specific Treatment and Rehabilitation Team (START), Sutherland Child & Adolescent Psychiatry, Sutherland Perinatal Mental Health, Sutherland Youth Mental Health, Sutherland Working With Families	154	28%	Yes

Facility group name	LHD	Mental Health Service Units included	Sample size	Response rate	Reported
Tweed Byron	Mid North Coast and Northern NSW LHDs	Byron Mental Health Acute Care Service, Mullumbimby Mental Health Service for Adults, Mullumbimby Mental Health Service for Young People, Tweed Mental Health Acute Care Service, Tweed Mental Health Service for Young People, Tweed Mental Health Consultation Liaison Service, Tweed Mental Health Service for Adults, Tweed / Byron Mental Health Community Rehabilitation Service, Tweed / Byron Mental Health Service for Older People	81	18%	No
Western	Murrumbidgee LHD	Deniliquin Community Mental Health Service - Adult, Deniliquin Community Mental Health Service - Aged, Griffith Community Mental Health Service - Adult, Griffith Community Mental Health Service - Child & Adolescent Mental Health Service, Leeton Community Mental Health Service - Child & Adolescent Mental Health Service	11	19%	No
Wingecarribee	South Western Sydney LHD	Bowral Menatl Health Service	62	28%	Yes

Appendix 2: questions in each aspect of care

Appendix table 2a: **NSW Mental Health Inpatient Survey, February 2010 and February 2011**Frequency table for all codeable responses

Number of resp-

Question number and text ondents Response Percent Comments

Q38: Did someone tell you about self-help or support groups you could work with? Q39: Did someone tell you about different kinds of counselling or treatment that are available? Q51: Did someone tell you about medication side effects to watch for when you went home? Q52: Did they tell you what danger signals about your condition to watch for after you went home? Q54: Did you know who to call if you needed help or had more questions after you left? Coordination: a measure of the organisational processes of care, whether services are performed of time and the consistency of information provided by healthcare professionals.	Quodion number and text	Ondonto	Поороноо	1 Groom	Comments		
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or had more questions after you left? No 21% Coordination: a measure of the organisational processes of care, whether services are performed of time and the consistency of information provided by healthcare professionals. Q6: How organised was the care you received in the emergency department? On 21% Very organised 54% Somewhat organised 36% Not at all organised 10% Very organised 49% Only appropriate where patient went through emergency department Very organised 49% Somewhat organised 39% Somewhat organised 39%	you went home?			46%			
or had more questions after you left? No 21% Coordination: a measure of the organisational processes of care, whether services are performed of time and the consistency of information provided by healthcare professionals. Q6: How organised was the care you received in the emergency department? On 21% Very organised 54% Somewhat organised 36% Not at all organised 10% Very organised 49% Only appropriate where patient went through emergency department Very organised 49% Somewhat organised 39% Somewhat organised 39%	054: Did you know who to call if you peeded help		Yes, completely	79%			
Coordination: a measure of the organisational processes of care, whether services are performed of time and the consistency of information provided by healthcare professionals. Q6: How organised was the care you received in the emergency department? Q8: How organised was the admission process? Q8: How organised was the admission process? Q8: Somewhat organised was the admission process? Q8: Somewhat organised was the admission process?		1,006					
Q6: How organised was the care you received in the emergency department? 681 Somewhat organised Not at all organised 10% Very organised 49% Q8: How organised was the admission process? 992 Somewhat organised 36% 10% only appropriate where patient went through emergency department	Coordination : a measure of the organisational processes of care, whether services are performed on time and the consistency of information provided by healthcare professionals.						
the emergency department? Not at all organised 10% Not at all organised 49% Q8: How organised was the admission process? 992 Somewhat organised 39% Somewhat organised 39%	00.11		Very organised	54%	Lower sample size because		
Not at all organised 10% emergency department Very organised 49% Somewhat organised 39%		681	Somewhat organised	36%			
Q8: How organised was the admission process? 992 Somewhat organised 39%	and sind gone, dopartinont.		Not at all organised	10%			
			Very organised	49%			
	Q8: How organised was the admission process?	992	Somewhat organised	39%			
			Not at all organised	12%			

Number
of resp-

Question number and text	of resp- ondents	Response	Percent	Comments
Q9: Do you feel you had to wait an unnecessarily		No	58%	
long time to go to your ward or room?	987	Yes, somewhat	21%	
		Yes, definitely	21%	
Q26: Sometimes in the hospital, one doctor, healthcare professional, or nurse will say one		No	55%	
thing and another will say something quite	1,004	Yes, sometimes	33%	
different. Did this happen to you?		Yes, always	11%	
0.7 W		Yes, always	50%	
Q37: Were your scheduled tests and procedures performed on time?	737	Yes, sometimes	35%	Only included where tests performed (n=65 excluded)
p		No	15%	,
		Excellent	18%	
Q55: How would you rate how well the doctors,		Very Good	26%	
healthcare professionals, and nurses	1,003	Good	28%	
worked together?		Fair	16%	
		Poor	12%	
Support : the extent to which healthcare their patients for any fear, anxiety and cor	provider ncerns as	s provided empathy ssociated with their	r, encou illness	ragement and support to or hospital stay.
Q15: If you had any anxieties or fears about		Yes, completely	35%	Patients who responded
your condition or treatment, did a doctor or healthcare professional discuss them	906	Yes, somewhat	41%	'did not have anxieties
with you?		No	24%	or fears' excluded (n=98)
OO1. If you had any anxieties or focus about your		Yes, completely	36%	Datiente who reen anded
Q21: If you had any anxieties or fears about your condition or treatment, did a nurse discuss	904	Yes, somewhat	42%	Patients who responded 'did not have anxieties
them with you?		No	22%	or fears' excluded (n=105)
		Yes, definitely	37%	
Q31: Was it easy for you to find someone on the	951	Yes, somewhat	39%	Patients who responded 'did not want to talk / no
hospital staff to talk to about your concerns?		No	24%	concerns' excluded (n=60)
Hygiene : a measure of the cleanliness of providers.	the facil	ity and the hand hy	giene p	ractices of healthcare
Q32: Was a hand basin and / or alcohol hand wash	899	Yes	50%	Patients who were unsure
available in your room or at your bedside?		No	50%	were excluded (n=112)
Q33: Did your healthcare providers / staff wash		Yes, always	65%	5
or clean their hands before providing care	542	Yes, sometimes	19%	Patients who were unsure were excluded (n=460)
for you?		No, never	17%	word oxidaded (ri= 100)
O24. Did your bookboom and identify the		Yes, always	58%	
Q34: Did your healthcare providers / staff wash or clean their hands after providing care	437	Yes, sometimes	19%	Patients who were unsure
for you?		No, never	23%	were excluded (n=576)
Information : the extent of information prowhether the information provided is easily			ir care	and treatment and
		Yes, definitely	39%	Lower sample size because
Q7: While you were in the emergency department, did you get enough information about your	579	Yes, somewhat	32%	only appropriate where
medical condition and treatment?		No	29%	patient went through emergency department
		Yes, always	49%	
Q13: When you had important questions to ask a doctor or healthcare professional, did you	938	Yes, sometimes	36%	Patients who responded that they did not have questions
get answers you could understand?	300	No No	15%	were excluded (n=72)
		INO	10/0	

Question number and text	ondents	Response	Percent	Comments			
Q20: When you had important questions to ask		Yes, always	46%	Patients who responded that			
a nurse, did you get answers you could understand?	967	Yes, sometimes	41%	they did not have questions were excluded (n=51)			
understand?		No	12%	were excluded (n=51)			
		Yes, completely	41%	Patients who responded			
Q36: Did a doctor or nurse explain the results of tests in a way you could understand?	844	Yes, somewhat	37%	that no tests were done			
totto iii a maj joa oodia anabiotana.		No	22%	were excluded (n=153)			
Q40: Were you given as much information as you		Yes, completely	36%				
wanted about what you could do to manage	1,008	Yes, somewhat	35%				
your condition?		No	29%				
Q41: Were you given as much information as you		Yes, completely	44%				
wanted about your rights and responsibilities	1,010	Yes, somewhat	31%				
as a patient?		No	25%				
		Yes, completely	45%				
Q49: Did someone explain when you would be	1,008	Yes, somewhat	34%				
allowed to go home?		No	21%				
050 5:1		Yes, completely	55%	Patients who responded that			
Q50: Did someone on the hospital staff explain the purpose of the medicines you were to take at	861	Yes, somewhat	27%	they did not need explanation			
home in a way you could understand?		No	19%	or no medicines at home were excluded (n=145)			
Family involvement: the ability of health family members of patients of the care an		ent required.		derstood information to			
Q28: Did anyone talk to you about whether	4.004	Yes, definitely	37%				
to include your family or friends in your counselling or treatment?	1,001	Yes, somewhat	25%				
counciling of troutmont.		No	38%				
Q29: Did your family or someone else close to		Yes, definitely	46%	Patients who responded no family or friends were involved or family			
you have enough opportunity to talk to your doctor or healthcare professional?	862	Yes, somewhat	33%	did not want or need information			
doctor of fleatificate professional:		No	21%	were excluded (n=135)			
Q30: How much information about your condition		Too much	5%	Patients who responded no family			
or treatment was given to your family or	820	Right amount	69%	or friends were involved or family did not want or need information			
someone close to you?		Not enough	25%	were excluded (n=183)			
Q53: Did the doctors, healthcare professionals,		Yes, definitely	36%	Patients who responded no family			
or nurses give your family or someone close to you all the information they needed to help	862	Yes, somewhat	31%	or friends were involved or family did not want or need information			
you recover?		No	32%	were excluded (n=128)			
Overall experience : a measure of the overall care provided, including the extent of confidence and trust the patient had in their health care providers.							
Q16: Did you have confidence and trust in		Yes, always	46%				
the doctors or healthcare professionals	1,013	Yes, sometimes	35%				
treating you?		No	19%				
		Yes, always	50%				
Q22: Did you have confidence and trust in the nurses treating you?	1,013	Yes, sometimes	37%				
naises treating you:		No	13%				

Question number and text	ondents	Response	Percent	Comments
		Excellent	15%	
		Very Good	24%	
Q47: How would you rate the counselling or treatment you received?	1,001	Good	28%	
a calment you received.		Fair	20%	
		Poor	13%	
		Excellent	19%	
		Very Good	26%	
Q56: Overall, how would you rate the care you received at the hospital?	1,004	Good	28%	
1000.100 at 1.10 1100p.ta.1		Fair	15%	
		Poor	12%	
		10 Best possible hospital	11%	
		9	11%	
		8	22%	
		7	18%	
Q57: Using any number from 0 to 10, where 0 is the worst program or service possible		6	9%	
and 10 is the best program or service	1,007	5	11%	
possible, what number would you use to rate this program or service?		4	4%	
rate this program or service:		3	4%	
		2	3%	
		1	4%	
		0 Worst possible hospital	4%	
		Yes, definitely	40%	
Q58: Would you recommend this hospital to your friends and family?	1,014	Yes, probably	37%	
mondo and farmy.		No	23%	
Comfort : the extent to which healthcare management.	provider	s respond to a patio	ent's ne	eds, including pain
		Excellent	16%	
Q59: Ease of understanding directions and signs		Very Good	25%	33 responses that were not
inside and outside the hospital	995	Good	36%	codeable were excluded
		Fair	15%	
		Poor	7%	
		Excellent	8%	
		Very Good	11%	101 responses that were not
Q60: Availability of parking	927	Good	27%	codeable were excluded
		Fair	25%	
		Poor	28%	
		Excellent	12%	
		Very Good	23%	00
Q61: Keeping noise levels to a minimum	999	Good	35%	99 responses that were not codeable were excluded
		Fair	20%	
		Poor	9%	

Νu	ımber
of	resp-

Question number and text	of resp- ondents	Response	Percent	Comments
		Excellent Very Good	21%	
Q62: Cleanliness of the facility	1,013	Good Fair Poor	27% 16% 8%	
Q63: Cleanliness of the room	1,011	Excellent Very Good Good Fair Poor	24% 26% 32% 12% 5%	
Q66: Taste of the food	1,003	Excellent Very Good Good Fair Poor	11% 18% 30% 23% 18%	
Q67: Temperature of the food	998	Excellent Very Good Good Fair Poor	14% 20% 37% 19% 11%	30 responses that were not codeable were excluded
Respect: the ability of healthcare provide including the provision of sufficient privace	ers to pro	ovide care to patien patient during their	ts in a re treatme	espectful manner, nt and discussions.
Q10: If you had to wait to go to your ward or room, did someone from the hospital explain the reason for the delay?	581	Yes No	50% 50%	Patients who responded that they did not have to wait were excluded (n=373)
Q11: How would you rate the courtesy of the staff who admitted you?	999	Excellent Very Good Good Fair Poor	26% 23% 27% 15% 9%	
Q17: Did doctors or healthcare professionals talk in front of you as if you were not there?	1,009	No Yes, sometimes Yes, often	65% 23% 12%	
Q18: How would you rate the courtesy of your doctors or healthcare professionals?	1,004	Excellent Very Good Good Fair Poor	22% 25% 26% 18% 10%	
Q23: Did nurses talk in front of you as if you were not there?	1,002	No Yes, sometimes Yes, often	65% 24% 11%	

Question number and text	of resp- ondents	Response	Percent	Comments
		Excellent	21%	
Q24: How would you rate the courtesy of your	1,001	Very Good	28%	
nurses?	1,001	Good Fair	15%	
		Poor	10%	
Q27: Did you have enough say about your		Yes, definitely	30%	
treatment?	1,001	Yes, somewhat	37%	
		No	33%	
Q42: Do you feel you had enough privacy during		Yes, always	41%	
your stay?	1,012	Yes, sometimes	34%	
		No	24%	
		Yes, completely	21%	
Q43: Did you feel you could refuse a specific type of medicine or treatment?	991	Yes, somewhat	24%	
		No	55%	
		Yes, completely	38%	
Q45: Was your inpatient care responsive to your needs?	1,001	Yes, somewhat	45%	
neeus:		No	17%	
		Yes, always	52%	
Q46: Did you feel you were treated with respect	1,014	Yes, sometimes	31%	
and dignity while you were in the hospital?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No	17%	
		Excellent	24%	
		Very Good	27%	
Q64: Courtesy and helpfulness of the staff that	1,000	Good	29%	
served your food	1,000	Fair	14%	
		Poor	6%	
		Excellent	20%	
		Very Good	24%	
Q65: Accuracy of receiving food items that you	936	Good	29%	92 responses that were not
ordered	330	Fair	16%	codeable were excluded
		Poor	11%	
		1 001	1170	
Demographic questions				
		Less than Year 12 at secondary school	43%	
Q72: What was the highest level of education you completed?		Completed Year 12 at secondary school	20%	
	959	Trade or technical certificate or diploma	19%	69 responses that were not codeable were excluded
		University graduate	13%	
		Post graduate / higher degree	5%	
		No	95%	
Q73: Are you of Aboriginal or Torres Strait Island background?	1,012	Aboriginal / Torres Straight Islander	5%	

	Question number and text	Number of respondents	Response	Percent	Comments
	nat language do you normally speak at me?	957	English Non-English	89% 11%	71 responses that were not codeable were excluded
Q75: Ar	e you male or female?	992	Male	45% 55%	36 responses that were not codeable were excluded
			Female		ocadable word oxelladed
	which age group do you (the patient)	1,018	Under 20 years old 20-59 years old	4% 82%	
be	long?	1,010	More than 59 years old	14%	
Hoolth	status valated questions		Word than 60 years old	1170	
пеани	status-related questions		Poor / Fair	36%	
Q48: Ho	ow would you rate your overall mental	1,001	Good	30%	
he	ealth now?	1,001	Very good / Excellent	35%	
000		4.000	Poor / Fair	39%	
Q68: In	general, how would you rate your health?	1,006	Good	37%	
			Very good / Excellent	24%	
	uring the month of your hospital visit, how		None	43%	45 responses that were not
	any days did illness or injury keep you in ed all or part of the day?	983	1–4	31%	codeable were excluded
De	au all of part of the day!		More than five	26%	
			Only this time	54%	
in	cluding this hospital stay, how many times the last six months have you been in a	1,008	This time and one other time	23%	
nc	spital overnight or longer?		This time and more than one other time	24%	
Non-co	ded questions				
			Emergency or urgent	82%	
	s your hospital stay planned in advance or emergency?	992	Waiting list or planned in advance	7%	
			Something else	11%	
00 144		101	Yes	18%	Only applicable where
Q2: VVe	re you given a choice of admission dates?	161	No	82%	patient did not go through emergency department (n =218)
00. 0	well from the time we would find told you		Up to one month	85%	Only applicable where patient
	erall, from the time you were first told you ded to be admitted to hospital, how long	118	1 to 6 months	7%	did not go through emergency
	you wait to be admitted?		More than 6 months	8%	department and could remember length of time (n=118)
04: 40	v do you feel about the length of time you		I was admitted as soon as I thought was necessary	76%	
wer	e on the waiting list before your admission lospital?	154	I should have been admitted a bit sooner	17%	48 responses that were not codeable were excluded
			I should have been admitted a lot sooner	8%	
			No	90%	
Q5: Was	s your admission date changed by the	400	Yes, once	7%	49 responses that were not
	pital?	169	Yes, 2 or 3 times	2%	codeable were excluded

Yes, 4 or more times

2%

Number of respondents Question number and text Response Percent Comments Yes 75% Q12: Was there one particular healthcare 805 Question not scored professional in charge of your care? No 25% Question not scored as Yes 9% Q35: Did you remind or prompt staff about hand washing before they provided care for you at 999 not confident that question any time during this stay? was understood No 91% 9% Q44: Did your language, race, religion, ethnic Yes background or culture make any difference in 1,008 Question not scored the kind of counselling or treatment you needed? 91% No

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

Appendix table 2b: **NSW Mental Health Outpatient Survey, February 2010 and February 2011**Frequency table for all codeable responses

Number of resp-

Question number and text ondents Response Percent Comments

ccess: the extent to which care-needs includes patients receiving all the service	of the pa	atient are provided k need, and the availa	by healt ability o	hcare professionals. f health care providers.
Q1: After you were referred, did you have to wait		No	68%	00
a long time for services to start?	3,893	Yes, somewhat	20%	63 responses that were not codeable were excluded
		Yes, definitely	11%	
Q2: Were you able to get help in a crisis or		Yes, always	58%	Excludes those who responde
emergency if you needed it?	3,199	Yes, sometimes	31%	'never had a crisis or
		No	11%	emergency' (n=715)
Q3: Did you spend as much time with the doctor		Yes, always	53%	
or healthcare professional as you wanted?	3,907	Yes, sometimes	30%	49 responses that were not codeable were excluded
		No	16%	ocadable were excluded
Q4: Were you able to see the other healthcare		Yes, always	43%	
professionals as often as you wanted?	3,854	Yes, sometimes	36%	102 responses that were no codeable were excluded
		No	21%	COGCUDIO WOLO CACICUGU
Q5: Did staff return your calls within a reasonable		Yes, always	60%	
amount of time?	3,408	Yes, sometimes	31%	Excludes those who did no make any calls (n=498)
		No	10%	make any cans (n=490)
		No	60%	
Q6: When you had appointments, were you kept waiting a long time?	3,908	Yes, sometimes	32%	48 responses that were r codeable were excluded
		Yes, always	9%	
		Excellent	18%	
		Very Good	26%	
Q12: How would you rate the availability of your healthcare professionals?	3,894	Good	31%	62 responses that were not codeable were excluded
rieatticare professionals:		Fair	15%	codeable were exclude
		Poor	10%	
Q38: If you needed another visit with this		Yes, definitely	63%	304 did not need another vis
healthcare professional, did the staff do everything they could to make the	3,564	Yes, somewhat	27%	88 responses that were not
necessary arrangements?		No	11%	codeable were excluded
ontinuity: the extent to which informati ter discharge from hospital. This include nd contacts for assistance. Q7: Did you know who to call if you needed help				ıt medicines prescribed
or had more questions after you left your	3,606	Yes, somewhat	29%	Excludes those that did not need help or have questions
appointment?	,	No	13%	(n=306)
		Yes, completely	39%	427 did not need explanatio
Q34: Did someone tell you about medication side	0.440	. cc, completely		427 did not need explanation or had no medicines at home;
	3,440	Yes somewhat	31%	
Q34: Did someone tell you about medication side effects to watch for?	3,440	Yes, somewhat	31% 31%	89 responses that were not codeable were excluded
effects to watch for?	3,440	No	31%	89 responses that were no
	3,440			89 responses that were not

Number
of resp-
and all and a

Overtion number and tout	of resp-	Deenenee	Doroont	Comments
Question number and text	ondents	Response	Percent	Comments
Q37: Did someone tell you about self-help or		Yes, always	41%	101 responses that were not
support groups you could work with?	3,855	Yes, sometimes	32%	codeable were excluded
		No	28%	
Coordination: a measure of the organisa on time and the consistency of informatic	ational provide	ocesses of care, w ed by healthcare pr	hether s ofessior	services are performed nals.
		Excellent	20%	
Q14: How would you rate how well the doctors,		Very Good	28%	
nurses and other healthcare professionals	3,863	Good	32%	93 responses that were not codeable were excluded
worked together?		Fair	13%	
		Poor	7%	
Q15: Sometimes doctors, nurses or healthcare		No	54%	
professionals will say one thing and another	3,892	Yes, sometimes	36%	64 responses that were not
will say something quite different. Did this happen to you?		Yes, always	9%	codeable were excluded
Q39: If you needed another visit with another		Yes, definitely	57%	
healthcare professional, did the staff do	3,300	Yes, somewhat	28%	548 did not need another visit; 108 responses that were not
everything they could to make the necessary arrangements?	0,000	No	14%	codeable were excluded
necessary arrangements:		NO	1470	
Support : the extent to which healthcare to their patients for any fear, anxiety and				
O10. Was it says for you to find company on the		Yes, definitely	44%	415 did not want to talk or had
Q13: Was it easy for you to find someone on the clinic staff to talk to about your concerns?	3,477	Yes, somewhat	39%	no concerns; 64 responses that were not codeable
		No	17%	were excluded
		Yes, always	51%	255 did not need reassurance
Q19: Were you given reassurance and support about your ability to recover?	3,619	Yes, sometimes	34%	and support; 82 responses that were not codeable were
about your ability to recover:		No	15%	excluded
		Yes, always	52%	
Q21: Did staff help you deal with your problems?	3,872	Yes, sometimes	36%	84 responses that were not
		No	12%	codeable were excluded
		Yes, always	49%	
Q30: If you had any anxieties or fears about your treatment, did a healthcare professional	3,432	Yes, sometimes	34%	430 did not have anxieties or fears; 94 responses that were
discuss them with you?	3,432	No No	17%	not codeable were excluded
Health outcomes (available for commun patients consider their mental health and of services received.	nity ment day to da	al health survey or	nly): the	extent to which proved as a result
		Yes, definitely	42%	
Q46: Do you feel better prepared to deal with daily	3,877	Yes, somewhat	43%	79 responses that were not
problems?	-,	No	15%	codeable were excluded
			45%	
Q47: Are you able to get along better with your	3,859	Yes, definitely Yes, sometimes	45%	97 responses that were not
family and people close to you?	3,639			codeable were excluded
		No	15%	
Q48: Are you doing better in your work, school, or		Yes, definitely	36%	124 responses that were not
other usual activities?	3,832	Yes, sometimes	42%	codeable were excluded
		No	22%	

	Niversia			
Question number and text	Number of respondents	Response	Percent	Comments
		Yes, definitely	54%	
Q49: Overall, were you helped by the services you received?	3,879	Yes, sometimes	35%	77 responses that were not codeable were excluded
you received:		No	11%	codeable welle excluded
Hygiene: a measure of the cleanliness	of the facil	ity and the hand hy	raiene p	ractices of healthcare
providers.		Try arra the mana my		ractices of floatificate
Q42: Was a hand basin and / or alcohol hand wash available in your room (the treatment	2,721	Yes	68%	264 responses that were not codeable were excluded;
area) or at your bedside?	2,721	No	32%	another 971 were unsure
Q43: Did your healthcare providers / staff wash		Yes, always	64%	286 responses that were not
or clean their hands before providing care	1,879	Yes, sometimes	18%	codeable were excluded;
for you?		No, never	18%	another 1,791 were unsure
Q44: Did your healthcare providers / staff wash		Yes, always	61%	296 responses that were not
or clean their hands after providing care	1,576	Yes, sometimes	18%	codeable were excluded;
for you?		No, never	21%	another 2087 were unsure
Information: the extent of information whether the information provided is eas			eir care a	and treatment and
		Yes, always	53%	123 did not have any questions
Q20: When you asked questions, did you get answers you could understand?	3,778	Yes, sometimes	37%	and 55 responses that were not
		No	10%	codeable were excluded
Q22: Were you given as much information as you	u	Yes, definitely	51%	75
wanted about your rights and responsibilities	es 3,881	Yes, somewhat	30%	75 responses that were not codeable were excluded
as a patient?		No	19%	
		Yes, definitely	50%	213 did not have a
Q27: Did you understand your treatment plan?	3,652	Yes, somewhat	37%	treatment plan and 91 responses that were not
		No	13%	codeable were excluded
Q33: Did someone on the staff explain the		Yes, always	54%	340 did not take any medicines
purpose of the medicines you were to	3,538	Yes, sometimes	29%	home and 78 responses that were not codeable
take in a way you could understand?		No	16%	were excluded
Family involvement: the ability of hea to family members of patients of the ca			e easily	understood information
		Yes, definitely	40%	423 responses were excluded
Q24: Did anyone talk to you about whether to include your family or friends in your	3,426	Yes, somewhat	29%	as there were no family or friends involved, plus
counselling or treatment?	0,420	ies, somewhat	29/0	107 responses that were not
		No	31%	codeable were excluded

Information: the extent of information provided to patients about their care and treatment and whether the information provided is easily understandable.						
Q20: When you asked questions, did you get answers you could understand?	3,778	Yes, always Yes, sometimes	53% 37%	123 did not have any questions and 55 responses that were not		
anovoro you oodia anaorotana.		No	10%	codeable were excluded		
Q22: Were you given as much information as you wanted about your rights and responsibilities	3,881	Yes, definitely Yes, somewhat	51% 30%	75 responses that were not		
as a patient?	3,001	No	19%	codeable were excluded		
		Yes, definitely	50%	213 did not have a		
Q27: Did you understand your treatment plan?	3,652	Yes, somewhat	37%	treatment plan and 91 responses that were not		
		No Voc. always	13% 54%	codeable were excluded 340 did not take any medicines		
Q33: Did someone on the staff explain the purpose of the medicines you were to	3,538	Yes, always Yes, sometimes	29%	home and 78 responses		
take in a way you could understand?	ŕ	No	16%	that were not codeable were excluded		
Family involvement: the ability of healthd to family members of patients of the care	care pro and trea	fessionals to provident tending the feature of the	e easily	understood information		
024. Did appears tell, to you about whather		Yes, definitely	40%	423 responses were excluded		
Q24: Did anyone talk to you about whether to include your family or friends in your counselling or treatment?	3,426	Yes, somewhat	29%	as there were no family or friends involved, plus 107 responses that were not		
counselling of treatment?		No	31%	codeable were excluded		
Q25: Did the doctors, nurses or healthcare		Yes, definitely	41%	671 responses were excluded as there were no family or		
professionals give your family or someone close to you all the information they needed	3,159	Yes, somewhat	33%	friends involved or they did not want or need any information		
to help you recover?		No	27%	and 126 responses that were not codeable were excluded		
Q26: Did your family or someone else close to		Yes, definitely	45%	694 responses were excluded as there were no family or		
you have enough opportunity to talk to your doctor or healthcare professional?	3,155	Yes, somewhat	31%	friends involved or they did not want or need any information		
doctor or realtricate professional:		No	24%	and 107 responses that were not codeable were excluded		

Question number and text ondents Response Percent Comments

Overall experience: a measure of the overall trust the patient had in their healthcar	erall car re provic	e provided, including lers.	g the e	xtent of confidence
Q9: Did you have confidence and trust in the healthcare professionals treating you?	3,914	Yes, always Yes, sometimes No	58% 30% 12%	42 responses that were not codeable were excluded
Q50: Overall, how would you rate the care and services you received?	3,868	Excellent Very Good Good Fair Poor	24% 29% 28% 12% 7%	88 responses that were not codeable were excluded
Q51: Using any number from 0 to 10, where 0 is the worst program or service possible and 10 is the best program or service possible, what number would you use to rate this program or service?	3,806	10 Best possible hospital 9 8 7 6 5 4 3 2 1 0 Worst possible hospital	16% 14% 22% 16% 8% 10% 4% 3% 2% 3%	150 responses that were not codeable were excluded
Q52: Would you recommend this hospital to your friends and family?	3,836	Yes, definitely Yes, probably No	49% 33% 18%	120 responses that were not codeable were excluded
Comfort: the extent to which healthcare management.	provider	s respond to a patie	nt's ne	eds, including pain
Q41: If you attended a clinic, was the area where you met with staff clean and comfortable?	3,653	Yes, definitely Yes, somewhat No	73% 24% 4%	210 were excluded as they did not attend a clinic or were seen at home; 93 responses that were not codeable were excluded
Respect: the ability of health care provid including the provision of sufficient privac	ers to pr y to the	rovide care to patien patient during their t	ts in a reatme	respectful manner, ent and discussions.
Q10: Did the healthcare professionals talk in front of you as if you weren't there?	3,896	No Yes, sometimes Yes, often	74% 17% 9%	60 responses that were not codeable were excluded
Q11: How would you rate the courtesy of your healthcare professionals?	3,892	Excellent Very Good Good Fair Poor	29% 28% 25% 11% 6%	64 responses that were not codeable were excluded
Q16: Did you have enough say about your treatment?	3,899	Yes, definitely Yes, somewhat No	42% 38% 20%	57 responses that were not codeable were excluded

Question number and text	ondents	Response	Percent	Comments
Q17: When you saw the doctor or healthcare professional, did he or she give you a chance to explain the reasons for your visit?	3,449	Yes, definitely Yes, somewhat	60% 30%	447 responses were excluded as the provider already knew, and 60 responses that were not codeable were excluded
Q18: Did you feel comfortable asking questions about your treatment, for example, medications and counselling?	3,667	Yes, always Yes, sometimes No	56% 32% 13%	219 were excluded who did not have any questions, and 70 responses that were not codeable were excluded
Q23: Were you involved in decisions about your care as much as you wanted?	3,887	Yes, always Yes, sometimes No	44% 37% 19%	69 responses that were not codeable were excluded
Q29: Was your care responsive to your needs?	3,866	Yes, completely Yes, somewhat No	46% 41% 12%	90 responses that were not codeable were excluded
Q31: Did the healthcare professional treat you with respect and dignity?	3,888	Yes, always Yes, sometimes No	71% 22% 7%	68 responses that were not codeable were excluded
Q32: Did you feel you could refuse a specific type of medicine or treatment?	3,852	Yes, always Yes, sometimes No	34% 29% 37%	104 responses that were not codeable were excluded
Q40: Did you feel you had enough privacy when you met with staff?	3,884	Yes, always Yes, sometimes No	67% 23% 10%	70 responses that were not codeable were excluded
Demographic questions				
Q53: Do you have a disability?	3,828	Yes No	57% 43%	128 responses that were not codeable were excluded
Q54: Were you offered access to interpreter services?	1,198	Yes	37% 63%	174 responses that were not codeable, plus 2,584 who responded 'not applicable' were excluded
Q57: How long have you been receiving care from this service?	3,032	Less than one week 1-4 weeks 1-3 months More than 3 months	6% 8% 10% 76%	185 responses that were not codeable were excluded
Q60: What was the highest level of education you completed?	3,613	Less than Year 12 at secondary school Completed Year 12 at secondary school Trade or technical certificate or diploma University graduate Post graduate / higher degree	50% 18% 19% 9% 5%	343 responses that were not codeable were excluded
Q61: Are you of Aboriginal or Torres Strait Island background?	3,876	No Aboriginal / Torres Straight Islander	96%	80 responses that were not codeable were excluded

estion number and text	Number of respondents	Respon
guage do you normally speak	0.004	Englisl

Question number and text	ondents	Response	Percent	Comments	
Q62: What language do you normally speak	3,631	English	90%	325 responses that were not	
at home?	0,001	Non-English	10%	codeable were excluded	
Q63: Are you male or female?	3,892	Male	47%	64 responses that were not	
Q03. Are you male or lemale:	3,092	Female	53%	codeable were excluded	
		Under 20 years old	12%		
Q64: To which age group do you (the patient) belong?	3,894	20-59 years old	74%	62 responses that were not codeable were excluded	
		More than 59 years old	14%		
Health status-related questions					
		Poor / Fair	45%		
Q55: In general, how would you rate your mental health?	3,838	Good	30%	118 responses that were not codeable were excluded	
rioditi.		Very Good / Excellent	25%	oododalo word oxeradod	
Q56: During the month of your hospital visit, how		None	53%		
many days did illness or injury keep you in	3,547	1–4	24%	409 responses that were not codeable were excluded	
bed all or part of the day?		More than five	23%	ocacasio word excitadea	
		No	72%		
Q58: In the last 6 months, have you been a patient in a hospital overnight or longer?	3,874	Yes, only one time	17%	82 responses that were not codeable were excluded	
		Yes, more than one time	11%		
Non-coded questions					
Q8: Was there one particular healthcare	0.057	Yes	78%	Excludes those who were	
professional in charge of your care?	3,257	No	22%	not sure (n=625)	
Q36: Did the healthcare professional explain what		Yes, always	51%		
to do if problems or symptoms continued,	3,544	Yes, sometimes	30%	Excludes those that did not have problems (n=316)	
got worse, or came back?		No	19%	navo probleme (n. e.e.)	
Q45: Did you remind or prompt staff about hand		Yes	10%	001	
washing before they provided care for you	3,665	NIa		291 responses that were not codeable were excluded	
at any time during this visit?		No	90%	22300010110100101010000	

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

Appendix 3: excellent ratings of overall care

To identify what underlies positive patient ratings of overall care, we used statistical methods to determine which factors are associated with the likelihood that a survey respondent would rate overall care as excellent relative to those who did not rate overall care as excellent. In the Mental Health Inpatient Survey 19% of all respondents reported their overall care experience as excellent whilst 24% of respondents from the Community Mental Health Survey reported their overall care experience as excellent.

Appendix table 3a shows the bivariate and multivariate results from including the patient characteristic (demographic) variables and then the first five significant care experience variables in the model for inpatients, and Appendix table 3b for community health patients.

Appendix table 3a: Results of logistic regression statistical model for *excellent* patient ratings of overall care among *mental health inpatient* survey respondents, February 2010 and February 2011

Variable	Percent	Odds ratio positive bivariate	Overall p-value positive bivariate	Odds ratio positive full model	Overall p-value positive full model
In general, how would you rate your l	nealth?		0.0001		0.7979
Very Good / Excellent*	23.1				
Good	36.4	0.49		0.72	
Poor / Fair	38.4	0.39		0.89	
Missing	2.1	0.32		1.12	
How would you rate how well the doc professionals, and nurses worked to	ctors, healtl gether?	hcare	<0.0001		<0.0001
Excellent	17.6	441.20		14.57	
Very Good	25.3	30.09		2.02	
Good	27.6	2.35		0.28	
Fair	15.9	2.74		0.63	
Poor*	11.4				
Missing	2.2	22.56		1.75	
How would you rate the counselling	or treatmen	t you received?	<0.0001		<0.0001
Excellent	14.1	131777672		88864708.4	
Very Good	23.2	15618089.5		19622388.0	
Good	27.7	5184395.18		28713484.2	
Fair	19.2	1321293.79		8354299.91	
Poor*	13.0				
Missing	2.8	36650772.6		147950730	

Variable	Percent	Odds ratio positive bivariate	Overall p-value positive bivariate	Odds ratio positive full model	Overall p-value positive full model
Accuracy of receiving food items that	t you ordere	ed	<0.0001		<0.0001
Excellent	18.0	55.10		7.37	
Very Good	22.2	11.24		3.10	
Good	26.3	3.80		1.65	
Fair	14.6	1.63		0.98	
Poor*	10.2				
Missing	8.7	4.03		0.82	
Was your inpatient care responsive to	o vour need	s?	<0.0001		0.0003
Yes, completely	37.2	9.52	<0.0001	1.03	0.0003
Yes, somewhat	43.5	0.53		0.24	
No*		0.53		0.24	
	16.5	0.104	0.107	0.107	0.404
Missing	61%	61%	61%	61%	61%
How would you rate the courtesy of y	our nurses?	?	<0.0001		< 0.0001
Excellent	20.4	80340352.7		104237846	
Very Good	27.5	10419582.6		53028579.0	
Good	25.0	3418579.83		38024661.3	
Fair	14.5	2158699.21		98398293.5	
Poor*	9.9				
Missing	2.7	7948616.30		313242457	

(*) Reference category.

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

Appendix table 3b: Results of logistic regression statistical model for *excellent* patient ratings of overall care among *community mental health* survey respondents, February 2010 and February 2011

Variable	Percent	Odds ratio positive bivariate	Overall p-value positive bivariate	Odds ratio positive full model	Overall p-value positive full model
In general, how would you rate your	mental healt	:h?	<0.0001		0.0002
Very Good / Excellent*	23.9				
Good	29.0	0.41		0.58	
Poor / Fair	44.2	0.31		0.54	
Missing	2.9	0.26		0.40	
During the month of your hospital vi or injury keep you in bed all or part of		y days did illness	0.0187		0.0104
None*	47.4				
One day	6.2	0.85		0.84	
Two days	6.2	0.76		0.78	
Three days	5.1	0.80		1.97	
Four days	4.3	0.70		0.90	
Five-to-seven days	6.5	0.86		1.40	
Eight-to-ten days	3.2	0.90		1.68	
More than ten days	10.9	0.57		0.72	
Missing	10.1	1.09		1.51	
In the last 6 months, have you been overnight or longer?	In the last 6 months, have you been a patient in a hospital overnight or longer?				0.0024
No*	70.7				
Yes, only one time	16.3	0.88		1.37	
Yes, more than one time	11.1	0.69		1.12	
Missing	1.9	0.23		0.10	
How would you rate the availability on professionals?	of your health	ncare	<0.0001		<0.0001
Excellent	17.8	153.42		5.33	
Very Good	25.7	16.76		1.85	
Good	30.3	3.22		1.05	
Fair	15.1	1.07		0.85	
Poor*	9.5				
Missing	1.6	4.74		1.02	
How would you rate the courtesy of y	our healthca	re professionals?	< 0.0001		<0.0001
Excellent	28.8	117.24		3.62	
Very Good	27.9	10.82		0.95	
Good	25.0	1.75		0.37	
Fair	10.7	1.58		0.98	
Poor*	5.9				
Missing	1.7	9.49		1.05	

Variable	Percent	Odds ratio positive bivariate	Overall p-value positive bivariate	Odds ratio positive full model	Overall p-value positive full model
How would you rate how well the do healthcare professionals worked tog		s and other	<0.0001		<0.0001
Excellent	19.8	256.67		23.80	
Very Good	26.9	28.93		7.31	
Good	31.3	6.40		5.48	
Fair	13.2	0.83		1.32	
Poor*	6.5				
Missing	2.4	18.14		7.11	
Was your care responsive to your ne	eds?		<0.0001		< 0.0001
Yes, completely	45.3	18.53		1.96	
Yes, somewhat	40.4	1.87		0.81	
No*	12.1				
Missing	2.3	5.43		1.84	
Did staff help you deal with your pro	blems?		<0.0001		< 0.0001
Yes, always	51.1	18.39		1.47	
Yes, sometimes	35.2	1.64		0.64	
No*	11.7				

4.13

0.59

Missing

(*) Reference category.

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

Appendix 4: poor or fair ratings of overall care

To identify what underlies negative patient ratings of overall care, we used statistical methods to determine which factors are associated with the likelihood that a survey respondent would rate overall care as *fair or poor* relative to those who did not rate overall care as fair or poor. In the *Mental Health Inpatient Survey*, 27% of all respondents reported their overall care experience as fair or poor, compared with

19% for respondents from the *Community Mental Health Survey*.

Appendix table 4a shows the bivariate and multivariate results from including the patient characteristic (demographic) variables and then the first five significant care experience variables in the model for inpatients, and Appendix table 4b for community health patients.

Appendix table 4a: Results of logistic regression statistical model for *poor or fair* patient ratings of overall care among *mental health inpatient* survey respondents, February 2010 and February 2011

Variable	Percent	Odds ratio negative bivariate	Overall p-value negative bivariate	Odds ratio negative full model	Overall p-value negative full model
In general, how would you rate your l	nealth?		<0.0001		0.0002
Very Good / Excellent*	23.1				
Good	36.4	1.33		2.43	
Poor / Fair	38.4	3.43		5.74	
Missing	2.1	3.47		25.96	
Are you of Aboriginal or Torres Strait	Island bac	kground?	0.0031		0.8839
Aboriginal / Torres Straight Islander	5.2	2.28		1.08	
No*	93.7				
Missing	1.1	4.72		0.43	
What was the highest level of educat	ion you cor	mpleted?	0.0224		0.7780
Post graduate / higher degree*	4.5				
University graduate	11.9	0.81		0.76	
Trade or technical certificate or diploma	18.1	0.56		0.49	
Completed Year 12 at secondary school	18.6	0.38		0.49	
Less than Year 12 at secondary school	40.4	0.48		0.79	
Missing	6.5	0.83		0.69	
To which age group do you (the patie	nt) belong?		0.0032		0.4789
40 and over*	52.7				
Under 40 years old	46.1	1.63		1.17	
Missing	1.2	3.75		5.04	
Including this hospital stay, how man have you been in a hospital overnigh			<0.0001		0.1614
Only this time*	52.5				
This time and one other time	22.5	1.06		1.03	
This time and more than one other time	23.1	2.22		1.11	
Missing	1.9	0.71		0.06	

Variable	Percent	Odds ratio negative bivariate	Overall p-value negative bivariate	Odds ratio negative full model	Overall p-value negative full model
Are you male or female?			0.0010		0.0372
Male*	43.6				
Female	52.9	1.81		2.10	
Missing	3.5	1.33		3.92	
How would you rate how well the do professionals, and nurses worked to		ncare	<0.0001		<0.0001
Excellent*	17.6				
Very Good	25.3	1.29		0.72	
Good	27.6	9.99		1.32	
Fair	15.9	244.40		26.67	
Poor	11.4	924.22		58.26	
Missing	2.2	36.55		3.14	
How would you rate the counselling	or treatment	t you received?	<0.0001		<0.0001
Excellent*	14.1				
Very Good	23.2	4.98		10.34	
Good	27.7	17.31		5.08	
Fair	19.2	171.57		21.39	
Poor	13.0	1465.24		135.43	
Missing	2.8	27.18		4.06	
How would you rate the courtesy of	the staff who	o admitted you?	<0.0001		<0.0001
Excellent*	25.2				
Very Good	22.8	6.22		9.94	
Good	26.0	19.22		16.75	
Fair	14.6	68.82		19.42	
Poor	8.8	219.13		26.50	
Missing	2.6	43.76		135.50	
Did you feel you were treated with re were in the hospital?	spect and d	lignity while you	<0.0001		<0.0001
Yes, always*	51.0				
Yes, sometimes	30.8	7.35		0.98	
No	16.6	82.72		7.13	
Missing	1.6	16.05		8.97	
Ease of understanding directions an the hospital	d signs insic	de and outside	<0.0001		<0.0001
Excellent*	16.0				
Very Good	24.6	0.84		0.37	
Good	35.4	3.83		2.60	
Fair	14.7	15.38		6.10	
Poor	6.4	25.38		3.14	
Missing	2.9	8.98		3.15	

^(*) Reference category.

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

Appendix table 4b: Results of logistic regression statistical model for *poor or fair* patient ratings of overall care among *community mental health* survey respondents, February 2010 and February 2011

Variable	Percent -	Odds ratio negative bivariate	Overall p-value negative bivariate	Odds ratio negative full model	Overall p-value negative full model
In general, how would you rate your	mental heal	th?	<0.0001		<0.0001
Very Good / Excellent*	23.9				
Good	29.0	1.23		1.24	
Poor / Fair	44.2	2.87		2.38	
Missing	2.9	2.83		2.41	
In the last 6 months, have you been overnight or longer?	a patient in	a hospital	0.0023		0.2187
No*	70.7				
Yes, only one time	16.3	1.31		0.76	
Yes, more than one time	11.1	1.62		0.69	
Missing	1.9	1.22		0.72	
To which age group do you (the patie	ent) belong?		<0.0001		0.2197
More than 59 years old*	13.3				
20-59 years old	73.1	1.90		1.15	
Under 20 years old	12.1	1.19		1.12	
Missing	1.5	3.54		2.99	
How would you rate the courtesy of y	our healthca	are professionals?	<0.0001		<0.0001
Excellent*	28.8				
Very Good	27.9	1.93		0.94	
Good	25.0	9.95		2.48	
Fair	10.7	77.92		8.71	
Poor	5.9	274.90		9.29	
Missing	1.7	17.39		4.96	
How would you rate how well the do healthcare professionals worked tog		s and other	<0.0001		<0.0001
Excellent*	19.8				
Very Good	26.9	1.19		0.63	
Good	31.3	7.67		1.39	
Fair	13.2	62.17		5.24	
Poor	6.5	341.91		12.39	
Missing	2.4	11.12		1.52	
Were you given reassurance and sup recover?	oport about	your ability to	<0.0001		<0.0001
Yes, always*	46.7				
Yes, sometimes	31.2	6.30		1.56	
No*	14.2	43.21		4.31	
Missing	7.9	7.32		1.90	

		Odds ratio	Overall p-value	Odds ratio	Overall p-value
		negative	negative	negative	negative
Variable	Percent	bivariate	bivariate	full model	full model

Did they tell you what danger signals about your condition to watch for?			<0.0001		<0.0001
Yes, completely*	37.4				
Yes, somewhat	29.1	6.18		2.57	
No*	31.0	15.75		3.21	
Missing	2.5	3.84		0.81	

(*) Reference category.

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

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