

# MHCC Member Survey

A summary of the survey results

September 2014







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## Summary

The 2014 MHCC Member Survey provides an evaluation of the products and services provided by the Mental Health Coordinating Council (MHCC). The survey was conducted online and used scales as rating indicators as well as open-ended questions

There were 34 responses received from members in 2014, which is a response rate of 18.89%.

47% of the respondents are part of organisations that have less than ten full time equivalent employees; and 59% of all respondents are part of organisations that currently hold accreditations. The highest percentage of the accreditations, 34.78%, are currently held with Quality Innovation Performance (QIP). In relation to the use of standards, 46% of the survey respondents indicate that their organisation benchmarks to the National Mental Health Service Standards, 42% of the survey respondents indicate that their organisation benchmarks to the National Mental Health Practice Standards and 29% of the survey respondents indicate that their organisation utilises ROSSAT.

MHCC's overall performance for 2014 received an average score of 75.00%, with 90.48% of the respondents indicating agreement to MHCC providing outstanding performance. Among MHCC's activities, survey respondents provided the highest ratings to 'Seminars/Forums/Workshops' under Sector Development and 'Responding to important national and state issues' under Policy, Leadership, Influence and Reform with average scores of 86.90% and 85.71% respectively; while the lowest ratings were provided for 'Building sector infrastructure' under Sector Development and 'Building sector capacity to make the most of emerging opportunities' under Capacity Building with 72.37% and 72.62% average scores respectively. Survey respondents also rated the importance of MHCC's advocacy role and activities with an average score of 86.25%, where 85.71% of the responses received were Important to Very Important ratings.

Other initiatives by MHCC were also surveyed and the highest average scores were given to 'CMHDARN' and 'Recovery Oriented Language Guide' both with 85.53%, followed by Aboriginal Careers in Mental Health with 85.29%. The initiatives that received the lowest average scores were 'Professional Entry Practice Placements in the Community Managed Mental Health Sector' with 70.31%, followed by a score of 72.06% which was received by 'Regional Forums 2013' and 'Sector Benchmarking Project.'

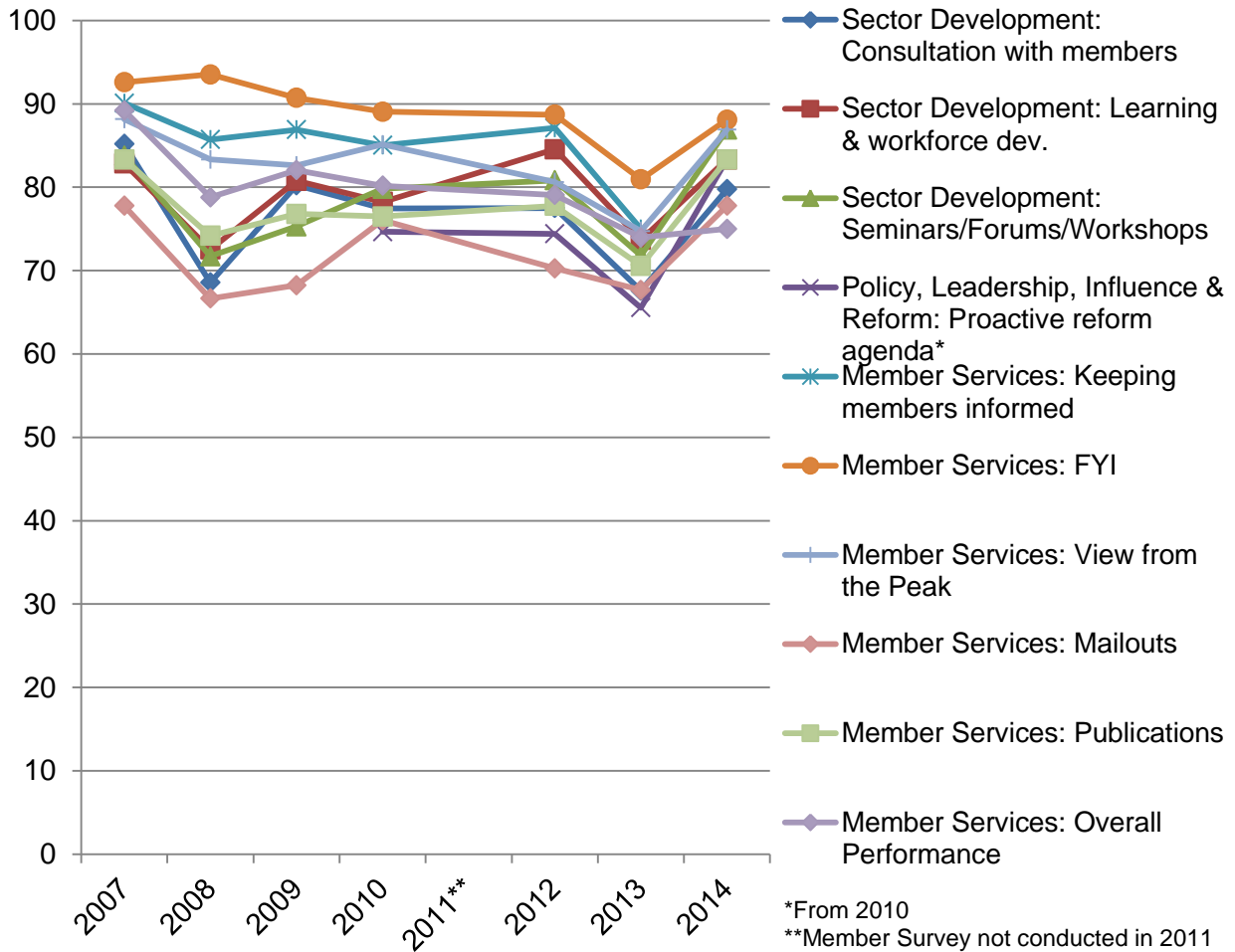
Survey respondents provided the highest rating for interaction channels to 'Weekly newsletter (FYI)' with 88.10% average score and 'Quarterly newsletter (View from the Peak)' with 86.90% average score. The channels that received the lowest ratings in keeping members informed were through 'Standalone email campaigns' with 72.06% average score and 'Mailouts' with 77.78% average score. The members who responded to the survey also indicated that most of MHCC resources are accessed 'Online via computer (laptop/desktop)' 55-90% of the time while access 'Online via mobile device' is the least used, where users access resources through mobile devices 0-5% of the time. The respondents also indicated the highest rate of use of the social media platform Facebook (28.57% of the responses) while the next highest response rate received (20.00% of the responses) indicated that social media is not used at work.

All survey respondents indicated that they currently access online resources and information from mhcc.org.au and will likely to continue to access the site within the next 12 months. Majority of the survey respondents, at 67% of all responses, indicated disagreement with having non-members pay to access MHCC resources; while 60% of all responses disagreed that they would be more likely to access online resources for members only.

Among the respondents, 43% of the survey respondents have participated in MHCC Learning and Development (MHCC LD) courses or activities in the last 12 months. This group of respondents

provided the highest ratings of 88.89% average score to MHCC LD's 'Customer service,' 'Providing relevant training on mental health,' 'LD training calendar (printed)' and 'LD training calendar (online);' followed by the average score of 86.11% for 'Quality of training.' The least ratings provided by this group of respondents, which did not fall below 80%, were for 'Value for money' with 80.56% and 'Organisational portal' with 82.14% average scores.

The data for trending questions across members surveys conducted from 2007-2014 are presented below. The graph indicates improvement in ratings across all trending survey questions.



Recommendations arising from the survey include consideration to conduct the survey in smaller divisions to be sent to targeted audiences, to reach members in rural areas who are interested in MHCC activities, and to increase awareness of MHCC activities and initiatives.

## Introduction

The 2014 MHCC Member Survey was conducted between 9<sup>th</sup> to 25<sup>th</sup> September 2014. It was promoted through emails to members and newsletter alerts.

34 responses were received. This is a response rate of 18.89%, which is lower than the 21.88% response rate from 2013. The survey provided the option to skip questions based on applicability from previous responses. The survey was conducted anonymously, respondents were asked to provide organisation or name and suburb to identify membership type for reporting purposes and to qualify for the prize draw for a Kindle. All responses are de-identified.

## Results

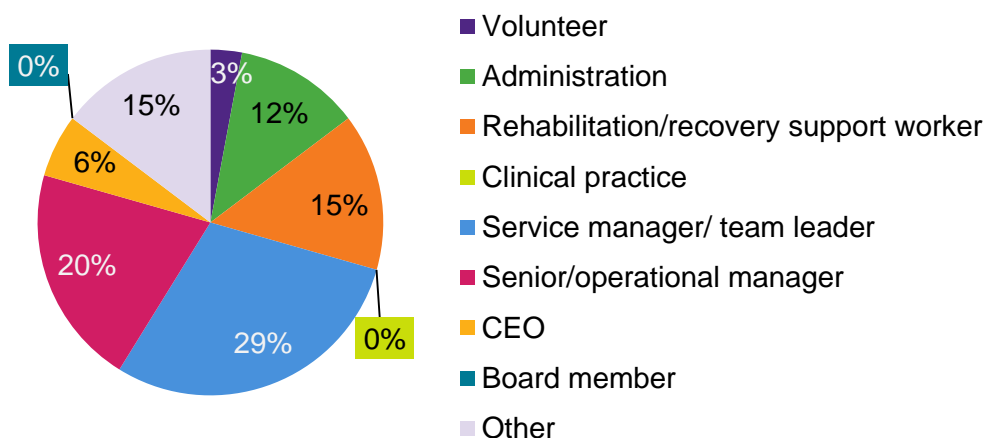
### Participants

Majority of the survey responses received were from 'Service managers/team leaders' (29%) followed by 'Senior/operational managers' (20%) of their organisations while receiving the least number of responses from 'Volunteers' (3%) and 'CEOs' (6%). There were no survey respondents in 'Clinical practice' and 'Board member' roles. 76% of the survey participants work in 'Full time' capacity, followed by 21% in 'Part time' and 3% in 'Casual' capacities.

Almost half (47%) of the survey respondents are part of organisations that employ less than 10 full time equivalent (FTE) employees. This is followed by survey respondents from organisations that have more than 100 FTE (29%), organisations that have 20 to 100 FTE (15%) and organisations that have 10 to 20 FTE (9%).

### Job Role

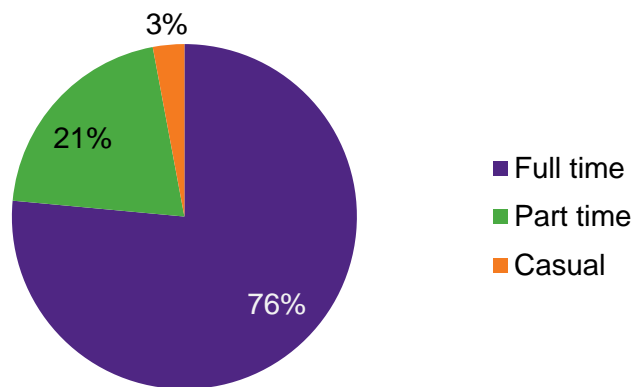
Figure 1: 'Which of the following best describes your job role?'



#### Other:

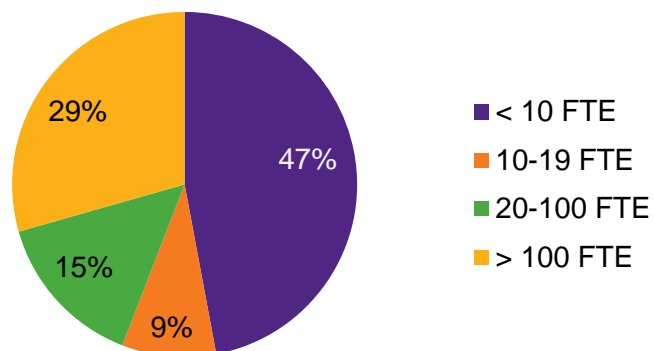
- Support Worker
- Case manager - social worker
- Support Facilitator
- Coordinator
- Consultant

**Figure 2: 'Are you in this role full time or part time?'**



### Job Role Full Time Equivalent of Organisations

**Figure 3: 'How many staff members are employed by your organisation on a full time equivalent (FTE) basis?'**



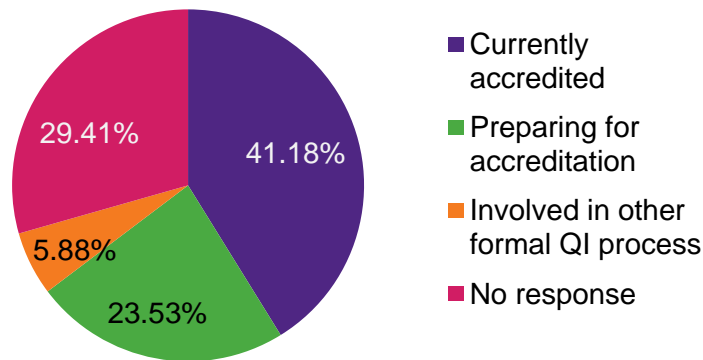


## Quality Improvement and Accreditation

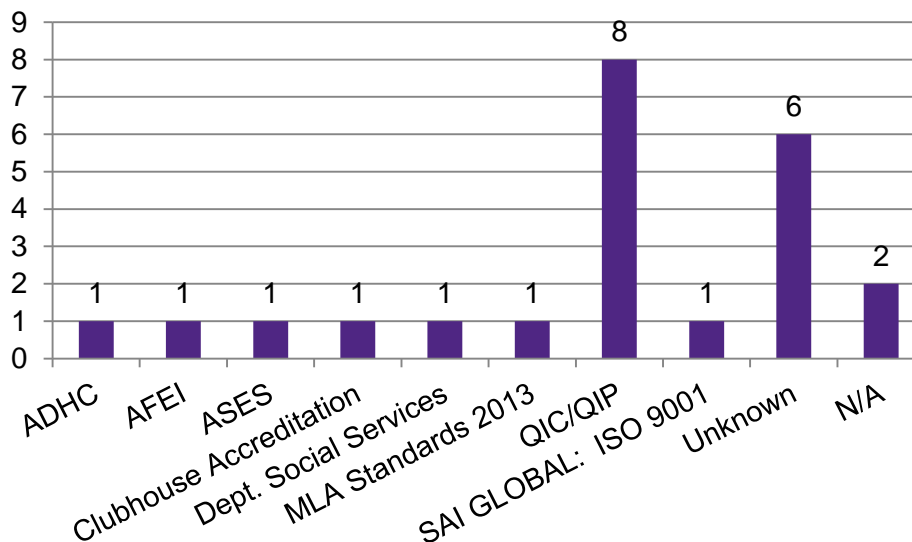
41.18% of the member responses indicate that their organisation is 'Currently accredited', while 23.53% are currently 'Preparing for accreditation' and 5.88% are 'Involved in other formal QI process.' Among the respondents who are currently accredited, the majority of participants, 34.78% (8 responses) are currently accredited with Quality Innovation Performance (QIP) or the former Quality Improvement Council (QIC) prior to merger, followed by 26.09% (6 responses) who indicated that the accreditation provider for their organisation was 'Unknown.' The results indicate an increase in percentage of member responses who are currently accredited (from 35.7% in 2013 to 41.18% in 2014) and who are preparing for accreditation (from 7.1% to 23.53%).

### Accreditation

**Figure 4: 'Is your organisation involved in any of the following quality improvement (QI) processes?'**



**Figure 5: Current accreditation provider**



**Table 1: 'If you are involved in other formal QI processes, please provide brief description'**

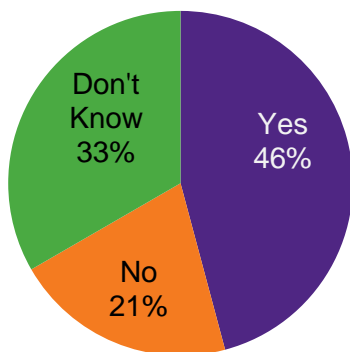
#### Other QI Process:

- Currently preparing for re accreditation
- Commonwealth Quality Review and Compliance
- SPA is not a service provider and are not seeking accreditation
- No formal QI process

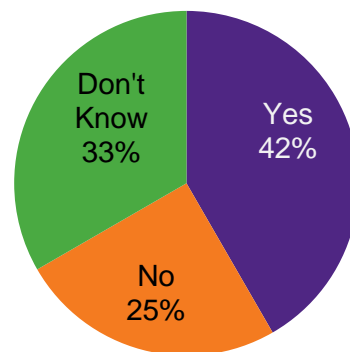
## Organisational Use of Standards

In asking survey participants regarding whether their organisation benchmark to the National Mental Health Service Standards and the National Mental Health Practice Standards, the most number of responses indicated 'Yes' at 46% and 42% respectively. This is followed by 33% of responses being 'Don't Know' for both standards, then 21% and 25% respectively for 'No' responses. 46% of the respondents indicated that 'No,' their organisation does not utilise the Recovery Oriented Service Self-Assessment Toolkit (ROSSAT), while 29% indicated that 'Yes,' they are using the toolkit and 25% indicated 'Don't Know.'

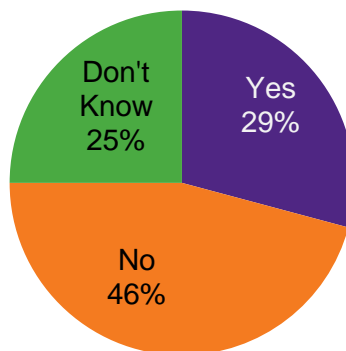
**Figure 6: 'Does your organisation benchmark to the National Mental Health Service Standards?'**



**Figure 7: 'Does your organisation benchmark to the National Mental Health Practice Standards?'**



**Figure 8: 'Does your organisation utilise ROSSAT (Recovery Oriented Service Self-Assessment Toolkit)?'**



## Satisfaction with MHCC Services

MHCC received an average of 90.48% *Agree* to *Strongly Agree* member ratings for providing excellent overall performance. This is a decrease from the previous year's overall performance ratings where 92.86% were rated as *Good* to *Excellent*. *Strongly Agree* ratings are at 9.52% and *Agree* ratings are at 80.95%. There are no *Disagree*, *Strongly Disagree* and *Don't Know* responses. This is an improvement from previous year's results where there were 2.38% *Don't Know* ratings received.

## MHCC's Overall Performance 2014

Figure 9: Average Satisfaction Score

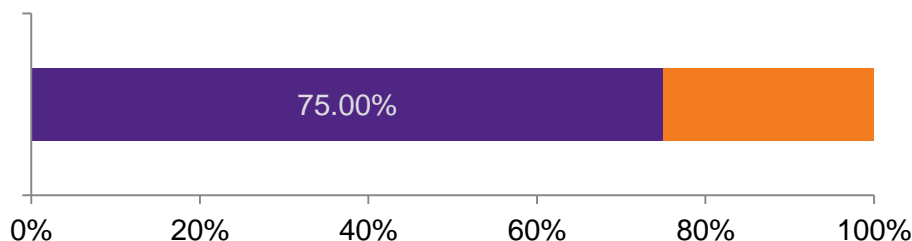
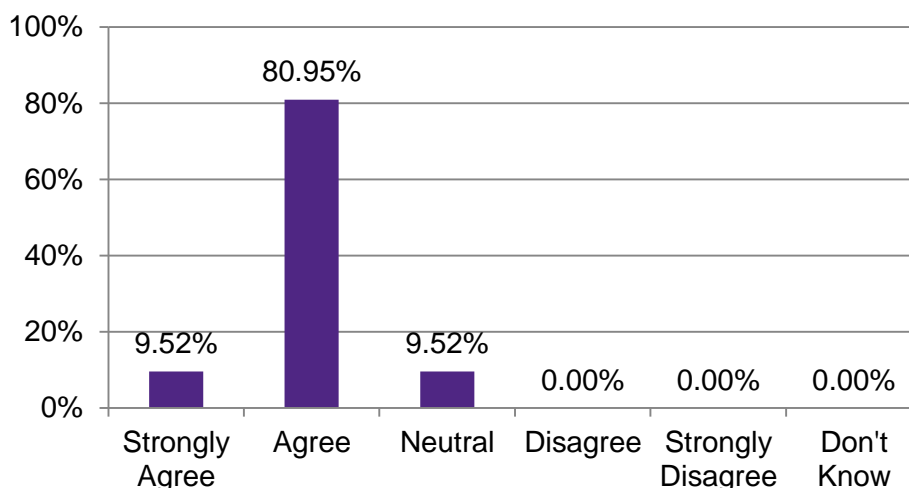


Figure 10: Breakdown of Score – 'MHCC's overall performance has been outstanding'



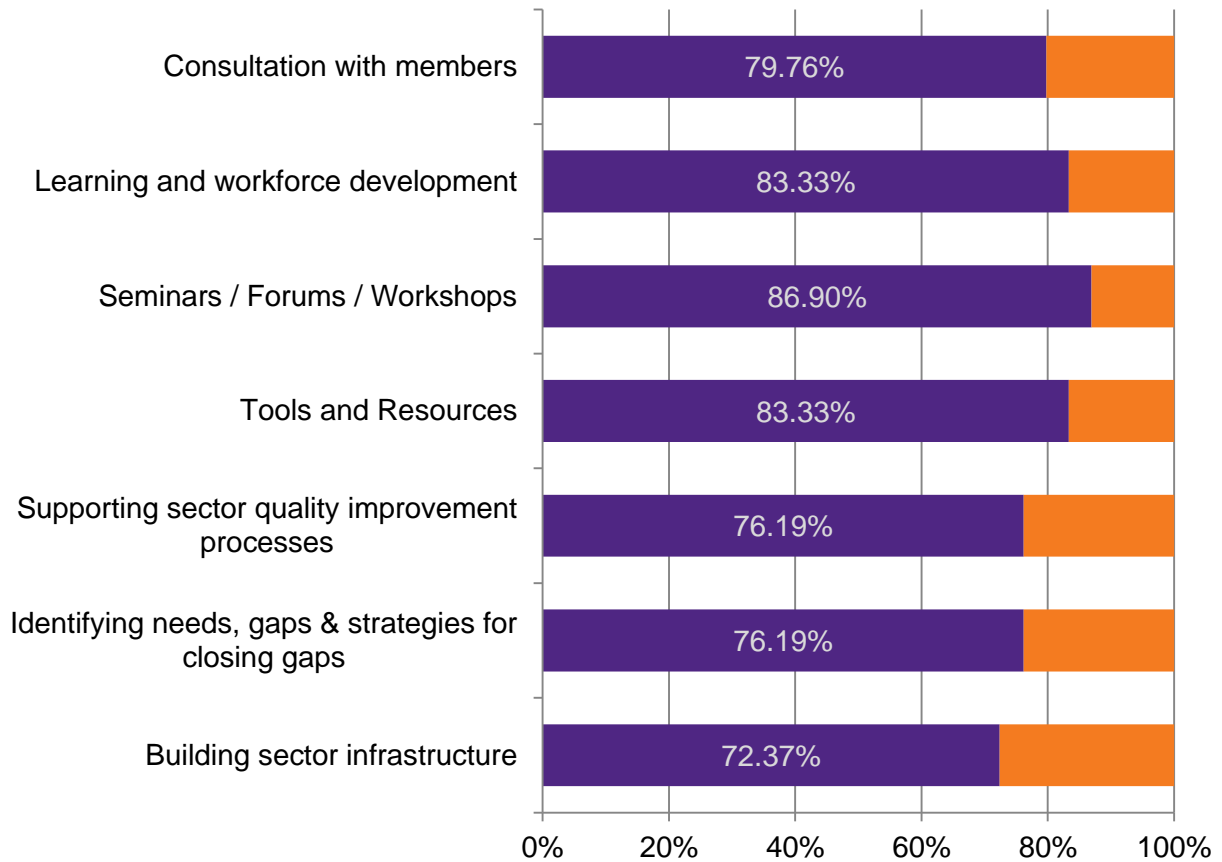
## MHCC Services

The services that received the highest ratings are 'Seminars/Forums/Workshops' under Sector Development with a satisfaction score of 86.90% (receiving 20 or 95.24% *Good* to *Excellent* ratings). This is followed by 'Responding to important national and state issues' under Policy, Leadership, Influence and Reform with a satisfaction score of 85.71% (with 21 or 100% *Good* to *Excellent* ratings). The services that received the lowest ratings are 'Building sector infrastructure' under Sector Development with a satisfaction score of 72.37% (receiving 13 or 65% *Good* to *Excellent* ratings) and agreement to 'MHCC has been successful in building the capacity of the mental health sector to make the most of emerging opportunities' which received a satisfaction score of 72.62% (16 or 76.19% *Agree* to *Strongly Agree* ratings). There were 0.00% responses that provided ratings of *Poor* to *Very Poor* or *Disagree* to *Strongly Disagree*.

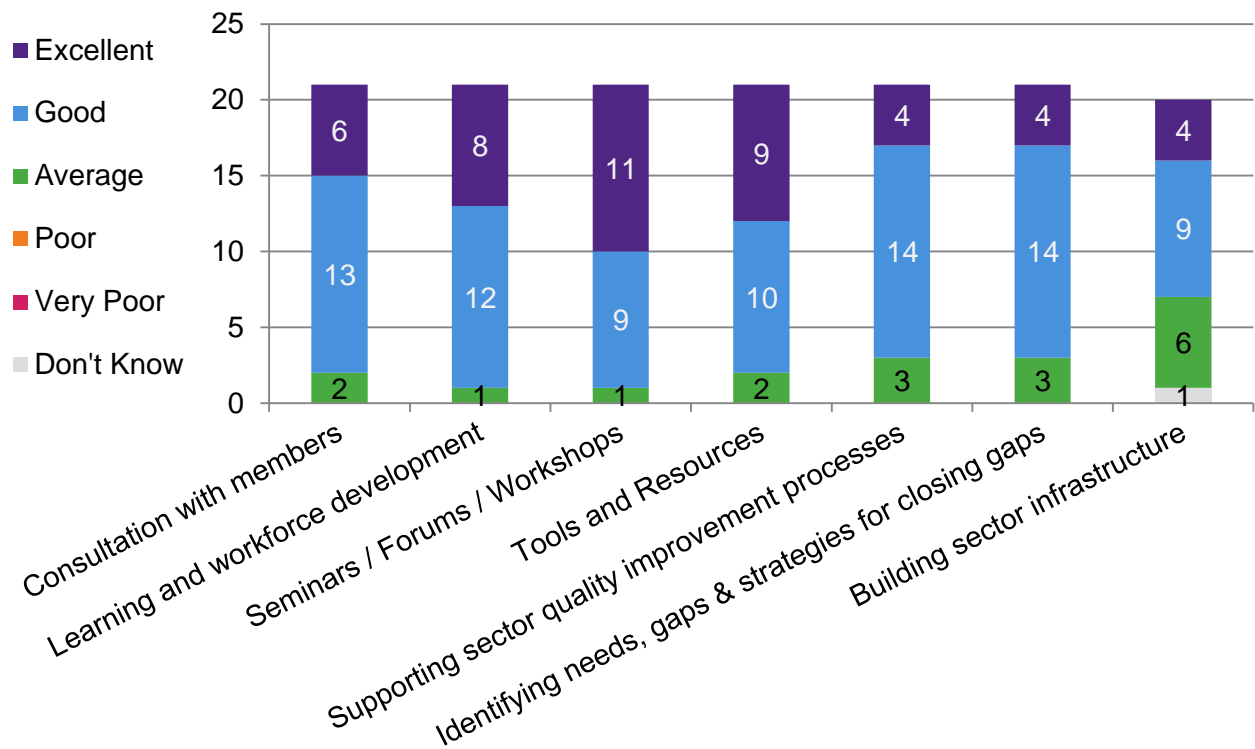
There were 18 (85.71%) *Important* to *Very Important* member ratings in response to the importance of the advocacy role and activities of MHCC to their organisation and in influencing government, giving an importance rating of 86.25%.

## Sector Development

**Figure 11: Average Satisfaction Scores**

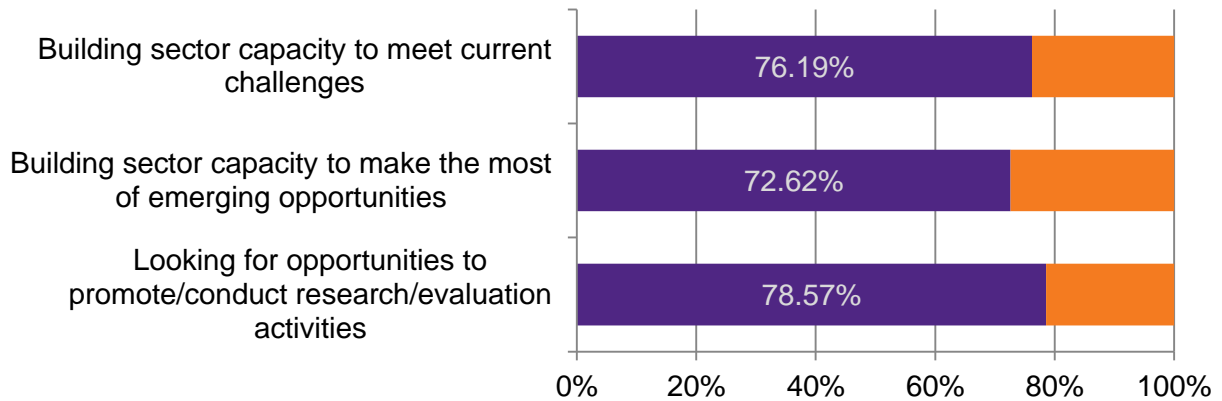


**Figure 12: 'In line with sector development, how well did MHCC perform in...'**

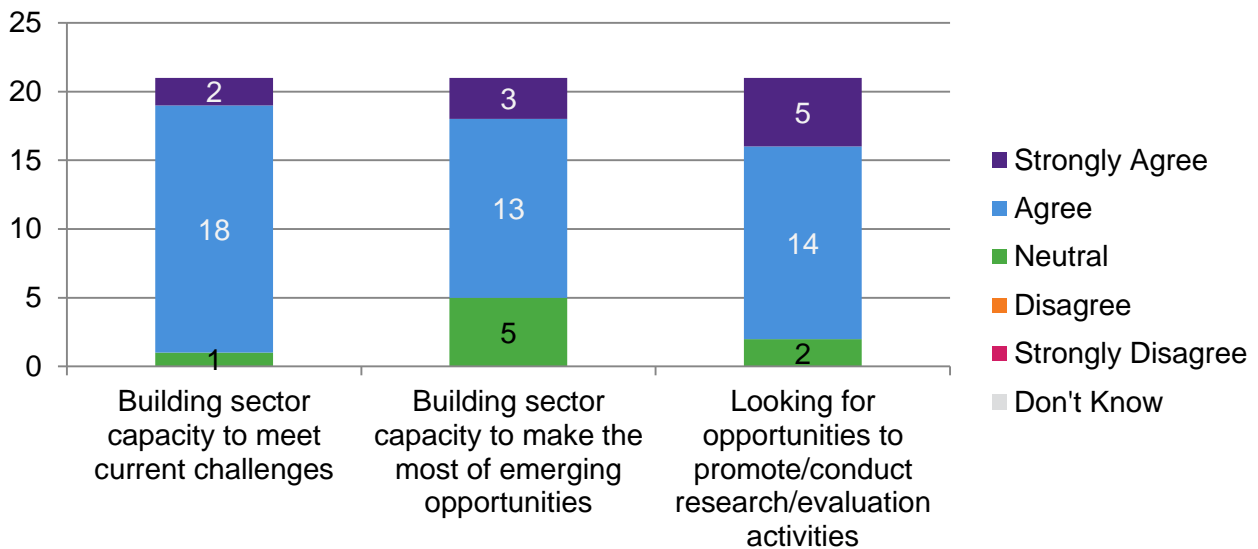


## Capacity Building

**Figure 13: Average Satisfaction Scores**

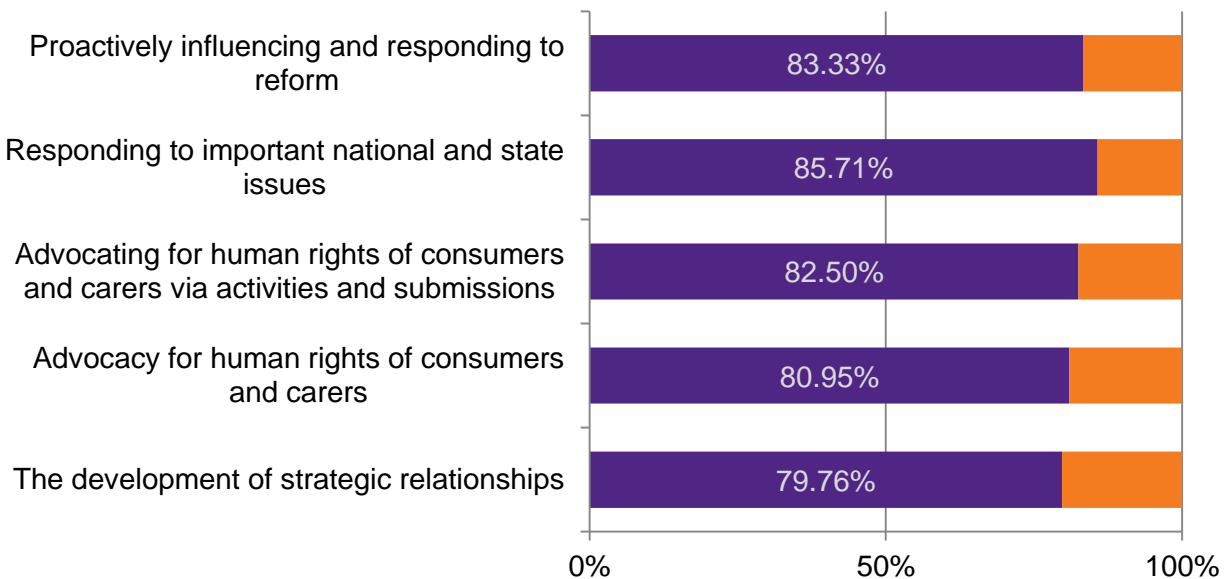


**Figure 14: 'In the last 12 months, MHCC has been successful in...'**

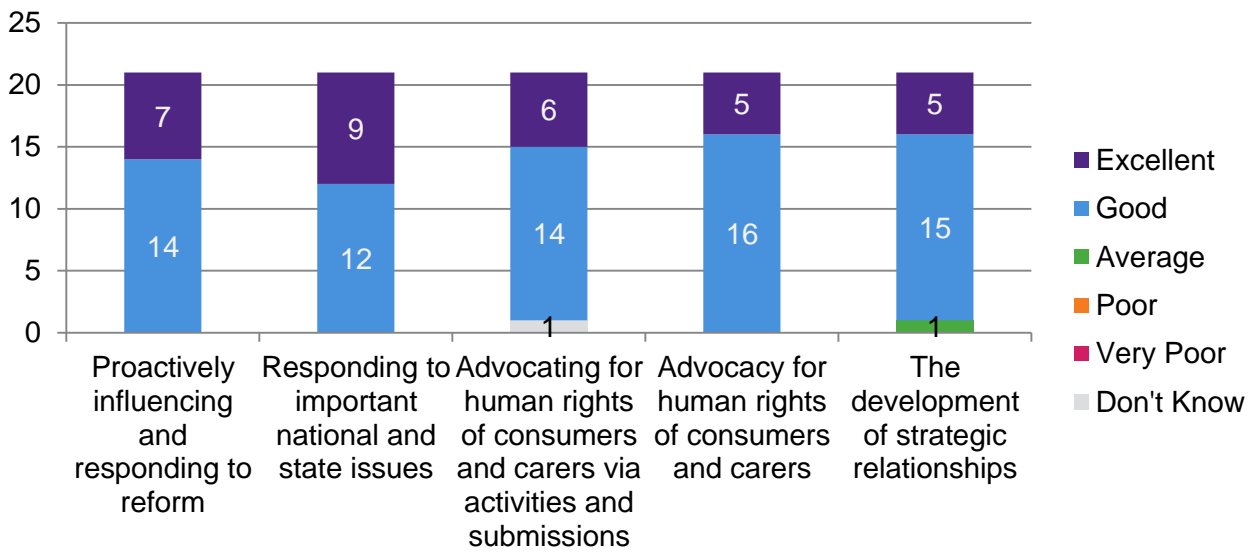


## Policy, Leadership, Influence and Reform

**Figure 15: Average Satisfaction Scores**

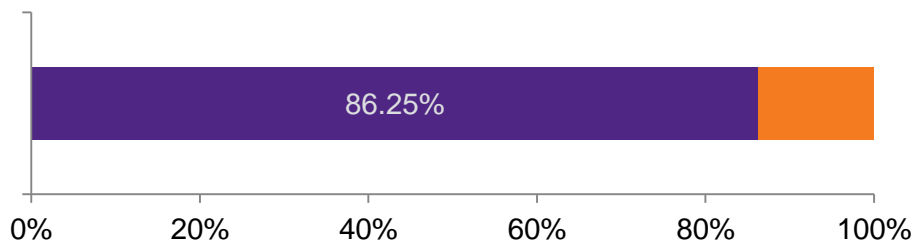


**Figure 16: 'In line with policy, leadership, influence and reform, how effective has MHCC been in the following areas?'**

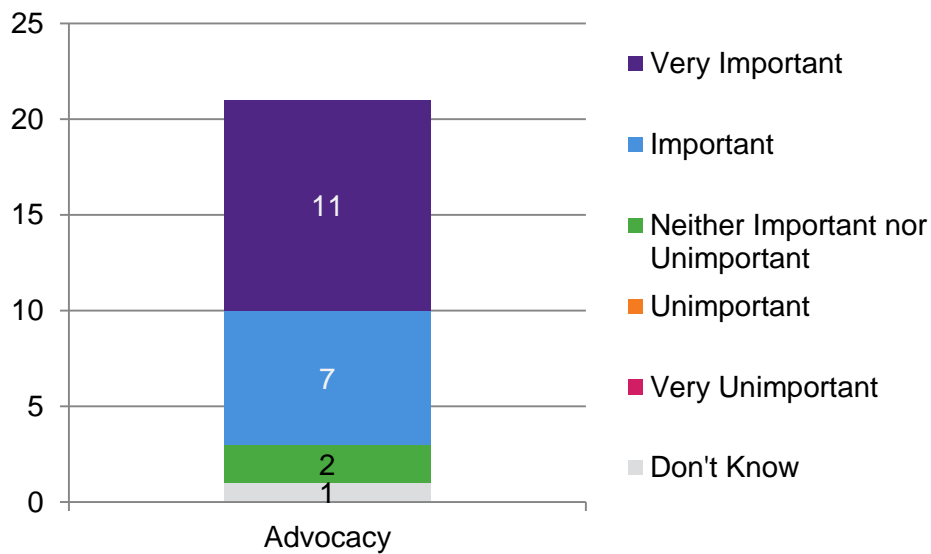


**Advocacy**

**Figure 17: Average Importance Score**



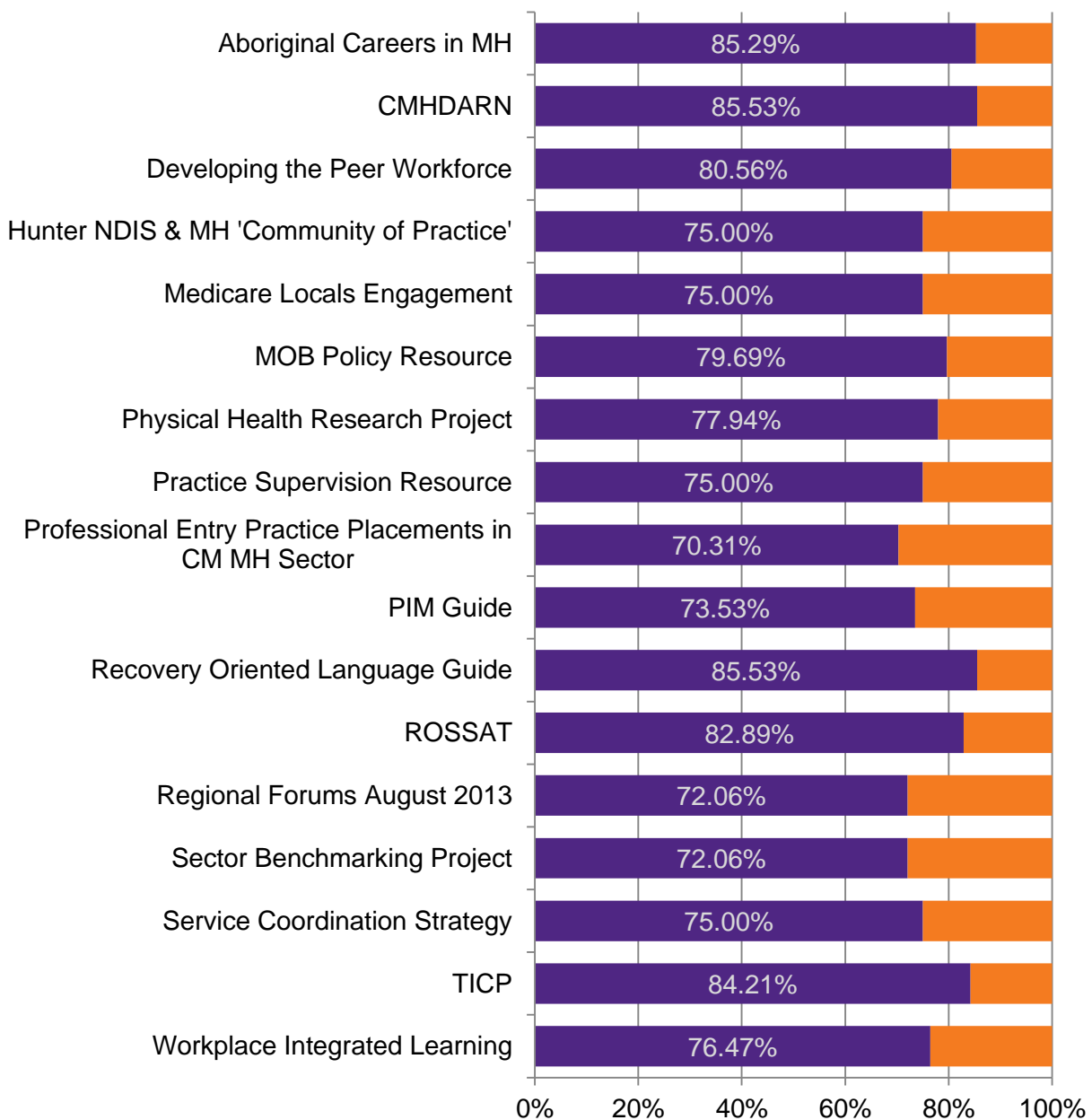
**Figure 18: 'How important is MHCC's advocacy role and activities to your organisation and influencing government?'**



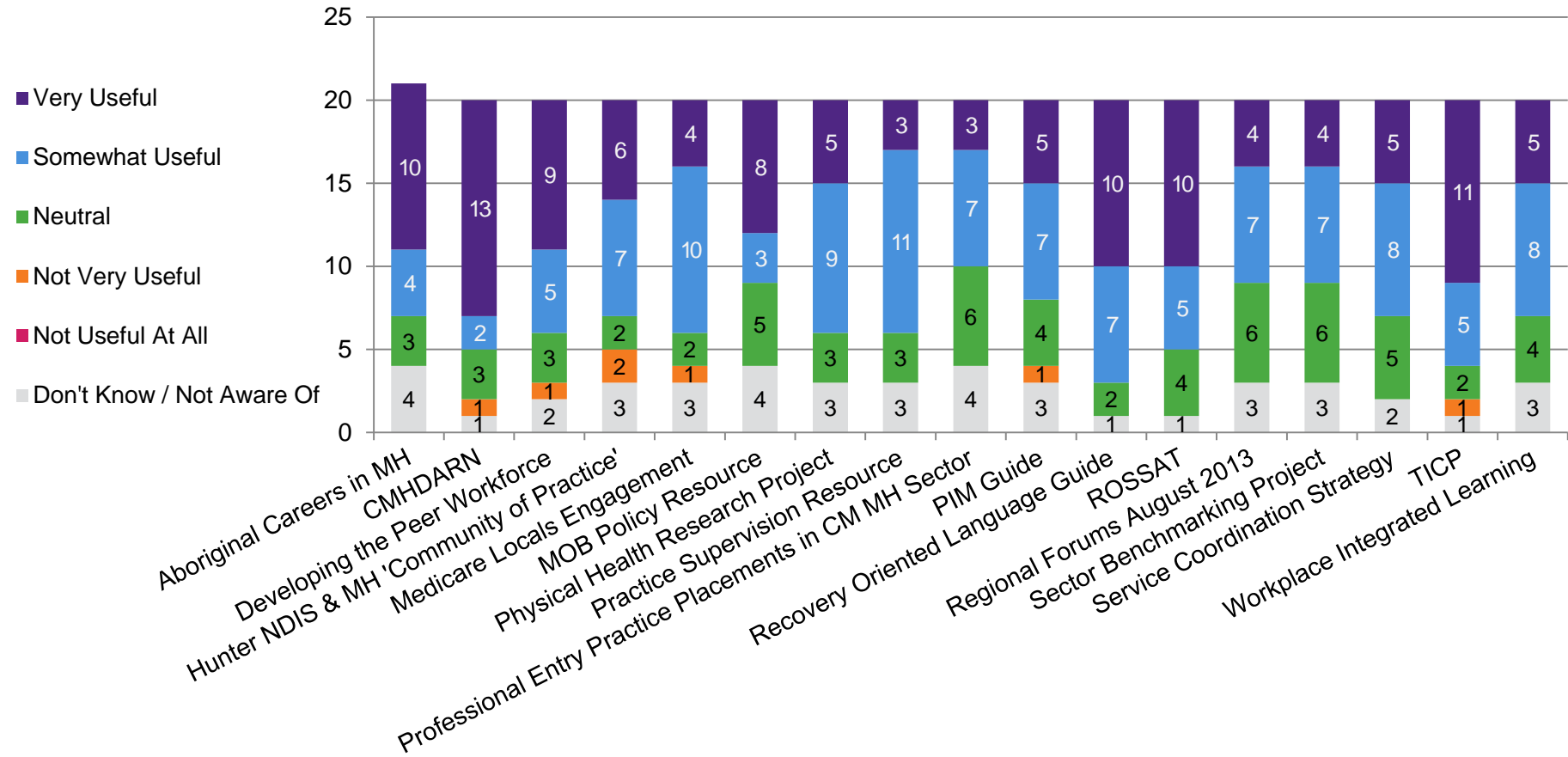
## MHCC Initiatives

The initiatives that received the highest usefulness ratings are 'Recovery Oriented Language Guide' and 'Community Mental Health and Drug & Alcohol Research Network (CMHDARN)' both receiving average usefulness scores of 85.53%, with the Recovery Oriented Language Guide receiving 85.00% (17 responses) *Somewhat Useful* to *Very Useful* ratings and CMHDARN receiving 75.00% (15). The initiatives that scored the lowest are 'Professional Entry Practice Placements in the Community Managed Mental Health Sector' with 70.31% score, receiving 50% (10 responses) *Somewhat Useful* to *Very Useful* ratings; this initiative also received the highest number of *Don't Know / Not Aware Of* responses along with 'MHCC Organisation Builder (MOB) - Policy Resource' (both with 4 responses, 20%). 'Regional Forums 2013' and 'Sector Benchmarking Project' follow with 72.06% Usefulness Scores, both receiving 55% *Somewhat Useful* to *Very Useful* scores. 'Hunter NDIS and Mental Health 'Community of Practice'' received 2 (10%) *Not Very Useful* responses, which is the maximum number of responses received for the rating. None of the initiatives received *Not Useful At All* ratings.

**Figure 19: Average Usefulness Scores**



**Figure 20: MHCC has been working on a number of initiatives in the last 12 months. How useful have these been?**



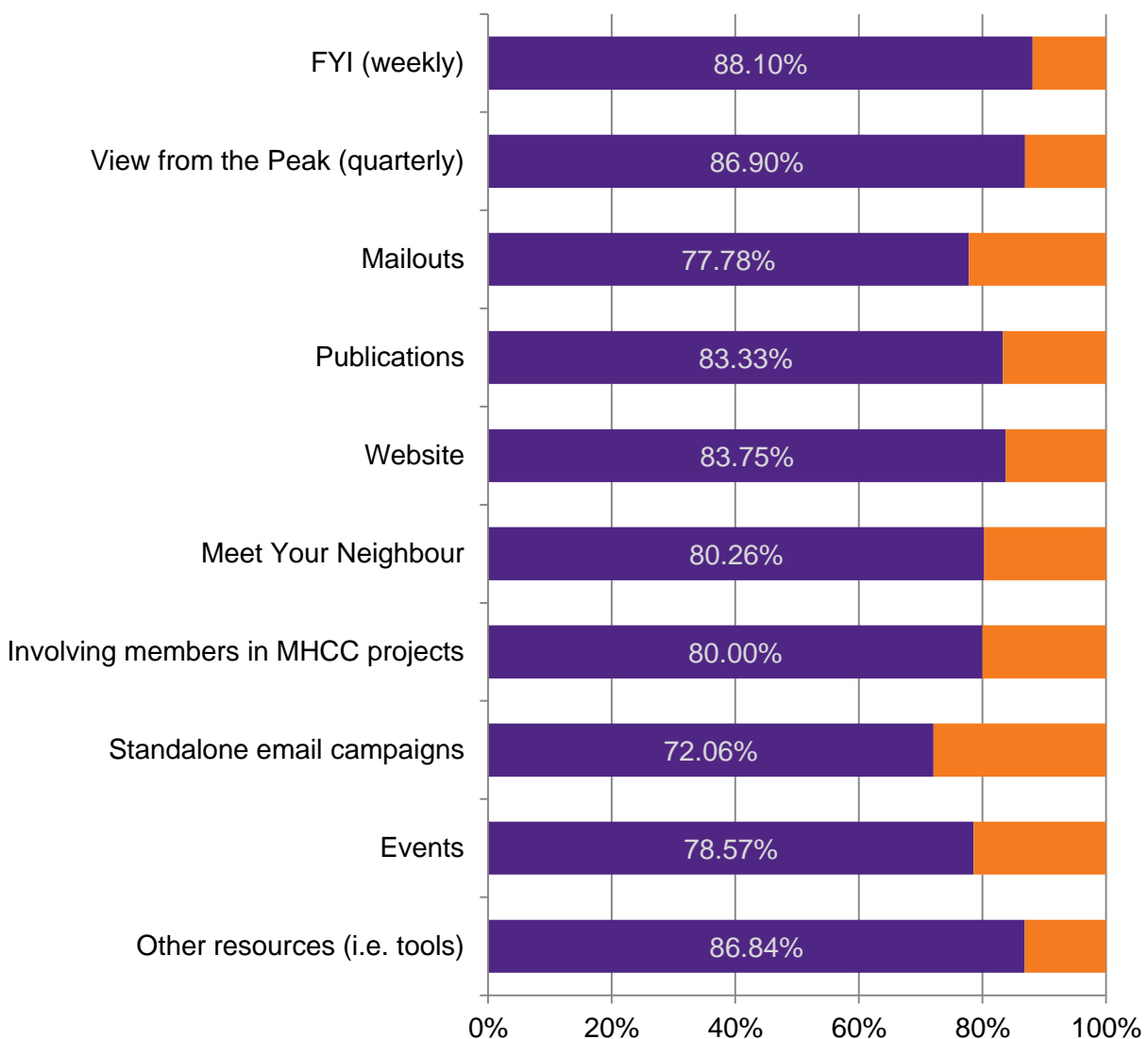


## Communications

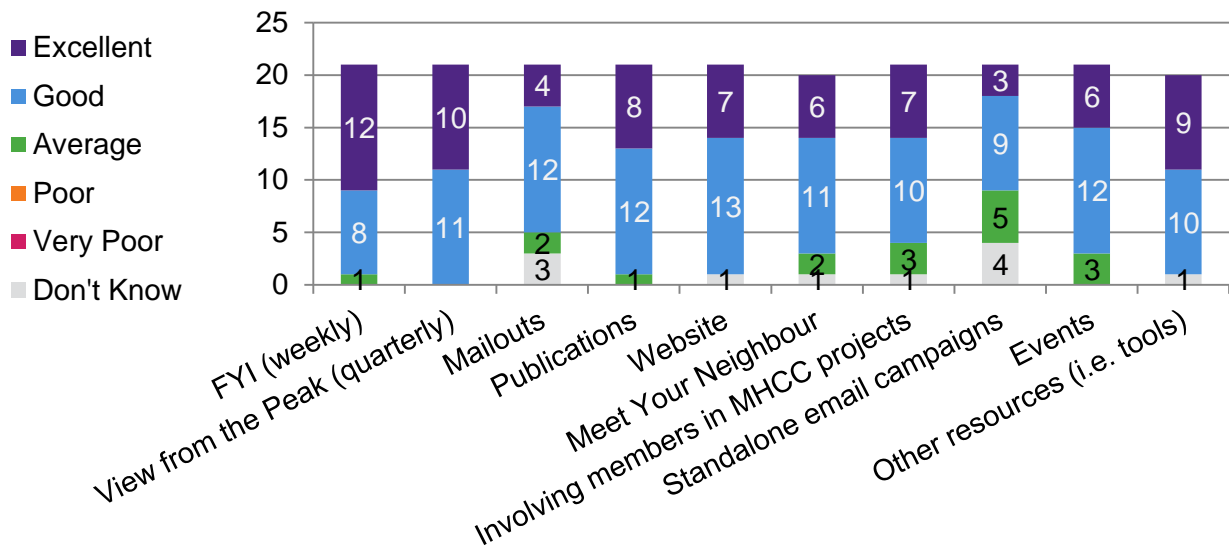
Among the communication channels used, 'Weekly newsletter (FYI)' received the highest rating of 88.10%, with 20 (95.24%) *Good to Excellent* ratings; followed by 'Quarterly newsletter (View from the Peak)', with 21 (100%) *Good to Excellent* ratings. The interactions that received the lowest scores are 'Standalone email campaigns' (72.06% score, 57.14% *Good to Excellent* ratings) and 'Mailouts' (77.78% score, 76.19% *Good to Excellent* ratings). These are also the communication channels that received the highest number of *Don't Know* responses, with 19.05% and 14.29% respectively. None of the channels used received *Poor* or *Very Poor* ratings.

## Interaction Channels

Figure 21: Average Satisfaction Scores



**Figure 22: 'How well does MHCC perform in keeping members informed through:'**



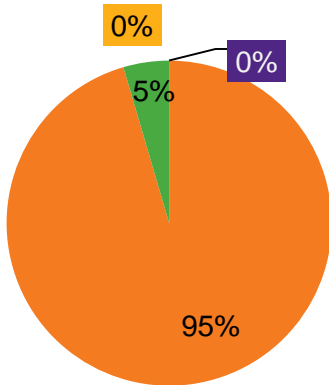
## Media Accessed

The survey results indicate that majority of MHCC members access resources through computers 55-90% of the time, hardcopy medium follows with 0-41% usage. Access via mobile device is the medium least used, having 0-5% usage.

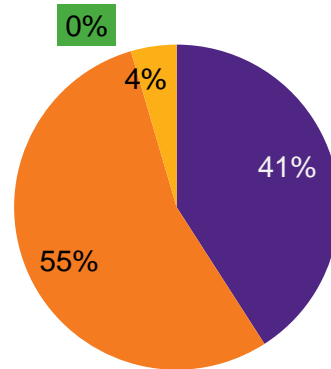
**‘During this last year, have you viewed the following MHCC publications via:’**

- Hardcopy
- Online via computer (laptop / desktop)
- Online via mobile device
- I did not read this

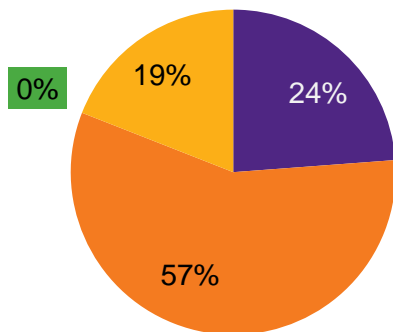
**Figure 23: Weekly newsletter (FYI)**



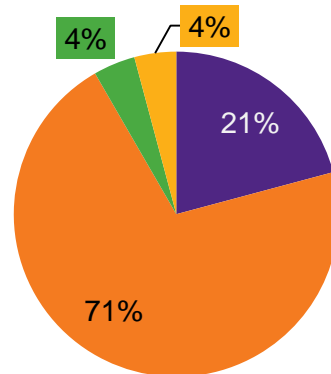
**Figure 24: Quarterly newsletter (View from the Peak)**



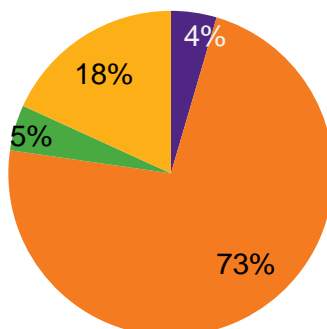
**Figure 25: Mailouts**



**Figure 26: Publications**



**Figure 27: Other resources (i.e. tools such as Mental Health Rights Manual, MOB (MHCC Organisation Builder), Physical Health fact sheets)**

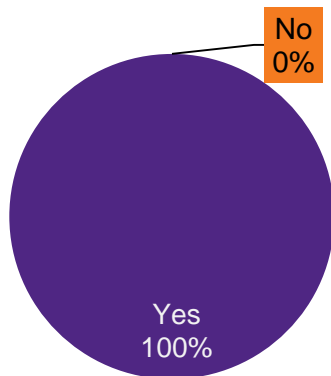


## Website Usage

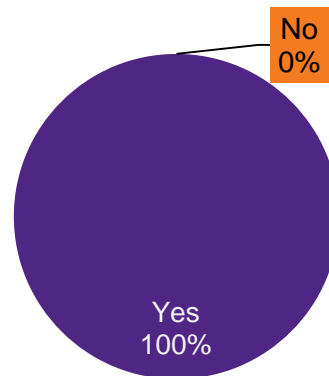
Members expressed interest in accessing MHCC website for information and resources, receiving 100% Yes responses. Majority of the responses (67%) indicated that non-members should not pay to access MHCC resources; while 60% of the member responses indicated less likelihood to access online resources for members only.

**'Your feedback and opinions about the use of MHCC website:'**

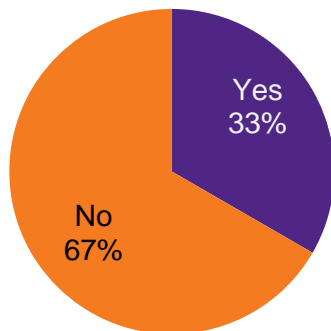
**Figure 28: 'Do you access online resources and information from mhcc.org.au?'**



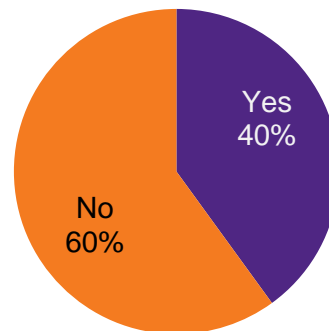
**Figure 29: 'Are you likely to access mhcc.org.au within the next 12 months?'**



**Figure 30: 'Do you think non-members should pay to access MHCC resources?'**



**Figure 31: 'Would you be more likely to access online resources for members only?'**



**Table 2: 'What are your thoughts on having select resources available for access by MHCC members only?'**

### Feedback on members only resources

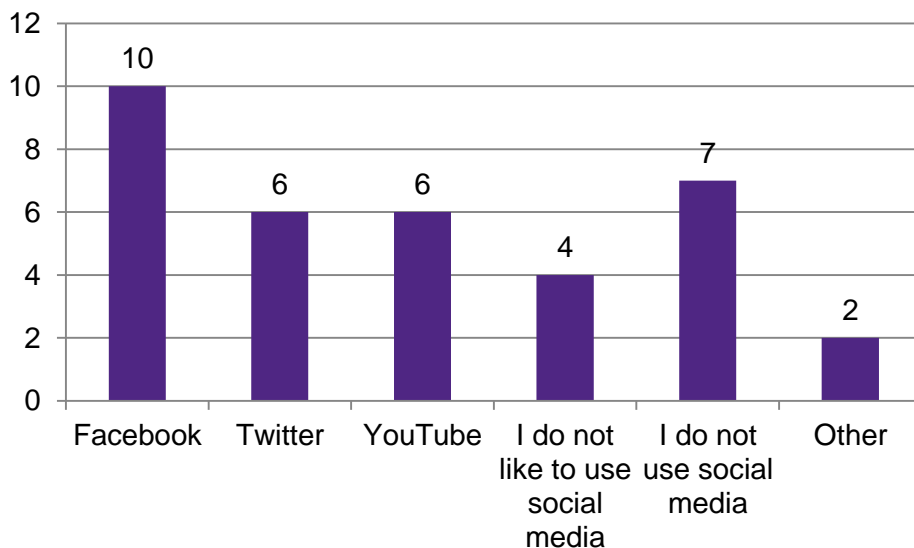
- Unfair to the industry as a whole.
- Whilst I understand why this has been proposed, the resources of MHCC are so valuable to the community and especially to consumers and carers that those resources ought to be made available to the community at large, free from any restriction. I believe that the MHCC has a moral obligation to make those resources available.
- Having select resources for members only would help justify the annual cost of membership to the MHCC, otherwise why become a member?

- I think resources should be accessible by all providers/stakeholders
- I don't understand the reasoning behind it unless it is a financial one. Let the information be available to everyone.
- I think the building the capacity of the sector requires making as many resources (particularly with respect to recovery-oriented practice and trauma-informed care) as possible available for those who are not committed to change or implementation (or committed enough to pay membership fees). It additionally means that staff connected with organisations that are not members can still access resources, which will hopefully be utilised to make changes at some level.
- philosophically opposed
- Highly valuable

## Social Media Usage

Majority of the respondents indicated use of the social medium Facebook at work (10 responses, 28.57%), which is then followed by indication that social media is not used at work (7 responses, 20.00%).

**Figure 32: 'Which social media services do you use at work?'**



### Other:

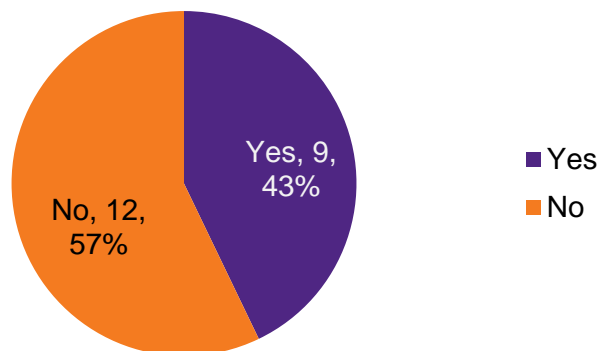
- LinkedIn
- Instagram

## MHCC Learning and Development

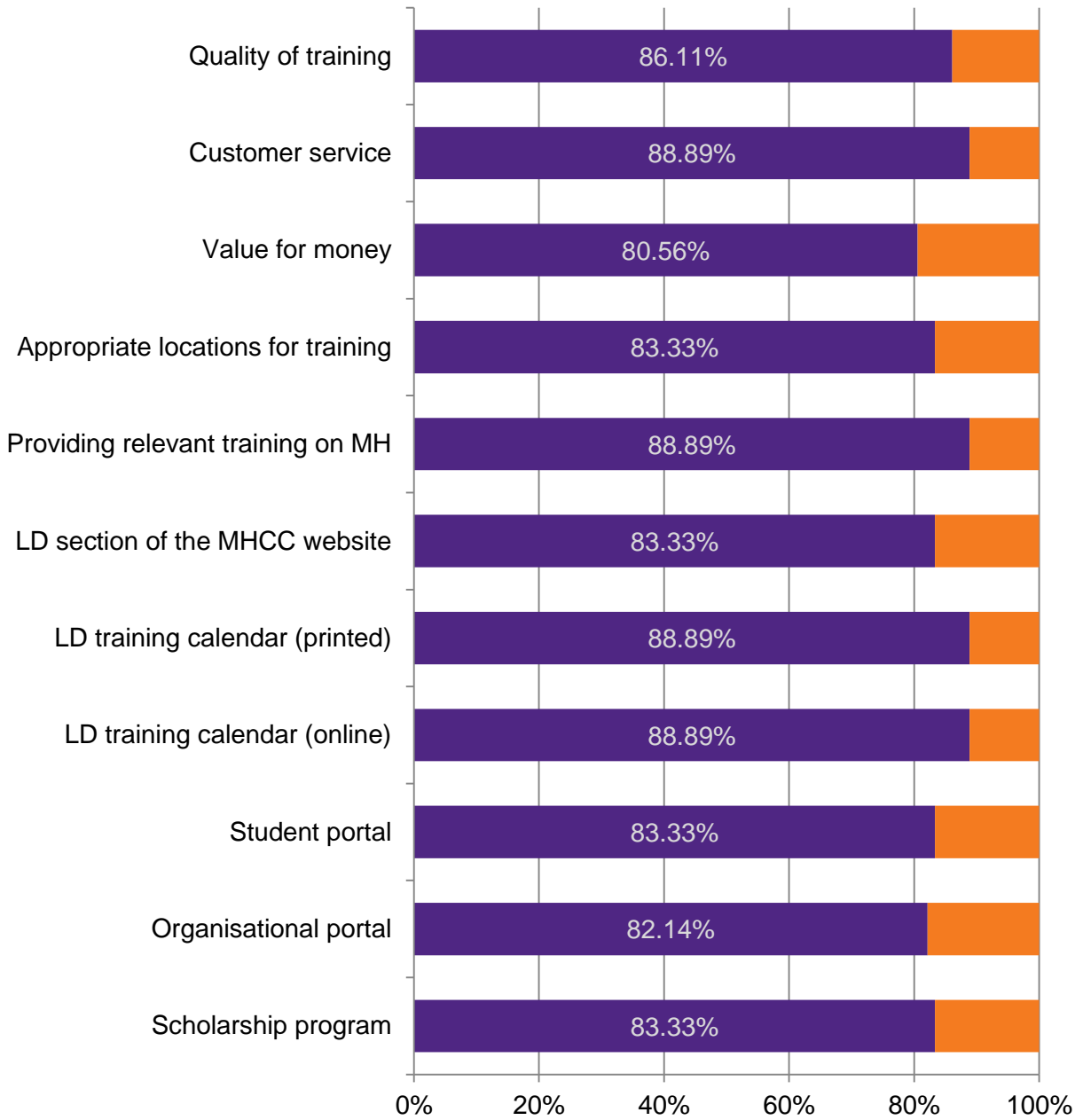
43% (9 responses) of the respondents indicated that they have participated in MHCC Learning and Development courses or activities in the past 12 months, while 57% (21) indicated that they have not participated in these courses or activities. The participants provided the highest rating of 88.89% for 'Customer Service,' 'Training provided in appropriate locations,' 'LD training calendar (printed)' and 'LD training calendar (online);' where each received 100% (9) *Good to Excellent* ratings. None of the performance areas were rated below an average of 80%, with the lowest area, 'Value for money,' receiving a score of 80.56% (7, 77.78% *Good to Excellent* responses). There were no *Poor* or *Very Poor* ratings received. The areas that received the highest number of *Don't Know* ratings are 'Student portal' and 'Scholarship program' both with 33.33% (3) and 'Organisational portal' with 22.22% (2).

## Member Engagement and Feedback

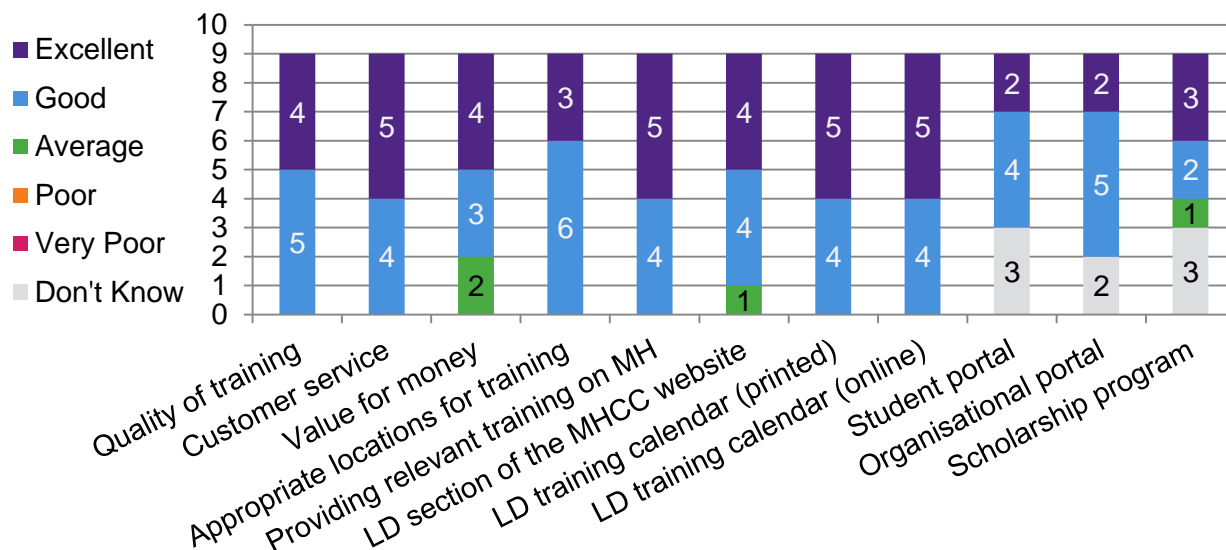
**Figure 33: 'Have you participated in MHCC Learning and Development courses or activities in the last 12 months?'**



**Figure 34: Average Satisfaction Scores**



**Figure 35: 'How would you rate the performance of MHCC Learning & Development (MHCC LD) in the following areas?'**



**Table 3: 'If a funding source could be secured, what topics / areas would you find beneficial for MHCC to offer for training or workforce development?'**

Training topics of interest
<ul style="list-style-type: none"> <li>▪ Adolescent focused topics - dealing with their specific challenges in mental health</li> <li>▪ recovery oriented practice</li> <li>▪ Peer Work</li> <li>▪ reigniting community sector to partner in housing and employment for mental health consumers; hearing voices, law and mental health</li> <li>▪ Continue with current topics, esp trauma informed care. Further topics might include training around goal setting and implementation in a recovery context and practical ways to engage with Aboriginal, CALD and other communities.</li> <li>▪ Medication is becoming more of an issue for community based NGO's, so it would be good if the MHCC could provide the two units of competence CHCCS305b assist clients with medication and HLTAP301B Recognise healthy body systems in a health care context as stand-alone units.</li> <li>▪ Suicide prevention for peers, mental workers, other health professionals</li> <li>▪ I am relatively new to organisation so am now looking into development opportunities</li> <li>▪ "Drug &amp; Alcohol &amp; mental health</li> <li>▪ Addictions &amp; mental health</li> <li>▪ continue the Peer Support training"</li> <li>▪ mental health and the NDIS</li> <li>▪ Dealing with difficult situations</li> </ul>



## Feedback Comments

**Table 4: 'What do you think MHCC has done particularly well over the past year?'**

### What MHCC has done well

- Great training topics and speakers
- strategic relationships, advocacy, partnerships
- Aboriginal traineeship
- Liaising with services and education
- Activities such as Meet Your Neighbour; NDIS Hunter region work and forwarding on information to members about NDIS; ROSSAT changes; physical health; the Cert IV in Peer Workforce
- Broad information base of high relevance and targeted to areas for priority development and growth in knowledge
- The trainings on offer have expanded. Keep it up.
- I think MHCC does an incredible job of researching, consulting around, and compiling resources for the sector. Not just this year - but the more resources that are created, the more apparent this strength becomes.
- Youth mental health

**Table 5: 'Is there anything that you think MHCC should be doing differently or additionally?'**

### Suggestions to do differently or additionally

- no
- Expanding services
- I really don't know the full extent of the work that the MHCC has been doing around advocacy. I suspect that activity is occurring of which I am not aware. Perhaps it is not being done. I do believe that the MHCC has a role to play in advocating on behalf of the sector and also on behalf of consumers, families and carers. There can never be too much of this type of activity.
- There is still a substantial disparity between the opportunities provided in metropolitan areas and regional and rural NSW. This included training opportunities and capacity to attend conferences and be involved in projects due to the tyranny of distance.
- Keep up the good work
- I think there is an opportunity to assist more organisations with decision-making processes and implementation (or adaptation) of resources - as has started (or been proposed) with TICPOT. There seems to be a lot of training and resource preparation that doesn't translate into processes, documentation or practices at the organisational level. Sometimes this is because the decision-makers are not undertaking training. (That might be another opportunity.) But the big gap between attending a workshop or training course, on say TIC, and implementing the changes in practices, is huge (implementation gap :). Persisting with opportunities to assist with that could be very beneficial for organisations.
- Nothing, keep up the good work! :)

**Table 6: 'What additional areas or services would you like MHCC to focus on?'**

**Suggested focus areas:**

- none
  - Continue to provide services that assist organisations to move into NDIS
  - transitioning to the NDIS
  - Staff support
- 

## Recommendations

- The response rates received from members for 2014 has declined from 21.88% to 18.89%. MHCC can look into changing the approach of the member's survey to three smaller surveys – Quality, LD and Policy, in a bid to increase results. The smaller surveys can be spread through the year or run at the same time, being sent to targeted recipients or departments of the member organisations. Survey information show some members began but did not complete the survey. This recommendation aims to decrease the time taken to complete surveys and increase the number of members who will respond to the survey to completion as well as to increase the relevance of questions towards the individual survey respondents.
- MHCC can take into consideration the following suggestions received that are similar to those raised the previous year are:
  - to increase training/education opportunities in rural areas, and
  - to increase awareness around work done by MHCC