

# MHCC Member Survey Report 2013

A summary of the survey results  
Report produced June 2013



**Mental Health Coordinating Council**

Building 125, Corner of Church & Glover Streets  
Lilyfield NSW 2040

PO Box 668  
Rozelle NSW 2039

For any further information please contact:

Sheena Lee  
Compliance & Quality Officer  
sheena@mhcc.org.au  
(02) 9555 8388 x107

## Introduction

The 2013 MHCC Member Survey was conducted between 17<sup>th</sup> May and 7<sup>th</sup> June 2013. It was promoted through the CEO Forum, emails to members, CEOs and other miscellaneous email alerts. MHCC generally conducts member surveys annually; however in 2011, due to extensive consultation with members in relation to the MHCC Strategic Plan, a 2011 Member Survey was not conducted.

42 responses were received. This is a response rate of 21.88%, which is lower than the 25.1% response rate from 2012.

The survey was conducted anonymously, but respondents are provided with the opportunity to provide their details for a prize draw for cinema tickets. Eighteen respondents took this opportunity, and from examining the services and locations of these respondents, they include a good cross-section of our membership, with some regional representation.

## Results

### Satisfaction with MHCC services

MHCC received an average of 92.86% *Good to Excellent* member ratings for overall performance. This is an increase from the previous year's overall performance ratings where 82.61% were rated as *Good to Excellent*, although *Good* increased from 36.96% to 66.67% while *Excellent* decreased from 45.65% to 26.19% in 2013. The percentage of *Don't Know* responses for overall performance decreased from 6.52% to 2.38% and *Poor* ratings were maintained at 0.00%

Services provided received an average of 70.51% *Good to Excellent* member ratings, with 'Member Services' receiving the highest number at 71.77% of *Good to Excellent* ratings.

Services that received the highest *Good to Excellent* ratings are 'National/state issues responsiveness' (under Policy, Leadership, Influence and Reform) with 71.43%, 'Seminars/Forums/Workshops' (under Sector Development) with 78.57% and 'Keeping members informed' (under MHCC Member Services) with 80.95%.

Services that received the lowest *Good to Excellent* ratings are 'Research capacity building agenda' (Sector Development) with 48.65% then both 'Meet your Neighbour' (MHCC Member Services) and 'Building sector infrastructure' (Sector Development) with 59.52%.

Services that were rated lower than *Average* did not receive more than one *Poor* rating each, with an average of 2.41% per service rated.

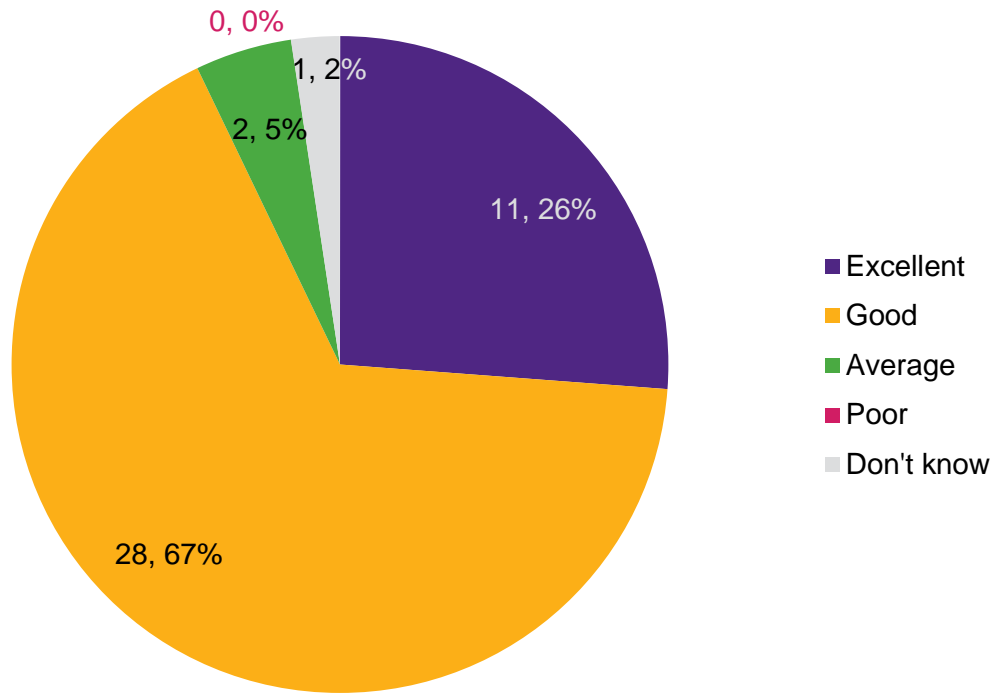
Services that received the highest *Don't Know* ratings are the 'Meet Your Neighbour' (Member Services) with 35.71%, 'Research capacity building agenda' (Research & Development) with 35.14% followed by 'Proactive reform agenda' and 'Publications & submissions' both under Policy, Leadership, Influence and Reform and both with 26.83%.

Suggested future focus areas include:

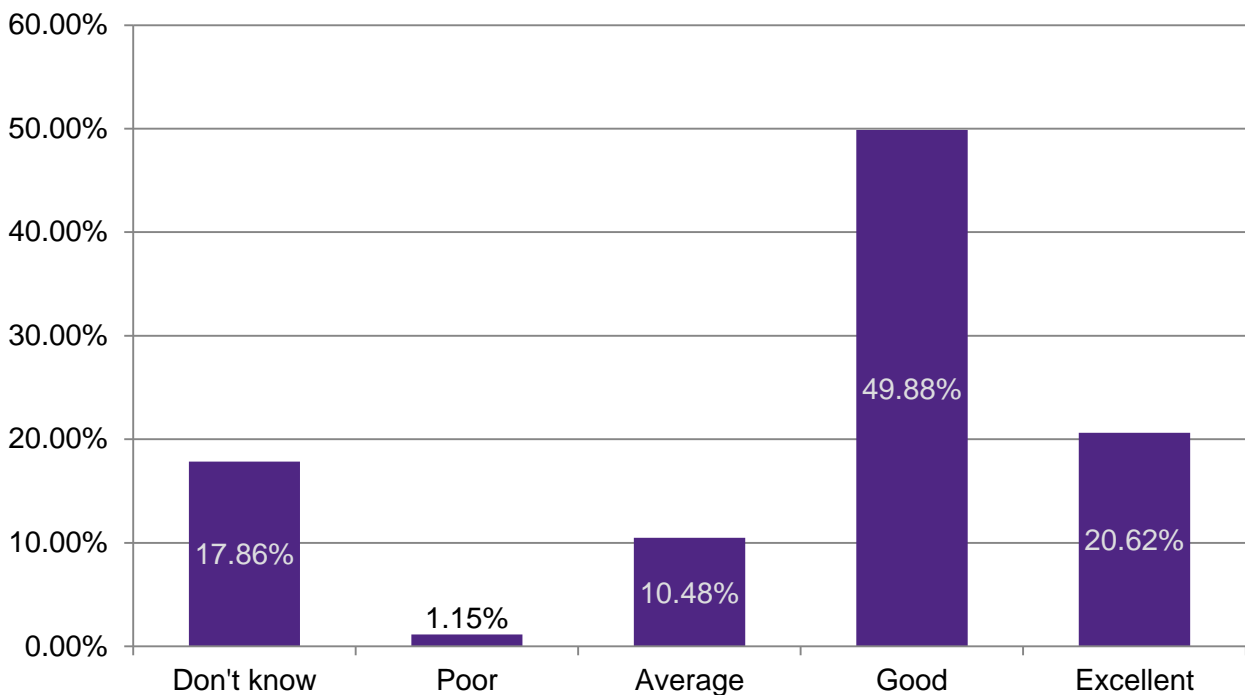
- Readiness for DisabilityCare
- Alignment of the multiple mental health tools and standards
- Consumer focused, capacity building and enriching consumers' lives "real" CMO/NGO service delivery versus tokenistic/money driven "support"
- Advocacy for consumers and peer led services

- Update policy for Human Resources delivery in the NGO sector
- Gap between assurance given and actual involvement of carers in consumer care consultation
- Psychiatrist pay rates
- How MHCC can help people with mental illness to become self-reliant versus lifetime reliance on social support

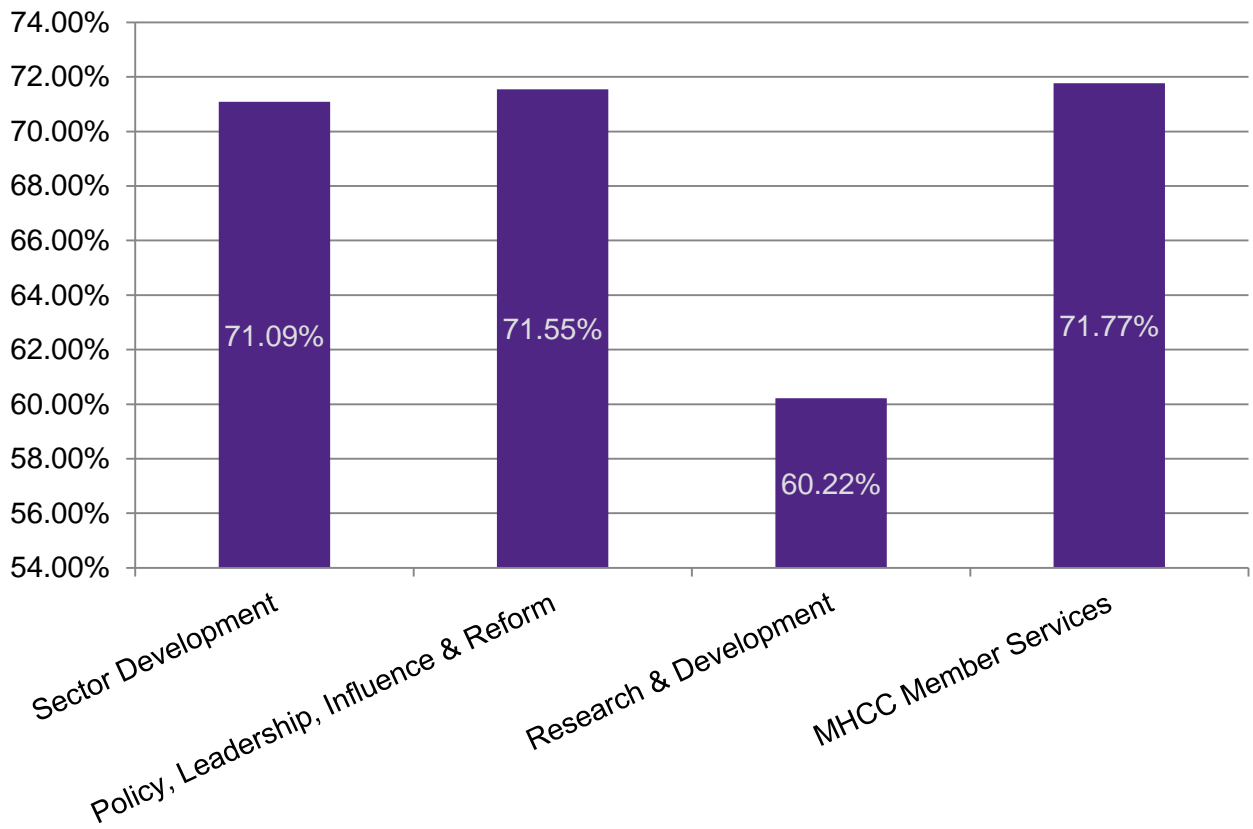
**Figure 1: MHCC's Overall Performance 2013**



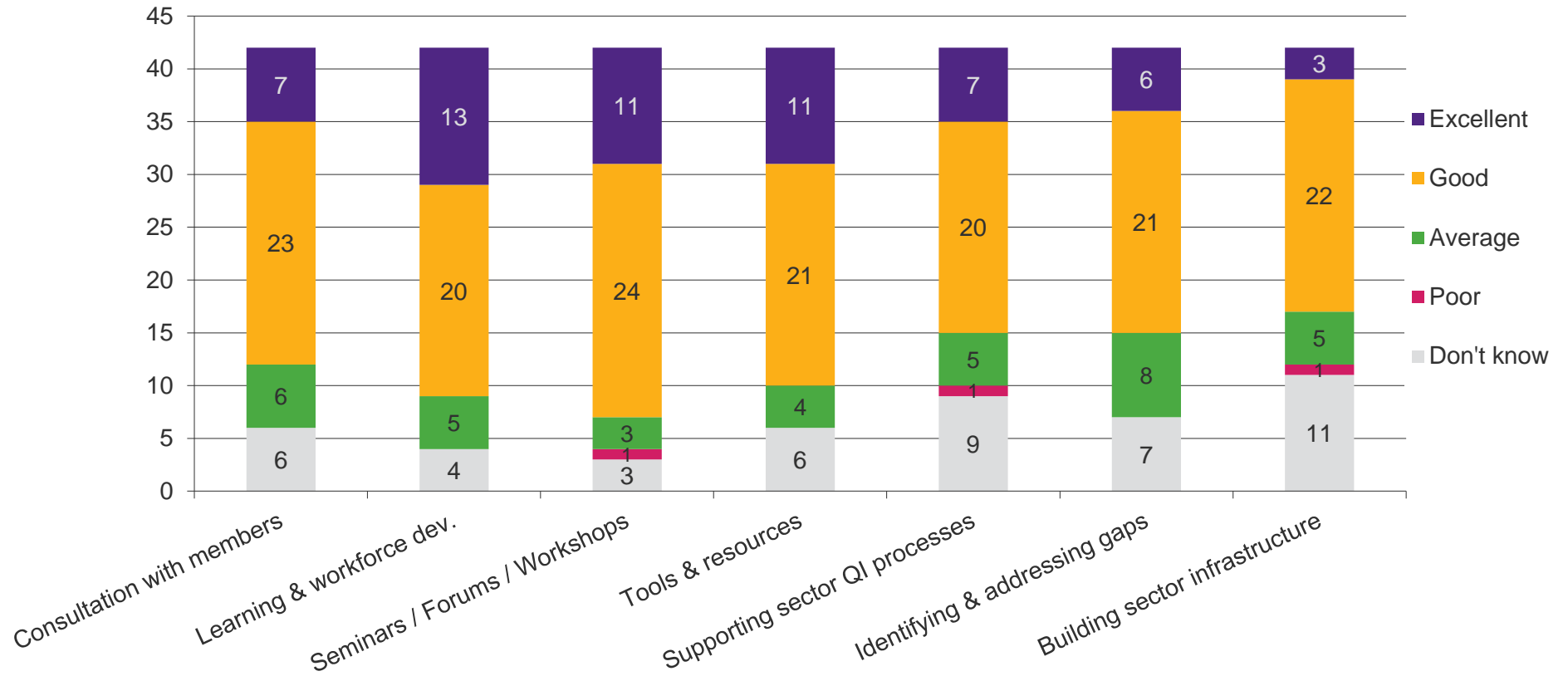
**Figure 2: Average of Total Responses per Rating – MHCC Services**



**Figure 3: Distribution of Good to Excellent Ratings of MHCC Services**



**Figure 4: 'Your feedback about MHCC (Sector Development) in the last 12 months'**



**Figure 5: 'Your feedback about MHCC (Policy, Leadership, Influence & Reform) in the last 12 months'**

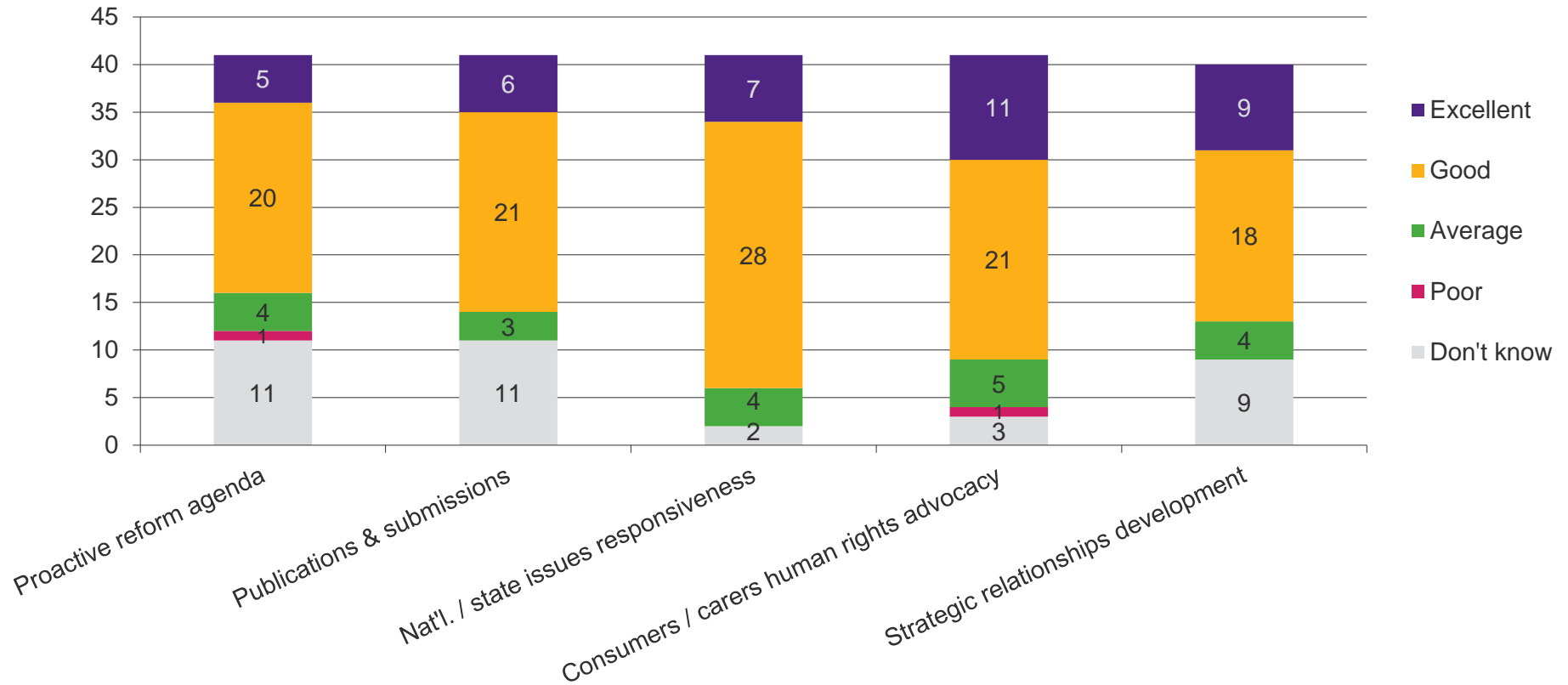


Figure 6: 'Your feedback about MHCC (Research & Development) in the last 12 months'

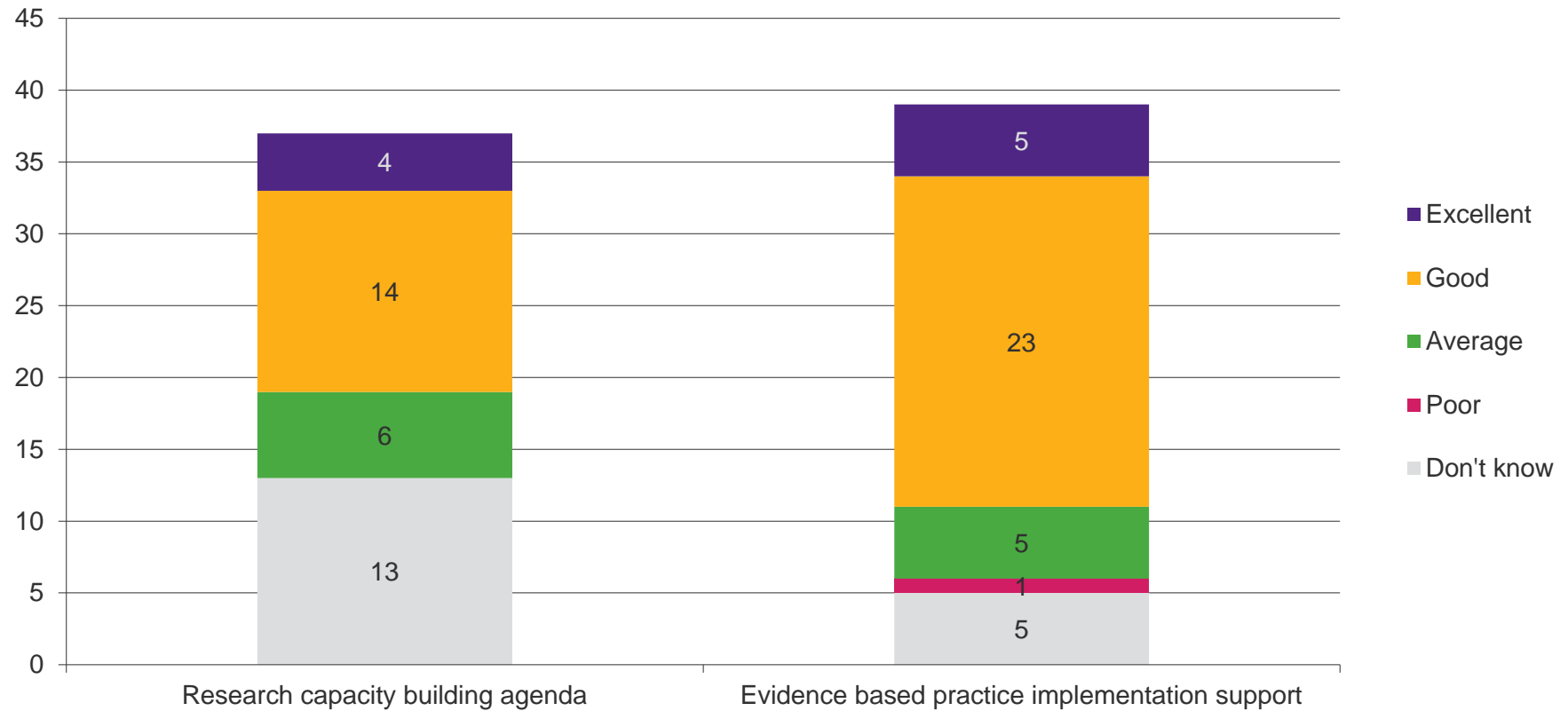
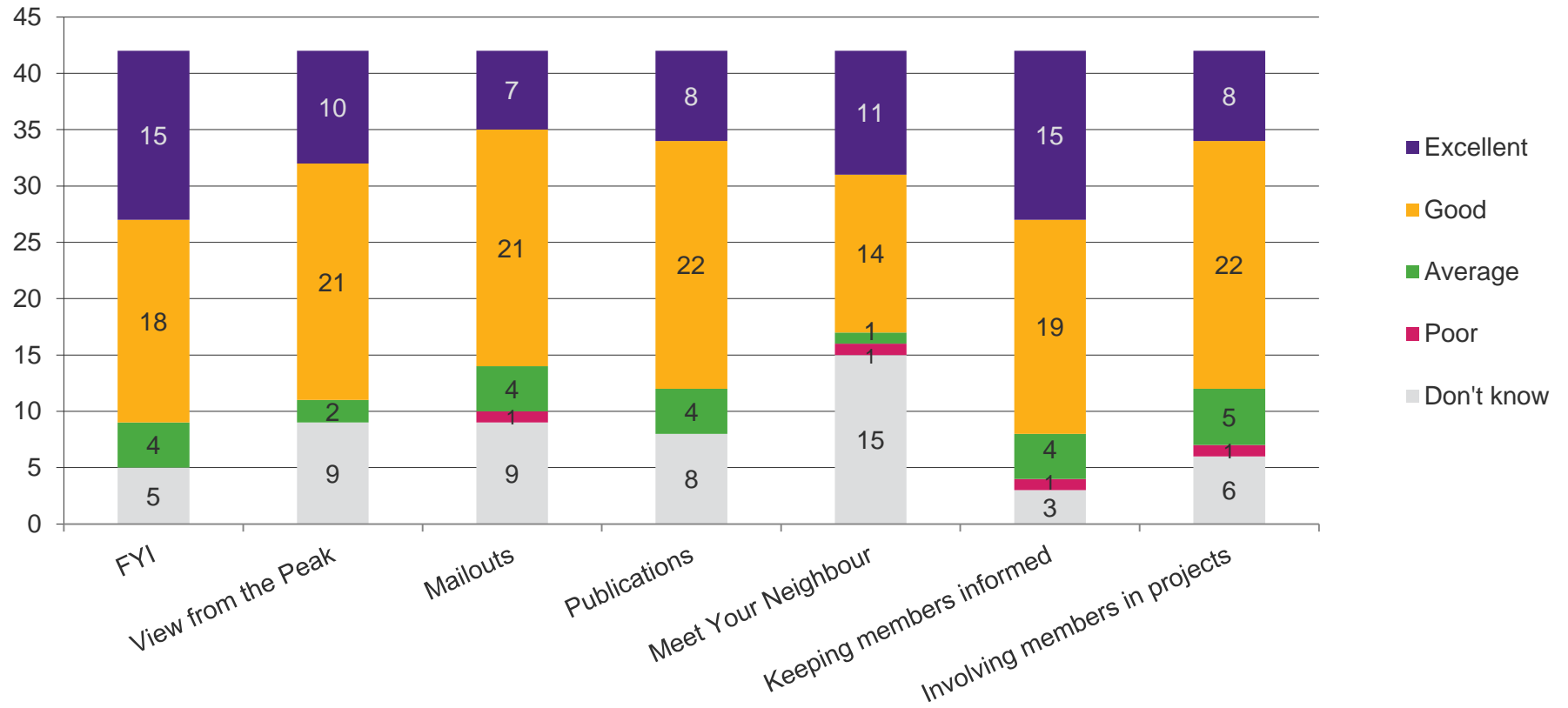




Figure 7: 'Your feedback about MHCC (Member Services) in the last 12 months'



## Usefulness of projects and initiatives

An average of 56.85% of the member ratings indicate that MHCC projects and initiatives were useful; with 28.91% *Very Useful* and 27.94% *Somewhat Useful* ratings.

'Mental Illness & Physical Health Issues' received the most number of *Somewhat Useful* and *Very Useful* ratings, with 81.08%; followed by the 'NSW Mental Health Rights Manual' with 70.27%.

Projects and initiatives that received the least number of *Somewhat Useful* and *Very Useful* ratings were 'Sector Benchmarking Project' and 'Service Coordination Strategy' both with 30.56% followed by 'Practice Placement Project' with 41.18%.

35.60% of the ratings indicated lack of member awareness of projects or initiatives taken by MHCC.

Comments regarding the perceived usefulness of projects and initiatives include:

- Hard to stay on top of all of MHCC's work, would be useful if there was more collaboration between Peaks so organisations know which of the MHCC developed resources and tools are applicable in other states (useful for National organisations)
- MHCC is at the forefront of industry reforms and practice with these initiatives
- There is still a significant gap between MH levels of information regarding Trauma informed care and actual practice as well as effective treatment for trauma patients while in MH facilities. Carers frequently complain that treatment in MH facilities does nothing to address consumers who have histories of trauma and abuse. There are insufficient psychologists and counsellors/psychologists for regular and ongoing treatment, and MH staff are often too busy completing systemic mandatory tasks to spend time talking to and engaging with consumers throughout the day.

**Figure 8: Average of Total Responses per Rating – Usefulness of Projects and Initiatives**

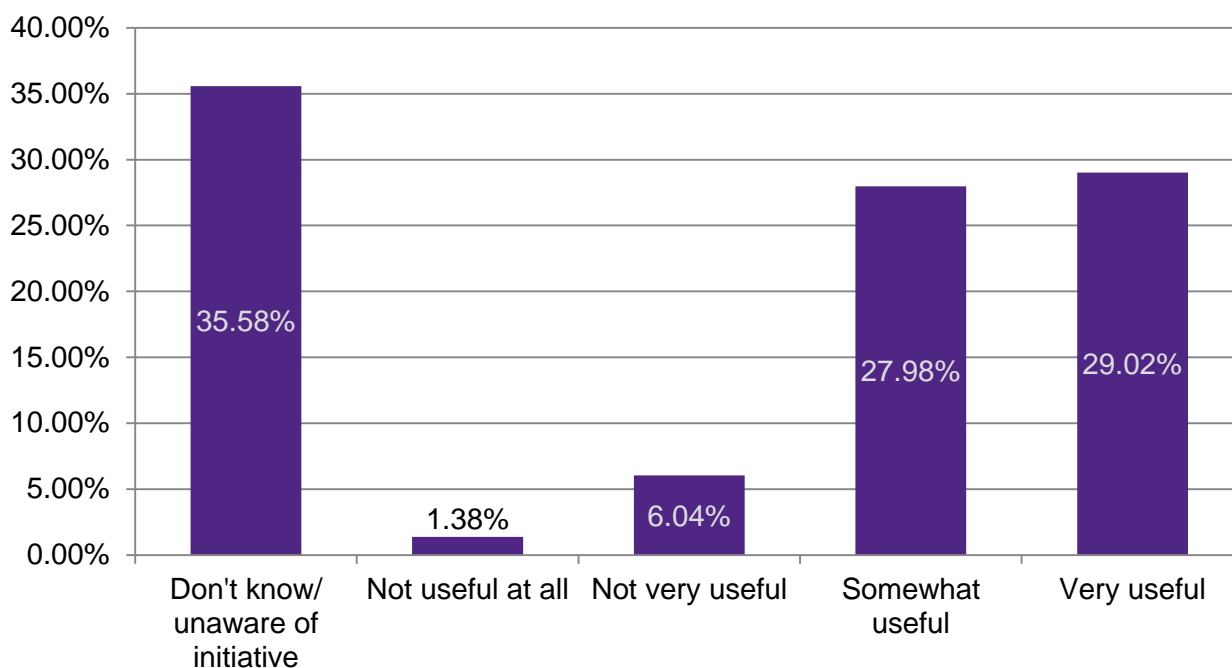
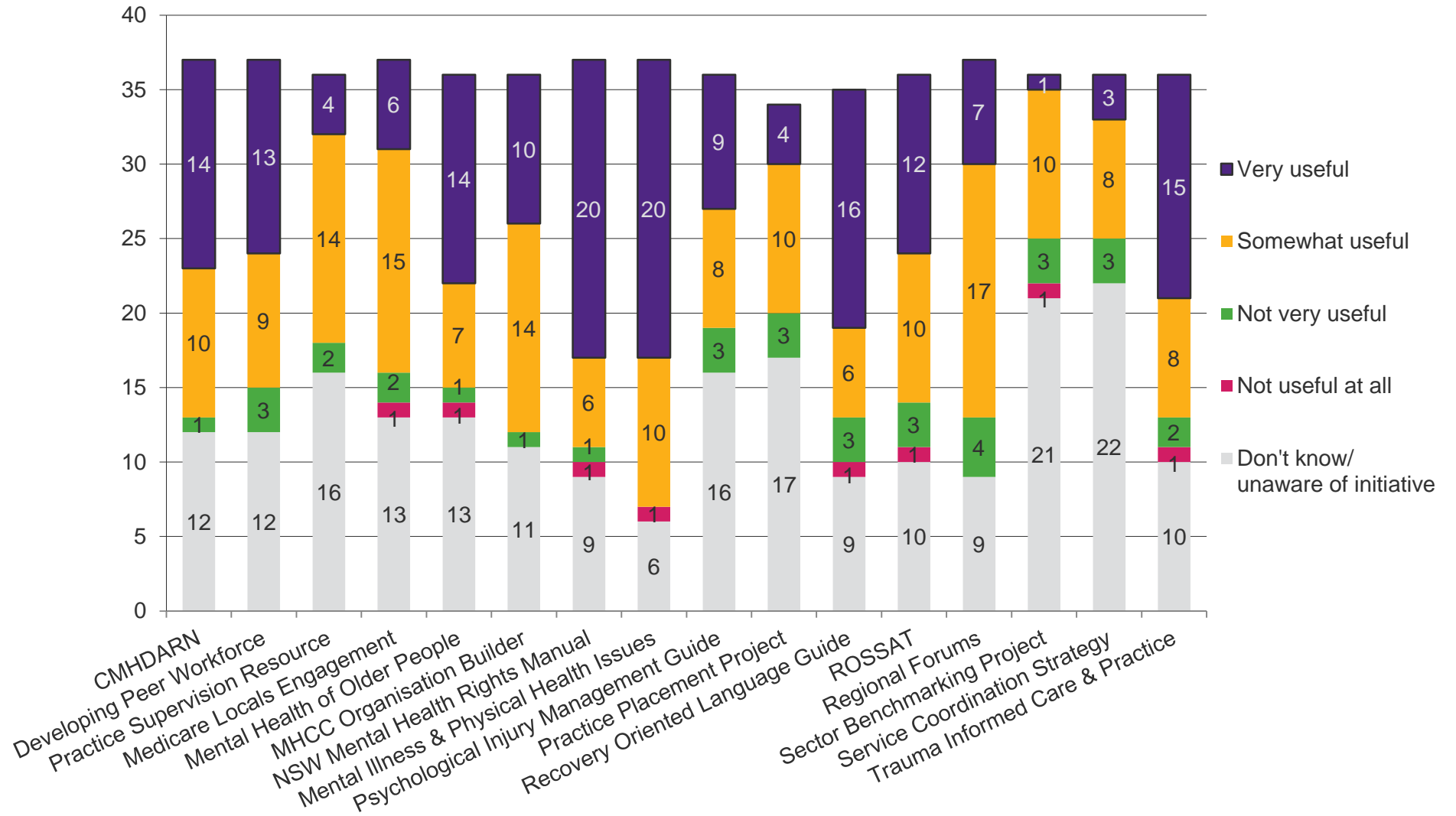


Figure 9: 'MHCC has been working on a number of initiatives in the last 12 months. How useful have these projects been?'



## Learning & Development

### Expectations on enrolling in courses and seminars

Majority of responses indicate members anticipate their organisation to enrol staff members in MHCC courses and seminars in the next twelve months; with 54.00% of responses indicating *Yes, Definitely* and *Yes, Maybe* to future enrolment.

There is a decrease in 2013 enrolments as compared with 2012 enrolments for courses and seminars.

#### Qualification courses

'Cert IV Training & Assessment' received the highest number of *Yes, Maybe* and *Yes, Definitely* responses with 54.55% for 2013. This is followed by 'Cert IV in Mental Health Work with 48.48%', which was highest in 2012 with 59.46% of 37 responses, and by 'Dip Community Services (MH)' with 46.88%.

The courses with the most number of *Unlikely* and *Definitely Not* responses were 'Dip Community Services (MH & AOD)' with 58.82%, 'Adv. Dip in Community Sector Management (LIA)' with 54.55% and 'Dip Community Services (MH)' with 53.13%.

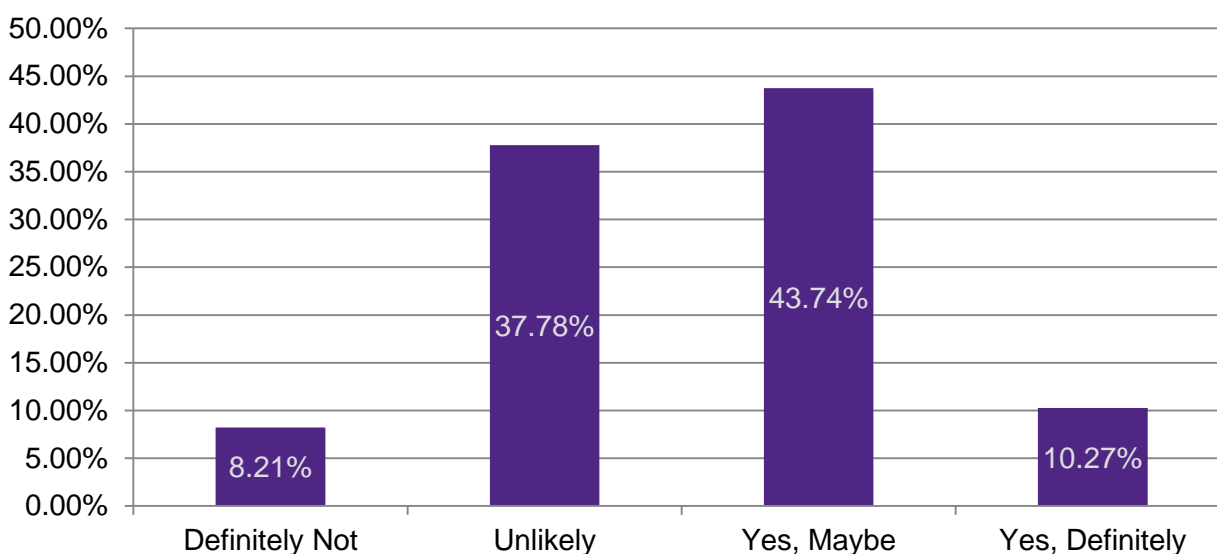
It is to be noted that 'Cert IV Mental Health Work' has the highest responses in both categories, receiving nearly equal responses with 16 indicating expectations to enrol and 17 indicating no expectation to enrol in the course within the next 12 months.

#### Professional development seminars

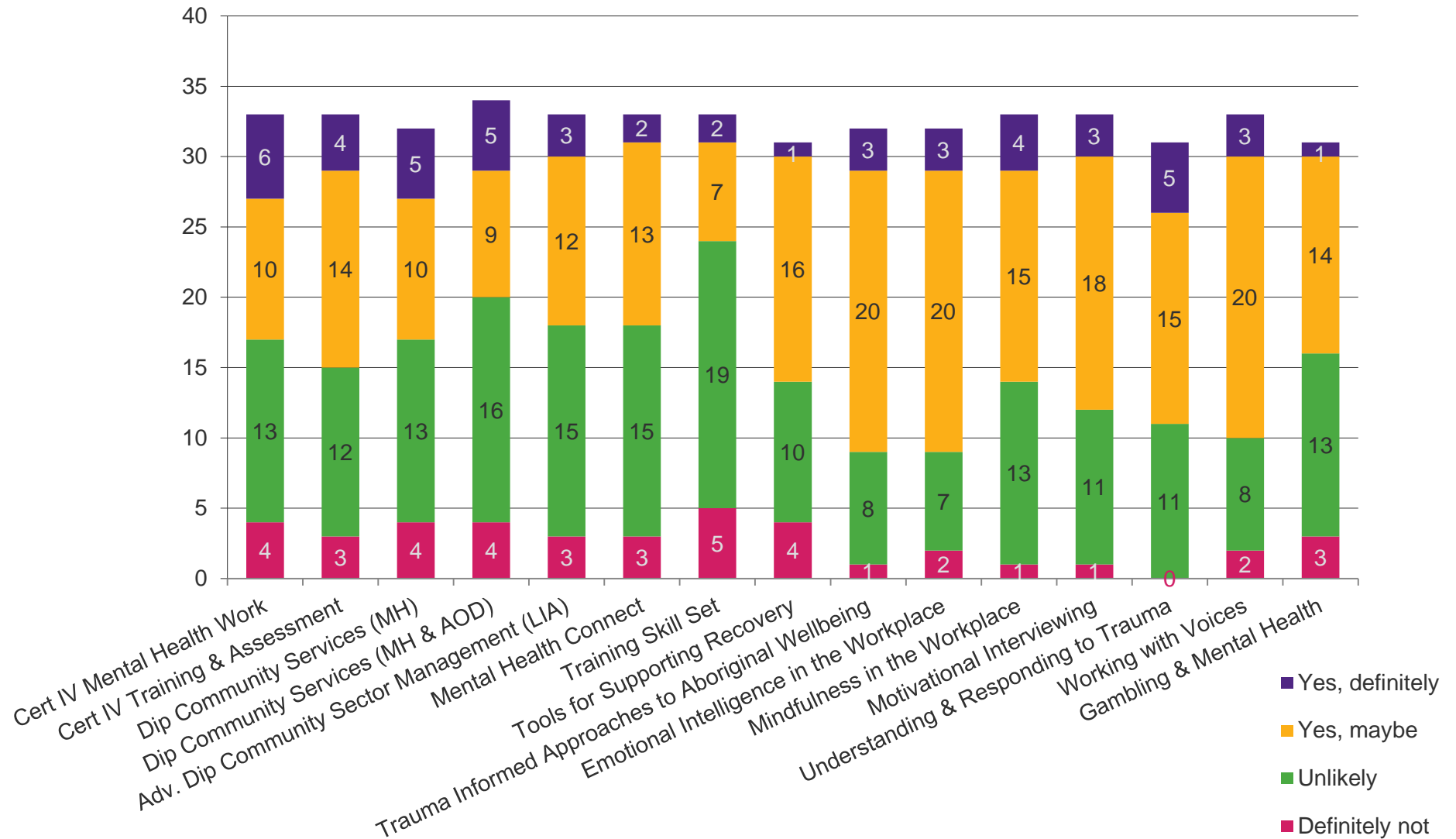
'Emotional Intelligence in the Workplace' and 'Trauma Informed Approaches to Aboriginal Wellbeing' had the highest ratings both with 71.88% *Yes, Maybe* and *Yes, Definitely* responses, followed by 'Working with Voices' with 69.70% and 'Understanding & Responding to Trauma' with 64.52%.

The seminars that had the most number of *Unlikely* and *Definitely Not* responses were 'Training Skill Set' with 72.73%, 'Mental Health Connect' with 54.55% and 'Gambling & Mental Health' with 51.61%. These also have the least number of *Yes, Definitely* responses with 6.06%, 6.06% and 3.23% respectively.

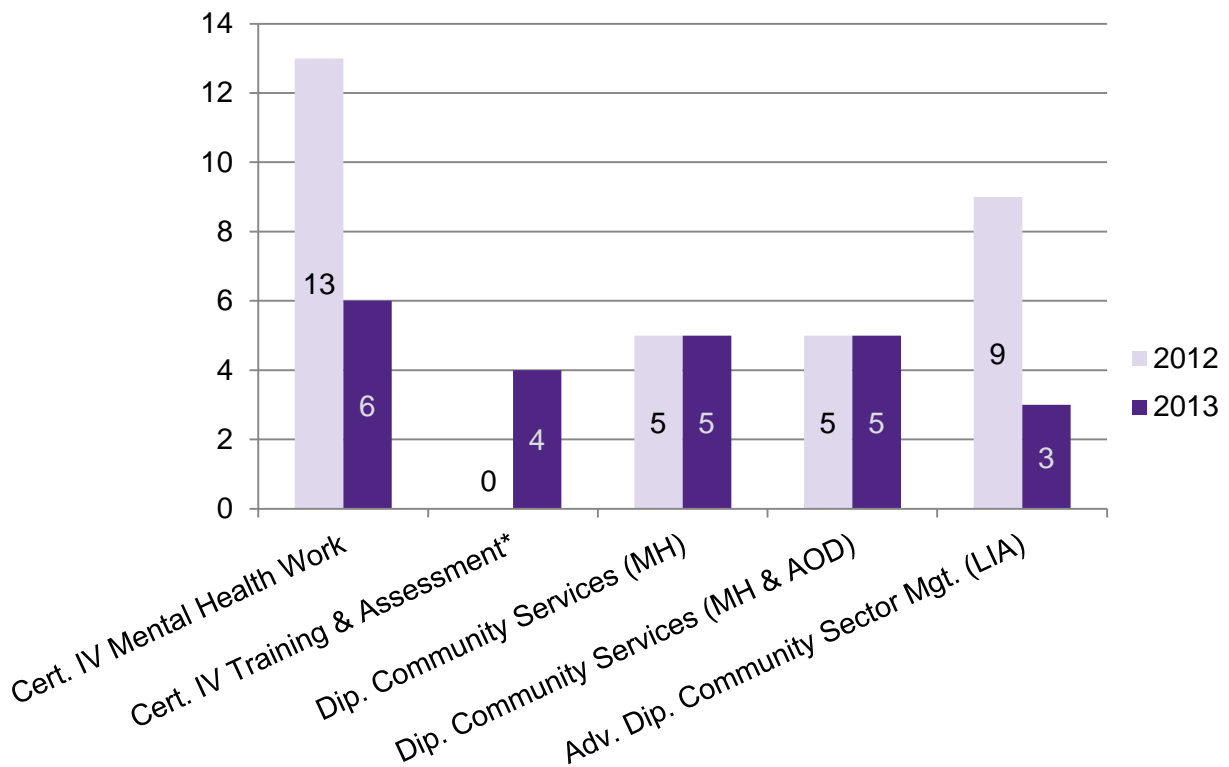
**Figure 10: Expectations to enrol in courses and seminars within the next 12 months**



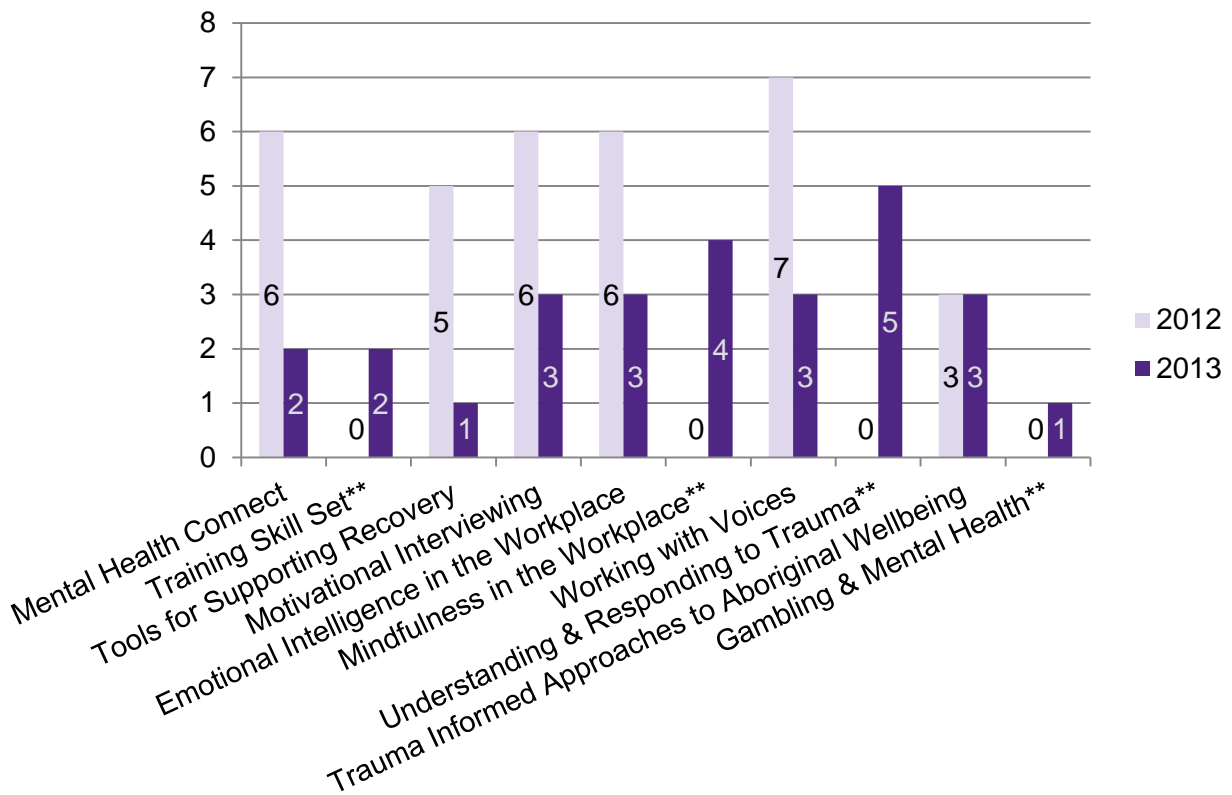
**Figure 11: 'In the next 12 months, can you see your organisation enrolling at least one staff member in the following qualifications/courses/professional development seminars?'**



**Figure 11: Yes, Definitely Annual Comparison - Qualifications**



**Figure 12: Yes, Definitely Annual Comparison – Professional Development**



\*No data from 2012 Member Survey

\*\*New course, not offered in previous years

## Quality of MHCC LD services provided

Among the MHCC LD services provided, 'Relevant MH training' had the most number of *Good* to *Excellent* ratings with 78.79%, followed by 'Training quality' and 'Scholarship program' both with 66.67%.

The service receiving the most number of *Poor* ratings is 'Appropriate training locations' with 12.12% and 'Scholarship program' with 6.06%. Other services that received *Poor* ratings did not exceed more than one rating of *Poor*.

It is to be noted that 30.62% of the responses across the service ratings fall under *Don't Know* ratings, with the highest numbers belonging to 'Training resource – Student portal' with 56.25%, 'Training resource – Organisational portal' with 50.00% and 'Scholarship program' with 45.45%.

**Figure 13: MHCC LD Service Quality**

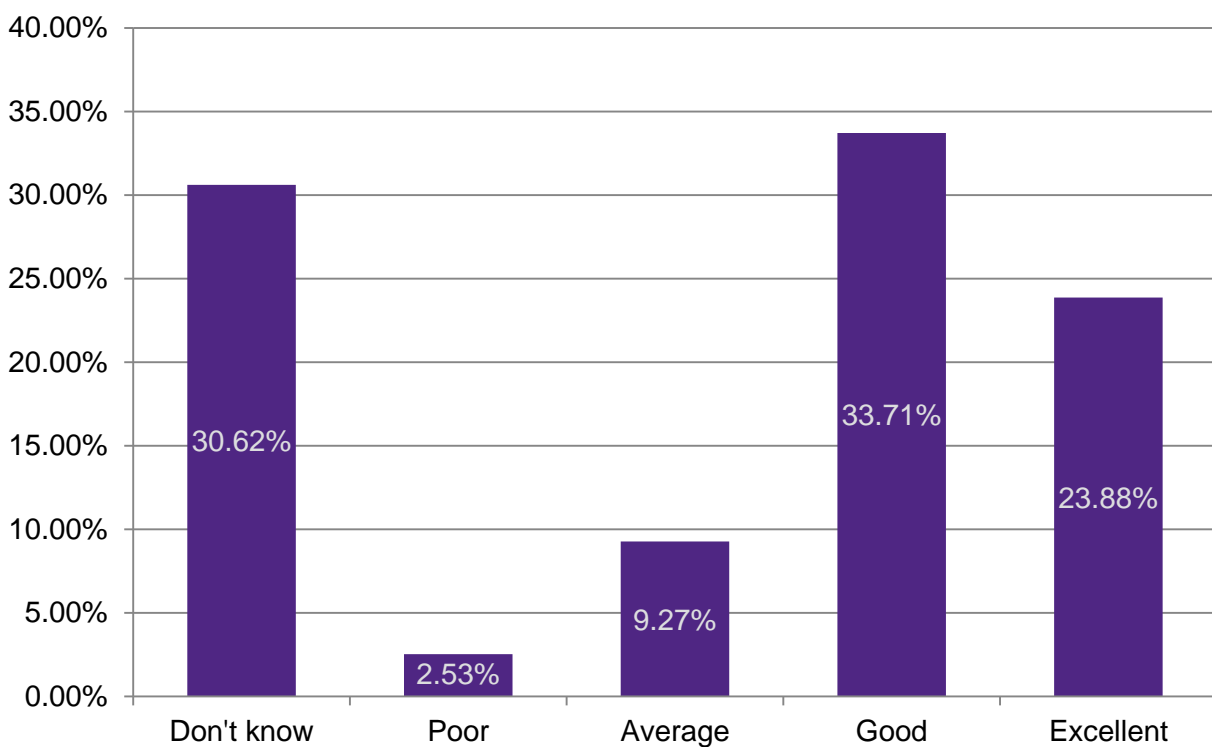
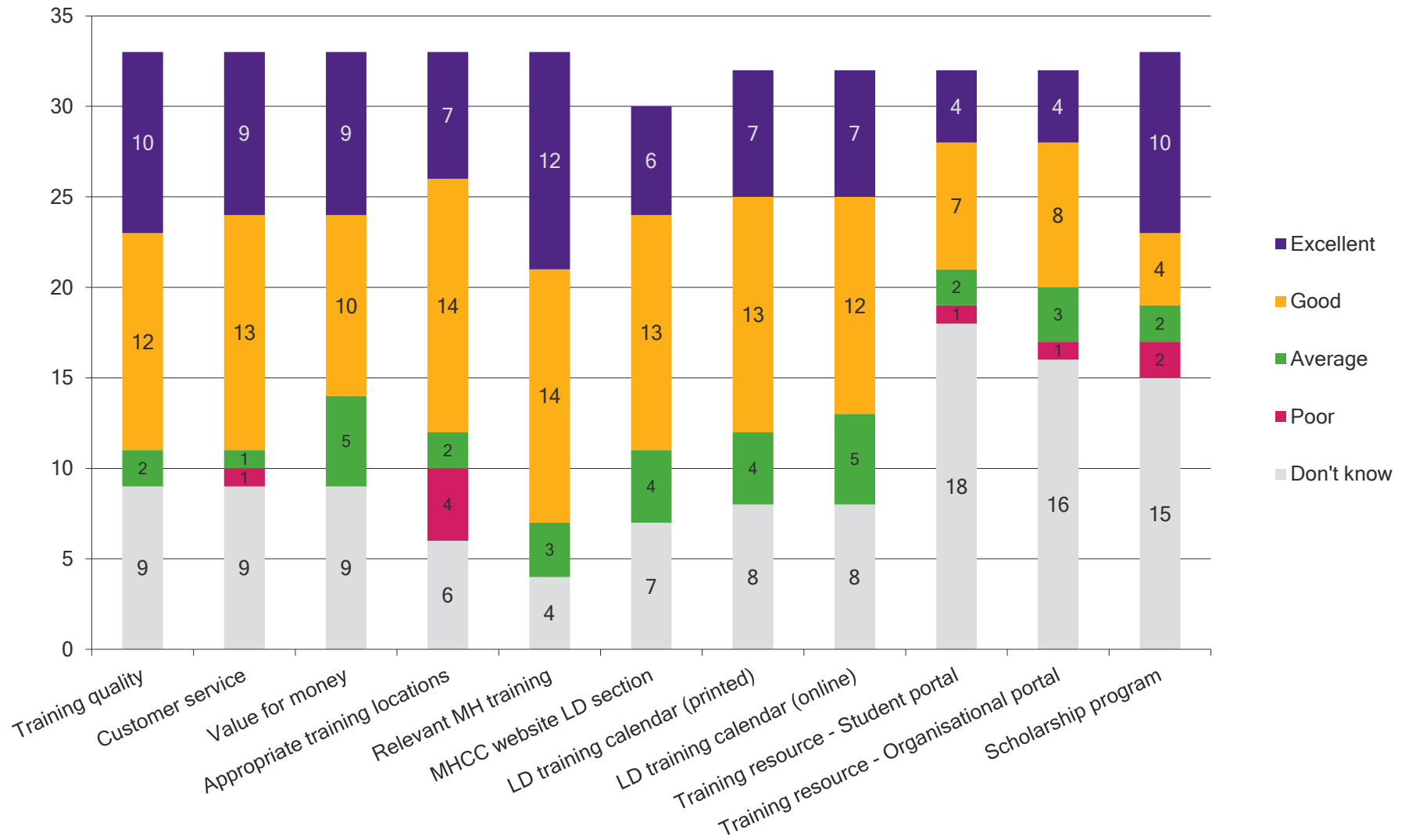


Figure 14: 'How would you rate the performance of MHCC Learning & Development (MHCC LD) in the following areas?'





## **If a funding source could be secured, what areas would you find beneficial for MHCC to offer for training or workforce development?**

Member suggestions include:

- Clearer sense of learning and development pathways (other than Cert IV) for people with relevant degree level qualifications (e.g., Bachelor of Social Work) to understand which courses should be prioritised.
- Trauma informed practice effects of adverse childhood events scholarship program
- Working with people who are living with schizophrenia and experience complex fixed delusions, including advice for support and long term managing their mental health
- Mental Health Promotion
- Trauma informed care for professionals, carers and consumers. There doesn't seem to be enough information about this, especially as it affects carers and consumers, despite best efforts
- At least one education module being offered per quarter in a rural area. Rural meaning in a geographic area further than 4 hrs. from major urban centre. Regional areas seem to get much more and they are usually within 2 hr. driving distance to major urban centre.

There was also one suggestion received to focus on currently offered training sessions instead of increasing the areas of focus.

- Better to have a quality product that MHCC does well then to spread too thinly

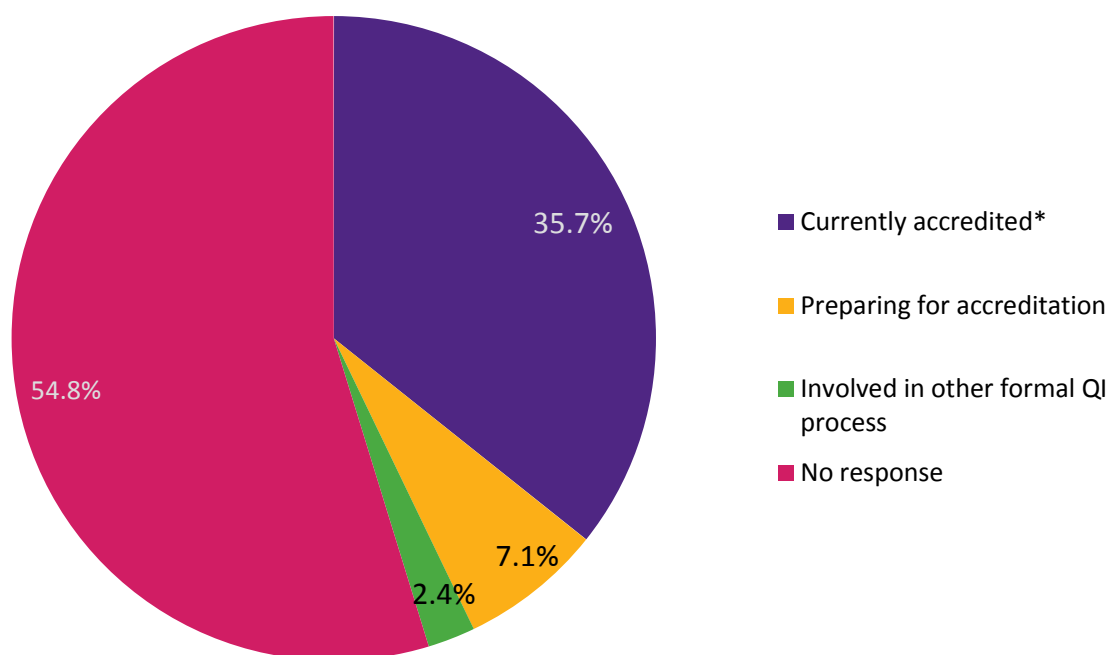
## Accreditation and Quality Improvement

35.7% of the respondents indicated that their organisations are *Currently accredited* while 7.1% indicated that their organisations are *Preparing for accreditation*. 2.4% of the members responded that their organisation is *Involved in other formal QI process*. Other formal QI processes in place include:

- Community Care Common Standards accreditation
- Preparation to improve in one area of QIC Health and Community Service Standards.
- Some services accredited under ACHS, some benchmarked against national mental health standards, some benchmarked against national disability service standards

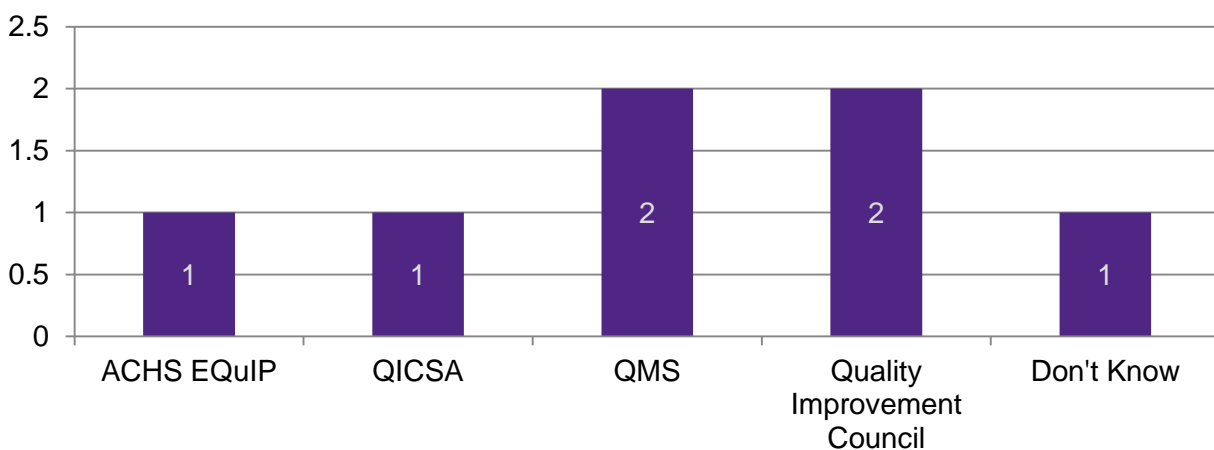
Majority of the members did not make a response (54.8%).

**Figure 15: Quality Improvement (QI) Process Involvement**



\*1 currently accredited member in preparation to improve accreditation

**Figure 16: Accreditation Provider**



## What have MHCC done well, and what could we be doing differently?

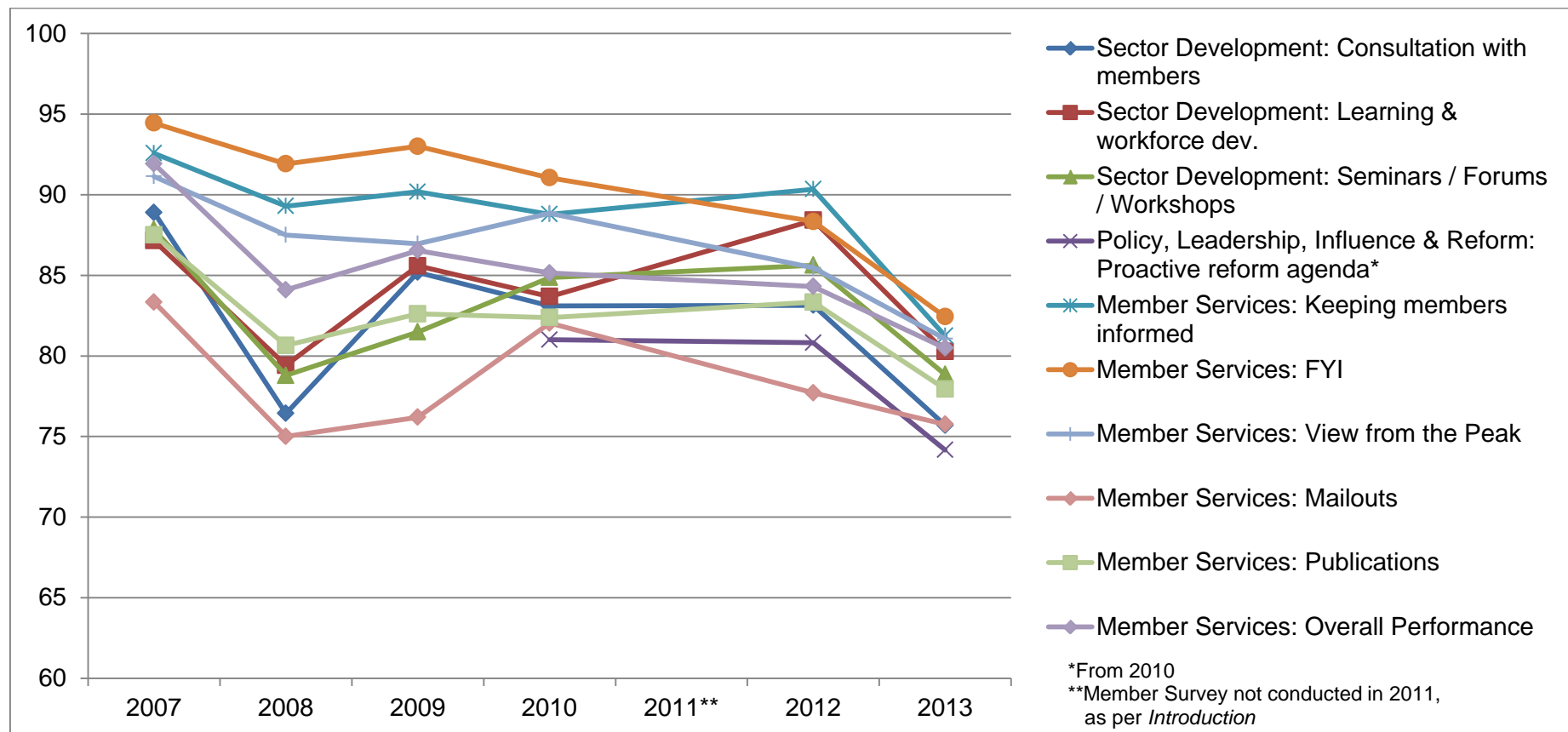
The following themes and topics were raised by respondents.

What MHCC has been doing well	What we could do differently	How else MHCC can assist your organisation
<ul style="list-style-type: none"> <li>• Initiatives</li> <li>• Communication               <ul style="list-style-type: none"> <li>○ newsletters</li> <li>○ Meet Your Neighbour meetings</li> <li>○ with services and clinicians</li> <li>○ access to important information</li> <li>○ information on state and national mental health issues</li> </ul> </li> <li>• Keeping abreast of industry needs and targeting training and development to those areas.</li> <li>• Meet Your Neighbour</li> <li>• Training</li> <li>• Forums, submissions, government liaison, sector development (with regard to PiR especially)</li> <li>• Greater focus on consumer and carer issues</li> <li>• CEO conference (especially preparation and execution)</li> <li>• The joint research proposal project with NADA</li> <li>• TICP</li> <li>• Trauma training</li> <li>• Information provision to the relevant companies involved with mental health issues</li> <li>• ROSSAT</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes difficult to navigate all information &amp; resources on website</li> <li>• A greater focus on carer's needs</li> <li>• More indepth promotion of training and development.</li> <li>• Losing biased attitude towards some CMO/NGOs and encouraging integrity in CSD across ALL organisations</li> <li>• With potential change of federal government - greater focus on strengthening national body and federal advocacy</li> <li>• Keep the pressure on government and find other funding sources</li> <li>• Systemic advocacy for people with mental illness</li> <li>• Engaging the minds of people who are thinkers, who have not been previously trained by the sector. An outsider opinion is always a valuable tool</li> <li>• Advertise more to the general public, how fantastic MHCC are</li> <li>• When individuals submit MH complaints, providing a general outline of what the process entails and what is involved would be very helpful</li> <li>• More education offered in rural areas, more than 4 hr. drive from major urban centres</li> </ul>	<ul style="list-style-type: none"> <li>• It is fantastic</li> <li>• Reinstate Scholarship initiative</li> <li>• Many organisations face uncertainty with the GMIP changes. Advocacy to ensure core funding protected and across the board successful services not lost to the for profit sector</li> <li>• Information about current organisational challenges, particularly NSW Grants management process</li> <li>• Sector coordination</li> <li>• Stay in contact. Stay relevant.</li> </ul>

## Comparison with past years

The survey was previously conducted in the years 2007, 2008, 2009, 2010 and 2012\*\*. Trending data on the rating scores for categories that have remained consistent in the survey are compared in the table below. 'Overall Performance' rating score averaged 82.86, with a minimal difference from 2012 which averaged 83.48. The trend of service ratings in 2013 appear to be affected by an increase in the percentage of *Don't Know* responses for these specific categories, with an average of 14.09% in 2013 and 7.25% in 2012.

**Figure 17: Service Trending**



## Recommendations

- Majority of member responses indicate lack of awareness with MHCC initiatives despite the increase in promotional work that is being carried out by MHCC. There is also insight regarding the low visibility of outputs to members as compared to previous years. Investigations into communications from MHCC can be conducted to get a better understanding of the reach and effectiveness of the information being circulated. Factors to consider would be:
  - frequency (to gauge if receiving too little, enough or too much within a given timeframe), and
  - density (to gauge if receiving too little, enough or too much within a single communication).
- The response rates for the annual Member Survey, although it is still above 20%, has declined. In line with this, MHCC can:
  - investigate alternative methods for conducting the Member Survey in aiming to increase response rates,
  - consider conducting evaluations or surveys throughout the year (e.g., with reference group members) and consolidating the data from the spread of surveys along with the Member Survey to obtain a broader view for use in evaluating strategy and reporting, and
  - MHCC can also consider the timing of when the survey is conducted, and it is suggested to consider running the survey after the regional forums to increase reach.
- MHCC can investigate ways to raise and maintain consistency of satisfaction levels with products and services provided.
- MHCC can also look into trending questions and data regarding accreditation as there has been minimal response received for questions around accreditations.
- A possible cause for declining overall rating can be the high proportion of front line worker respondents while policy work is targeted at senior management level. MHCC can look into conducting separate surveys targeting different sections of membership (e.g., CEOs/senior managers, front line workers, students/participants) in the next round of Member Survey to increase insight into how specific MHCC products and services complement different areas of work.