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Consumer & Carer Satisfaction Survey CHILD & ADOLESCENT MENTAL HEALTH SERVICES

SUMMARY REPORT

2000

Department of Human Services, Victoria

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Date: June 2000

Ref Number: NG3532



EXECUTIVE SUMMARY

Each of 13 Child & Adolescent Mental Health Services (CAMHS) in metropolitan and non-metropolitan areas of Victoria took part in a Consumer and Carer Satisfaction survey, conducted in March and April 2000.

As the third in a planned series of studies, the survey sought to determine the level of satisfaction with a number of components of service provided by each CAMHS. The resulting Service Satisfaction Index (SSI) achieved for each Child & Adolescent Mental Health Service, was used by the Department of Human Services as one of the determinants of incentive payments for Mental Health Services as part of the Quality Incentive Strategy.

The same statistical analysis adopted for the 1999 survey was used again in 2000. Satisfaction levels for the CAMHS as a whole were 71.16 in 2000, which are marginally higher than those achieved in 1999, when the weighted mean SSI was 68.99, reflecting an overall marginal increase in satisfaction.

Consumers were generally neither more or less satisfied than Carers.

Again in 2000, *About Staff* and *Availability of the Service* continue to be the service components with which the higher levels of satisfaction were recorded. *Treatment and Assistance* and *About Hospital* are the service components with which Consumers and Carers together recorded the lowest satisfaction levels. Satisfaction levels in non-metropolitan areas were higher overall than those in Melbourne.

The fieldwork period for the 2000 survey was extended over that available in 1999, however it was evident staff resources were again stretched within some of the Mental Health Services. Services were generally most co-operative and helpful during the fieldwork period and ACNielsen again extends thanks for the assistance provided.

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1. SURVEY PROCEDURES

Fieldwork for the Consumer and Carer Satisfaction Survey 2000 was conducted between March 10th and April 14th . All thirteen (13) Child & Adolescent Mental Health Services in Victoria participated in the survey. In total fifty five trained ACNielsen Survey Administrators attended a selected Service and distributed self completion questionnaires for Consumers and Carers. Both questionnaires covered the same topics; wording, however, was adjusted to cater for the respondent type. Copies of the questionnaires are provided in Appendix 1.

1.1. SERVICE BRIEFINGS

Four Public Mental Health Services briefings were held during the dates shown below:

Date	Area
22/02/00	Bendigo
23/02/00	Melbourne
24/02/00	Dandenong
25/02/00	Geelong

All Services were sent a letter on February 1st to advise them of the briefing sessions and asking Services to nominate a person(s) to attend one of the briefing sessions.

As revised procedures were implemented for the 2000 survey, Services were informed of these at the briefings and were provided with the opportunity to seek clarification or any further information they required.

Services were also able to identify specific issues of concern from previous surveys and to discuss these with ACNielsen staff and Department Human Services representatives.

The agenda for each Service briefing consisted of the following:

- Introductions
 - Introduction to the 2000 Survey
 - Sampling
 - Questionnaire distribution methods
- Confidentiality and Ethical considerations
- Timing
- Who to contact - The information pack
- Questions
- Distribution of the UR lists (electronic and hardcopy) by the Department of Human Services

All of the representatives present were provided with an information briefing pack containing the following:

- the survey procedure outline;
- protocols for Clinicians;
- timeline of the study;
- a letter introducing the survey to be offered to all potential respondents; and
- a flier interpreted into thirteen languages with the assigned survey administrators photo attached.

The information pack is included in Appendix 2.

Discussions at most briefings included the importance of the keeping March 10 available to set up a meeting time with the allocated Survey Administrator. There was also a focus on providing each Service with their own Survey Administrator where possible, which proved to be successful. Services also requested that there should be more flexibility with the mailout dates.

Following feedback at the briefings, ACNielsen set up a uniform fax sheet which was sent out to all Services to ascertain the exact number of locations, the number of Carers and Consumers at each location, and the main mode of service delivery at each location. This information enabled ACNielsen to allocate the appropriate number of Survey Administrators to each Service.

ACNielsen also produced an A3 poster which was interpreted into thirteen of the most common used languages amongst the Services to be displayed at receptions two weeks before the study began. The poster was created so that both Consumers and Carers were informed about the upcoming survey. In most cases a photo of the selected Survey Administrator was displayed on the poster to help familiarize the Consumers and Carers with the study and the person who would be administering the survey at their Service.

ACNielsen set up an interpreter assisted telephone service for any interviews that had to be completed in a language other than English.

1.2. SURVEY ADMINISTRATOR BRIEFINGS

The Survey Administrator briefings were held on the 8th and 9th of March at the ACNielsen Melbourne office. A total of 55 survey administrators were briefed over the two days to ensure that all administrators had a good overall knowledge of the task and background to the study. Wherever possible, administrators attended a briefing according to whether they were allocated to a metropolitan or non-metropolitan Service, to allow for different emphasis on service delivery patterns.

The full agenda of the briefings is provided with the briefing notes in Appendix 3.

Many of the survey administrators had participated in the 1999 and 1998 survey which enabled them to share those experiences with the new survey administrators during the training sessions. The survey administrators were pleased to receive their UR lists at the briefings. They also found the meetings that had been set up with the Service for the 10th of March a very useful planning tool.

1.3. OUTLINE OF SURVEY METHODOLOGY

The survey methodology was determined by the Department of Human Services prior to tendering. It included different methodologies for Consumers and Carers and remains unchanged from 1999. Although any Carer was eligible for recruitment into the survey, Consumers were required to comply with certain criteria in order to be 'in-scope'. The prescribed procedures and definitions of 'in-scope' Consumers are covered in the Service briefing materials provided at Appendix 3.

1.4. SAMPLING

Sampling for the survey was undertaken by the Department of Human Services. This year two versions of both Carer and Consumer lists were prepared as occurred in 1999. The first list was given to the survey administrators which contained only UR numbers and Service locations. The second list was prepared for the Services, in both hardcopy and electronic versions and contained identifying information about Consumers in addition to the UR numbers. The lists were provided in two different colours, yellow for Consumers and pink for Carers. To assist the Services further in 2000, the lists were distributed at the Service briefings which were held two weeks prior to fieldwork.

The aim was to attain 75 completed Consumer and Carer questionnaires at each CAMHS. This number was deemed to be achievable at most Services and the numbers would be sufficient to enable provision of statistically acceptable data.

The list used for identification of Carers comprised all Consumers who had received Service within the preceding twelve months. The Consumer list included 'in-scope' Consumers and was intended to be a current and comprehensive list of all such Service users. The data came from the PRISM database which is updated from information provided by all CAMHS.

Within the lists sampled respondents were indicated by an asterisk. A total of 150 asterisked UR numbers were shown at the top of each list. These lists were sorted by Service location both within, and additional to, the group with an asterisk. This method caused a number of problems with the Survey Administrators. The suggestion from the Survey Administrators was to have the UR lists in numerical order making the search process easier.

Where the required number of 'in-scope' respondents could not be enumerated from the asterisked selections, then respondents were selected by starting from the top of the randomly sorted remainder of the list.

Where mailout was necessary, twice the required number of returns were mailed, in the expectation of approximately 50% response rate.

1.4.1. Confidentiality and UR Lists

Continuing with the recommendation from the review of the Consumer and Carer Satisfaction Survey undertaken by Thomas and Associates following the 1998 survey, UR lists available to Services were identified with the name of the client. These identified lists were treated as highly confidential. Each service was required to have a nominated representative take responsibility and sign for their list. The lists available to the survey administrators continued to have no identifying details and the confidentiality of clients was a critical factor in the handling of lists.

Feedback in relation to the UR lists this year was that Survey Administrators found it difficult to find the relevant UR number as each list was not in numerical order, as mentioned in the previous section. The lists again proved to be outdated as in previous years. This point is also substantiated by the numerous surveys returned to sender and several telephone calls from receivers of questionnaires. Consequently, identification of the required number of 'in-scope' respondents, particularly Carers, continues to be a very time consuming exercise for Services.

1.5. FIELDWORK MODIFICATIONS

Slight modifications were made to the fieldwork methodology at some Service locations. Having participated in the survey previously, staff at most CAMHS had a greater understanding of what was required during the fieldwork period and initiated procedures to better accommodate the impact of the study on their usual routines. A special meeting date of March 10 was set up for survey administrators and Service staff to meet each other and to discuss planning for the 2000 Consumer and Carer Satisfaction Survey. Survey administrators were given calendars to mark in important dates for field work. Fieldwork was generally conducted more efficiently at Services where these meetings were held.

This year Clinicians were provided with their own condensed instructions of the Consumer and Carer Satisfaction Survey, so that they had a better understanding of the study and fieldwork procedure.

1.5.1. Service Delivery Constraints

As in 1998 and 1999, at a small number of Services, staff felt that it was inappropriate for the survey administrator to accompany the Service workers on outreach calls. Where this did occur, one of two options was adopted. The Service worker might take the questionnaire with the reply paid envelope and give it to the respondent at the end of the visit. They would request that the questionnaire be completed and returned in the envelope directly to ACNielsen. In other situations, the questionnaire would be mailed and therefore the size of the mailout component would be increased.

1.5.2. Timeframe

In the 2000 survey there were four weeks of fieldwork as in the 1999 survey. The planned meeting on March 10 between the survey administrators and the Services, combined with four weeks of field work enabled a more comprehensive compliance with the objective of having all Consumer questionnaires handed to the Consumer. Survey administrators reported that the meeting which was set up on March 10 enabled better planning for the survey. This year the Services were given the UR lists two weeks before fieldwork commenced which allowed for better preparation of the survey. This year a mailout of Consumer questionnaires was necessary at 11 of the 13 Child & Adolescent Services. As in 1998 and 1999, mailing preparation was conducted by the survey administrators however, the actual mailing was undertaken by Service staff to maintain complete anonymity for both Consumers and Carers.

1.6. QUESTIONNAIRE DISTRIBUTION & RESPONSE

The original sampling specifications for the survey required a sample size of 75 returned Consumer and Carer questionnaires from each participating CAMHS. It was expected that each Service would have sufficient client numbers to enable final samples of this size. Consumer samples were achieved without mailout at two (2) Services. Wherever mail-out was required, twice the number of questionnaires were mailed, in anticipation of an approximate 50% response rate. For example, if only 50 Consumer questionnaires were personally distributed, then the shortfall of 25 was doubled to 50 for a mail-out. All Carer questionnaires were to be mailed, which meant a list of 150 Consumers comprising Carers' name and address details was required at each Service.

Over the four week period a total of 2558 questionnaires were distributed for CAMHS. Out of the 2558 questionnaires that were distributed 1244 were returned, resulting in an overall return rate of 45*%. (* The actual number distributed was not recorded at one (1) service, and the number returned is excluded from the calculation of the response rates.)

Response rates were generally higher for Consumers than for Carers as shown in Table 1 below, due mainly, to the difference in distribution methodology.

Table 1: Response rates Consumer and Carer at each CAMHS

Services	Consumer			Carer		
	Distrib- uted	Ret- urned	Resp- onse %	Distrib- uted	Ret- urned	Resp- onse %
Metropolitan						
CA8	*	36	..*	*	61	..*
CA9	126	30	24	109	47	43
CA10	146	56	38	118	84	71
CA12	221	86	39	191	110	58
CA13	114	39	34	90	67	74
Non-Metropolitan						
CA1	86	29	34	188	58	31
CA2	86	33	38	120	49	41
CA3	20	8	40	40	13	33
CA4	73	33	45	123	60	49
CA5	51	23	45	141	61	43
CA6	82	37	45	102	67	66
CA7	81	32	40	89	60	67
CA11	73	26	36	88	39	44
Overall						
Overall.....	1159	468	37*	1399	776	51*
Metropolitan.....	607	247	35*	508	369	61*
Non-Metropolitan	552	221	40	891	407	46

(* The actual number distributed was not recorded at one (1) service, and the number returned is excluded from the calculation of the response rates.)

1.7. SUGGESTIONS FOR FUTURE SURVEYS

1.7.1. Timing

Compared to the previous years, the field timing for 2000 worked out well. Only one public holiday March 11 (Labour Day) was encountered. Easter occurred during the third week of April and consequently did not coincide with survey fieldwork. Once again it is recommended that the four week period of fieldwork be maintained for future surveys, even though the full period was not required at all Services.

The mailout dates were not followed closely enough this year, as deadlines were not met. This caused problems in that ACNielsen received a number of questionnaires after the cut off date which could not be included in the analysis.

1.7.2. Numbers Sampled

As only a minority of Services (one for Consumers and two for Carers) achieved the required return sample of 75 for either Consumer or Carer questionnaires, it is recommended that a greater number of surveys be distributed at all Services, wherever this is practicable.

For Consumers it is recommended that where possible, a minimum of 180 questionnaires should be distributed in metropolitan Services and a minimum of 190 be distributed in non-metropolitan Services.

For Carers, again where possible, 160 questionnaires should be distributed in metropolitan Services and 130 in non-metropolitan Services.

For both Consumers and Carers analysis of response rates over the previous two years for each Service should be undertaken to determine specific quotas to be distributed, increasing the output where response rates have been poor, and reducing it where rates have been high.

2. DATA ANALYSIS

The analysis of questionnaires remains unchanged from the 1999 survey, to ensure complete comparison between results, using previous years' Satisfaction Index as the benchmark. For information, a description of the procedure is repeated from the 1999 report.

All data from the questionnaires were entered into a database using Surveycraft software. A very small number of questionnaires was eliminated from the data analysis when it was found that respondents had completed only the demographic information and either marked all other questions as 'not applicable' or simply left them blank. This section describes in more detail, the statistical analysis used in the calculation of the Service Satisfaction Index.

In addition to the Respondent Demographics, there are seven service components identified from sections of the questionnaire. They are as follows:

- Availability of the Service
- Getting Information
- About Staff
- Treatment and Assistance
- Participation
- About Hospital
- Final Questions

Within each of these service components there is a number of questions which elicit the respondent's level of satisfaction with a particular aspect of service. Throughout this report, the term *service component* refers to the questionnaire sections listed above, and *aspects of service* refers to the individual questions within each section. The data analysis process began with re-coding the numbers circled on the questionnaires to obtain a score for each aspect of service.

2.1. DERIVATION OF THE SERVICE ASPECT SCORES

Respondents circled a number from 1-5 to indicate their level of satisfaction with each of the individual aspects of each service component. This scale has then been converted to a score out of ten as follows:

very satisfied	= 10	highest available score
satisfied	= 7	'dampened' mid-point score in the satisfied segment
neither/nor	= 4	not really a 'pass'
dissatisfied	= 2	merits a low score
very dissatisfied	= 0	no satisfaction reported

The basic logic of this scale construction is that the process is aiming to measure changes and/or differences in relative performance measures. The scale needs to be set at a level which is not so low that the resultant Index Score discourages attempts at service improvements, but not so high as to make future improvements impossibly hard to achieve. If a service index produces scores around 90-95, it is often not sensitive enough to indicate incremental improvements.

In addition, scores out of 10 are easy to understand and the 'bare pass mark' of 'neither/nor' can be judged as not reaching a minimum standard of satisfaction. The theoretical basis of quality improvement (Total Quality Management and a Service Quality strategy) has as its ultimate aim the achieving of 10/10. Hence, the simply 'satisfied' cannot be regarded as a high score at 7-8 out of 10.

2.2. FACTOR AND REGRESSION ANALYSIS

Factor and regression analyses were conducted to estimate the relative impact of different service aspects on overall service satisfaction. This approach derives the implied importance of the various measures and is well recognised and used in services research. In order to conduct regression analysis, a score of 'overall satisfaction' is needed.

In the CAMHS survey, the global overall satisfaction measure is based on the *Final* questions which were combined to form the summary measure point known as 'overall satisfaction'. Such global measures are more robust than specific single measures and provide a better overall summary statistic of performance.

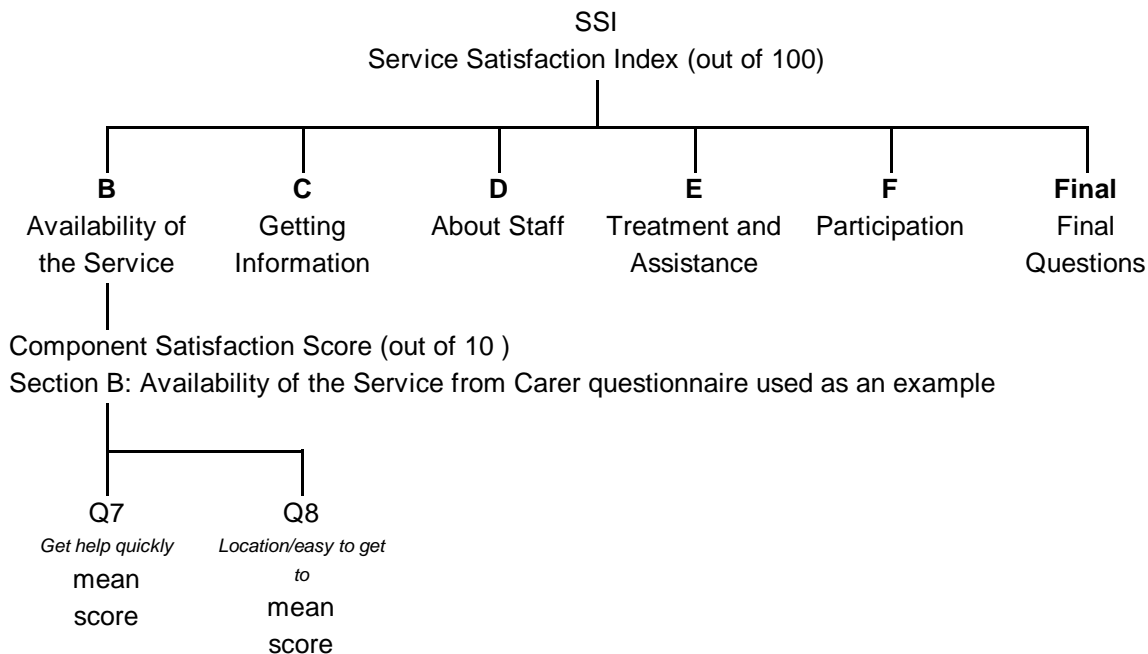
The Hospital section has been treated separately from the overall satisfaction analysis, as it is a section completed by substantially fewer respondents. Its inclusion in the overall satisfaction measure would introduce a bias since some Services would then be differentially judged on this sixth service component. For this reason a mean satisfaction score has been derived for satisfaction with Hospital, against which the mean scores for the individual service aspects has been compared. (Section 3 of this report.)

The regression analysis determined that each aspect contributed equally to the overall satisfaction indicated for that service component. As a result, the means of the resulting scores (out of 10) from each aspect of service components are given equal weighting in the determination of a score for the service component.

Similarly, the importance of each service component on the determination of the overall score has been given an equal weighting. The resulting final Service Satisfaction Index (SSI) has been scored out of 100 to enable finer separation of scores between Mental Health Services.

2.2.1. Service Satisfaction Index

The Index based performance measure described above takes account of virtually all the information provided in the Consumer and Carer questionnaires. The index structure is shown graphically below.



The SSI index is derived from the component satisfaction scores (each out of ten) which are equally weighted so that the SSI is the average of those components. The component satisfaction scores are, in turn, derived from the mean score of each aspect within the service component.

The above procedures are repeated for both Carer and Consumer scores, which are then averaged to provide the final SSI. The final SSI index is multiplied by 10 to derive an index out of 100 rather than out of 10. Therefore an SSI of 70.00 indicates that respondents (Consumers and Carers) at the Service were 'satisfied' on average with all service components.

2.2.2. Weighted means

Wherever the mean SSI scores are shown across all CAMHS in this report, they have been weighted by the number of returned questionnaires, in order to eliminate bias towards those Services with larger populations.

3. SERVICE SATISFACTION INDEX

The Service Satisfaction Index (SSI) is the overall Consumer and Carer satisfaction score achieved by each of the individual Mental Health Services. As previously stated, the index is presented as a score out of 100.

This index is not a percentage and does not represent the proportion of satisfied respondents. Rather, it represents the degree of satisfaction reported by all respondents (Consumers and Carers) at the Service.

A code has been assigned to each Child & Adolescent Mental Health Service and these codes are used throughout this report. With the addition of a letter CA to indicate a Child & Adolescent MHS, the code used for each Service is the same as in 1999 and consistent with those appearing in other reports on aspects affecting the Quality Incentive Strategy Outcomes for Services.

3.1. OVERALL

The Service Satisfaction Index (SSI) for each Child & Adolescent Mental Health Service is shown in Table 2 below and graphically in Figure 3.1. It is evident from Figure 3.1, that the Non-Metropolitan Services generally achieved a higher score than the city Services.

In Table 2 below, the Services are ranked from highest to lowest SSI score.

The overall weighted mean score in 2000 is 71.16, compared with 68.99 in 1999. Compared with 1999, the overall mean score is marginally higher in 2000, not significantly different for metropolitan Services and marginally higher for non-metropolitan. However, the median score is not significantly different in 2000 than in 1999, with 50% of the Services scoring more than 71.66 in 2000, compared with 70.39 in 1999.

Services receiving higher scores recorded no significant change in results (74.35 vs 72.71 in 1999) and those in the lower half of the table returned marginally higher scores than in 1999 (69.20 vs 66.51 in 1999).

Overall, it may be concluded that there has been a slightly more even performance recorded at the 2000 survey than in 1999, and a marginal improvement in satisfaction is identifiable. It may also be concluded that there has been no significant change in the levels of satisfaction associated with the Services receiving the highest scores.

Figure 3.1: Overall SSI for all Child & Adolescent Mental Health Services

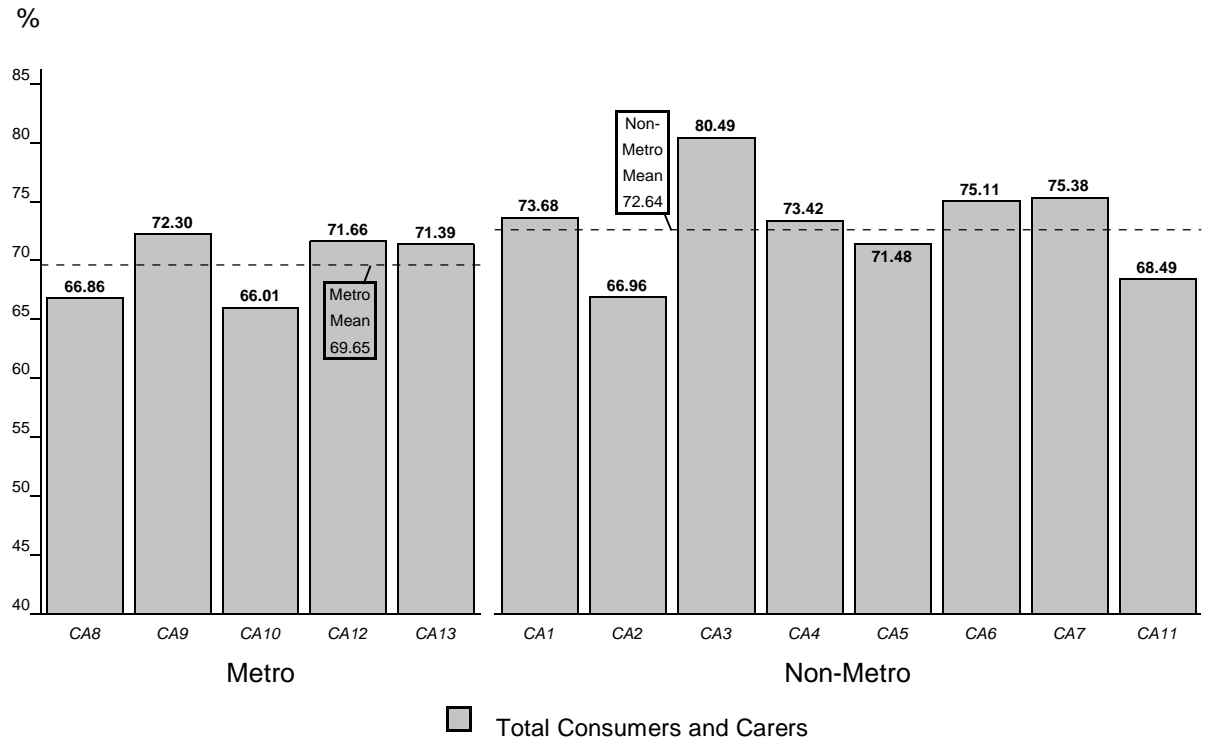


Table 2: All CAMHS, ranked by Service Satisfaction Index (SSI)

Service	SSI	Ranking
Non-met CA3	80.49	1st
Non-met CA7	75.38	2nd
Non-met CA6	75.11	3rd
Non-met CA1	73.68	4th
Non-met CA4	73.42	5th
Metro CA9	72.30	6th
Metro CA12	71.66	7th
Non-met CA5	71.48	8th
Metro CA13	71.39	9th
Non-met CA11	68.49	10th
Non-met CA2	66.96	11th
Metro CA8	66.86	12th
Metro CA10	66.01	13th
Weighted Mean SSI		
Overall.....	71.16	
Metro.....	69.65	
Non-met.....	72.64	

3.2. CONSUMERS AND CARERS

The scores for Consumer and Carer satisfaction are represented as a number between zero and ten. This scoring practice has been adopted for any of the contributors to the final SSI, whether they were service components or other data subsets.

In 2000 Consumers recorded an overall satisfaction score of 6.99, not significantly different than the 6.85 result in 1999. Carers registered a not significantly different level of satisfaction overall, recording a score of 7.23 compared with 7.00 in 1999.

Figure 3.2.1 and Table 3 below, show the satisfaction score recorded by Consumers at each CAMHS.

Figure 3.2.1: Consumer Satisfaction Score for all CAMHS

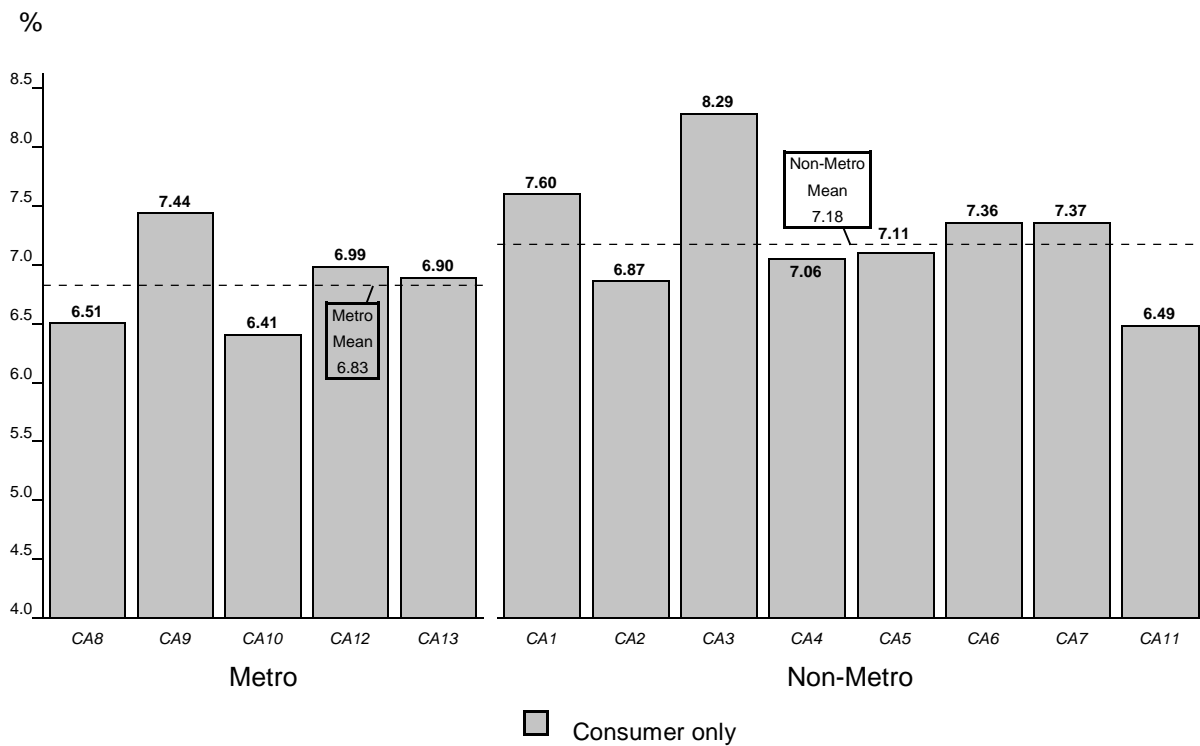


Table 3: All CAMHS, ranked by Consumer Satisfaction Score

Service	Score	Ranking
Non-Met CA3	8.29	1st
Non-Met CA1	7.60	2nd
Metro CA9	7.44	3rd
Non-Met CA7	7.37	4th
Non-Met CA6	7.36	5th
Non-Met CA5	7.11	6th
Non-Met CA4	7.06	7th
Metro CA12	6.99	8th
Metro CA13	6.90	9th
Non-Met CA2	6.87	10th
Metro CA8	6.51	11th
Non-Met CA11	6.49	12th
Metro CA10	6.41	13th
Weighted Mean Score		
Overall.....	6.99	
Metro.....	6.83	
Non-met.....	7.18	

Figure 3.2.2 and Table 4 below, show the satisfaction score recorded by Carers at each CAMHS.

The mean Carer satisfaction scores are 7.10 for Metropolitan Services and 7.34 for those outside the Metropolitan area.

Figure 3.2.2: Carer Satisfaction Score for all CAMHS

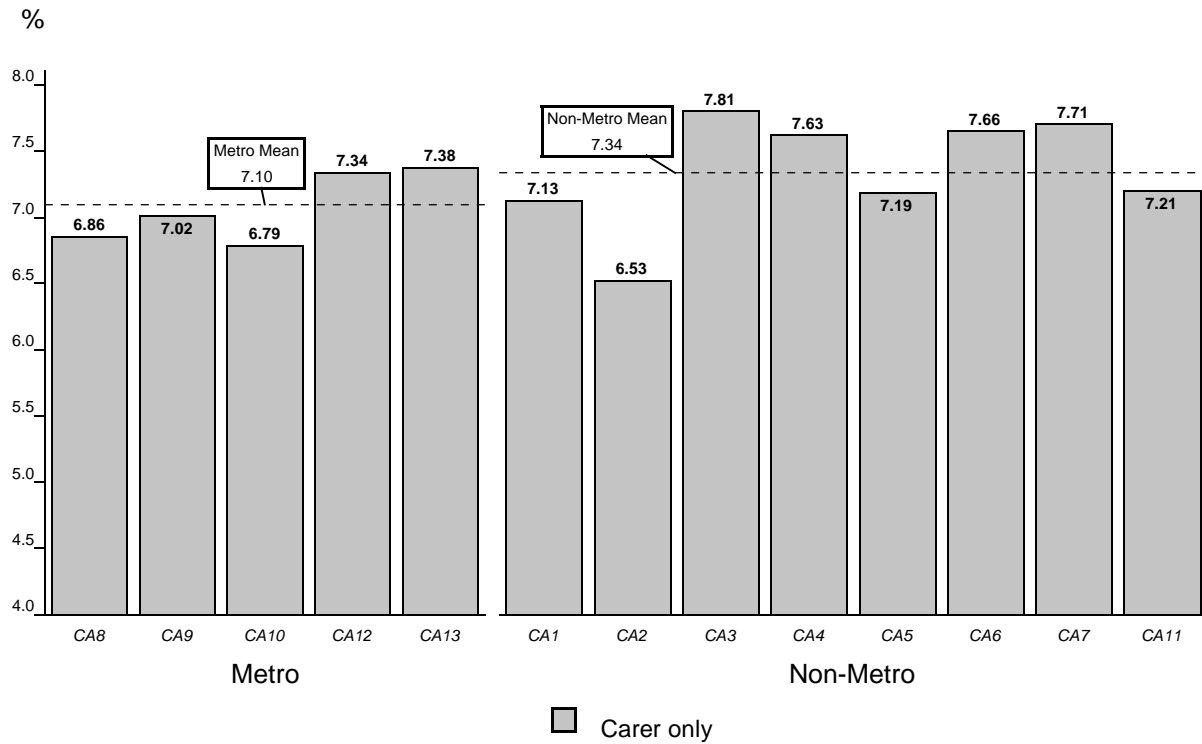


Table 4: All CAMHS, ranked by Carer Satisfaction Score

Service	Score	Ranking
Non-Met CA3	7.81	1st
Non-Met CA7	7.71	2nd
Non-Met CA6	7.66	3rd
Non-Met CA4	7.63	4th
Metro CA13	7.38	5th
Metro CA12	7.34	6th
Non-Met CA11	7.21	7th
Non-Met CA5	7.19	8th
Non-Met CA1	7.13	9th
Metro CA9	7.02	10th
Metro CA8	6.86	11th
Metro CA10	6.79	12th
Non-Met CA2	6.53	13th
Weighted Mean Score		
Overall.....	7.23	
Metro.....	7.10	
Non-met.....	7.34	

3.3. STRONGEST SERVICE COMPONENTS

This section focuses on the individual service components. In considering which components Consumers and Carers were most satisfied with, the *Final* section of the questionnaire has not been included. This was excluded from the discussion for two reasons. Firstly such discussion does not assist Services to determine which of the individual service components are in greatest need of attention, where they are performing well. Secondly, there is a tendency for respondents to 'mark hard' when considering the individual components and then 'relax' with the final score to indicate that 'overall' it wasn't too bad. *About Hospital* is also considered separately as it did not contribute to the calculation of the SSI. (See Section 3.5)

As shown in Tables 5 and 6 below, among all Services the service component with which Consumers were most satisfied was *About Staff*. Carers were most satisfied with *About Staff*.

Table 5: Consumer Component Scores - All Services

Component	Score Rank
<i>Staff</i>	7.83 (1st)
<i>Availability</i>	7.11 (2nd)
<i>Participation</i>	6.86 (3rd)
<i>Information</i>	6.52 (4th)
<i>Treatment</i>	6.22 (5th)

Table 6: Carer Component Scores - All Services

Component	Score Rank
<i>Staff</i>	7.86 (1st)
<i>Availability</i>	7.45 (2nd)
<i>Participation</i>	7.10 (3rd)
<i>Information</i>	6.95 (4th)
<i>Treatment</i>	6.50 (5th)

Table 7 below shows which service component was most highly rated by Consumers and by Carers at each service.

Table 7: Highest rated Service Components

Service	Consumer	Carer
CA1.....	Staff (8.52)	Availability (8.03)
CA2.....	Staff (8.06)	Staff (7.25)
CA3.....	Staff (8.63)	Staff (8.00)
CA4.....	Staff (7.84)	Staff (8.07)
CA5.....	Staff (8.22)	Staff (8.02)
CA6.....	Staff (8.16)	Staff (8.00)
CA7.....	Staff (8.13)	Staff (8.49)
CA8.....	Availability (7.47)	Staff (7.60)
CA9.....	Staff (8.38)	Staff (7.55)
CA10.....	Staff (7.38)	Staff (7.63)
CA11.....	Staff (7.58)	Staff (7.62)
CA12.....	Staff (7.49)	Staff (7.88)
CA13.....	Staff (7.69)	Staff (8.28)

3.4. SERVICE COMPONENTS REQUIRING ATTENTION

As shown in Tables 5 and 6 above, the service component with which Consumers were least satisfied was *Treatment and Assistance*. Carers were also least satisfied with *Treatment and Assistance*.

Table 8 shows which service component Consumers and Carers were least satisfied with at each service.

Table 8: Lowest rated Service Components

Service	Consumer	Carer
CA1.....	<i>Treatment</i> (6.68)	<i>Treatment</i> (6.14)
CA2.....	<i>Treatment</i> (5.78)	<i>Treatment</i> (5.75)
CA3.....	<i>Availability</i> (7.71)	<i>Treatment</i> (7.31)
CA4.....	<i>Treatment</i> (5.93)	<i>Treatment</i> (6.82)
CA5.....	<i>Treatment</i> (6.32)	<i>Treatment</i> (6.31)
CA6.....	<i>Treatment</i> (6.56)	<i>Treatment</i> (6.89)
CA7.....	<i>Treatment</i> (6.72)	<i>Treatment</i> (6.88)
CA8.....	<i>Treatment</i> (5.40)	<i>Treatment</i> (6.00)
CA9.....	<i>Treatment</i> (6.42)	<i>Treatment</i> (6.04)
CA10.....	<i>Treatment</i> (5.76)	<i>Information</i> (6.28)
CA11.....	<i>Information</i> (5.58)	<i>Treatment</i> (6.59)
CA12.....	<i>Treatment</i> (6.32)	<i>Treatment</i> (6.70)
CA13.....	<i>Treatment</i> (6.25)	<i>Information</i> (6.95)

3.5. HOSPITAL SCORE

The only service component which was not included in the direct calculation of the Service Satisfaction Index was *About Hospital*. This was excluded because the sample numbers for this service component were much lower than those achieved for the other service components. When the final calculation of the number of service components which contribute to the SSI was undertaken, the inclusion of *About Hospital* would have resulted in some scores being calculated out of a possible seven components and others out of only six.

3.5.1. Overall

Table 9 below shows the Consumer and Carer satisfaction scores for each Hospital.

Since the hospital component has been treated separately from other service components, it is discussed in some detail below rather than sequentially with the other service components.

Table 9: All CAMHS, ranked by *Hospital* Satisfaction Score

Service	Score			Ranking
	Consumer	Carer	Overall	
Non-Met CA3.....	8.25	8.67	8.43	1st
Non-Met CA7.....	7.00	6.47	6.72	2nd
Metro CA10.....	6.38	6.88	6.63	3rd
Metro CA13.....	6.59	6.41	6.49	4th
Non-Met CA2.....	7.10	5.80	6.45	5th
Non-Met CA4.....	6.41	6.11	6.23	6th
Metro CA9.....	6.40	6.00	6.18	7th
Metro CA8.....	5.64	6.59	6.16	8th
Non-Met CA5.....	5.70	6.24	6.06	9th
Metro CA12.....	5.90	6.04	5.96	10th
Non-Met CA6.....	4.56	6.65	5.92	11th
Non-Met CA11.....	5.89	5.44	5.67	12th
Non-Met CA1.....	4.86	5.11	5.00	13th

3.5.2. Strongest Aspects

As shown in Tables 10 and 11, the service aspect with which Consumers were most satisfied in hospitals was Q15 *Response when you first arrived*. Carers were most satisfied with Q21 *Time case manager spent with you*.

Table 10: *About Hospital* Consumer Aspect Scores

Aspect	Score	Rank
Q15 How satisfied were you with the response from staff when you first arrived at the Hospital?	6.83	(1st)
Q17 How satisfied were you that the staff had the skills to help you?	6.75	(2nd)
Q18 How satisfied were you with the help you were given to plan for the time when you left hospital?	6.07	(3rd)
Q16 How satisfied were you with the range of activities offered to you in hospital?	5.71	(4th)

Table 11: *About Hospital* Carer Aspect Scores

Aspect	Score	Rank
Q21 How satisfied were you with the amount of time the case manager spent with you?	6.72	(1st)
Q22 How satisfied were you with the amount of time that other staff spent with you?	6.56	(2nd)
Q20 How satisfied were you with the amount of time the treating doctor spent with you?	6.18	(3rd)
Q23 How satisfied were you with the help you were given to plan for the time when your child left hospital?	5.26	(4th)

Table 12 below shows which service aspect Consumers and Carers were most satisfied with at each Hospital.

Table 12: Highest rated *About Hospital* aspects at each CAMHS

Service	Consumer	Carer
CA1	Q17 <i>Skills of the staff</i> (5.86)	Q21 <i>Time case manager spent with you</i> (5.89)
CA2	Q15 <i>Response when you first arrived</i> (7.60)	Q22 <i>Time staff other than treating doctor spent with you</i> (6.80)
CA3	Q15 <i>Response when you first arrived</i> (10.00)	Q20 <i>Time treating doctor spent with you</i> (9.00)
CA4	Q17 <i>Skills of the staff</i> (7.69)	Q21 <i>Time case manager spent with you</i> (7.00)
CA5	Q17 <i>Skills of the staff</i> (6.70)	Q21 <i>Time case manager spent with you</i> (6.81)
CA6	Q15 <i>Response when you first arrived</i> (5.63)	Q22 <i>Time staff other than treating doctor spent with you</i> (7.73)
CA7	Q17 <i>Skills of the staff</i> (8.00)	Q21 <i>Time case manager spent with you</i> (6.94)
CA8	Q15 <i>Response when you first arrived</i> (6.43)	Q20 <i>Time treating doctor spent with you</i> (7.47)
CA9	Q15 <i>Response when you first arrived</i> (7.53)	Q21 <i>Time case manager spent with you</i> (6.76)
CA10	Q15 <i>Response when you first arrived</i> (8.07)	Q21 <i>Time case manager spent with you</i> (7.40)
CA11	Q17 <i>Skills of the staff</i> (7.00)	Q22 <i>Time staff other than treating doctor spent with you</i> (6.88)
CA12	Q17 <i>Skills of the staff</i> (6.77)	Q22 <i>Time staff other than treating doctor spent with you</i> (6.53)
CA13	Q15 <i>Response when you first arrived</i> (7.24)	Q21 <i>Time case manager spent with you</i> (7.27)

3.5.3. Aspects requiring attention

Table 13 shows which service aspect Consumers and Carers were least satisfied with at each Hospital.

Table 13: Lowest rated *About Hospital* aspects at each CAMHS

Service	Consumer	Carer
CA1	Q16 <i>Range of activities offered in hospital</i> (3.71)	Q23 <i>Help given to plan</i> (4.33)
CA2	Q16 <i>Range of activities offered in hospital</i> (7.00)	Q23 <i>Help given to plan</i> (4.90)
CA3	Q18 <i>Help given to plan</i> (7.75)	Q23 <i>Help given to plan</i> (7.00)
CA4	Q16 <i>Range of activities offered in hospital</i> (6.12)	Q20 <i>Time treating doctor spent with you</i> (5.88)
CA5	Q16 <i>Range of activities offered in hospital</i> (5.14)	Q23 <i>Help given to plan</i> (4.57)
CA6	Q18 <i>Help given to plan</i> (2.00)	Q23 <i>Help given to plan</i> (5.22)
CA7	Q16 <i>Range of activities offered in hospital</i> (6.21)	Q20 <i>Time treating doctor spent with you</i> (6.06)
CA8	Q16 <i>Range of activities offered in hospital</i> (5.42)	Q23 <i>Help given to plan</i> (5.17)
CA9	Q16 <i>Range of activities offered in hospital</i> (5.00)	Q23 <i>Help given to plan</i> (4.36)
CA10	Q18 <i>Help given to plan</i> (5.54)	Q20 <i>Time treating doctor spent with you</i> (5.69)
CA11	Q16 <i>Range of activities offered in hospital</i> (4.14)	Q20 <i>Time treating doctor spent with you</i> (4.44)
CA12	Q16 <i>Range of activities offered in hospital</i> (5.74)	Q23 <i>Help given to plan</i> (5.18)
CA13	Q17 <i>Skills of the staff</i> (6.19)	Q23 <i>Help given to plan</i> (5.00)

4. DETAILED FINDINGS

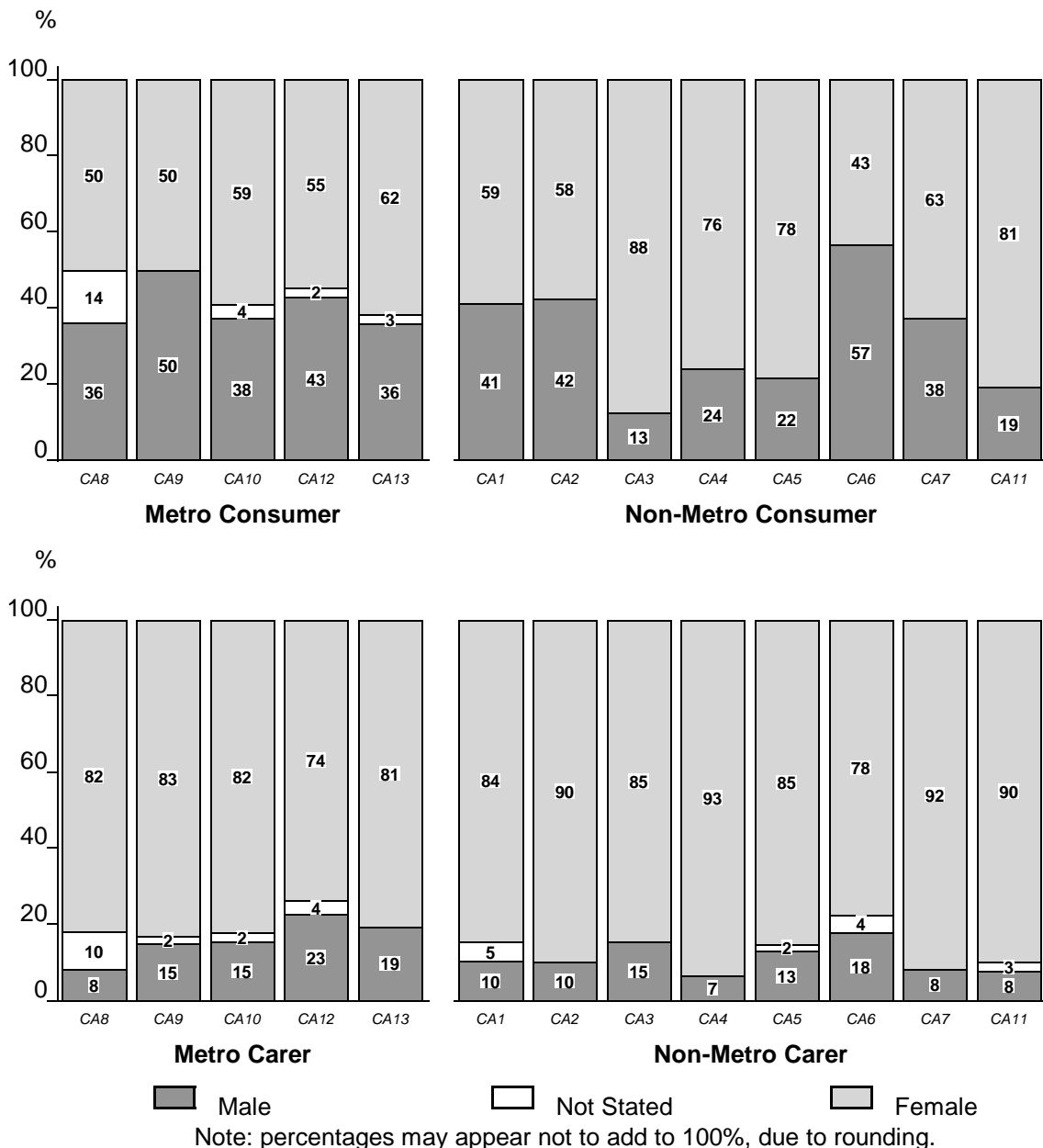
In this section we present the data provided in the questionnaires completed by Consumers and Carers of the Child & Adolescent Mental Health Services. In all sections there are some questions which were not answered by one or more respondents either because it was not appropriate for them to do so, or because they missed the question or were unsure of the response they should give. No assumptions have been made about missing data. Consequently, the totals in the following sections do not always add to one hundred per cent.

4.1. RESPONDENT DEMOGRAPHICS

4.1.1. Gender

38% of all Consumer respondents were male and significantly more (60%) were female. The remaining 2% did not answer the gender question. (Note: percentages may appear not to add to 100%, due to rounding.) The gender differential was greater amongst Carers. 83% of Carers who responded to the survey were female. The gender of respondents at each CAMHS is shown in Figure 4.1.1.

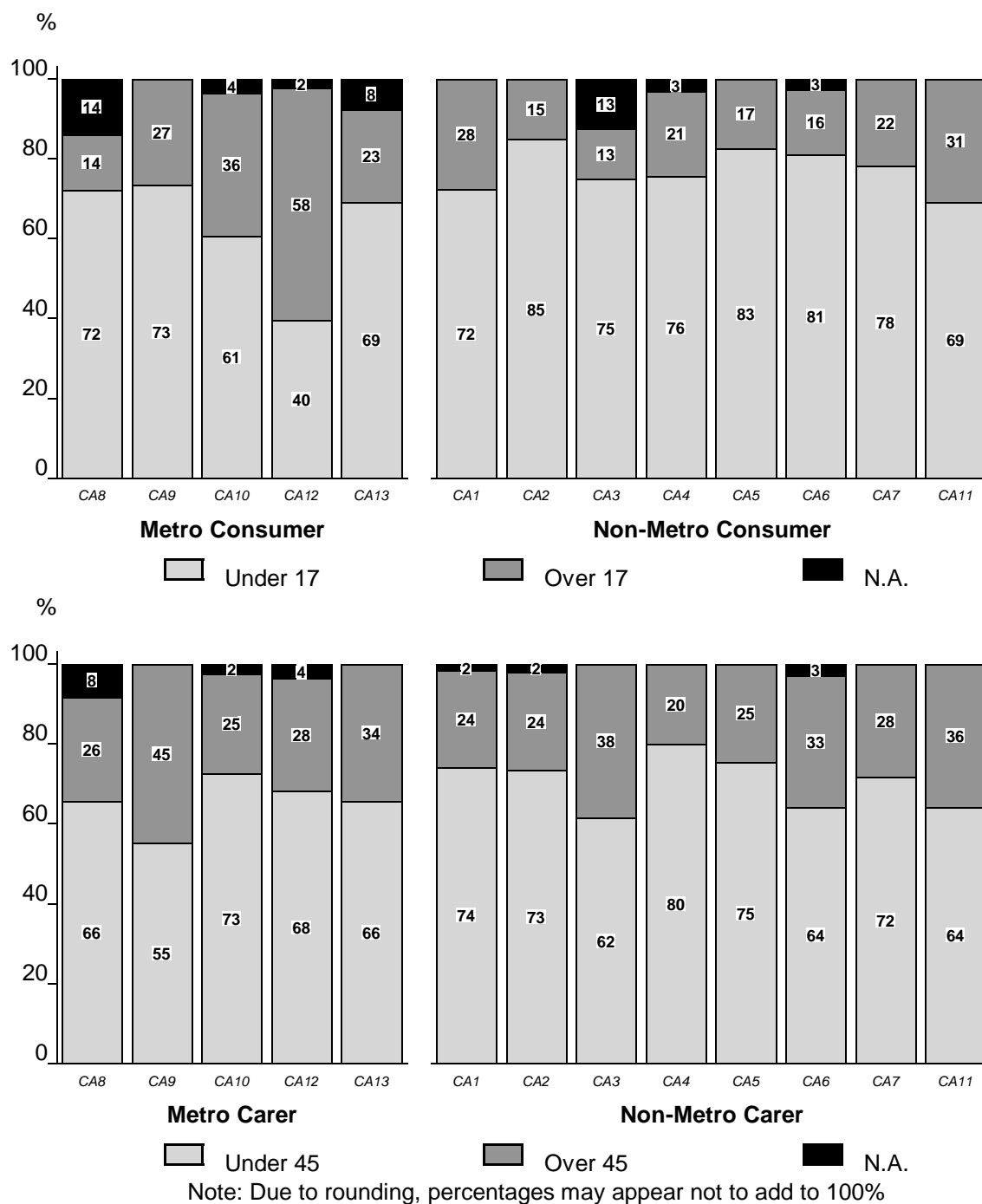
Figure 4.1.1: Gender Demographics



4.1.2. Age

Figure 4.1.2 shows the age groups of respondents. 67% of Consumer respondents were aged under 17 years. Overall, 29% of Carers are aged over 45. At every Service, 20% or more of Carers were aged over 45.

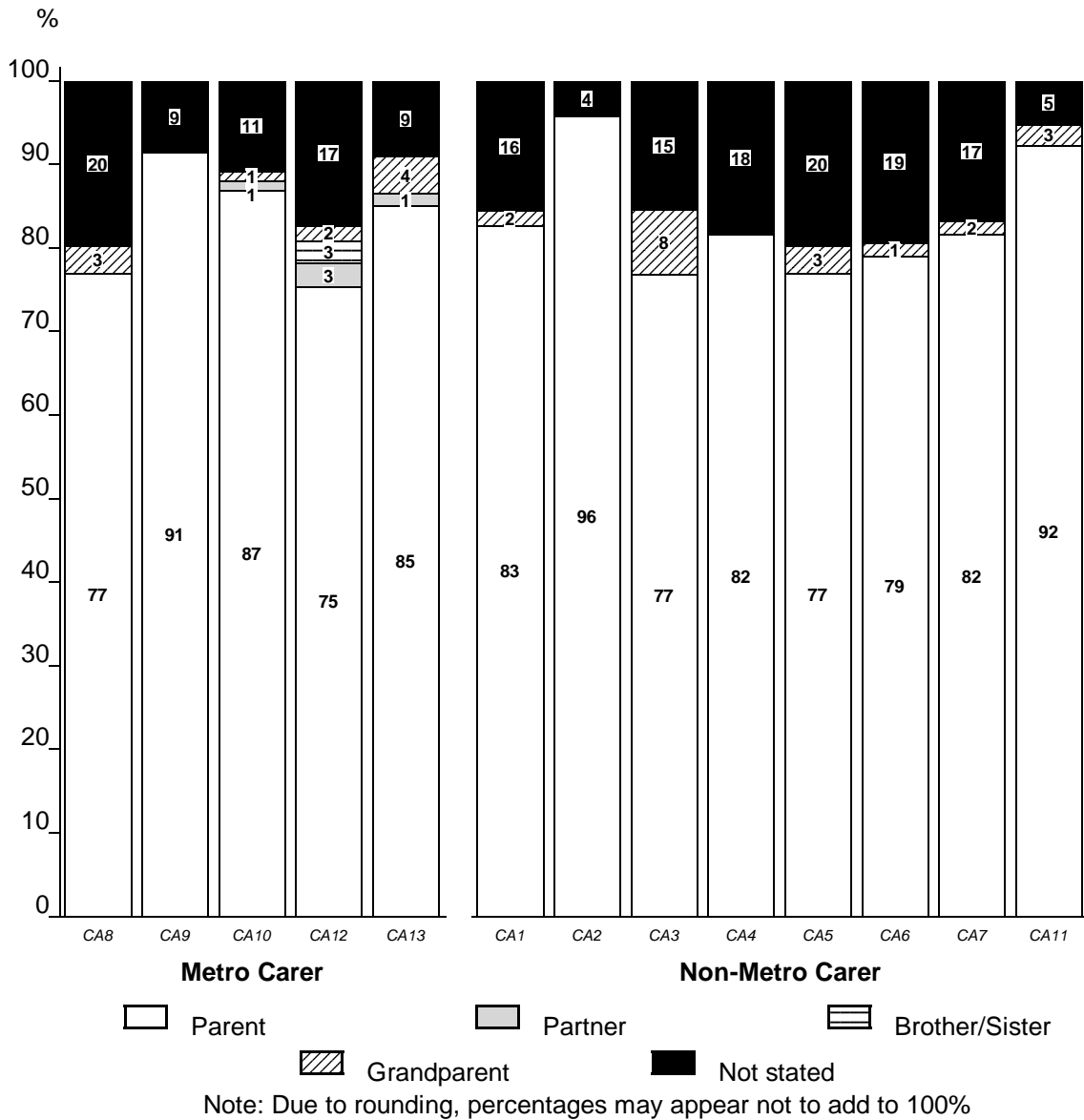
Figure 4.1.2: Age Demographics



4.1.3. Relationship (Carer only)

Figure 4.1.3 shows the relationship of Carers to Consumers at each service. Overall, 83% of Carers were parents. A not significantly different proportion of Carers was a parent in metropolitan Services than in non-metropolitan Services.

Figure 4.1.3: Carer's Relationship to Consumer

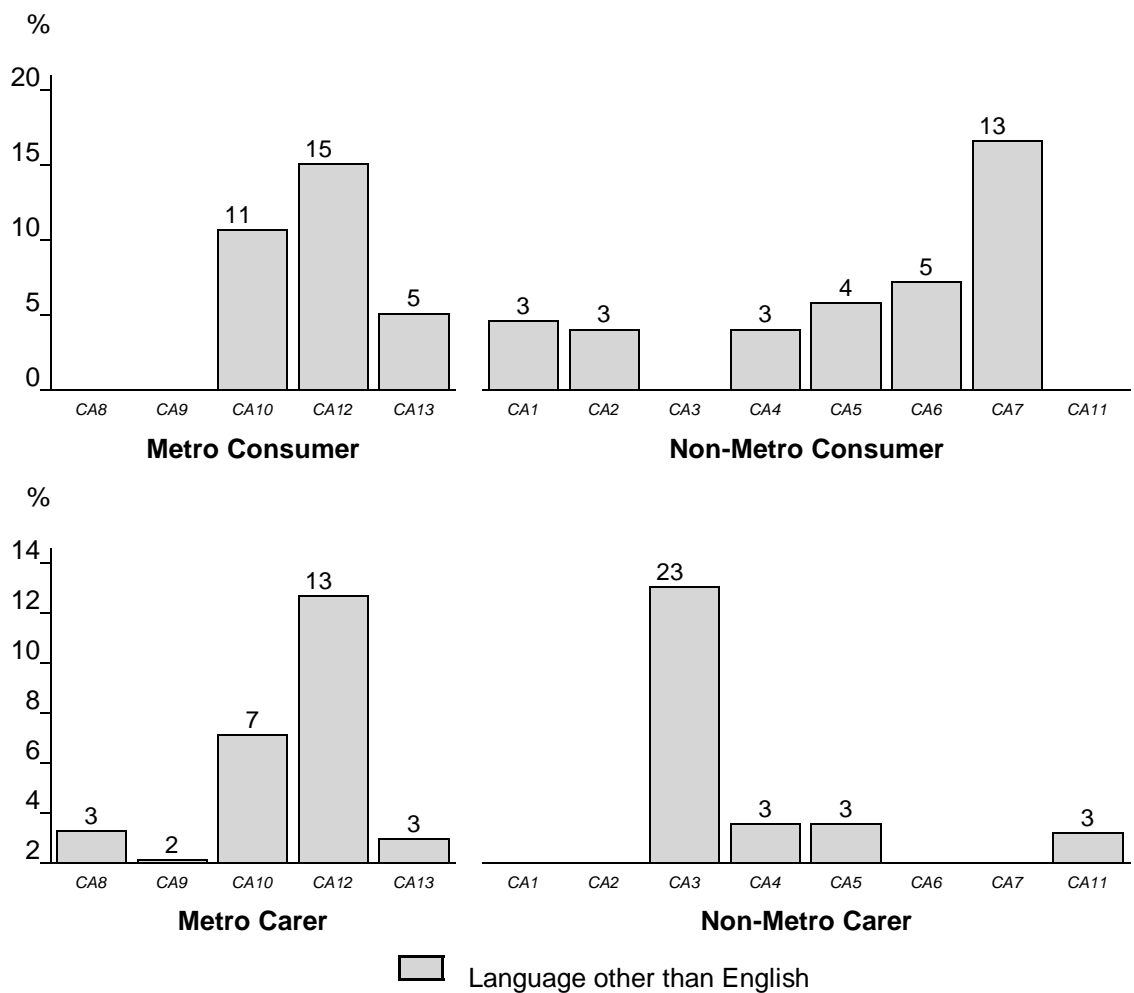


4.1.4. Language

Figure 4.1.4 shows the proportion of Consumers and Carers at each CAMHS who indicated that they speak a language other than English at home. Those who speak a language other than English are more likely to be found in the Metropolitan areas. Overall 7% of Consumers and 4% of Carers indicated that they speak a language other than English at home .

Questionnaires had not been translated into the main languages because the field trials had indicated that there was little value in doing so. ACNielsen set up a telephone interpreting service to assist respondents who required help in completing a questionnaire.

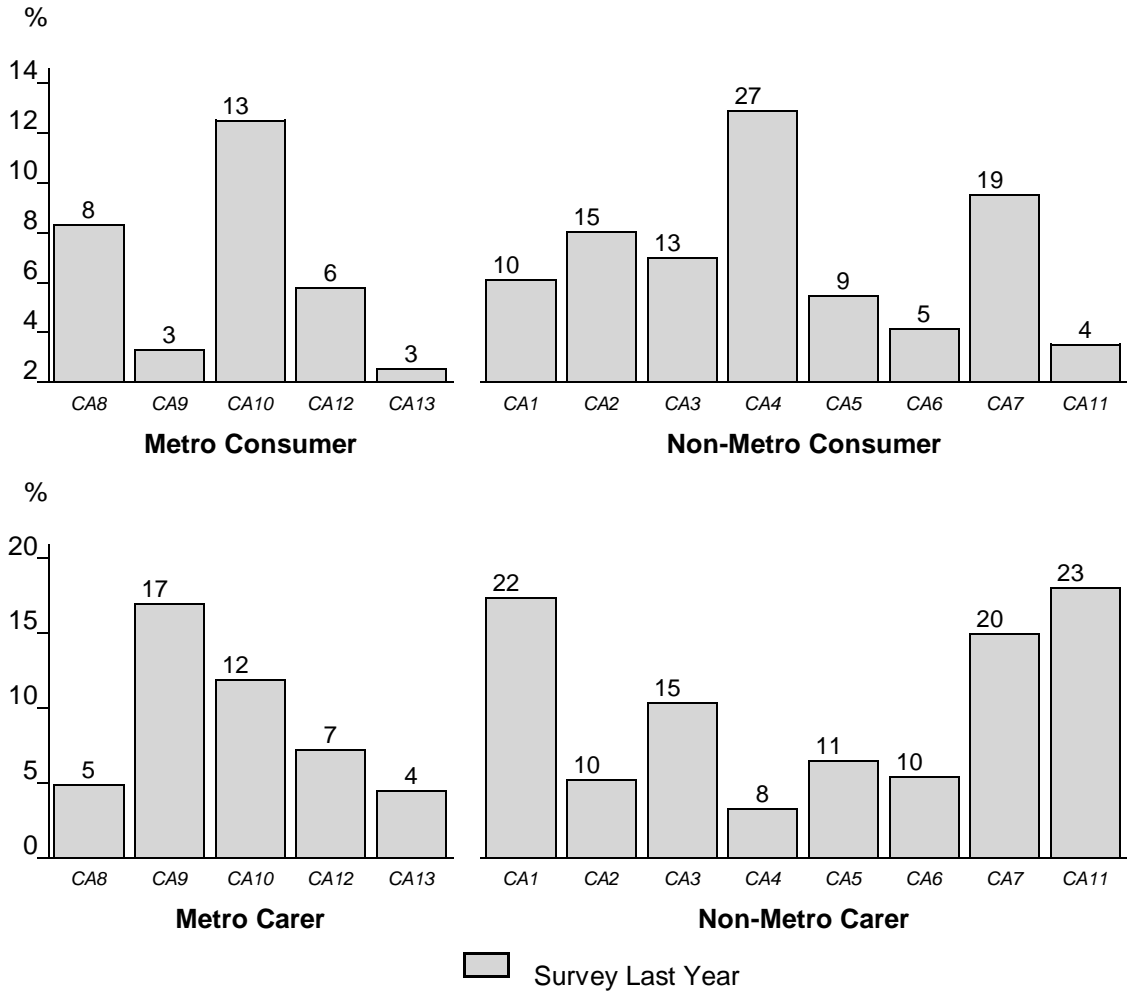
Figure 4.1.4: Language other than English



4.1.5. Survey Last Year

Figure 4.1.5 shows the proportion of Consumers and Carers at each CAMHS who indicated that they completed a questionnaire in the previous year .

Figure 4.1.5: Survey Last Year



4.2. SERVICE COMPONENTS

In this section scores achieved by each CAMHS for each of the components of service are shown. The questionnaire required the respondents to rate their level of satisfaction for each question asked, on a scale from one to five. That scale was converted to a scale of zero to ten as outlined below. The rationale for this was fully described in Section 2.

Original score	Re-scaled score
1	0
2	2
3	4
4	7
5	10

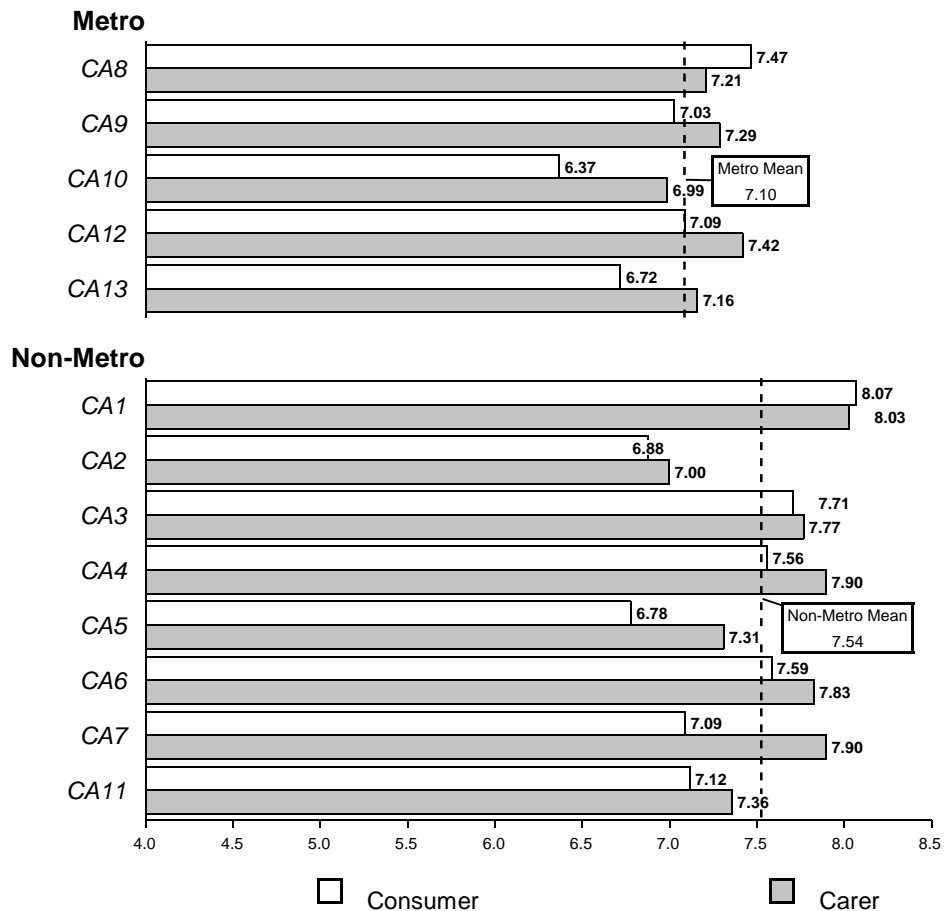
The resulting scores are those reported in this section for each service component, discussed in the order each component was listed in the questionnaire. For each service component, the overall component scores are shown first as scored by both Consumers and Carers. Then Consumer aspect scores are shown, followed by Carer scores. Finally, those aspects rated highest and then lowest at each Service are shown for both Consumers and Carers.

4.2.1. B: Availability of the Service

If the *Final* section is excluded, because it is not a component of service distinguishable from other components, then *Availability of the Service* was the second highest scoring component amongst Consumers, and was also the second highest amongst Carers (see Tables 5 and 6 above).

Figure 4.2.1 below shows the satisfaction score for each Service for this component.

**Figure 4.2.1: B: Availability of the Service
Comparison of Consumer and Carer Scores**



Overall, Consumers recorded a satisfaction score of 7.11, and Carers recorded 7.45. Among Consumers, levels of satisfaction with this component were not significantly different in metropolitan Services compared with non-metropolitan Services. Among Carers, satisfaction was lower in metropolitan Services.

Tables 14 and 15 below show those aspects of the service component with which Consumers and Carers were most satisfied. For Consumers the aspect relating to *Availability of the Service* which rated the highest level of satisfaction was Q4 *Get help quickly*, and for Carers it was Q8 *Location/easy to get to*.

Table 14: Consumer satisfaction with each aspect of Component B - *Availability of the Service*

Aspect	Consumer
Q4 <i>How satisfied are you with how quickly you have received help from this Service when you have needed it?</i>	7.66
Q5 <i>How satisfied are you with the location of the Service and how easy it is to get to?</i>	7.03
Statewide Average Component Score	7.11

Table 15: Carer satisfaction with each aspect of Component B - *Availability of the Service*

Aspect	Carer
Q8 <i>How satisfied are you with the location of the Service and how easy it is to get to?</i>	7.64
Q7 <i>How satisfied are you with how quickly you have received help from this Service when you have needed it?</i>	7.61
Statewide Average Component Score	7.45

Table 16 below shows which service aspect Consumers and Carers were most satisfied with at each Service.

Table 16: Highest rated *Availability of the Service* aspects at each CAMHS

Service	Consumer	Carer
CA1	Q4 <i>Get help quickly</i> (8.45)	Q8 <i>Location/easy to get to</i> (8.52)
CA2	Q4 <i>Get help quickly</i> (7.84)	Q7 <i>Get help quickly</i> (7.29)
CA3	Q5 <i>Location/easy to get to</i> (8.29)	Q8 <i>Location/easy to get to</i> (8.33)
CA4	Q4 <i>Get help quickly</i> (8.03)	Q7 <i>Get help quickly</i> (8.21)
CA5	Q4 <i>Get help quickly</i> (7.61)	Q8 <i>Location/easy to get to</i> (7.70)
CA6	Q4 <i>Get help quickly</i> (7.83)	Q8 <i>Location/easy to get to</i> (8.21)
CA7	Q4 <i>Get help quickly</i> (7.59)	Q8 <i>Location/easy to get to</i> (8.48)
CA8	Q5 <i>Location/easy to get to</i> (8.00)	Q7 <i>Get help quickly</i> (7.44)
CA9	Q4 <i>Get help quickly</i> (7.61)	Q8 <i>Location/easy to get to</i> (7.41)
CA10	Q4 <i>Get help quickly</i> (7.29)	Q7 <i>Get help quickly</i> (7.40)
CA11	Q4 <i>Get help quickly</i> (7.85)	Q7 <i>Get help quickly</i> (7.69)
CA12	Q4 <i>Get help quickly</i> (7.54)	Q8 <i>Location/easy to get to</i> (7.59)
CA13	Q4 <i>Get help quickly</i> (7.54)	Q7 <i>Get help quickly</i> (7.67)

As shown in Tables 14 and 15 above, the aspect relating to *Availability of the Service* with which Consumers were least satisfied was Q5 *Location/easy to get to* . Carers were least satisfied with Q7 *Get help quickly* .

Table 17 below shows which service aspect Consumers and Carers were least satisfied with at each Service.

Table 17: Lowest rated *Availability of the Service* aspects at each CAMHS

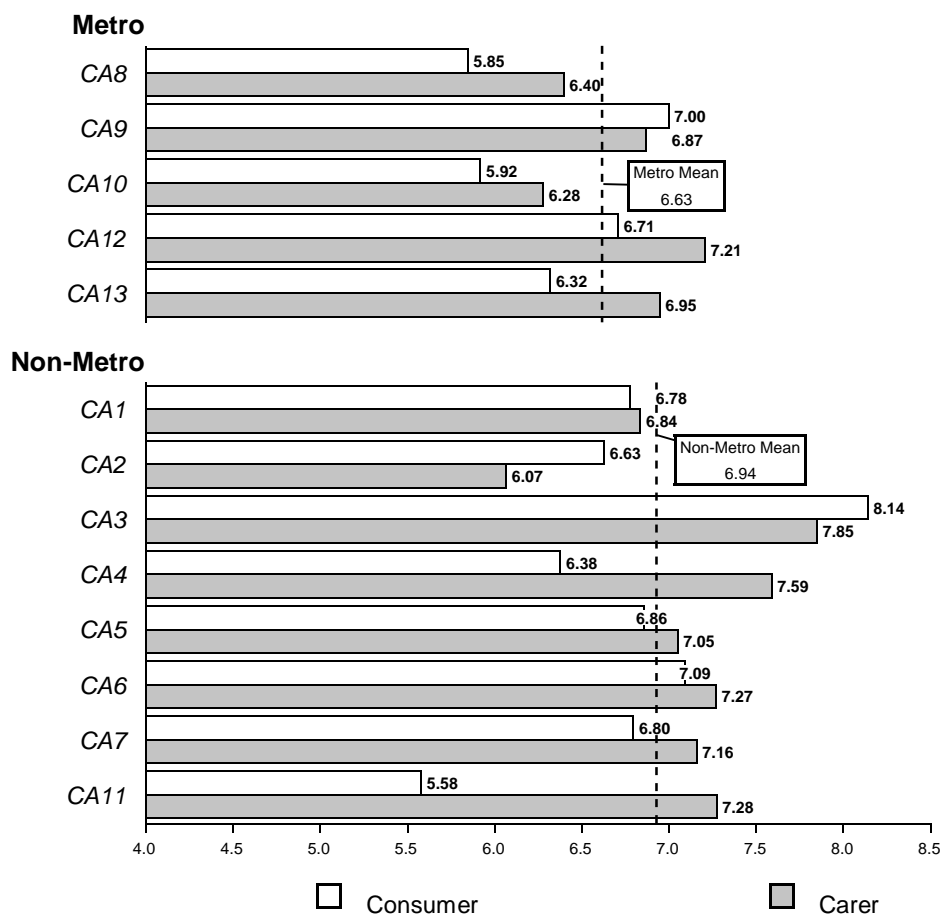
Service	Consumer	Carer
CA1	Q5 <i>Location/easy to get to</i> (8.18)	Q7 <i>Get help quickly</i> (7.93)
CA2	Q5 <i>Location/easy to get to</i> (6.44)	Q8 <i>Location/easy to get to</i> (7.06)
CA3	Q4 <i>Get help quickly</i> (7.86)	Q7 <i>Get help quickly</i> (8.08)
CA4	Q5 <i>Location/easy to get to</i> (7.59)	Q8 <i>Location/easy to get to</i> (7.81)
CA5	Q5 <i>Location/easy to get to</i> (6.64)	Q7 <i>Get help quickly</i> (7.23)
CA6	Q5 <i>Location/easy to get to</i> (7.73)	Q7 <i>Get help quickly</i> (7.77)
CA7	Q5 <i>Location/easy to get to</i> (7.00)	Q7 <i>Get help quickly</i> (7.63)
CA8	Q4 <i>Get help quickly</i> (7.25)	Q8 <i>Location/easy to get to</i> (7.32)
CA9	Q5 <i>Location/easy to get to</i> (7.32)	Q7 <i>Get help quickly</i> (7.38)
CA10	Q5 <i>Location/easy to get to</i> (6.02)	Q8 <i>Location/easy to get to</i> (7.00)
CA11	Q5 <i>Location/easy to get to</i> (6.81)	Q8 <i>Location/easy to get to</i> (7.41)
CA12	Q5 <i>Location/easy to get to</i> (6.93)	Q7 <i>Get help quickly</i> (7.58)
CA13	Q5 <i>Location/easy to get to</i> (6.41)	Q8 <i>Location/easy to get to</i> (7.10)

4.2.2. C: Getting Information

Getting Information was the fourth highest scoring component amongst Consumers, and was also the fourth highest amongst Carers (see Tables 5 and 6 above).

Figure 4.2.2 below shows the satisfaction score for each Service for this component.

Figure 4.2.2: C: Getting Information
Comparison of Consumer and Carer Scores



Overall, Consumers recorded a satisfaction score of 6.52, and Carers recorded 6.95. Among both Consumers and Carers, levels of satisfaction with this component were not significantly different in metropolitan Services compared with non-metropolitan Services.

Tables 18 and 19 below show those aspects of the service component with which Consumers and Carers were most satisfied. For Consumers the aspect relating to *Getting Information* which rated the highest level of satisfaction was Q6 *Your child's problem* , and for Carers it was Q11 *Advice on how to help* .

Table 18: Consumer satisfaction with each aspect of Component C - *Getting Information*

Aspect	Consumer
Q6 <i>How satisfied are you with the information you have been given about your problem?</i>	6.79
Q7 <i>How satisfied are you with the information you have been given about the treatment you receive?</i>	6.64
Statewide Average Component Score	6.52

Table 19: Carer satisfaction with each aspect of Component C - *Getting Information*

Aspect	Carer
Q11 <i>How satisfied are you with the advice you have been given about how you might help your child</i>	7.08
Q9 <i>How satisfied are you with the information you have been given about your child's problem?</i>	7.03
Q10 <i>How satisfied are you with the information you have been given about the treatment your child is receiving?</i>	7.02
Statewide Average Component Score	6.95

Table 20 below shows which service aspect Consumers and Carers were most satisfied with at each Service.

Table 20: Highest rated *Getting Information* aspects at each CAMHS

Service	Consumer	Carer
CA1	Q7 <i>Treatment</i> (6.89)	Q11 <i>Advice on how to help</i> (6.96)
CA2	Q6 <i>Your child's problem</i> (6.89)	Q11 <i>Advice on how to help</i> (6.36)
CA3	Q6 <i>Your child's problem</i> (8.29)	Q10 <i>Treatment</i> (8.08)
CA4	Q6 <i>Your child's problem</i> (6.96)	Q10 <i>Treatment</i> (7.78)
CA5	Q7 <i>Treatment</i> (7.30)	Q9 <i>Your child's problem</i> (7.45)
CA6	Q6 <i>Your child's problem</i> (7.09)	Q10 <i>Treatment</i> (7.41)
CA7	Q7 <i>Treatment</i> (7.22)	Q11 <i>Advice on how to help</i> (7.39)
CA8	Q6 <i>Your child's problem</i> (5.96)	Q10 <i>Treatment</i> (6.74)
CA9	Q6 <i>Your child's problem</i> (7.90)	Q10 <i>Treatment</i> (7.12)
CA10	Q6 <i>Your child's problem</i> (6.28)	Q9 <i>Your child's problem</i> (6.51)
CA11	Q6 <i>Your child's problem</i> (6.17)	Q10 <i>Treatment</i> (7.77)
CA12	Q6 <i>Your child's problem</i> (6.92)	Q11 <i>Advice on how to help</i> (7.42)
CA13	Q7 <i>Treatment</i> (6.51)	Q11 <i>Advice on how to help</i> (7.38)

As shown in Tables 18 and 19 above, the aspect relating to *Getting Information* with which Consumers were least satisfied was *Q7 Treatment* . Carers were least satisfied with *Q10 Treatment* .

Table 21 below shows which service aspect Consumers and Carers were least satisfied with at each Service.

Table 21: Lowest rated *Getting Information* aspects at each CAMHS

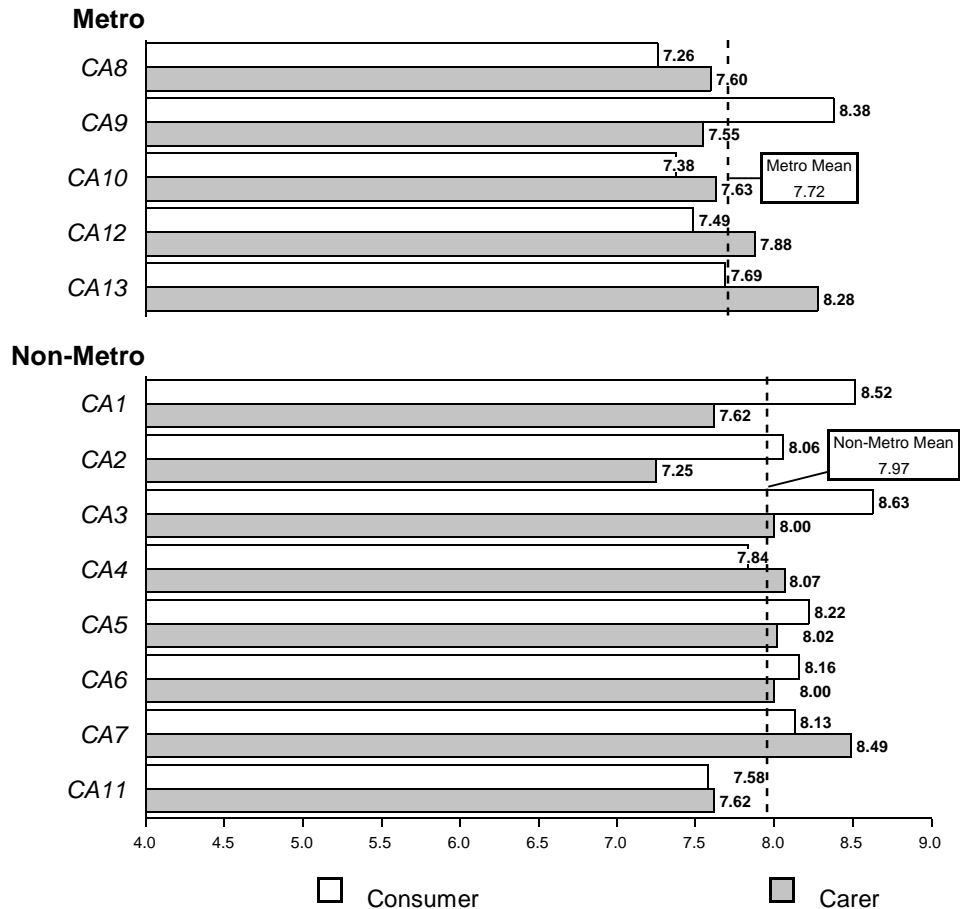
Service	Consumer	Carer
CA1	Q6 <i>Your child's problem</i> (6.88)	Q9 <i>Your child's problem</i> (6.79)
CA2	Q7 <i>Treatment</i> (6.70)	Q9 <i>Your child's problem</i> (5.95)
CA3	Q6 <i>Your child's problem</i> (8.29)	Q11 <i>Advice on how to help</i> (7.62)
CA4	Q7 <i>Treatment</i> (6.54)	Q9 <i>Your child's problem</i> (7.65)
CA5	Q6 <i>Your child's problem</i> (6.95)	Q10 <i>Treatment</i> (6.97)
CA6	Q7 <i>Treatment</i> (7.00)	Q11 <i>Advice on how to help</i> (7.17)
CA7	Q6 <i>Your child's problem</i> (7.04)	Q10 <i>Treatment</i> (7.14)
CA8	Q7 <i>Treatment</i> (5.85)	Q9 <i>Your child's problem</i> (6.33)
CA9	Q7 <i>Treatment</i> (6.76)	Q9 <i>Your child's problem</i> (7.04)
CA10	Q7 <i>Treatment</i> (5.95)	Q11 <i>Advice on how to help</i> (6.24)
CA11	Q7 <i>Treatment</i> (5.65)	Q11 <i>Advice on how to help</i> (7.08)
CA12	Q7 <i>Treatment</i> (6.91)	Q10 <i>Treatment</i> (7.06)
CA13	Q6 <i>Your child's problem</i> (6.45)	Q9 <i>Your child's problem</i> (6.84)

4.2.3. D: About Staff

About Staff was the highest scoring component amongst Consumers, and was also the highest amongst Carers (see Tables 5 and 6 above).

Figure 4.2.3 below shows the satisfaction score for each Service for this component.

Figure 4.2.3: D: About Staff
Comparison of Consumer and Carer Scores



Overall, Consumers recorded a satisfaction score of 7.83, and Carers recorded 7.86. Among Consumers, levels of satisfaction with this component were lower in metropolitan Services compared with non-metropolitan Services. Among Carers, satisfaction was not significantly different in metropolitan Services.

Tables 22 and 23 below show those aspects of the service component with which Consumers and Carers were most satisfied. For Consumers the aspect relating to *About Staff* which rated the highest level of satisfaction was Q8 *Attitude of staff to you*, and for Carers it was Q12 *Way staff relate*.

Table 22: Consumer satisfaction with each aspect of Component D - *About Staff*

Aspect	Consumer
Q8 <i>How satisfied are you with the attitude of staff to you?</i>	8.21
Q9 <i>How satisfied are you with the amount of time staff spend with you</i>	7.78
Q10 <i>How satisfied are you that the staff have the skills to help you?</i>	7.65
Statewide Average Component Score	7.83

Table 23: Carer satisfaction with each aspect of Component D - *About Staff*

Aspect	Carer
Q12 <i>How satisfied are you with the way staff relate to you and your child?</i>	8.55
Q14 <i>How satisfied are you with the amount of time staff spend with your child?</i>	8.03
Q13 <i>How satisfied are you with the amount of time staff spend with you</i>	7.94
Q15 <i>How satisfied are you that the staff have the skills to help your child's problem?</i>	7.83
Statewide Average Component Score	7.86

Table 24 below shows which service aspect Consumers and Carers were most satisfied with at each Service.

Table 24: Highest rated *About Staff* aspects at each CAMHS

Service	Consumer	Carer
CA1	Q10 <i>Staff have skills</i> (8.72)	Q12 <i>Way staff relate</i> (8.67)
CA2	Q8 <i>Attitude of staff to you</i> (8.73)	Q12 <i>Way staff relate</i> (8.21)
CA3	Q8 <i>Attitude of staff to you</i> (9.25)	Q12 <i>Way staff relate</i> (9.25)
CA4	Q10 <i>Staff have skills</i> (8.03)	Q12 <i>Way staff relate</i> (8.90)
CA5	Q8 <i>Attitude of staff to you</i> (8.35)	Q12 <i>Way staff relate</i> (8.59)
CA6	Q8 <i>Attitude of staff to you</i> (8.43)	Q12 <i>Way staff relate</i> (8.50)
CA7	Q8 <i>Attitude of staff to you</i> (8.43)	Q12 <i>Way staff relate</i> (9.00)
CA8	Q8 <i>Attitude of staff to you</i> (8.16)	Q14 <i>Time staff spend with your child</i> (8.13)
CA9	Q8 <i>Attitude of staff to you</i> (9.07)	Q12 <i>Way staff relate</i> (8.17)
CA10	Q8 <i>Attitude of staff to you</i> (7.75)	Q12 <i>Way staff relate</i> (8.18)
CA11	Q8 <i>Attitude of staff to you</i> (7.92)	Q12 <i>Way staff relate</i> (8.62)
CA12	Q8 <i>Attitude of staff to you</i> (7.83)	Q12 <i>Way staff relate</i> (8.60)
CA13	Q9 <i>Time staff spend with you</i> (7.97)	Q12 <i>Way staff relate</i> (8.78)

As shown in Tables 22 and 23 above, the aspect relating to *About Staff* with which Consumers were least satisfied was Q10 *Staff have skills* . Carers were least satisfied with Q15 *Staff have skills* .

Table 25 below shows which service aspect Consumers and Carers were least satisfied with at each Service.

Table 25: Lowest rated *About Staff* aspects at each CAMHS

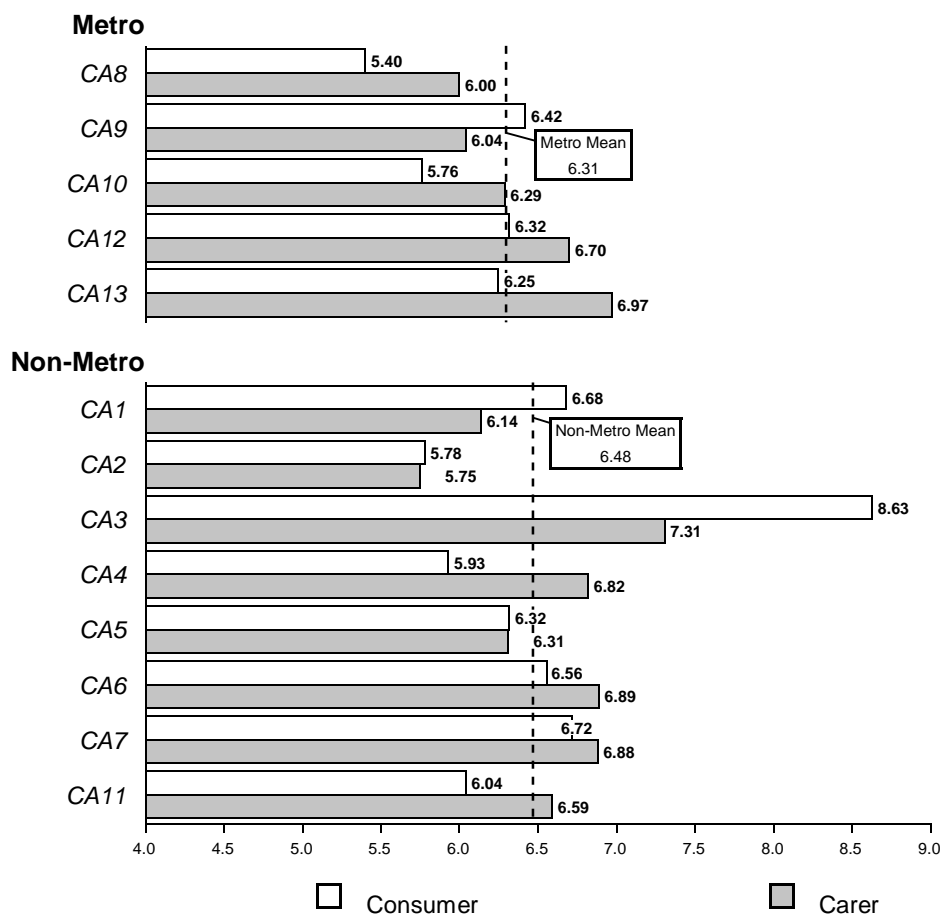
Service	Consumer	Carer
CA1	Q9 <i>Time staff spend with you</i> (8.39)	Q13 <i>Time staff spend with you</i> (7.40)
CA2	Q9 <i>Time staff spend with you</i> (7.79)	Q15 <i>Staff have skills</i> (6.68)
CA3	Q9 <i>Time staff spend with you</i> (8.13)	Q13 <i>Time staff spend with you</i> (8.15)
CA4	Q9 <i>Time staff spend with you</i> (7.93)	Q15 <i>Staff have skills</i> (8.03)
CA5	Q9 <i>Time staff spend with you</i> (8.09)	Q15 <i>Staff have skills</i> (7.79)
CA6	Q10 <i>Staff have skills</i> (8.08)	Q15 <i>Staff have skills</i> (8.05)
CA7	Q10 <i>Staff have skills</i> (7.97)	Q15 <i>Staff have skills</i> (8.18)
CA8	Q10 <i>Staff have skills</i> (6.55)	Q13 <i>Time staff spend with you</i> (7.62)
CA9	Q9 <i>Time staff spend with you</i> (7.66)	Q15 <i>Staff have skills</i> (7.64)
CA10	Q10 <i>Staff have skills</i> (7.08)	Q15 <i>Staff have skills</i> (7.46)
CA11	Q10 <i>Staff have skills</i> (7.42)	Q13 <i>Time staff spend with you</i> (7.41)
CA12	Q10 <i>Staff have skills</i> (7.22)	Q13 <i>Time staff spend with you</i> (7.75)
CA13	Q10 <i>Staff have skills</i> (7.28)	Q14 <i>Time staff spend with your child</i> (8.31)

4.2.4. E: Treatment and Assistance

Treatment and Assistance was the fifth highest scoring component amongst Consumers, and was also the fifth highest amongst Carers (see Tables 5 and 6 above).

Figure 4.2.4 below shows the satisfaction score for each Service for this component.

Figure 4.2.4: E: Treatment and Assistance
Comparison of Consumer and Carer Scores



Overall, Consumers recorded a satisfaction score of 6.22, and Carers recorded 6.50. Among both Consumers and Carers, levels of satisfaction with this component were not significantly different in metropolitan Services compared with non-metropolitan Services.

Tables 26 and 27 below show those aspects of the service component with which Consumers and Carers were most satisfied. For Consumers the aspect relating to *Treatment and Assistance* which rated the highest level of satisfaction was Q12 *Treatment plan* , and for Carers it was Q16 *Assessment process & treatment plan* .

Table 26: Consumer satisfaction with each aspect of Component E - *Treatment and Assistance*

Aspect	Consumer
Q12 <i>How satisfied are you with the treatment plan that has been developed with the staff?</i>	6.44
Q11 <i>How satisfied are you with assessment process and the time taken to develop a treatment plan?</i>	6.24
Statewide Average Component Score	6.22

Table 27: Carer satisfaction with each aspect of Component E - *Treatment and Assistance*

Aspect	Carer
Q16 <i>How satisfied are you with assessment process and the time taken to develop a treatment plan?</i>	6.60
Q17 <i>How satisfied are you with the range and type of treatment and assistance available?</i>	6.58
Statewide Average Component Score	6.50

Table 28 below shows which service aspect Consumers and Carers were most satisfied with at each Service.

Table 28: Highest rated *Treatment and Assistance* aspects at each CAMHS

Service	Consumer	Carer
CA1	Q12 <i>Treatment plan</i> (6.93)	Q17 <i>Range and type of treatment</i> (6.25)
CA2	Q11 <i>Assessment process & treatment plan</i> (5.94)	Q16 <i>Assessment process & treatment plan</i> (6.17)
CA3	Q12 <i>Treatment plan</i> (8.88)	Q17 <i>Range and type of treatment</i> (8.36)
CA4	Q12 <i>Treatment plan</i> (6.07)	Q16 <i>Assessment process & treatment plan</i> (7.18)
CA5	Q11 <i>Assessment process & treatment plan</i> (6.55)	Q17 <i>Range and type of treatment</i> (6.46)
CA6	Q12 <i>Treatment plan</i> (7.33)	Q17 <i>Range and type of treatment</i> (7.10)
CA7	Q12 <i>Treatment plan</i> (7.07)	Q16 <i>Assessment process & treatment plan</i> (7.14)
CA8	Q12 <i>Treatment plan</i> (5.69)	Q16 <i>Assessment process & treatment plan</i> (6.14)
CA9	Q12 <i>Treatment plan</i> (7.12)	Q16 <i>Assessment process & treatment plan</i> (6.30)
CA10	Q12 <i>Treatment plan</i> (5.93)	Q17 <i>Range and type of treatment</i> (6.63)
CA11	Q12 <i>Treatment plan</i> (6.36)	Q17 <i>Range and type of treatment</i> (6.81)
CA12	Q11 <i>Assessment process & treatment plan</i> (6.47)	Q16 <i>Assessment process & treatment plan</i> (6.91)
CA13	Q11 <i>Assessment process & treatment plan</i> (6.49)	Q17 <i>Range and type of treatment</i> (7.31)

As shown in Tables 26 and 27 above, the aspect relating to *Treatment and Assistance* with which Consumers were least satisfied was Q11 *Assessment process & treatment plan* . Carers were least satisfied with Q17 *Range and type of treatment* .

Table 29 below shows which service aspect Consumers and Carers were least satisfied with at each Service.

Table 29: Lowest rated *Treatment and Assistance* aspects at each CAMHS

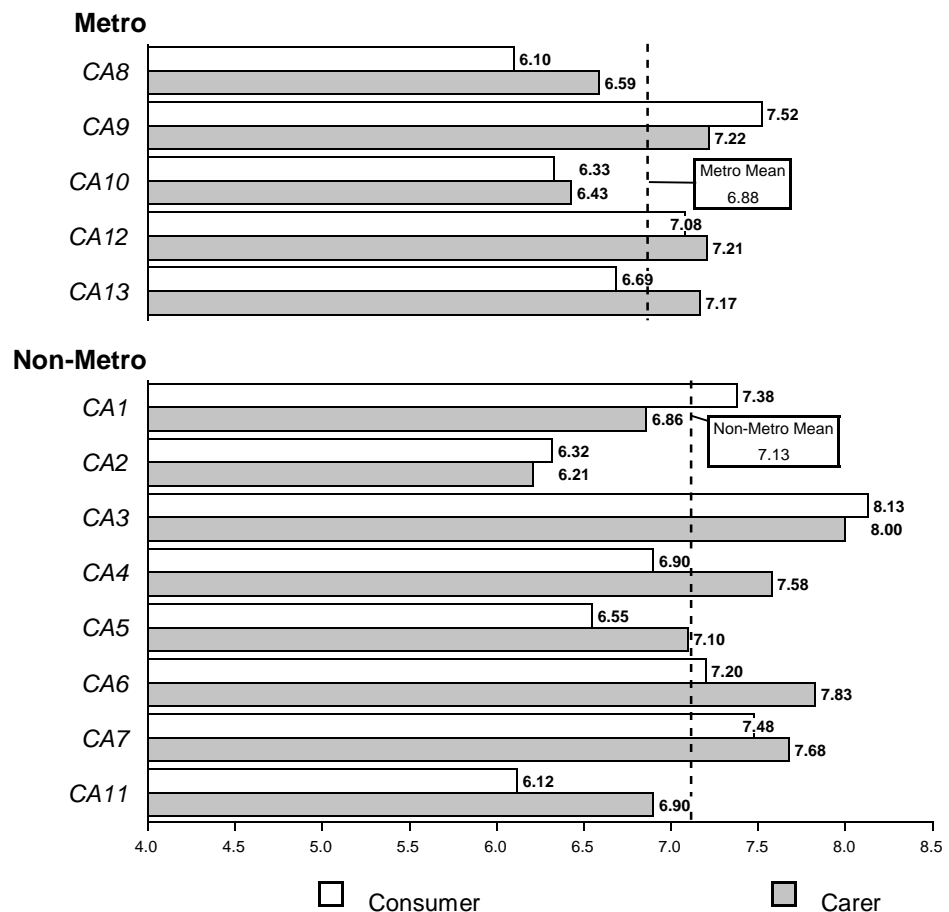
Service	Consumer	Carer
CA1	Q11 <i>Assessment process & treatment plan</i> (6.56)	Q16 <i>Assessment process & treatment plan</i> (6.23)
CA2	Q12 <i>Treatment plan</i> (5.81)	Q17 <i>Range and type of treatment</i> (5.47)
CA3	Q11 <i>Assessment process & treatment plan</i> (8.50)	Q16 <i>Assessment process & treatment plan</i> (7.38)
CA4	Q11 <i>Assessment process & treatment plan</i> (6.00)	Q17 <i>Range and type of treatment</i> (6.54)
CA5	Q12 <i>Treatment plan</i> (6.27)	Q16 <i>Assessment process & treatment plan</i> (6.31)
CA6	Q11 <i>Assessment process & treatment plan</i> (6.40)	Q16 <i>Assessment process & treatment plan</i> (6.80)
CA7	Q11 <i>Assessment process & treatment plan</i> (6.55)	Q17 <i>Range and type of treatment</i> (6.79)
CA8	Q11 <i>Assessment process & treatment plan</i> (5.34)	Q17 <i>Range and type of treatment</i> (6.02)
CA9	Q11 <i>Assessment process & treatment plan</i> (6.16)	Q17 <i>Range and type of treatment</i> (5.84)
CA10	Q11 <i>Assessment process & treatment plan</i> (5.78)	Q16 <i>Assessment process & treatment plan</i> (6.04)
CA11	Q11 <i>Assessment process & treatment plan</i> (5.96)	Q16 <i>Assessment process & treatment plan</i> (6.67)
CA12	Q12 <i>Treatment plan</i> (6.29)	Q17 <i>Range and type of treatment</i> (6.72)
CA13	Q12 <i>Treatment plan</i> (6.35)	Q16 <i>Assessment process & treatment plan</i> (6.90)

4.2.5. F: Participation

Participation was the third highest scoring component amongst Consumers, and was also the third highest amongst Carers (see Tables 5 and 6 above).

Figure 4.2.5 below shows the satisfaction score for each Service for this component.

Figure 4.2.5: F: Participation
Comparison of Consumer and Carer Scores



Overall, Consumers recorded a satisfaction score of 6.86, and Carers recorded 7.10. Among both Consumers and Carers, levels of satisfaction with this component were not significantly different in metropolitan Services compared with non-metropolitan Services.

Tables 30 and 31 below show those aspects of the service component with which Consumers and Carers were most satisfied. For Consumers the aspect relating to *Participation* which rated the highest level of satisfaction was Q13 *Opportunity to play a part* , and for Carers it was Q18 *Your input to treatment plan* .

Table 30: Consumer satisfaction with each aspect of Component F - *Participation*

Aspect	Consumer
Q13 <i>How satisfied are you with the opportunity you have to play a part in treatment decisions?</i>	7.12
Q14 <i>How satisfied are you that you can have a say in how the Service is run?</i>	6.79
Statewide Average Component Score	6.86

Table 31: Carer satisfaction with each aspect of Component F - *Participation*

Aspect	Carer
Q18 <i>How satisfied are you with the input you have been able to have into the plan to help your child?</i>	7.27
Q19 <i>How satisfied are you that you can give the Service feedback on the way it is run?</i>	7.17
Statewide Average Component Score	7.10

Table 32 below shows which service aspect Consumers and Carers were most satisfied with at each Service.

Table 32: Highest rated *Participation* aspects at each CAMHS

Service	Consumer	Carer
CA1	Q14 <i>Can have a say in how Service is run</i> (7.57)	Q19 <i>Can give feedback</i> (7.12)
CA2	Q14 <i>Can have a say in how Service is run</i> (6.65)	Q18 <i>Your input to treatment plan</i> (6.37)
CA3	Q13 <i>Opportunity to play a part</i> (8.13)	Q18 <i>Your input to treatment plan</i> (9.00)
CA4	Q13 <i>Opportunity to play a part</i> (7.24)	Q19 <i>Can give feedback</i> (7.80)
CA5	Q13 <i>Opportunity to play a part</i> (6.95)	Q18 <i>Your input to treatment plan</i> (7.45)
CA6	Q13 <i>Opportunity to play a part</i> (7.35)	Q18 <i>Your input to treatment plan</i> (7.90)
CA7	Q13 <i>Opportunity to play a part</i> (7.82)	Q18 <i>Your input to treatment plan</i> (8.05)
CA8	Q13 <i>Opportunity to play a part</i> (6.52)	Q18 <i>Your input to treatment plan</i> (6.81)
CA9	Q13 <i>Opportunity to play a part</i> (7.96)	Q19 <i>Can give feedback</i> (7.42)
CA10	Q13 <i>Opportunity to play a part</i> (6.84)	Q19 <i>Can give feedback</i> (6.49)
CA11	Q13 <i>Opportunity to play a part</i> (6.44)	Q18 <i>Your input to treatment plan</i> (7.28)
CA12	Q13 <i>Opportunity to play a part</i> (7.20)	Q19 <i>Can give feedback</i> (7.36)
CA13	Q13 <i>Opportunity to play a part</i> (7.00)	Q18 <i>Your input to treatment plan</i> (7.54)

As shown in Tables 30 and 31 above, the aspect relating to *Participation* with which Consumers were least satisfied was Q14 *Can have a say in how Service is run* . Carers were least satisfied with Q19 *Can give feedback* .

Table 33 below shows which service aspect Consumers and Carers were least satisfied with at each Service.

Table 33: Lowest rated *Participation* aspects at each CAMHS

Service	Consumer	Carer
CA1	Q13 <i>Opportunity to play a part</i> (7.36)	Q18 <i>Your input to treatment plan</i> (6.98)
CA2	Q13 <i>Opportunity to play a part</i> (6.45)	Q19 <i>Can give feedback</i> (6.22)
CA3	Q14 <i>Can have a say in how Service is run</i> (7.86)	Q19 <i>Can give feedback</i> (7.69)
CA4	Q14 <i>Can have a say in how Service is run</i> (6.93)	Q18 <i>Your input to treatment plan</i> (7.56)
CA5	Q14 <i>Can have a say in how Service is run</i> (6.73)	Q19 <i>Can give feedback</i> (7.05)
CA6	Q14 <i>Can have a say in how Service is run</i> (7.13)	Q19 <i>Can give feedback</i> (7.87)
CA7	Q14 <i>Can have a say in how Service is run</i> (7.43)	Q19 <i>Can give feedback</i> (7.56)
CA8	Q14 <i>Can have a say in how Service is run</i> (5.89)	Q19 <i>Can give feedback</i> (6.71)
CA9	Q14 <i>Can have a say in how Service is run</i> (7.46)	Q18 <i>Your input to treatment plan</i> (7.16)
CA10	Q14 <i>Can have a say in how Service is run</i> (5.95)	Q18 <i>Your input to treatment plan</i> (6.46)
CA11	Q14 <i>Can have a say in how Service is run</i> (5.83)	Q19 <i>Can give feedback</i> (7.15)
CA12	Q14 <i>Can have a say in how Service is run</i> (6.96)	Q18 <i>Your input to treatment plan</i> (7.27)
CA13	Q14 <i>Can have a say in how Service is run</i> (6.72)	Q19 <i>Can give feedback</i> (7.02)

4.2.6. Final Questions

The *Final* section provided an opportunity for Consumers and Carers of services to provide an overall satisfaction rating for each Service. The two questions amount to a satisfaction with performance score plus a measure of how likely a Consumer or a Carer would be to recommend the Service if someone else was in need of assistance.

Figure 4.2.6 below shows that Consumers registered a satisfaction score of 7.49, and Carers recorded a score of 7.53. Generally Metropolitan Services recorded a lower score (7.38) compared with non-Metropolitan Services (7.64).

Figure 4.2.6: Final Questions
Comparison of Consumer and Carer Scores

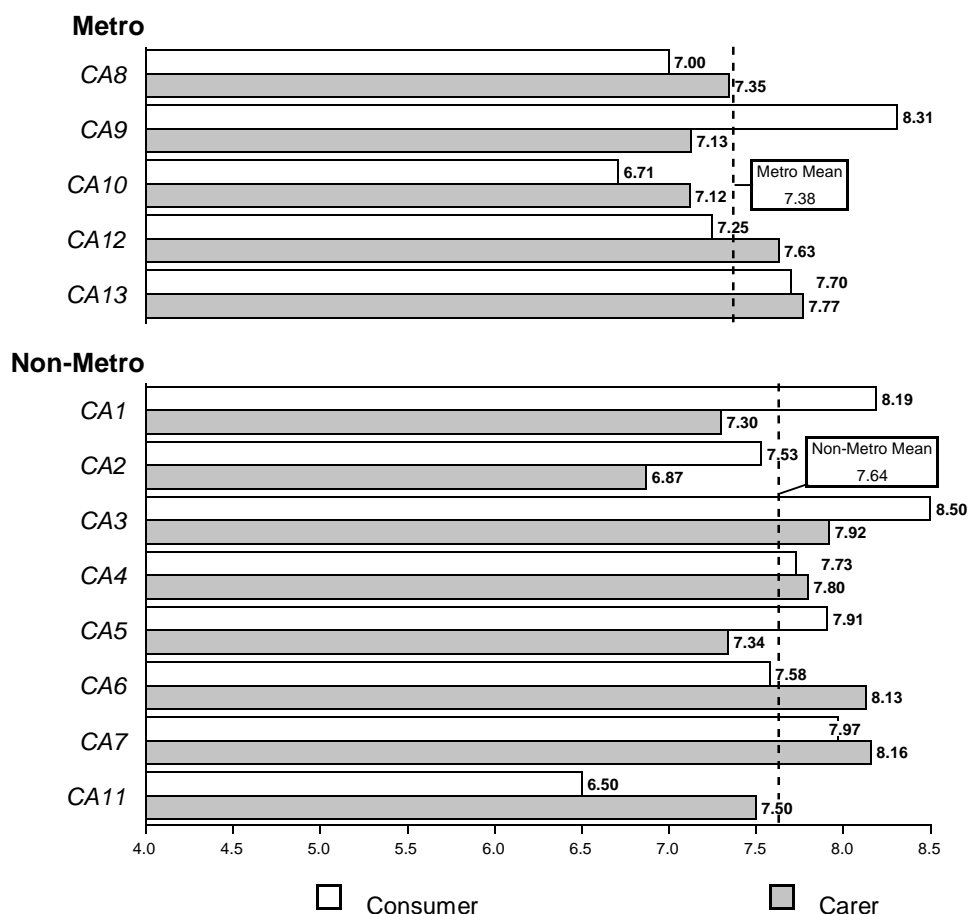


Table 34: Consumer satisfaction with each aspect of Component Final - *Final Questions*

Aspect	Consumer
Q19 Overall, how satisfied are you with the help you have received from the Service?	7.68
Q20 How satisfied are you that this Service would help a friend with similar problems?	7.62
Statewide Average Component Score	7.49

Table 35: Carer satisfaction with each aspect of Component Final - *Final Questions*

Aspect	Carer
Q24 Overall, how satisfied are you with the help you have received from the Service?	7.66
Q25 Overall, how satisfied are you with the help your child has received from the Service?	7.59
Statewide Average Component Score	7.53

4.3. COMPARISON WITH PREVIOUS RESULTS

Consumer and Carer satisfaction surveys have now been conducted among CAMHS each year since 1998. Comparisons are made in this section between the 1999 and 2000 results. The overall average level of satisfaction (weighted mean SSI) rose slightly between the 1999 and 2000 surveys from 68.99 to 71.16. A more detailed assessment is provided in Section 3.

Table 36 below, shows the 2000 and 1999 SSI scores for each CAMHS.

Table 36: Comparison of SSI with previous year

CAMHS	1999	2000	Change
CA1	73.29	73.68	+0.39
CA2	72.67	66.96	-5.71
CA3	72.10	80.49	+8.39
CA4	75.26	73.42	-1.84
CA5	62.22	71.48	+9.26
CA6	70.39	75.11	+4.72
CA7	60.40	75.38	+14.98
CA8	66.53	66.86	+0.33
CA9	73.12	72.30	-0.82
CA10	67.38	66.01	-1.37
CA11	70.21	68.49	-1.72
CA12	70.53	71.66	+1.13
CA13	66.28	71.39	+5.11

Table 37 below shows the ranking of each Service, according to the SSI, for both 2000 and 1999. It also shows any movement up or down the ranking each Service experienced between the two surveys.

Table 37: Comparison of SSI rankings with previous year

CAMHS	Ranking		Movement
	1999	2000	
CA3.....	5th	1st	up 4
CA7.....	13th	2nd	up 11
CA6.....	7th	3rd	up 4
CA1.....	2nd	4th	down 2
CA4.....	1st	5th	down 4
CA9.....	3rd	6th	down 3
CA12.....	6th	7th	down 1
CA5.....	12th	8th	up 4
CA13.....	11th	9th	up 2
CA11.....	8th	10th	down 2
CA2.....	4th	11th	down 7
CA8.....	10th	12th	down 2
CA10.....	9th	13th	down 4

Appendix 1

Survey Questionnaire





Consumer Satisfaction Questionnaire ***Victorian Public Child & Adolescent Mental Health Services***

In order to assist in improving Victorian mental health services, we are asking consumers about how satisfied they are with the public mental health service that they use.

As someone who uses public mental health services, your opinion about these services is very important.

Participation in this survey is **voluntary**. Only answer these questions if you want to.

The survey is being managed by ACNielsen who are independent consultants, not connected with this service. Your responses are **confidential** - please do not write your name on this form.

If you need any help or assistance to complete this survey you can contact:

Josephine Foti, ACNielsen ☎ (03) 9207 3881 or Shane Thomas, Thomas & Assoc. ☎ (03) 9331 2355
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The questions in sections A-F ask about your experience at:

If you have received services in the following in-patient facility **in the last 12 months**, please answer the questions in section G.

Thank you

Please circle the number under the description that best matches what you think about the information you were given while using the service. Circle 0 if you were not given any information.

	no information given	very dissatisfied	dissatisfied	neither satisfied nor dissatisfied	satisfied	very satisfied	don't know / not applicable
6. How satisfied are you with the information you have been given about your problem ?	0	1	2	3	4	5	?
7. How satisfied are you with the information you have been given about the treatment you receive?	0	1	2	3	4	5	?

Please use this space if you have any other comments to make about the information you have been given while using this service.

Section G: About Hospital

Only answer this section if you have been admitted to hospital within the last 12 months.

Please circle the number under the description that best matches your experience relating to inpatient treatment.

	very dissatisfied	dissatisfied	neither satisfied nor dissatisfied	satisfied	very satisfied	don't know / not applicable
15. How satisfied were you with the response from staff when you first arrived at the hospital?	1	2	3	4	5	?
16. How satisfied were you with the range of activities offered to you in hospital?	1	2	3	4	5	?
17. How satisfied were you that staff had the skills to help you?	1	2	3	4	5	?
18. How satisfied were you with the planning for the time after you left hospital?	1	2	3	4	5	?

Please use this space if you have any other comments to make about the hospital.



Carer Satisfaction Questionnaire ***Victorian Public Child & Adolescent Mental Health Services***

In order to assist in improving Victorian mental health services, we are asking carers about how satisfied they are with the public mental health service that they use

As someone who cares for a person who uses public mental health services, your opinion about these services is very important.

Participation in this survey is **voluntary**. Only answer these questions if you want to.

The survey is being managed by independent consultants who are not connected with this service. Your responses are **confidential**—please do not write your name on this form.

If you need any help or assistance to complete this survey you can contact either:

Josephine Foti, ACNielsen ☎ (03) 9207 3881 or Shane Thomas, Thomas & Assoc. ☎ (03) 9331 2355
--

The questions in sections A-F ask about your experience at:

If your child has received services in the following in-patient facility **in the last 12 months** please answer the questions in section G:

Thank you

5. How old is the person you care for ?

0–7 years

8–12 years

13–14 years

15–17 years

18 years or more

6. Are you a paid carer?

Yes

No

7. Did you complete a carer satisfaction questionnaire last year?

Yes

No

Section D: About Staff

Please circle the number under the description that best matches your experience with the staff of the service.

		very dissatisfied	dissatisfied	neither satisfied nor dissatisfied	satisfied	very satisfied	don't know / not applicable
12.	How satisfied are you with the way the staff relate to you and your child ?	1	2	3	4	5	?
13.	How satisfied are you with the amount of time staff spend with you ?	1	2	3	4	5	?
14.	How satisfied are you with the amount of time staff spend with your child ?	1	2	3	4	5	?
15.	How satisfied are you that staff have the skills to help your child's problem?	1	2	3	4	5	?

Please use this space if you have any other comments to make about the staff.

Section G: About Hospital

Only answer this section if your child has been admitted to hospital within the last 12 months.

Please circle the number under the description that best matches your experience relating to inpatient treatment.

	very dissatisfied	dissatisfied	neither satisfied nor dissatisfied	satisfied	very satisfied	don't know / not applicable
20. How satisfied were you with the amount of time the treating doctor spent with you?	1	2	3	4	5	?
21. How satisfied were you with the amount of time the case manager spent with you?	1	2	3	4	5	?
22. How satisfied were you with the amount of time other staff spent with you?	1	2	3	4	5	?
23. How satisfied were you with the help you were given to plan for the time after your child left hospital?	1	2	3	4	5	?

Please use this space if you have any other comments to make about the hospital.



Appendix 2

CAMHS Service Information Pack



***VICTORIAN PUBLIC ADULT MENTAL HEALTH
SERVICE***

***CONSUMER & CARER SATISFACTION SURVEYS
BRIEFING SESSION***

AGENDA

Introductions

Introduction to the 2000 Survey

Sampling

In-scope Consumers

In-scope Carers

Selection of respondents

Questionnaire distribution methods

Centre based

Outreach

Mail

Survey administrators' role

Service Centre staff role

Consumer & Carer Groups

Confidentiality and Ethical considerations

Timing When will it start? ...and finish.

Who to contact - The information pack

Questions



VICTORIAN PUBLIC MENTAL HEALTH SERVICES

Protocols for clinicians for the Consumer and Carer Satisfaction Survey at Adult, Aged and Child & Adolescent Services

The Victorian Department of Human Services commissioned ACNielsen to conduct the 2000 survey to measure the levels of satisfaction with the Public Mental Health Services. As in 1998 and 1999, the respondents for this study will be consumers (users) of the service, as well as those people who act as carers of the consumers. The study will be conducted in Melbourne and in Regional Centres around Victoria.

This survey will be conducted at all Public Mental Health Services throughout Victoria from 10th March to 7th April 2000.

The service satisfaction index (SSI) which results from the survey is a major component of the Department's Quality Incentive Strategy.

Separate but comparable questionnaires developed for each Service type (AMHS, CAMHS and APMHS) will be used, which are very similar to those used in previous years. As previously, there will be different questionnaires used for consumers and carers.

This document outlines the protocols for the conduct of the survey with particular emphasis on the role of clinicians in the survey process. Readers are referred to the document 'VICTORIAN PUBLIC MENTAL HEALTH SERVICES 2000 Consumer and Carer Satisfaction Survey at Adult, Aged and Child & Adolescent Services.' This has been distributed to all Services at a pre-survey briefing.

Prior to Fieldwork

ACNielsen have allocated a fully briefed survey administrator to each Service. In country areas where service locations are distant from each other, more than one person may be allocated.

Each survey administrator is provided with the UR numbers of the 'in-scope' Consumers for the Service for which they are responsible. No identifying information about Consumers will be given to the survey administrator. Each survey administrator will also be provided with the necessary number of introductory letters, questionnaires and return envelopes which accompany a questionnaire.

Each of the 52 participating Mental Health Services is provided with an identified list of Consumers for their use only, directly from the DHS Mental

Health Branch. This list is in electronic and hard copy formats to assist with sorting or searching where required. Identified information was found to greatly assist services in preparing for mailout during the 1999 survey.

Fieldwork beginning

The service administrators will be available on Friday 10th March for fieldwork planning meetings with each Service. Each of them will contact their allocated Service at its principal location on that day, to discuss and agree times and methods of distribution of questionnaires depending on the usual service delivery for that Service.

All clinicians are strongly encouraged to participate in the planning meeting which is scheduled for their service. It provides an opportunity to meet the survey administrator and to clarify everyone's expectations and understanding of the process.

The survey respondents

The established recruitment procedures to be followed at each of the three major Service types follow.

Definitions of an 'in-scope' consumer

Scope criteria differ by Service type as follows:

For inclusion in this project a Consumer **must**:

CAMHS Services	AMHS Services	APMHS Services
be aged 13 years or older	be aged 16 years or older	be aged 65 years or older
not be receiving services in an in-patient setting or have received in-patient services within the last 3 months prior to the survey	not be receiving services in an in-patient setting or have received in-patient services within the last 3 months prior to the survey	Not have an organic disorder
have received some form of service within the last 6 months	not be currently in receipt of Crisis Assessment and Treatment Team (CATT) services or have received CATT services within the last 3 months prior to the survey	not have received mental health in-patient services within the last 3 months prior to the survey
	have received some form of service within the last 6 months	have received some form of service within the last 6 months

Only consumers who match all of the relevant criteria above will be eligible for inclusion in this survey.

Selection of Consumers

The aim is to obtain completed questionnaires from 75 consumers at each Service. At those services where there are more than 75 'in-scope' consumers, then a random selection of consumers will be made to ensure that the 75 completed questionnaires are representative of all consumers of that Mental Health Service. Printed lists of selected consumers will be supplied to each Service to assist in identification when distributing questionnaires, but it will not be possible for Services or ACNielsen to determine which consumers have (or haven't) returned their questionnaire.

At services with less than 75 consumers, then all 'in-scope' consumers will be recruited if possible.

Location

In cases where a Service operates from more than one location, the recruited consumers will be drawn from each location in the same proportion as the size of its client base. For example, if a service has 75% of its consumers receiving service from one location, and the remaining 25% from its other service point, then the recruitment of consumers should reflect this distribution. That is, 56 consumers at one location completing a questionnaire and 19 at the other.

Statistical validity of survey results will be dependent on careful sampling procedures. Overall numbers of consumers at each of the service locations for each Service will be obtained from the PRISM database so that sampling can be undertaken and the proportional representation can be preserved.

Recruitment methodologies for Consumers

The methodology for the recruitment of consumer participants is based on the most expeditious way of contacting consumers of each service type and to minimise the burden on Services and consumers by one or more of the following methods.

- 1. On site Centre Based;**
- 2. Outreach Based; and,**
- 3. Mail Out**

A combination of the above recruitment procedures will be required at most services according to the normal service delivery methods which prevail at the individual service.

Practical Applications of Consumer Recruitment Procedures

Wherever practical, 'in-scope' consumers will be recruited as they attend for On-site Centre Based Service. However, consumers should be recruited through Outreach visits in proportion to the percentage of all consumers at each service for whom this is the normal service delivery method. At Aged

Persons Services and in regional locations the proportion of Centre Based Service delivery is likely to be very low or non-existent.

On Site Centre Based

The survey administrator will attend the service location(s) of each Service at agreed times. The administrator will approach a consumer only after that person has reported their attendance at the centre. Centre staff should introduce the fact that the survey is taking place, prior to the consumer being approached by the administrator as this will be of considerable benefit to the participation rate.

Clinicians are requested to advise their own clients that the survey will be taking place and to ensure that the 'poster' advertising the survey is prominently displayed.

Using a set script, the administrator will introduce the survey and invite the consumer to participate and provide all necessary materials. Consumers will be asked to place questionnaires, completed or not, into a box which should be placed out of direct view of Service staff. The survey administrator will ask Centre staff (usually the receptionist) for the UR number of the consumer in order to record a response against that number on his/her list.

The consumer response, ie. whether agreeing or refusing to accept a questionnaire, is noted adjacent to the relevant UR number, to ensure that the same consumer is not approached again on another occasion.

Clinician knowledge of the current 'in-scope' status of their own clients will be invaluable in ensuring that consumers are correctly selected at this stage. This is best achieved by checking the identified lists which will have been provided two weeks before fieldwork begins.

If selected consumers have pre-arranged appointments during the fieldwork period, advising the survey administrator of this will enable them to work more efficiently in your Service.

Consumers requiring interpreting services to complete their questionnaire:

Where a selected consumer requires assistance in another language to complete their questionnaire, clinicians should advise the client to seek interpretation assistance from the source they would normally use for correspondence with government and other agencies.

If the client does not have such assistance the clinician should contact the survey administrator who will have access to a telephone interpreting service. The service will need to have a telephone which is accessible to the survey administrator and the client to complete the questionnaire. The survey administrator will be briefed on how to use the interpreting service at the briefings.

Outreach Based Recruitment

It is in relation to this recruitment procedure that the greatest degree of co-operation between Service staff and survey administrators will be necessary. However, in principle the following will apply.

It is intended that the survey administrator accompany the case worker on the outreach visit. With the prior agreement of the consumer, the survey would be introduced in the same way as at a Centre.

In order to minimise inefficiencies in the time frame available, it would be of great assistance if clinicians could encourage the co-operation of these consumers prior to the outreach visit.

The completed questionnaire, sealed in the provided envelope, would be either taken by the survey administrator at the end of the visit or mailed back to ACNielsen using the reply paid facility on the envelope.

Sometimes, particularly with Aged consumers, the survey administrator will need to assist the respondent (whether consumer or carer) to complete the questionnaire. The clinician should not be present during this process.

In a few isolated cases as a last resort, some clinicians may feel the circumstances warrant that they deliver the questionnaire themselves without the accompaniment of the survey administrator. The clinician should then also advise the survey administrator of the return arrangements for the questionnaire. In such cases, the consumer must be completely comfortable in their belief that the completed questionnaire will not be seen by Service staff.

In all cases it will be the responsibility of the survey administrator to record the UR numbers of all consumers who are approached, regardless of whether they agree to complete a questionnaire. Again, the assistance of staff is required for provision of this information as it will minimise the potential of the same respondent being approached more than once.

Mail Out Recruitment

For all Service types (CAMHS, AMHS and APMHS) this is the least desirable method of consumer recruitment. It is expected that the four week fieldwork period will ensure that if any mailout to consumers is required that it will be relatively small.

In circumstances where the required number of completed questionnaires cannot be obtained using a combination of the above recruitment methods; questionnaires will be mailed out to consumers who have not been approached in person, in order to make up the sample. Twice as many questionnaires as required will be mailed out because of lower response rates.

Ethical considerations preclude ACNielsen personnel from being provided with any contact details for consumers, so the actual mailing will need to be undertaken by Service staff, using the identified sample lists provided by DHS as the 'mailing list'.

Services will be provided with all documents for the mail out of questionnaires, and for a reminder mail out one week later. This includes copies of questionnaires, covering letter, mailout envelope and reply-paid envelope in addition to postage stamps as necessary.

In some cases a carer may not be available for a selected consumer, but a 'next of kin' name may be available. Clinicians are often in a unique position in being able to prevent mailout to the wrong person.

Carers are discussed in the following section

CARERS

A Carer is defined as a family member or another person who cares for a consumer and/or who is affected by and has an interest in the consumer's welfare. This person does not have to reside with the consumer or have a direct care-giving role in relation to the consumer.

Paid carers are generally excluded from this definition with the following exceptions:

CAMHS Services	AMHS Services	APMHS Services
foster carers or adolescent community placement carers (employed by non government organisations)	those in receipt of a carer's benefit	paid carers working in residential services such as <ul style="list-style-type: none"> • Support Residential Services • Nursing Homes • Hostels and Boarding Houses.
those formally appointed as guardian for the consumer		But not <ul style="list-style-type: none"> • Psychogeriatric Nursing Homes • Psychogeriatric Hostels

Selection of Carers

The aim is to obtain completed questionnaires from 75 carers at each Service. In a mailout situation then twice the required number (ie 150) will be distributed.

At those services where there are more than 75 consumers, then a random selection of carers will be made to ensure that the 75 completed Carers questionnaires are representative of all carers of that Service. At services with less than 75 consumers, then all carers will be offered an opportunity to complete a questionnaire.

Note: Carers of all consumers are eligible for inclusion, not just those who care for 'in-scope' consumers.

Practical Applications of the Carer Recruitment Procedure

Carer recruitment varies for each Service type (CAMHS, AMHS and APMHS)

CAMHS

All carer recruitment will be by on-site centre based or outreach recruitment following the same procedures as that outlined for consumers. Mailout will be undertaken only if insufficient numbers of carers are recruited through either of the above methods.

AMHS

All carer recruitment will be by direct mail-out of questionnaires.

APMHS

Carer recruitment will be undertaken as carers are encountered during Outreach visits, supplemented only as necessary by mail-out.

If you have any questions about these protocols or your role in the survey process please contact your Manager.



CONSUMER AND CARER SATISFACTION SURVEY 2000

Contact Information

If you have any queries with respect to the conduct of the survey, the following people should be your first point of contact

<p>Project Adviser to ACNielsen</p> <p>Primary liaison person between ACNielsen and all Mental Health Services.</p> <p>Shane is the person to contact for any ethical issues or queries about procedures at your Service.</p>	<p>Shane Thomas</p> <p>Ph. (03) 9331 2355</p> <p>Fax (03) 9331 3355</p> <p>e-mail ShaneThomas@bigpond.com</p>
<p>Project Management with respect to fieldwork procedures</p> <p>Josephine is the person to contact if you have queries about the survey administrator or his/her procedural role.</p>	<p>Josephine Foti</p> <p>Ph. (03) 9207 3800</p> <p>Fax (03) 9207 3999</p> <p>e-mail jfoti@acnielsen.com.au</p>

Other personnel who are directly involved in the survey are:

<p>Mental Health Branch DHS</p> <p>Lisa Gill</p> <p>Ph. (03) 9616 8489</p> <p>Fax (03) 9616 8726</p> <p>e-mail :Lisa.Gill@dhs.vic.gov.au</p> <p>(Project Management for DHS)</p>	<p>ACNielsen</p> <p>Frank Maas</p> <p>Ph. (03) 9207 3800</p> <p>Fax (03) 9207 3999</p> <p>e-mail fmaas@acnielsen.com.au</p> <p>(Overall Responsibility - Contractual matters)</p>
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SURVEY

PUBLIC MENTAL HEALTH SERVICES

As part of a continuing program of quality improvements, the year 2000 survey is being conducted to measure the level of satisfaction with all Victorian Public Mental Health Services. You may have already seen or heard something about this survey at the Service you have contact with.

ACNielsen, a research company, continues to conduct this survey on behalf of the Department of Human Services so that the responses people give will be completely confidential and no-one from the Service will ever see them.

You have been selected at random to be given a questionnaire to complete.

Please take a few minutes to complete the questionnaire and then place it in the envelope provided no later than the 7th April 2000.

You should then either:

- place the envelope in the box provided
- return it to the ACNielsen survey administrator,
- leave it for collection as arranged, or
- return the envelope in the mail. (No stamp is necessary)

Although the survey results are much more reliable if everyone who is given a questionnaire fills it out and returns it, **you are not obliged to answer these questions if you don't wish to.**

You should not write your name or other identifying information on the questionnaire

As with the survey conducted in previous years, the purpose of this study is to measure the current level of satisfaction with Victorian Public Mental Health Services. The results are compared with those from previous surveys. Responses from both consumers and carers who use the service will be analysed, so that each Service will know which aspects of its service delivery need further improvement.

Thank you for your assistance.

A handwritten signature in black ink, appearing to read "Frank Maas".

Frank Maas
Executive Director



VICTORIAN PUBLIC MENTAL HEALTH SERVICES 2000

Consumer and Carer Satisfaction Survey at Adult, Aged and Child & Adolescent Services

This survey will be conducted amongst the Consumers and Carers at all Public Mental Health Services throughout Victoria from 10th March to 7th April 2000. All Mental Health Services took part in a similar survey in 1998 and 1999.

Separate but comparable questionnaires developed for each Service type (AMHS, CAMHS and APMHS) will be used, which are very similar to those used in previous years. As previously, there will be different questionnaires used for Consumers and Carers.

This document outlines the protocols for the conduct of the survey including the definitions of Consumers and Carers and the selection and recruitment procedures for both. The document covers all service types as follows:

- 13 Child & Adolescent Mental Health Services (CAMHS).**
- 22 Adult Mental Health Services (AMHS).**
- 17 Aged Persons Mental Health Services (APMHS).**

Provided with this document are:

- 1. Timelines for the conduct of the survey;**
- 2. Contact names for the resolution of queries or problems; and**
- 3. Copy of the letter which accompanies each questionnaire.**

BEFORE THE SURVEY STARTS

All Services have been asked to attend one of four briefing sessions in preparation for the 2000 survey, which forms an integral part of the Mental Health Quality Incentive Strategy.

The purpose of these briefing sessions is as follows:

- To inform services about the evaluation process;
- To outline arrangements for the conduct of the 2000 Consumer & Carer Satisfaction Survey;
- To obtain contact information for Consumer and Carer groups which the Service believes should be enlisted in preparations for the survey;
- To discuss sampling arrangements, and to determine the person who will be responsible for handling Consumer lists (UR numbers) for the survey at each service;
- Any other matters which Services believe will be relevant for the successful conduct of the survey amongst Consumers and Carers. (eg. arrangements for facilitating inclusion of Consumers from non-English speaking backgrounds who may need interpreting assistance.), and;
- To answer any questions which the Service may have about the conduct of the survey.

Prior to Fieldwork

ACNielsen will allocate a fully briefed survey administrator to each Service. In country areas where service locations are distant from each other, more than one person may be allocated.

Each survey administrator will be provided with the UR numbers of the 'in-scope' Consumers for the Service for which they are responsible. No identifying information about Consumers will be given to the survey administrator. Each survey administrator will also be provided with the necessary number of introductory letters, questionnaires and return envelopes.

Each of the 52 participating Mental Health Services will be provided with an identified list of Consumers for their use only, which will be provided directly from DHS Mental Health Branch. This list will be provided in electronic and hard copy formats to assist with sorting or searching where required. Identified

information was found to greatly assist services in preparing for mailout during the 1999 survey.

The service administrators will be available on Friday 10th March for fieldwork planning meetings with each Service. The administrator will contact their allocated Service at its principal location on that day, to discuss and agree times and methods of distribution of questionnaires depending on the usual service delivery for that Service.

The extended fieldwork period of four weeks was found to be beneficial in 1999. It is proposed that it should continue to be of that length. However, maximum co-operation between Service staff and survey administrators will still be required to ensure that fieldwork is completed in good time for reporting of survey results, prior to determination of Quality Incentive Strategy outcomes.

Following are the definitions of Consumers and Carers, and established recruitment procedures to be followed at each Service type.

CONSUMERS

A consumer is defined as a person with direct experience of a mental illness or other severely disabling psychiatric condition who has used, or is currently using public mental health services. Some of these consumers will be considered to be 'in-scope' for inclusion in the survey.

Definitions of an 'in-scope' consumer

Scope criteria differ by Service type as follows:

CAMHS Services

For inclusion in this project a CAMHS consumer **must**:

- be aged 13 years or older;
- not be receiving services in an in-patient setting or have received in-patient services within the last 3 months prior to the survey;
- have received some form of service within the last 6 months.

AMHS Services

For inclusion in this project an AMHS consumer **must**:

- be aged 16 years or older;
- not be receiving services in an in-patient setting or have received in-patient services within the last 3 months prior to the survey;
- not be currently in receipt of Crisis Assessment and Treatment Team (CATT) services or have received CATT services within the last 3 months prior to the survey; and,
- have received some form of service within the last 6 months.

APMHS Services

For inclusion in this project an APMHS consumer **must**:

- be aged 65 years or older;
- not have an organic disorder,

- not have received mental health in-patient services within the last 3 months prior to the survey;
- not have received Crisis Assessment and Treatment Team (CATT) or crisis response from a Psycho-geriatric Assessment Team (PGAT) within the last 3 months prior to the survey; and,
- have received some form of service within the last 6 months.

Only consumers who match all of the relevant criteria above will be eligible for inclusion in this survey.

Selection of Consumers

The aim is to obtain completed questionnaires from 75 consumers at each Service. At those services where there are more than 75 'in-scope' consumers, then a random selection of consumers will be made to ensure that the 75 completed questionnaires are representative of all consumers of that Mental Health Service. Printed lists of selected Consumers will be supplied to each Service to assist in identification when distributing questionnaires, but it will not be possible for Services or ACNielsen to determine which Consumers have (or haven't) returned their questionnaire.

At services with less than 75 consumers, then all 'in-scope' consumers will be recruited if possible.

Location

In cases where a Service operates from more than one location, the recruited consumers will be drawn from each location in the same proportion as the size of its client base. For example, if a service has 75% of its consumers receiving service from one location, and the remaining 25% from its other service point, then the recruitment of consumers should reflect this distribution. That is, 56 consumers at one location completing a questionnaire and 19 at the other.

Statistical validity of survey results will be dependent on careful sampling procedures. Overall numbers of consumers at each of the service locations for each Service will be obtained from the PRISM database so that sampling can be undertaken and the proportional representation can be preserved.

Recruitment methodologies for Consumers

The methodology for the recruitment of consumer participants is based on the most expeditious way of contacting Consumers of each service type and to minimise the burden on Services and Consumers.

The procedure for the recruitment of Consumer participants will be through one or more of the following methods.

1. **On site Centre Based;**
2. **Outreach Based; and,**
3. **Mail Out**

A combination of the above recruitment procedures will be required at most services according to the normal service delivery methods which prevail at the individual service.

Practical Applications of Consumer Recruitment Procedures

Wherever practical, 'in-scope' Consumers will be recruited as they attend for On-site Centre Based Service. However, Consumers should be recruited through Outreach visits in proportion to the percentage of all Consumers at each service for whom this is the normal service delivery method. At Aged Persons Services and in regional locations the proportion of Centre Based Service delivery is likely to be very low or non-existent.

On Site Centre Based

The survey administrator will attend the service location(s) of each Service at agreed times. The administrator will approach a Consumer only after that person has reported their attendance at the centre. Centre staff should introduce the fact that the survey is taking place, prior to the Consumer being approached by the administrator as this will be of considerable benefit to the participation rate.

Using a set script, the administrator will introduce the survey and invite the consumer to participate. The Consumer will be provided with a pen, the questionnaire and an envelope in which to place the completed questionnaire. Consumers will be asked to place questionnaires, completed or not, into a box which should be placed out of direct view of Service staff. Pens should also be returned for use by subsequent Consumers. The survey administrator will ask Centre staff (usually the receptionist) for the UR number of the Consumer in order to record a response against that number on his/her list.

The Consumer response, ie. whether agreeing or refusing to accept a questionnaire, is noted adjacent to the relevant UR number, to ensure that the same Consumer is not approached again on another occasion.

Outreach Based Recruitment

It is in relation to this recruitment procedure that the greatest degree of co-operation between Service staff and survey administrators will be necessary. However, in principle the following will apply.

It is intended that the survey administrator accompany the case worker on the outreach visit. With the prior agreement of the Consumer, the survey would be introduced in the same way as at a Centre. The completed questionnaire, sealed in the provided envelope, would be either taken by the survey administrator at the end of the visit, left in an agreed place for later collection or mailed back to ACNielsen using the reply paid facility on the envelope. In order to minimise inefficiencies in the short time frame available, it would be of great assistance if Service staff could encourage the co-operation of these Consumers prior to the outreach visit.

In a few isolated cases as a last resort, some case workers may feel the circumstances warrant that they deliver the questionnaire themselves without the accompaniment of the survey administrator. The case worker should then also advise the survey administrator of the return arrangements for the questionnaire. In such cases, the Consumer must be completely comfortable in their belief that the completed questionnaire will not be seen by Service staff.

In all cases it will be the responsibility of the survey administrator to record the UR numbers of all Consumers who are approached, regardless of whether they agree to complete a questionnaire. Again, the assistance of staff is required for provision of this information as it will minimise the potential of the same respondent being approached more than once.

Mail Out Recruitment

For all Service types (CAMHS, AMHS and APMHS) this is the least desirable method of Consumer recruitment. It is expected that the four week fieldwork period will ensure that if any mailout to Consumers is required that it will be relatively small.

In circumstances where the required number of completed questionnaires cannot be obtained using a combination of the above recruitment methods; questionnaires will be mailed out to Consumers who have not been approached in person, in order to make up the sample.

Ethical considerations preclude ACNielsen personnel from being provided with any contact details for Consumers, so the actual mailing will need to be undertaken by Service staff, using the identified sample lists provided by DHS as the 'mailing list'.

Services will be provided with all documents for the mail out of questionnaires, and for a reminder mail out one week later. This includes copies of questionnaires, covering letter, mailout envelope and reply-paid envelope in addition to postage stamps as necessary.

CARERS

A Carer is defined as a family member or another person who cares for a Consumer and/or who is affected by and has an interest in the Consumer's welfare. This person does not have to reside with the Consumer or have a direct care-giving role in relation to the Consumer.

Paid Carers are generally excluded from this definition with the following exceptions:

AMHS

- those in receipt of a Carer's benefit

CAMHS

- foster Carers or adolescent community placement carers (employed by non government organisations)
- those formally appointed as guardian for the consumer

APMHS

At Aged Persons Services, paid Carers may be included as follows:

Included are those paid Carers working in residential services such as

- Support Residential Services,
- Nursing Homes,
- Hostels and Boarding Houses.

Excluded are those paid Carers working in

- Psychogeriatric Nursing Homes
- Psychogeriatric Hostels

Selection of Carers

The aim is to obtain completed questionnaires from 75 Carers at each Service. At those services where there are more than 75 Consumers, then a random selection of Carers will be made to ensure that the 75 completed Carers questionnaires are representative of all Carers of that Service.

At services with less than 75 Consumers, then all Carers will be offered an opportunity to complete a questionnaire.

Note: Carers of all Consumers are eligible for inclusion, not just those who care for 'in-scope' Consumers.

This includes

CAMHS

- Carers of children aged 0-12 years, and
- Carers of those who have had in-patient service within the last 3 months

AMHS

- Carers of those who had in-patient service and/or CATT service within the last 3 months

APMHS Carers of Consumers in the following categories:

- those with organic disorders,
- those who have been in-patients within 3 months of the survey
- recipients of Crisis Assessment and Treatment Team (CATT) or crisis response from a Psycho-geriatric Assessment Team (PGAT) within the last 3 months prior to the survey.

Practical Applications of the Carer Recruitment Procedure

Carer recruitment varies for each Service type (CAMHS, AMHS and APMHS)

CAMHS

All Carer recruitment will be by on-site centre based or outreach recruitment following the same procedures as that outlined for Consumers. Mailout will be undertaken only if insufficient numbers of Carers are recruited through either of the above methods.

AMHS

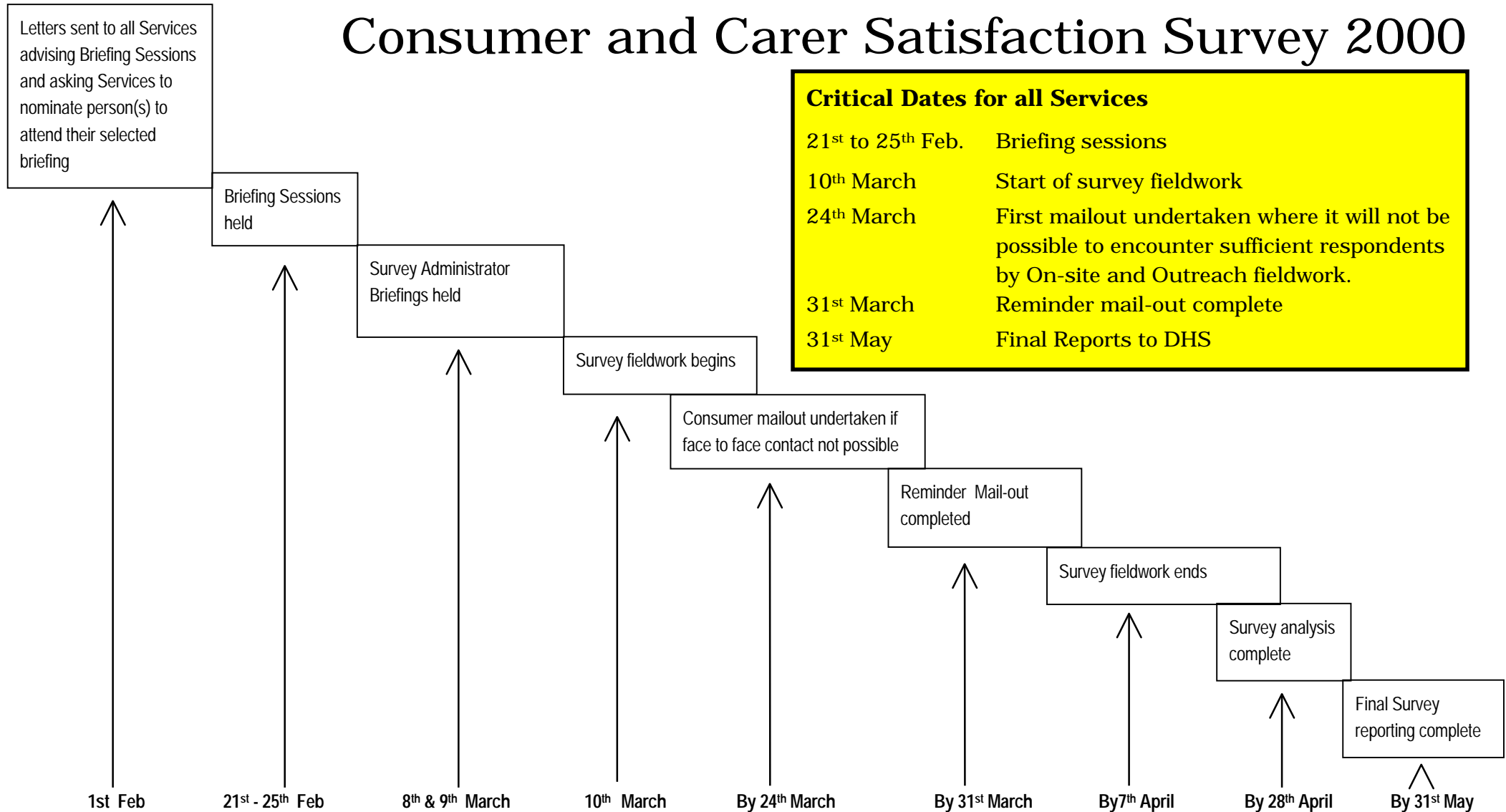
All Carer recruitment will be by direct mail-out of questionnaires.

APMHS

Carer recruitment will be undertaken as Carers are encountered during Outreach visits, supplemented only as necessary by mail-out

Timelines

Consumer and Carer Satisfaction Survey 2000





SURVEY - PUBLIC MENTAL HEALTH SERVICES

The Department of Human Services will be conducting a survey amongst consumers and carers using the Victorian Mental Health Services. The Department has employed an independent market research company ACNielsen, to conduct this survey on its behalf. This survey has been conducted in previous years. A photograph of the survey administrator is attached. The survey will be conducted at this Service during the period 13 March to 7 April 2000. Your participation in the survey is voluntary and all information you provide is completely confidential. The survey results will be used to provide a report to Services showing how satisfied the consumers and carers who use the Service are. This information will not include any information that could identify the people who completed the survey. Information received will identify areas where Services can improve. If you are offered a questionnaire by the survey administrator from ACNielsen, we would greatly appreciate your participation. If you need interpreter assistance please contact your case manager.

ARABIC

سوف تقوم دائرة الخدمات البشرية بإجراء استطلاع لآراء العملاء ومقدمي العناية الذين يستعملون خدمات الصحة العقلية في ولاية فيكتوريا، وقامت الدائرة باستخدام شركة ACNielsen وهي شركة مستقلة لدراسات السوق لإجراء الاستطلاع بالنيابة عنها، ولقد تم إجراء هذا الاستطلاع في السنوات السابقة. تجنّب مرفقاً صورة المسؤول عن الاستطلاع.

سوف يتم إجراء الاستطلاع في هذه الخدمة خلال الفترة بين ١٢ آذار/مارس و ٧ نيسان/إبريل ٢٠٠٠. إن مشاركتكم في هذا الاستطلاع هي تطوعية وكافة المعلومات التي تقدمونها سوف تكون سرية تماماً.

سوف يتم استعمال المعلومات لتقديم تقرير للخدمات يبين مدى رضا العملاء ومقدمي العناية الذين يستعملون الخدمة. ولن تتضمن المعلومات أية معلومات يمكن أن تشير إلى هوية الأشخاص الذين قاموا بتكملة الاستطلاع. المعلومات التي يتم الحصول عليها سوف تحدد المجالات التي يمكن تحسين الخدمات فيها.

إذا عرض عليكم استبيان من قبل المسؤول عن الاستطلاع من شركة ACNielsen فسوف يكون من نواعي تقديرنا مشاركتكم. إذا كنتم بحاجة إلى مساعدة مترجم، الرجاء الاتصال بمدير الحالة (Case Manager).

CHINESE

人类服务部将对使用维多利亚州心理健康服务处(Victorian Mental Health Services)服务的消费者和照顾人进行调查。人类服务部聘请了独立的市场研究公司ACNielsen作为代表进行本次调查。过去数年曾做过这一调查。随信附上一张调查管理员的照片。

本调查将于2000年3月13日至4月7日在本服务处举行。参加调查是自愿的，被调查人提供的资料完全保密。调查结果将用于向服务处拟定报告，说明使用服务的消费者和照顾人的满意程度如何。能够让人辨认出被调查人身份的资料，本资料中均不包括。所得到的资料将能确认哪些领域可以改进。

ACNielsen的调查管理员向您发出问卷调查表时，若您能够填写，本部对此深表感谢。

若需翻译帮助，请与个案经理联系。

CROATIAN

Odjel društvenih službi će započeti anketu među svojim korisnicima i njegovateljima koji koriste usluge Viktorijske službe za brigu o mentalnom zdravlju. Odjel je angažirao neovisnu firmu za ispitivanje tržišta, ACNielsen, koja će za njih obaviti ovu anketu. Ova anketa je već rađena ranijih godina. Uz anketu je priložena fotografija voditelja ankete. Anketa će se obaviti u prostorijama ove službe od 13. ožujka do 7. travnja 2000. Vaše sudjelovanje u anketi je dragovoljno i sve informacije koje iznesete su potpuno povjerljive. Rezultati ankete će se koristiti kako bi se dao izvještaj službama koliko su korisnici i njegovatelji zadovoljni uslugama. Ove informacije neće uključiti nikakve podatke kojim bi se moglo identificirati osobe koje su popunile ovu anketu. Primljene informacije će pokazati koja područja usluga se mogu poboljšati. Ako vam voditelj ankete iz ACNielsen ponudi upitnik, molimo vas da sudjelujete. Ako vam je potrebna pomoć tumača, molimo vas obratite se svom stručnom radniku.

FRENCH

Le ministère des Services humains (Department of Human Services) va effectuer un sondage parmi les consommateurs et usagers des Services de santé mentale publique du Victoria (Victorian Mental Health Services). Le ministère a chargé ACNielsen, société spécialisée en études de marché, d'effectuer ce sondage en son nom. Ce sondage a été réalisé les années précédentes. Vous trouverez ci-joint une photo de l'administrateur des sondages. Le sondage sera effectué au ministère durant la période du 13 mars au 7 avril 2000. Votre participation à ce sondage est volontaire et les renseignements fournis seront entièrement confidentiels.

Les résultats du sondage serviront à préparer un rapport à l'intention du ministère pour déterminer le degré de satisfaction des consommateurs et des «soignants» (personnes ayant un parent handicapé ou malade à charge) qui utilisent les services du ministère. Ce rapport ne comportera aucune information susceptible de permettre l'identification des personnes ayant participé au sondage. Les renseignements recueillis permettront de mettre en évidence les secteurs du ministère qui laissent à désirer. Si l'on vous propose un questionnaire de l'administrateur des sondages de ACNielsen, nous nous serions reconnaissants de bien vouloir le remplir. Si vous avez besoin d'un interprète, veuillez contacter le responsable de votre suivi.

GREEK

To Υπουργίο Ανθρώπινων Υπηρεσιών (Department of Human Services) θα διεξάγει μια έρυνα ανάμεσα σ καταναλωτές και φροντιστές που χρησιμοποιούν τις Βικτωριανές Υπηρεσις Ψυχικής Υγείας (Victorian Mental Health Services). Το Υπουργείο έχει προσλάβει μια ανεξάρτητη ταίρια έρυνας αγοράς, την ACNielsen, για να διεξάγει αυτή την έρυνα κ μέρους της. Αυτή η έρυνα έχει διεξαχθεί και σ προηγούμενα χρόνια. Επισυνάπτται μια φωτογραφία του διυθυντή της έρυνας. Η έρυνα θα διεξάγται σ' αυτή την Υπηρεσία κατά την πριοδο 13 Μαρτίου ως 7 Απριλίου 2000. Η συμμετοχή σας στην έρυνα ίναι θλοντική και όλος οι πληροφορίες που θα παρέχτ ίναι πλήρως μπιστευτικές.

Τα αποτελέσματα της έρυνας θα χρησιμοποιηθούν για να χορηγηθεί μια αναφορά στις υπηρεσίς που να διχvi πόσο ικανοποιημένοι ίναι οι καταναλωτές και οι φροντιστές και οι φροντιστές που χρησιμοποιούιν την υπηρεσία. Αυτές οι πληροφορίες δν θα πριλαμβάνουν οποιοσδήποτε πληροφορίς που θα μπορούσαν να αναγνωρίσουν την ταυτότητα των ατόμων που συμπλήρωσαν την έρυνα. Οι πληροφορίες που θα ληφθούν θα αναγνωρίσουν τομείς όπου οι υπηρεσίς μπορούν να βλτιωθούν. Αν σας προσφρθί έναρωτηματολόγιο από το Διυθυντή Έρυνας της ταίριας ACNielsen, θα μας υποχρώοστ πάρα πολύ μ τη συμμετοχή σας. Αν χριάζοστ βοήθεια διωμνηέα, παρακαλίοστ να πκοινωνήοστ μ τον/την υπύθυνο/η της υπόθοής σας.

HUNGARIAN

A Népjóléti Minisztérium felmérést fog végezni a Victoriai Elmegyógyászati Szolgálatok azon kliensci és gondozói között, akik ez irányú szolgáltatásait igénybe veszik. A Minisztérium A. C. Nielsen független piackutató vállalatot bízta meg azzal, hogy a felmérést végezze. A felmérést az előző években is megtartották. Csatloljuk a felmérés adminisztrátorának a fényképét. A Szolgálat felmérése 2000 március 13 és április 7 között fog végbemenni. A felmérésben való részvétel önkéntes és a Szolgálat minden így szerzett információt bizalmasként fog kezelni.

A felmérésnek az a célja, hogy egy olyan beszámolórt tegyen lehetővé, amely kiértékeli, hogy milyen mértékben elégedettek azok a kliensek és gondozók, akik a szolgálatokkal élnek. Az így összegyűjtött információ nem fog olyan anyagot tartalmazni, amelynek a segítségével a felmérésben résztvevő egyének felismerhetők legyenek. A felmérés arra fog rávilágítani, hogy milyen területeken fejleszthetők és javíthatók a szolgáltatások. Ha az A.C. Nielsen felmérés adminisztrátora ezzel kapcsolatos kérdőívetk küld Önnek, értékelni fogjuk, ha részt vesz a felmérésben. Amennyiben ebben az ügyben tolmács segítségére van szüksége kérjük, értesítse az Ön ügyintézőjét.

ITALIAN

Il Dipartimento Servizi Umani condurrà un sondaggio fra gli utenti e gli accompagnatori (carers) che fanno uso dei Servizi di Salute Mentale del Victoria. Il Dipartimento ha incaricato la ACNielsen, una ditta indipendente per le ricerche di mercato, di condurre questo sondaggio per conto suo. Questo sondaggio è già stato stato condotto in anni passati. È allegata una foto dell'amministratore della ricerca.Il sondaggio sarà condotto presso questo Servizio nel periodo dal 13 marzo al 7 aprile 2000. La vostra partecipazione al sondaggio è volontaria e tutte le informazioni da voi fornite sono strettamente confidenziali.

I risultati saranno usati per preparare un rapporto sui servizi per mostrare il grado di soddisfazione degli utenti e degli accompagnatori che fanno uso di tal servizi. Queste informazioni non conterranno alcun dettaglio che potrebbe identificare i partecipanti al sondaggio. Le informazione raccolte identificheranno invece i settori in cui i servizi possono essere migliorati. Se la ACNielsen vi offre un questionario, vi saremo molto grati se vorrete partecipare. Se avete bisogno di un interprete, siete pregati di rivolgervi al vostro "curatore del caso".

MACEDONIAN

Одделот за општествени служби (Department of Human Services) ќе спроведува прашалник за мислењата на корисниците и негувателите кои ги користат службите за ментално здравје на Викторија. Одделот задолжи една независна компанија за истражување на пазарот, ACNielsen, да ги истражува мислењата на корисниците. Истражувањето се спроведе во текот на неколку години. Приложена е фотографија на службеникот кој го спроведува истражувањето. Во оваа служба истражувањето ќе се спроведе во периодот од 13 март до 7 април 2000 г. Вашето учество во истражувањето е доброволно и сите информации што ќе ги дадете се потполно доверливи.

Резултатите на истражувањето ќе послужат за да се изработи извештај за услугите од кој ќе треба да се види колку се задоволни корисниците и негувателите кои ги користат услугите. Оваа информација нема да има никакви податоци по кои ќе можат да се откријат луѓето што го пополнувале прашалникот. Информациите само ќе укажат на кои места треба да се извршат подобрувања на услугите. Ако службеникот на АЦНиелсен кој го врши истражувањето ви понуди да пополните еден прашалник, многу ќе го цениме вашето учество. Ако ви треба преведувач, ве молиме јавете се кај лицето што го води вашиот случај.

POLISH

Departament Usług dla Ludności (Department of Human Services) zamierza przeprowadzić ankietę wśród konsumentów i opiekunów korzystają cych z usług Państwowej Służby Zdrowia Psychicznego (Victorian Mental Health Services). W celu przeprowadzenia tej ankiety z ramienia Departamentu zatrudniona została niezależna firma ds. badań rynkowych - ACNielsen. Ankieta taka była już przeprowadzana w ubiegłych latach. W załączeniu znajdziesz zdjęcie organizatora tej ankiety. Ankieta ta będzie przeprowadzona na terenie naszej placówki w okresie od 13 marca do 7 kwietnia 2000. Twój udział w ankiecie jest dobrowolny a wszelkie udzielone informacje będą traktowane całkowicie poufnie.

Wyniki ankiety będą wykorzystane do przygotowania raportu nt. świadczonych usług, który wykaże stopień zadowolenia konsumentów i opiekunów korzystających z tych usług. Dane te nie będą zawierały żadnych informacji dotyczących osób uczestniczących w ankiecie. Uzyskane informacje będą wskazywać na te dziedziny świadczonych usług, które mogą ulec poprawie. Jeśli otrzymasz od organizatora ankiety (Survey Administrator) z ACNielsen kwestionariusz, byłbyśmy wdzięczni za udział w tej ankiecie. Jeśli potrzebujesz pomocy tłumacza, skontaktuj się w tym celu z osobą prowadzącą twoją sprawę.

RUSSIAN

Департамент по услугам населению будет проводить опрос среди клиентов Психиатрической службы штата Виктория и тех, кто за ними ухаживают. Департамент нанял независимую компанию по исследованию рынка ACNielsen для проведения этого опроса от имени Департамента. Такой опрос проводился и ранее в прежние годы. Прилагается фотография работника, который будет организовывать опрос. Опрос будет проводиться в нашей Службе в период с 13 марта по 7 апреля 2000 года. Ваше участие в опросе добровольно, и вся предоставленная Вами информация будет полностью конфиденциальной. Результаты опроса будут использованы для составления отчета для нашей службы, в котором буд указано, насколько клиенты и те, кто за ними ухаживают, удовлетворены обслуживанием. Эта информация не будет включать ничего такого, что может определить конкретных людей, участвовавших в опросе. Полученная информация укажет, в каких вопросах можно добиться улучшения обслуживания. Если работник по проведению опроса из компании ACNielsen предложит Вам анкеты, мы были бы Вам очень благодарны за участие в опросе. Если Вам нужна помощь переводчика, обратитесь к работнику, оказывающему Вам персональную помощь.

SERBIAN

Министарство за друштвене службе ће спроводити упитник међу корисницима и пазителјима користећи Ви службе за душевно здравство. Министарство је запослило самосталну компанију за испитивање тржишта А Нилсен да спроведе овај упитник. Овај упитник је спровођен ранијих година. Фотографија особе која спрово упитник је приложена. Упитник ће бити спроведен у овој служби у периоду од 13. марта до 7. априла 2000. I учешиће је доброволно и све информације које лате биће у поверењу.

Резултати упитника ће се користити за извештај службама да покажу задовољство корисника и пазителја к користе услуге. Информације неће укључивати било које податке који би могли да идентификују особе које попуњавале упитник. Добијене информације ће идентификовати области где би услуге могле да се побољшају. Ако вам администратори за упитник из А Ц Нилсен пруже упитник, (бисмо вам захвални на учећу. Ако вам је потребна помоћ преводиона, молимо вас обратите се вашем администратору за спровођење упитника.

TURKISH

Toplum Hizmetleri Bakanlığı (Department of Human Services), Victoria Akıl Sağlığı Servisleri'nden (Victorian Mental Health Services) yararlanılan kişi ve bakıcıları arasında bir anket çalışması yürütülecektir. Bakanlık, bu çalışmayı kendi adına yürütmesi amacıyla, bağımsız pazar araştırma şirketi olan ACNielsen'ı tayin etmiştir. Bu anket çalışması daha önceki yıllarda da yürütülmüştür. Anket yöneticisinin bir fotoğrafı iliaşiktedir.

Bu anket çalışması, 13 Mart ile 7 Nisan 2000 tarihleri arasında bu Servis'ten yürütülecektir. Bu çalışmaya katılma isteğinize bağlı olup, sağlayacağımız tüm bilgiler tamamen gizli tutulacaktır. Anket sonuçları, servislere, sundukları hizmetlerden yararlanan kişi ve bakıcılarının bu hizmetlerden ne ölçüde hoşnut kaldıklarını gösteren bir rapor sağlamak amacıyla kullanılacaktır. Bu bilgiler, anket formunu dolduran kişilerin kimliklerini açığa çıkarabilecek herhangi bir bilgiyi içermeyecektir. Elde edilen bilgilerle hizmetlerin iyileştirilebileceği alanlar belirlenecektir. Sizce, ACNielsen şirketi Anket Yöneticisi tarafından bir anket formu verilmesi durumunda, bu çalışmaya katılmanız bizi çok memnun edecektir. Bir tercümana gereksinim duymamız halinde, lütfen dosya sorumlunuza başvurunuz.

VIETNAMESE

Bộ Dịch vụ Dân sinh (Department of Human Services) sẽ thực hiện một cuộc thăm dò ý kiến của khách hàng và người chăm sóc về việc xử dụng các dịch vụ của Dịch vụ Y tế Tâm thần Victoria (Victorian Mental Health Services). Bộ đã thuê công ty ACNeilsen, một công ty độc lập chuyên về nghiên cứu thị trường, để thay cho Bộ thực hiện cuộc thăm dò này. Cuộc thăm dò cũng đã được thực hiện trong những năm qua. Kèm theo đây là hình của nhân viên quản trị cuộc thăm dò. Cuộc thăm dò sẽ được tổ chức tại Dịch vụ này trong sut thời gian từ 13 Tháng Ba cho đến 7 Tháng Tư 2000. Quý vị tham gia vào cuộc thăm dò này với tánh cách tự nguyện và tất cả chi tiết do quý vị cung cấp sẽ hoàn toàn được giữ kín.

Kết quả của cuộc thăm dò sẽ được dùng để lập một bản báo cáo về dịch vụ, cho biết khách hàng và người chăm sóc hài lòng như thế nào khi xử dụng dịch vụ. Bản báo cáo nói trên sẽ không ghi lại bất cứ chi tiết nào khiến người khác có thể nhận ra lý lịch của người đã điền vào bản thăm dò. Mọi chi tiết nhận được sẽ" phân định từng lãnh vực mà dịch vụ có thể cải tiến. Nếu quý vị được Nhân viên Quản trị Cuộc Thăm dò của ACNielsen trao cho một bản câu hỏi, chúng tôi thành thật tri ân sự tham gia của quý vị. Nếu quý vị cần sự giúp đỡ của thông dịch viên, vui lòng liên lạc với nhân viên quản lý trường hợp (case manager) của quý vị.

Appendix 3

Interviewer Briefing Notes



Victorian Public Area Mental Health Services Consumer and Carer Satisfaction Survey

Survey Administrator (Interviewer) Briefing March 8th & 9th 2000

Time	Topic	Presenter
9.30 - 9.45	Introductions	Josephine Foti & Frank Maas
9.45 - 10.00	Background to the survey & the Quality Incentive Strategy	Lisa Gill
10.00 - 10.15	The interviewer role in 2000 - an overview	Josephine Foti
10.15 - 11.30	Understanding Mental Illness some terminology, What to expect on site Handling Service Staff Handling Consumers and Carers Feedback from 1999 Empathy with respondents	John Moran
11.30 - 12.00	Sampling - UR numbers/lists 'In-scope' definitions Confidentiality - names displayed at services	Josephine Foti
12.00 - 12.30	The questionnaires - an overview	Josephine Foti
12.30 - 12.45	Questions arising from the morning session	All
12.45 - 1.30	Lunch	
1.30 - 2.00	The role of the interviewer Distribution methods, Working within Services	Josephine Foti
2.00 - 3.15	Metro & Regional Services NESB, Meeting someone you know Survey materials and mailout	Josephine Foti
3.15 - 3.45	Returning questionnaires Reporting progress Final feedback sheet	Elaine Wensor
3.30 - 3.45	Time management	Josephine Foti
3.45 - 4.00	Questions	
4.00 - 4.45	Collecting fieldwork materials	



INTERVIEWER INSTRUCTIONS

Job. No: NG 3532
Job Name: Consumer and Carer Satisfaction
Victorian Mental Health Services
Date of Issue/revision: March 1 2000 Final
Prepared by: Josephine Foti

Introduction

The Victorian Department of Human Services commissioned ACNielsen to conduct the 2000 survey to measure the levels of satisfaction with the Public Mental Health Services. As in 1998 and 1999, the respondents for this study will be Consumers (users) of the service, as well as those people who act as Carers of the Consumers. The study will be conducted in Melbourne and in Regional Centres around Victoria.

Most interviewers working on this project in 2000, will have gained experience in the previous surveys and will find a number of procedures to be unchanged. However, improvements and refinements have been made to the survey protocols so these notes should be read carefully and fully understood.

Background

There are three streams of Public Mental Health Services, namely Child and Adolescent (CAMHS), Adult (AMHS) and Aged Persons (APMHS) which will be included in the study. Each of these has a number of service areas, some of which have more than one service provision points. The survey will result in a measure of satisfaction with the service as determined by the Consumers and Carers at each service area.

The measure of satisfaction will be one of the items to be included in decision making about determination of funding for each service for the next 12 months. This is a major component of the Department's Quality Incentive Strategy. The survey imposes some unusual requirements on the Services' work patterns, so your co-operation and understanding will be important at all times.

Mental Health Service Delivery Framework

The three streams of Public Mental Health Services included in this study are:

Child & Adolescent Mental Health Services (CAMHS)

Adult Mental Health Services (AMHS)

Aged Persons Mental Health Services (APMHS)

A broad outline of the coverage of the Services is provided below.

Child & Adolescent Mental Health Services (CAMHS)

- Assessment and Treatment Services
- Acute Inpatient Services

Adult Mental Health Services (AMHS)

- Crisis Assessment and Treatment Services
- Mobile Support & Treatment Services
- Continuing Care, Clinical & Consultancy Services
- Residential & Non-Residential Rehabilitation Services
- Residential & Non-Residential Disability Support Services
- Acute Inpatient Services
- Secure/Extended Care Inpatient Services

Aged Persons Mental Health Services (APMHS)

- Psychogeriatric Assessment & Treatment Services
- Extended Care Inpatient Services
- Acute Inpatient Services

Although Inpatient Services are available for three streams of service, it should be noted that **no Inpatient services will be surveyed**. In fact, consumers who have been an Inpatient in the preceding three months will be **excluded** from the study.

Questionnaire distribution within each of these services will vary somewhat, but will follow the same major methodologies.

The Respondents

There are two categories of respondent. The first is the Consumers (users) of the Services and the second is Carers of the Consumers. There are different coloured questionnaires for each category of respondent and it is critically important that the correct questionnaire is offered on every occasion. A listing of the colours used appears in the section on Survey Materials.

Broadly, a **Consumer is defined** as a person who has used the Public Mental Health Services within the last 6 months and who is not currently in receipt of inpatient services or Crisis Assessment and Treatment Team (CATT) services, and has not received such service within the last 3 months.

A **Carer is defined** as a family member or other person who cares for a consumer and/or who is affected by and has an interest in the consumer's welfare. This person does not necessarily have to reside with the Consumer or have a direct care-giving role. **Carers of excluded Consumers are eligible for inclusion**. For example a Consumer who has received CATT services recently would be excluded but that person's Carer is eligible. Paid Carers are generally excluded, but you should be aware that there are some exceptions.

Although these broad definitions cover most cases, there are important differences in respondent definition between the Child & Adolescent, Adult and Aged Persons Services.

Child & Adolescent

Consumers

The Child & Adolescent Consumers may be aged from 0 to 18, but only the following will be eligible to complete a questionnaire:

- Aged 13 or older.
- Have received some form of service within the last 6 months.
- Not be an inpatient, or have received inpatient services within the last 3 months.

Carers

Carers of Consumers aged 0-18 years are eligible for inclusion.

There are two types of Carers who receive some payment who may be included.

- Foster Carers or Adolescent Community Placement Carers.
- Those formally appointed as guardian for the Consumer.

Adult

Consumer

Adult consumers may be aged 16 and over, the following being eligible for inclusion:

- Aged 16 or older
- Have received some form of service within the last 6 months
- Not be an inpatient, or have received inpatient services within the last 3 months
- Not currently be receiving, or have received Crisis Assessment and Treatment Team (CATT) services within the last 3 months

Carer

Paid carers are excluded with the exception of those who are paid only a Carers Benefit.

All other Carers are eligible for inclusion

Aged Persons

Consumer

These consumers are aged 65 years and older and have direct experience of a mental illness or other severely disabling psychiatric condition. Those eligible to complete a questionnaire must:

- Have used or be using mental health services
- Not be an inpatient, or have received inpatient services within the last 3 months
- Not have received Crisis Assessment and Treatment Team (CATT) services or crisis response from Psycho-geriatric Assessment Team (PGAT) services within the last 3 months.
- Not have an organic disorder

Carers

In the case of Aged Persons, the Carers may be voluntary (receiving no payment) or paid Carers, although the preferred sample will be selected amongst the voluntary Carers. Where it is not possible to recruit enough of these, the total required number will be made up from amongst the paid Carers who may be available. This is more likely to occur where there are high numbers of Aged Persons in domiciliary care and the paid Carers will generally be staff at the Service.

Although you will need to be aware of the ‘in scope’ criteria for each type of respondent, in normal circumstances selections will have been made during the pre-survey sampling which is described later.

You must NEVER query the respondent to determine whether they are in scope.

Telephone interpreter assistance

Where a selected consumer requires assistance in another language to complete their questionnaire, clinicians should advise the client to seek interpretation assistance from the source they would normally use for correspondence with government and other agencies.

If the client does not have such assistance the clinician will contact the survey administrator who will have access to a telephone interpreting service with Telstra. The service will need to have a telephone which is accessible to the survey administrator and the client to complete the questionnaire. The SA will need to dial 131 450 and quote customer code C216960 to the operator. Only the SA has the authority to use the interpreting service. This account has been set up specifically for Vic Mental Health and will be available from the 10th of March for approximately one month. If you have used the Telstra Interpreting Service you will need to record it on your UR list as well as a separate form which is in your briefing pack.

Confidentiality

Maintaining confidentiality of the identity of Consumers and Carers who use the Mental Health Services is of critical importance to the Department of Human Services and to all the individual Services involved. You will not be given the name or other identifying information about any of the people you survey. This is in addition to the normal over-riding issue of confidentiality imposed by the code of ethics of Market Research which expressly prohibits those who undertake research from ever disclosing information about any individual encountered during the course of that research, to any third party. In respect of this project, this particularly means you must **never** disclose to **anyone** else that you have encountered any specific person in the course of your work.

The selection of respondents will be made using lists of numbers known as **UR numbers**. These numbers are used for record keeping purposes by the Mental Health Services and are maintained on a central system. The lists you receive will have numbers only, but those provided to the mental Health Service will have identifying information corresponding to each UR number. These lists will be available in both hard-copy and electronic format, so that it will be possible to split or re-sort a list as necessary.

Someone you recognise

You must also be sensitive to the fact that if you do meet someone whom you recognise, (and who in turn recognises you) that the person may feel embarrassed about the situation they are in. As with other surveys where potentially embarrassing or intrusive information may be collected, you must be particularly alert to the feelings of the 'respondent'.

In previous years there were a few instances where the respondent and interviewer knew each other, particularly in regional areas. The following are the specific protocols adopted to minimise the impact of this potentially difficult occurrence.

1. The name, and a photograph of each interviewer allocated to a service has been made available to the service for the information of all clients. Then, if a Consumer or Carer recognises the interviewer, they can request that arrangements be made to avoid a meeting.
2. If an outreach visit is being arranged by a case-worker or clinician, they should advise the Consumer or Carer that they would like to bring an interviewer along - and tell them what your name is. The Consumer then has an opportunity to decline. It is important to note that there is a difference between not wishing to meet a particular interviewer and declining to accept a questionnaire. The questionnaire may be given by the clinician, but must not be completed in his or her presence.
3. If, during an outreach (home based) visit, you realise that you are going to a dwelling where you know any of the residents, you must advise the clinician or case worker, and ask that they hand over the questionnaire themselves and ask the respondent to return it in the reply paid envelope.

4. It may happen that you only realise you know a potential respondent after the door is opened. If this occurs you should immediately - without fuss - simply ask to be excused and hand the questionnaire materials to the clinician for presentation to the 'respondent'.

Methodology

In every case, the questionnaire should be self-completed by the respondent. **There is no necessity for face-to-face interviewing to be involved.** Your role will be to act as 'Survey Administrators at each location. That is, you will provide the questionnaire to the respondent and offer assistance only if requested by the respondent. In reality, we have discovered from previous experience, that a number of respondents do request assistance, especially amongst the users of Aged Persons Services.

Three different protocols have been determined for the recruitment of respondents.

1. Centre-based recruitment.
2. Outreach based recruitment.
3. Mail-out recruitment.

Centre-based recruitment.

In reality, what this means for survey administrators is that questionnaires will be given to potential respondents as they attend the centre for their routine appointment.

Outreach based recruitment.

Questionnaires are distributed during visits to the Consumers home, or other place outside the Service Centre, in the company of a case worker or clinician. The specific arrangements for this will be determined in consultation with individual Services.

Mail-out recruitment.

A questionnaire is mailed to the respondent with a covering letter and a reply paid envelope. A reminder mailing will be undertaken after one week consisting of just a letter - second questionnaires will not be sent to avoid the possibility of an individual returning two questionnaires.

Which Methodology to use - and when

The three methodologies outlined above will be used in different combinations for Adult (AMHS), Aged (APMHS) and Child & Adolescent (CAMHS) Services, as well as varying according to whether the respondent is a Consumer or Carer. The protocols are outlined in the attached document which was distributed to services during briefing sessions held between 21st and 25th February. When it was not possible for a staff member to attend the briefing, the information was sent to them by mail.

The documents have been provided to you for two reasons. They offer a good explanation of the process as it will impact on the Service. The majority of the information would have been repeated in this document, so although there is some duplication of background information, they provide an overview of methodologies

for each service type. It will also serve as a document for you to show Service staff if necessary.

In practice you may only experience one or two service types, but you should be thoroughly familiar with the required methodology for all three. They will be discussed in detail during the briefing.

Your role at the Service.

At the briefing you will be given a sheet which outlines the service delivery arrangements at your allocated service. This sheet will also give contact details for the liaison person for that service. Your first task is to contact that person ON FRIDAY MORNING 10TH MARCH. It has been suggested to services that a brief meeting between you and the service staff may facilitate arrangements for the task at hand. You should use this meeting, or your first visit, to have the details of the service delivery arrangements confirmed or corrected as necessary. You will then attend the service to distribute questionnaires either on-site or through outreach. You must take all materials you will need to complete your day's work. It may be possible for some services to allocate a place for you to store materials so that you do not need to carry things in and out each day - however, you should not assume this.. The receptionist will usually be a most useful resource and ally. In some Services it may be a case worker or clinician with whom you work more closely.

At Services where questionnaires are given directly to the respondent when they attend a clinic you should make arrangements with staff for a box to be placed in a position where it is not clearly seen by Service staff. This box is intended for the return of questionnaires by respondents.

Whenever you approach a potential respondent (either Consumer or Carer) you must identify yourself and the survey using the set script. The script appears at the end of these instructions. **You must be wearing your ACNielsen identification badge at all times.**

You should offer the questionnaire, complete with the covering letter, a reply paid envelope into which to place the completed questionnaire and if necessary, a pen to use to complete it.

You must determine (from Service staff) the UR number of every person who is offered a questionnaire and cross it off the list so that the number will not be used again. **Do not ask respondents about this number - they will not know, and you may confuse or distress them.**

You will need to keep careful records of the number of questionnaires you distribute to both Carers and Consumers. You will also need to know and advise your service of the number of questionnaires required for the mailout if this is necessary.

Identifying Services

As already noted, there will never be any identifying information on a questionnaire to trace it to a respondent. The whole purpose of this survey is to gather information about levels of satisfaction with the Service - not information about the people who use it.

It is essential therefore, that the name of the Service is written onto every questionnaire before it is handed to a respondent. If this is not done, the questionnaire is totally useless to us.

Also, please check with service staff about the correct identification of the in-patient facility which the service uses and make sure that it too is accurately recorded on every questionnaire.

It is of particular importance to ensure that you do this for questionnaires which are sent out in the mail, because addressing of the envelopes will be undertaken by Service staff.

The Services are shown opposite. It is the appropriate name from this list which must appear on the questionnaire. Many Services operate from more than one location. For example, Maroondah CAMHS operates from Wundeela Centre in Ringwood, and also from Ashwood and Upper Ferntree Gully and they refer to these locations as Wundeela, Ashwood and FTG. However, for all questionnaires distributed for this Service, regardless of the location at which they are distributed, the name Maroondah CAMHS must appear on the questionnaires.

Outreach arrangements

Most Services have some Consumers who are seen through outreach service. Where this is the case, you should ensure that it is reflected in the distribution of questionnaires. This will be the majority of questionnaires for the Aged services and a proportion of the Adult and Child & Adolescent Services. Each Service will give you information about the degree to which Outreach is used in its own service delivery arrangements.

Mailout arrangements

When mailout is necessary, you should prepare the packs for the Service to address and mail. Every pack **must** include:

- Questionnaire (with Service details completed)
- Covering letter
- Reply Paid envelope

You must ensure that the packs for Consumers and Carers are clearly separated so that the Service staff will know which is which.

There will be a reminder mailout to every person who was sent an original mailout. This mailout will simply remind people to return their questionnaire, and to thank them if they have already done so. Again, Service staff will need to address these letters and should keep the original mailing lists from which to work.

Sampling

All sampling is done from lists of UR numbers supplied by the Department of Human Services. Two lists have been produced for fieldwork at each Service. The Consumer list includes all 'in-scope' Consumers. The larger Carer list includes the UR numbers of Consumers who are both in-scope and out of scope. It is not necessary for the Carer to be associated with an in-scope Consumer, they could be the Carer of any Consumer who has received some service within the last 6 months.

The lists of UR numbers you have been given for the Services are as accurate as possible at the time of preparation. However, you should be guided by Service staff about the in-scope status of any individual. You should also be guided by staff if they indicate that for some clinical reason, an individual should not be approached. As already indicated, the lists provided to the Services are identified, whereas yours are not.

The aim of the sampling procedure is to produce 75 completed questionnaires from Consumers and 75 completed questionnaires from Carers at each Service. Assuming at least a 50% response rate, this means the **distribution of up to 150 questionnaires to each respondent type.**

The lists are being provided by the Department of Human Services and will be delivered to ACNielsen or direct to Services because of the identifying information on the Service lists. It will be your responsibility to ensure that accurate records are kept of the following for every approached respondent:.

Accepted/Refused questionnaire

Method of distribution

Centre based

Outreach

Mail (include date)

If mailed, when was the follow-up mailout done?

You will note that some of the UR numbers on the lists have asterisks next to them. These are the randomly selected Consumers (or Carers) who are your first choice for distribution - particularly for mailout.

When making up any shortfall numbers via a mailout, be careful that no-one who has already been given a questionnaire is included again. A record should be kept of the ones which were mailed at the first mailout so that the identical list can be used for the reminder mailout.

Field management

In this section we outline the matters you must be aware of to ensure the smooth completion of the survey

Timing

You must start by ringing the nominated liaison person for the Service you have been given, and introduce yourself on the morning of FRIDAY 10TH MARCH. A meeting should be organised for this date so that you can discuss particular requirements of the service including how to maximise the administrators effective use of time especially in relation to the outreach visits. You will need to begin your questionnaire distribution as soon as possible - make arrangements with your service about the start of questionnaire distribution

The time frame for the project is as follows.

- 10 March Meeting with Service
- 14 March Fieldwork starts
- 24 March First mailing complete
- 31 March Reminder mailing complete
- 7 April All fieldwork complete
- 28 April Survey analysis complete
- 31 May Final reports submitted

You will need to manage your time very efficiently to maximise questionnaire distribution within the time frame available. Remember, the 7th April is the absolute final day for fieldwork; you should be aiming to be finished a week before this.

By the 21st of March (One and a half weeks of fieldwork), you should know exactly how many Consumer and Carer questionnaires you have distributed and how many you can personally distribute during the next week. You will need to obtain information from Service staff about clinic sizes and the Service workload for that period. If it appears evident that it will not be possible to make the necessary personal contacts, then you should supply selected UR numbers to the Service staff to enable mailout to remaining Consumers and/or Carers.

This **first mailout must occur no later than Friday 24th March**. Under no circumstances should you wait until this date to give the materials to the Service staff.

You must ensure that the second mailout is completed. If you have completed all your other work, you should be able to do this through a phone call to the Service.

You will note that the survey is not impacted by the Easter or School Holidays and should be complete before either of these occurs.

Personal presentation

Your dress and personal presentation will, as always when undertaking work for ACNielsen, will be the public face of the Company. In this project you will be

working alongside Health Care professionals while at the Mental Health Services and your overall presentation should reflect this. This is particularly important to ensure that the Consumers and Carers you approach do not find you to be different and unrepresentative of the Service they are accustomed to.

Survey Materials

The survey materials you are provided with are as follows:

- Consumer UR List (Yellow)
- Carer UR list (Pink)
- Service Contact Sheet
- Consumer & Carer questionnaires

To assist in identifying these, they are printed in different colours for the Child, Adult, and Aged groups.

- Child - Blue Darker blue for Consumers, lighter for Carers
- Adult - Green Lime green for Consumers, lighter for Carers
- Aged - White/Lilac White for Consumers, Lilac for Carers
- Reply paid envelopes for distribution with every questionnaire.
- Covering letters for distribution with every questionnaire.
- Reminder letters for use in follow-up mailout.
- Large envelopes for use in first mailout.
- Small envelopes for use in follow-up mailout.
- Ball point pens for use by respondents.

If you need additional survey materials, please advise your supervisor.

Returning Work

At the end of each week, you must return all questionnaires which have been deposited in the box at the Service, or collected by you following an outreach visit. Outreach questionnaires which are not completed in your presence should be returned through the mail using the reply paid envelopes.

Contacts

In addition to your supervisor and other team members, if you need assistance or advice while in the field you may contact

- Josephine Foti
Ph. (03) 9207 3881
Fax (03) 9207 3808

- **John Moran**
Ph. (03) 9331 2355
Fax (03) 9331 3355
Mobile 0419 358 852
Freecall 1800 626 426

Introductory Script

Hello, my name is (...) from ACNielsen. You may have heard about a survey that is being held to measure people's satisfaction with Victoria's Mental Health Services.

IF NECESSARY - (SHOW FLYER) These purple A3 sheets have been in the Services to let people know about it with the Survey Administrator photo.

This letter (SHOW LETTER) tells you a bit more about it.

This is the questionnaire, (SHOW QUESTIONNAIRE) it will only take a few minutes to fill it in. We would be grateful if you would complete it and then put it in this envelope. I can lend you a pen (OFFER ENVELOPE AND PEN).

No-one from the Service will know what you have written, only people at ACNielsen ever get to see the questionnaires, and you'll notice we ask you **not** to put your name on it.

(IF QUESTIONNAIRE ACCEPTED)

Thank you. When you've finished, please put the sealed envelope and the pen in the box (DESCRIBE LOCATION OF BOX)

(IF QUESTIONNAIRE REFUSED)

That's OK - you don't have to complete one if you'd rather not. Thank you anyway.

COMPLETE DETAILS ON UR SHEET



SATISFACTION SURVEY

VICTORIAN PUBLIC MENTAL HEALTH SERVICES

IMPORTANT REMINDER

About a week ago, we sent a questionnaire to you as part of this survey of Consumers and Carers using the Public Mental Health Services. If you have already completed and returned your questionnaire, thank you. There is no need to do anything else.

The survey is being conducted by ACNielsen on behalf of the Department of Human Services. No-one from the Department or from the Mental Health Service you have used will ever see the survey responses, so all questionnaires are completely confidential.

You were selected at random to be sent a questionnaire. If you haven't already returned yours, we ask you to please take a few minutes to complete it and then return it in the envelope provided.

The envelope is already addressed to:

Reply Paid 7274
ACNielsen
ST KILD ROAD MELBOURNE VIC 3004

There is no need to put a stamp on it, just drop it into the mailbox.

The purpose of the survey is to measure the level of satisfaction with Victorian Public Mental Health Services. Responses from both consumers and carers who use the service will be analysed, so that each Service will know which aspects of its service delivery need improvement.

Although the survey results are much more reliable if everyone who is given a questionnaire fills it out and returns it, **you are not obliged to answer these questions if you don't wish to. You should not write your name or other identifying information on the questionnaire**

Thank you for your assistance.



Frank Maas
Executive Director