YES-CMO

Your Experience of Service Community-Managed Organisations

What consumers say about the services they receive from community-managed organisations in New South Wales 2025-26

NSW GOVERNMENT

mhcc
mental health coordinating council

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To reference this document please cite as follows:
Mental Health Coordinating Council 2026, YES-CMO - *Your Experience of Service Community Managed Organisations (CMOs): What consumers say about services they receive from CMOs in NSW 2025-26.* Authors: Henderson C, Humphrey J, & O'Neill, S.

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October 2026

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Acknowledgements

Mental Health Coordinating Council (MHCC) thanks the NSW Ministry of Health, System Information and Analytics Branch for their support which has made YES-CMO analysis and reporting possible.

The NSW Ministry of Health has generously provided their knowledge and expertise and has continued to work closely with MHCC and member organisations participating in this important ongoing data gathering initiative.

MHCC acknowledge and express its appreciation to the Working Group Participant Organisations, including member lived experience peaks BEING – Mental Health Consumers and Mental Health Carers NSW. We thank them all for sharing their knowledge, experience and expertise and for supporting the initiative's success since full implementation in 2022.

Working Group 2025-2026

Flourish Australia
Grand Pacific Health
Mission Australia
Neami National
New Horizons
One Door Mental Health
Open Minds
Stride
Uniting NSW/ACT
Wellways

BEING – Mental Health Consumers
Mental Health Carers NSW
NSW Ministry of Health
Mental Health Coordinating Council

*HASI and CLS were combined into a single program called 'Community Living Supports' (CLS) on 1 July 2026.

Glossary

Aboriginal	Within this report, the term 'Aboriginal' is used to refer to First Nations people.
Carer	A family member, partner or friend of someone living with a mental health condition that has a role in supporting that person's care and recovery.
Consumer	A person with lived and living experience of mental health challenges, who uses mental health and/or psychosocial disability support services.
LCQ	Living in Community Questionnaire (Compulsory)
Participant	Some CMOs call service users participants rather than consumers, particularly in the context of NDIS service delivery.
Peer	People with lived and living experience of mental health challenges and service engagement who are considered experts by experience.
YES-CMO returns	The number of YES-CMO questionnaires returned in a period.
Net Promoter Score	A metric used in customer experience programs which measures the loyalty of customers or clients to an organisation.

Acronyms

AMHOCN	Australian Mental Health Outcomes and Classification Network
CMO	Community-Managed Organisation
CLS	Community Living Supports
HASI	Housing and Accommodation Support Initiative
InforMH	NSW Ministry of Health, System Information & Analytics Branch
MHCC	Mental Health Coordinating Council
NPS	Net Promoter Score
YES	Your Experience of Service

FOREWORD

It is with much pleasure that Mental Health Coordinating Council (MHCC) presents the YES-CMO Annual Report 2025-26, which shares feedback from 1,647 consumers about their experiences of NSW Ministry of Health funded community-managed mental health services. The report provides an important opportunity to learn directly from the people who use services and to strengthen quality improvement through the information received.

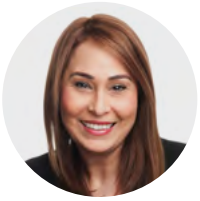
This year's findings again demonstrate the strength and value of community-managed mental health services. Overall experience ratings remained high, with 94% of consumers rating their experience as very good or excellent. Consumers consistently reported positive experiences of Respect, Participation and Individuality, while free text feedback highlighted the value of caring staff, feeling heard and respected, and receiving practical support to achieve personal goals.

Ratings for the domains of **Respect**, **Participation**, **Individuality** and **Safety** remained consistently high across all demographic groups. Greater variation between groups was observed in the **Information and Support** and **Making a Difference** domains, highlighting opportunities to further strengthen experiences for some consumers.

Consumers also described the difference services made in their lives through support with housing, appointments, education, employment, transport and social connection. When identifying what could be improved, people frequently mentioned the need for longer periods of support, workforce continuity and improved access to information and support.

While the number of surveys collected decreased this year, the volume of feedback received remains substantial. Our sense is that reduced numbers were likely impacted by several factors, including significant staffing changes following the competitive tendering processes. Encouragingly, online participation continued to increase, with 89% of responses now completed electronically.

On behalf of MHCC, I thank every consumer who shared their experiences, as well as the participating community-managed organisations, BEING – Mental Health Consumers, Mental Health Carers NSW, the NSW Ministry of Health and members of the YES-CMO Working Group. Your commitment ensures that the voices of people with lived and living experience remain central to service improvement and reform.



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October 2026

YES-CMO SNAPSHOT 2025-2026

1,647
YES-CMO returns received in 2025-26

1,469 returns made online

178 returns on paper

Returns declined by 404 or

20%

compared to the previous year

Returns provided feedback about

66

NSW Health funded services from **10** CMOs

94%

of consumers rated their experience as excellent or very good

Net Promoter Score

70%

Aspects of the experience praised in free text comments:

Caring, supportive staff
Feeling heard & respected
Practical help achieving goals

The highest rated domains were

Respect
Participation
Individuality

Top rated question:

Q4. Your privacy was respected
Rated 4.88 out of 5

ABOUT YES-CMO

Background

The Your Experience of Service (YES) questionnaire is a nationally developed tool used to gather information about the experiences of people accessing mental health services in Australia. The questionnaire was originally developed for public mental health services and was co-designed with lived experience peers based on recovery principles described in the *Australian National Standards for Mental Health Services* (2010).

In 2016, YES was adapted for community-managed organisations (CMOs), and in 2017 a pilot commenced to trial YES-CMO in NSW CMO services. The pilot ran for 15 months from October 2019 to December 2020.

An evaluation report of the YES-CMO pilot phase was published in June 2021, and the working group determined that YES-CMO should continue to be offered and implemented more extensively. The live phase of YES-CMO commenced in January 2021, with an online version launched in April 2022. Annual reporting includes data from community-managed CLS mental health and Family and Carer services funded by NSW Health. These reports are available on the MHCC website.

The YES-CMO represents the ongoing commitment to work in partnership with people with lived experience to improve the quality of the services they receive.

YES-CMO contains a total of 38 questions:

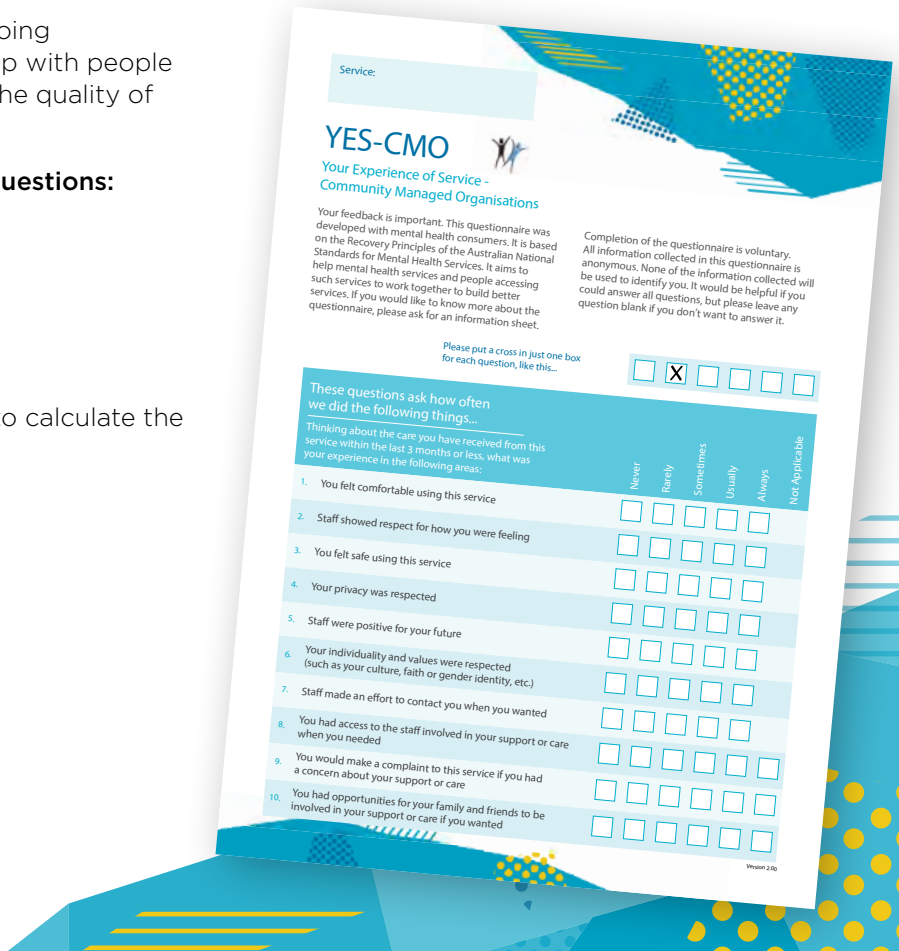
- 23 experience questions
- 5 outcome questions
- 2 free text questions
- 7 demographic questions
- 1 question (Question 29) used to calculate the Net Promoter Score (NPS)

The questions use 3 rating scales:

- Questions 1 to 18 use a Frequency scale: Never, Rarely, Sometimes, Usually and Always and Not applicable.
- Questions 19 to 28 use a Performance scale: Poor, Fair, Good, Very Good and Excellent.
- The Net Promoter Score question uses a Likelihood scale: offering a rating from 0 to 10. YES-CMO uses a service code to protect the anonymity of participating individuals and organisations.

The current version of the YES-CMO questionnaire can be viewed in Appendix 1.

Historical information is available in Appendix 3.



YES-CMO SURVEYS RETURNED IN 2025-2026

This report presents data received in 2025-26 about specialist mental health services funded by NSW Health, delivered by 10 CMOs. A total of 1,647 YES-CMO surveys were received about 66 services. This is a decrease of 404 returns or a 20% reduction on the previous year.

This represents a change in the otherwise upward trend observed over time and is likely impacted by a number of factors, including significant staffing changes following competitive tendering processes.

Despite the decrease, the volume of feedback collected remains substantial and continues to provide valuable insights into consumers' experiences.

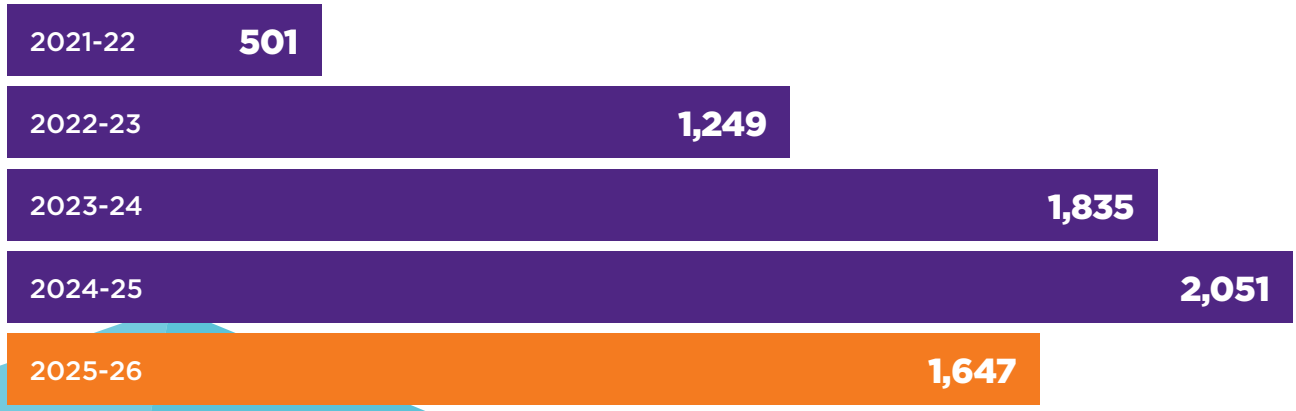
The online version of YES-CMO was launched in April 2022 and uptake by services has been strong. The shift towards electronic feedback collection continued in 2025-26, with 89% of all returns completed online, up from 85% in 2024-25. Online completion is now the primary method of collecting consumer experience feedback through YES-CMO.

Participating CMOs

10 CMOs participated in the YES-CMO collection and attended working group meetings throughout 2025-26:

- Flourish Australia
- Grand Pacific Health
- Mission Australia
- Neami National
- New Horizons
- One Door Mental Health
- Open Minds
- Stride
- Uniting NSW/ACT
- Wellways

Number of surveys returned each financial year



QUALITY IMPROVEMENT ACTIVITIES

Member organisations provided feedback about the value of YES-CMO to their services. They responded as follows:

- One member told us that the survey led to concrete changes in every region that they operate. This led to, for example: increased group and cooking programs, more peer workers, a stronger physical health focus, and less paperwork/administration burdens.
- Another service identified that survey participation was lower than the previous year, possibly reflecting survey fatigue. To improve response rates, future surveys will be scheduled separately from other participant surveys where possible.
- Results are one of the main sources of participant voice in continuous improvement. They sit alongside outcome measures such as the LCQ, the Mental Health Recovery Star and the Health Assessment Tool and internal processes such as Listening Spaces to help inform service delivery.

What participants told member organisations:

- Feedback was overwhelmingly positive about staff and the support provided. Six themes came up repeatedly, several of them in more than one region.

Theme	What the service heard
Connection and group activities	Groups are a valued part of support — coffee, gym, walking, cooking and community outings
Peer support and lived experience	Workers with lived experience bring something unique to recovery; people wanted more of them
Physical health and wellbeing	Support with physical health rated well (4.1–4.2) but had room to grow
Practical living skills	People want hands-on help with everyday skills, especially meals
Cultural connection	Culturally safe, culturally responsive support matters
Less paperwork, more consistency	Fewer forms at once; the same support workers over time

- Participants reported limited awareness of the complaints and feedback process. In response, communication processes were reviewed to ensure all participants receive this information consistently.
- Participants reported reduced access to peer support services. In response, access to peer workers will be offered at intake and three-monthly reviews, in addition to an increase in peer-led group activities.
- Every region can point to changes made because participants asked for them. They range from what is in the kitchen to how staff are employed

Participants said	Service Response
"Options other than tea and coffee, as not everyone drinks these."	Every office now offers tea, coffee, hot chocolate, Milo and cool water, plus Zooper Doopers in warmer months
"There was less paperwork."	YES-CMO focused months kept separate from LCQ periods. As consent lasts for the whole period of support, consent only needs to be updated when circumstances change.
"There was more consistency with support workers."	Staff employed on ongoing contracts where possible, improving retention and continuity of support
"The name of the program is misleading (HASI)."	Raised with the Ministry of Health during Model of Care co-design; HASI was replaced by Community Living Supports (CLS)

Using consumer feedback to drive improvement:

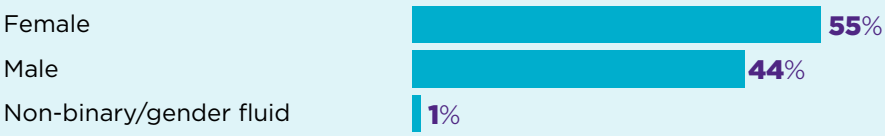
- One CMO described using YES-CMO results as part of its clinical governance and quality improvement processes. Survey data is shared with operational teams and reviewed through a clinical governance and safety committee to identify areas for improvement and encourage discussion about consumer experiences.
- The organisation noted that response rates can be challenging, particularly in programs with relatively small numbers of consumers and longer-term service engagement, where the same consumers may be invited to complete the survey multiple times. As a result, increasing participation in the survey has become a focus area following a recent organisational review.
- To support this work, the organisation is interested in receiving mid-cycle completion updates during collection periods so that sites with lower participation can be identified early and targeted support can be provided.
- The organisation is also exploring ways to bring together multiple sources of consumer feedback and service information, including:
  - YES-CMO survey results
  - Consumer Representative Council feedback
  - Relevant service and outcomes data, and
  - Incident and complaints themes.
- The aim is to develop a quarterly consumer outcomes and experience report for senior leadership. This would support a continuous improvement approach by helping the organisation identify trends, share insights across services, and take action on consumer feedback in a more coordinated way.
- The organisation also highlighted the value of receiving data aggregated over longer periods where quarterly response numbers are low, enabling more meaningful interpretation of results and supporting local quality improvement efforts.

PROFILE OF YES-CMO SURVEY RESPONDENTS

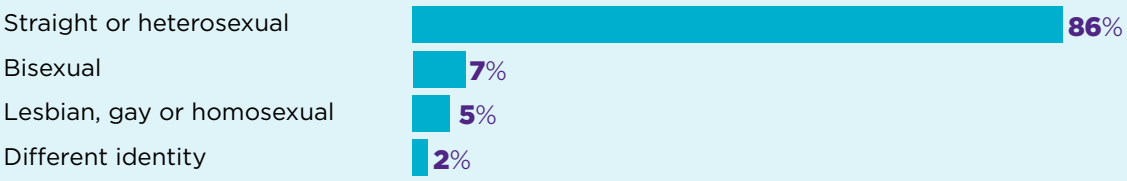
The YES-CMO includes several demographic questions that help identify how well different groups are represented in YES-CMO feedback. Since YES-CMO was fully implemented, a broad range of people have provided feedback. Representation is also shaped by the type of care and supports typically provided by CMO mental health services. In 2025-26, the demographic profile of respondents remained broadly consistent with previous years and representative of the consumers accessing these services.

Profile of YES-CMO survey respondents

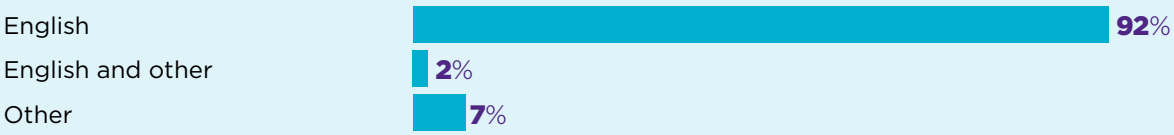
Gender



Sexuality

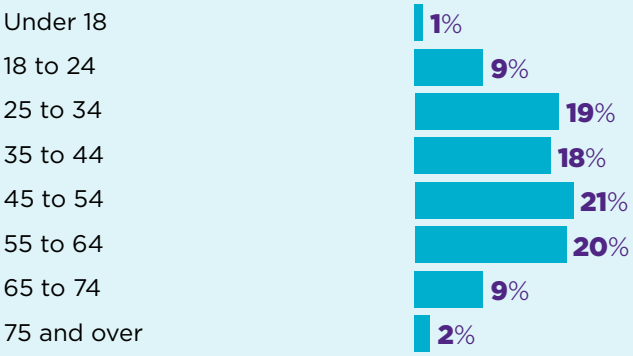


Language spoken at home

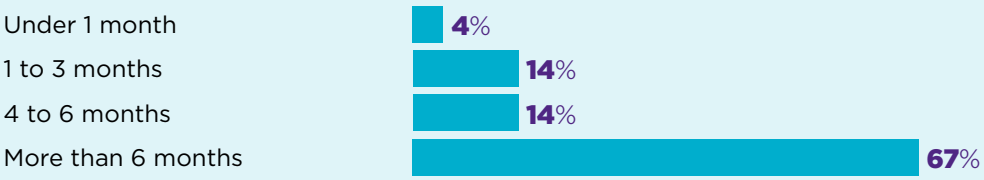


Aboriginality

Age group (years)



Duration of care



HOW PEOPLE RATED THEIR EXPERIENCE

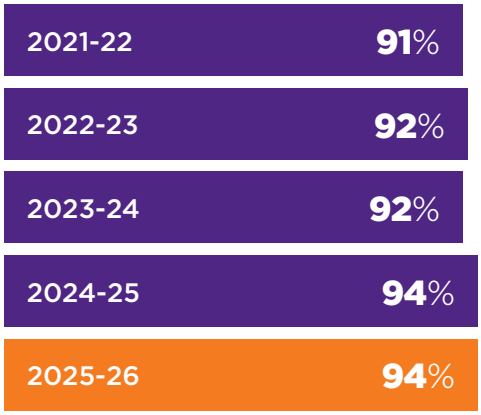
YES-CMO questions are grouped into six domains. Overall experience is measured using an experience index which combines the scores of questions 1 to 23. This method ensures that different areas of experience are included in the overall score. The measure is then expressed as the percentage of consumers reporting an excellent or very good overall experience.

The percentage of people rating their overall experience as excellent or very good remained stable at 94%. There has been a sustained upward trend with scores increasing every 1-2 years since the implementation of YES-CMO.

The **Information** domain had the largest improvement, increasing from 81% to 83%, while all other domains remained similar to previous years. Overall, the results suggest consumers' experiences of community managed services remained stable in 2025-26.

Information about the domains is presented in Appendix 4.

Share of consumers rating overall experience as excellent or very good



Experience across the YES-CMO domains, 2025-26

Experience across the YES-CMO domains, 2025-26

96%

Showing Respect

Respect reflects how welcome consumers feel when engaged with services, exploring if they feel recognised, valued and treated with dignity.

HIGHEST RATED QUESTION
Q4. Your privacy was respected
Highest rating: 4.88

LOWEST RATED QUESTION
Q13. You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)
Lowest rating: 4.58

95%

Valuing Individuality

How the service meets the individuals needs including sensitivity to culture, gender, faith and the importance of personal values and beliefs.

HIGHEST RATED QUESTION
Q6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)
Highest rating: 4.88

LOWEST RATED QUESTION
Q18. Staff talked with you about your physical health in a way that was useful
Lowest rating: 4.68

95%

Supporting Active Participation

How the service provides opportunities for engagement, choice and involvement in the process of service delivery.

HIGHEST RATED QUESTION
Q15. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you
Highest rating: 4.82

LOWEST RATED QUESTION
Q10. You had opportunities for your family and friends to be involved in your support or care if you wanted
Lowest rating: 4.63

92%

Ensuring Safety & fairness

How the service provides individuals with a physically and emotionally safe environment that treats them reasonable and fairly.

HIGHEST RATED QUESTION
Q12. The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)
Highest rating: 4.85

LOWEST RATED QUESTION
Q9. You would make a complaint to this service if you had a concern about your support or care
Lowest rating: 4.45

83%

Providing Information and support

How the service works for the individual consumer including resources such as written information, a care plan and access to peer support.

HIGHEST RATED QUESTION
Q20. Explanation of your rights and responsibilities
Highest rating: 4.52

LOWEST RATED QUESTION
Q21. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)
Lowest rating: 4.38

76%

Making a difference

How the service contributed to outcomes for individuals including social and emotional wellbeing and physical health.

HIGHEST RATED QUESTION
Q28. Overall, how would you rate your experience with this service in the last 3 months?
Highest rating: 4.54

LOWEST RATED QUESTION
Q26. The effect of the service on the management of your physical health
Lowest rating: 4.20

HIGHEST AND LOWEST RATED QUESTIONS

Consumers rate questions using a scale ranging from 1 to 5, where higher scores indicate a more positive experience. Reviewing the highest and lowest rated questions highlights what services are doing well and identifies areas for improvement.

In 2025-26:

The 5 questions with the highest average rating out of 5 were:

Q4	Your privacy was respected	**4.88**
Q6	Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	**4.88**
Q2	Staff showed respect for how you were feeling	**4.88**
Q12	The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)	**4.85**
Q5	Staff were positive for your future	**4.85**

The 5 questions with the lowest average rating out of 5 were:

Q21	Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)	**4.38**
Q27	The effect of the service on your overall well-being	**4.36**
Q24	The effect of the service on your hopefulness for the future	**4.32**
Q25	The effect of the service on your ability to manage your day-to-day life	**4.27**
Q26	The effect of the service on the management of your physical health	**4.20**

FREE TEXT FEEDBACK REVEALS WHAT MATTERS MOST TO CONSUMERS

YES-CMO includes two free text questions inviting people to **express what would have made their experience better**, and **what they felt was the best thing about the service**. Responses to these questions provide rich information about what services are doing well and what they could improve. This section explores the common themes that were highlighted in the feedback this year, noting how they vary compared to the prior year.

Summary

Feedback in 2025-26 demonstrates the significant impact CMO services continue to have on people's recovery, wellbeing and social inclusion. Participants praised the compassion, professionalism and commitment of staff, describing services as safe, respectful and responsive to individual needs. Practical assistance with housing, appointments, transport, education and daily living was highly valued, alongside opportunities for social connection and participation in community life.

Consistent with previous years, participants expressed a desire for longer support periods, more support hours and greater workforce continuity. They continued to affirm the value of support workers and peer support, as well as the benefit of help navigating across a diverse range of support systems such as the NDIS.

The comments provided highlight the importance of providing flexible, person-centred supports that can adapt to people's changing needs over time.

Q.30 My experience would have been better if...

Many respondents used this question to confirm they were highly satisfied with their service and did not identify any areas for improvement. Of those who gave suggestions, several common themes emerged about how services could better support participants.

More support and longer programs. Participants commonly requested additional support hours, weekend availability, more frequent contact and longer program durations. Many expressed concern about service endings and the loss of trusted support relationships.

"I could continue beyond 12 sessions."

"More hours of support."

"The program was longer as I really enjoy supports and am dreading exiting the service."

Greater consistency and communication. Respondents valued stable relationships with workers and reported that staff changes, service transitions and short-notice scheduling could be disruptive.

"I didn't have to keep changing workers. It's very unsettling and hard to gain trust with the new worker."

"There was more consistency and less change of support workers."

"The changes weren't sudden and out of the blue."

More opportunities for social connection and community participation. Participants wanted additional groups, outings, activities and peer support opportunities.

"Run more groups for social connection."

"We had more programs like coffee club, movie nights, events and consumer outings."

Improved transport and accessibility. Transport assistance remained an important need, particularly for attending appointments, groups and community activities. Accessibility of office locations was also raised.

"More transport to access services."

"Transport support for social outings."

"The office was more accessible (i.e. no stairs)."

More tailored and responsive support. Some respondents highlighted the importance of support being adapted to individual circumstances, including mental health challenges, physical health conditions, neurodiversity and personal recovery goals.

"Staff understood my anxiety a bit better."

"Greater training around health disabilities like autism/ADHD."

"I needed validation that my difficulties were real."

Q.31 The best things about this service were...

The aspects of services most frequently praised were the quality of staff relationships, practical support and opportunities to build confidence and connect with others.

Kind, caring and supportive staff. The most common theme was appreciation for staff who were compassionate, respectful and genuinely invested in participants' wellbeing.

"The staff are fantastic, empathetic, compassionate and adapt to my changing needs."

"Every staff member genuinely cares and does everything they can to help."

"Kind and caring staff. They made me feel like I was needed and wanted."

Feeling heard, respected and understood. Participants highly valued non-judgemental support and relationships that fostered trust and safety.

"I felt heard and like I was leading my recovery."

"Easy to express thoughts and feelings without judgement."

"Feeling accepted and safe."

Practical support to achieve goals. Respondents frequently described how support with housing, appointments, transport, education, employment and navigating other services made a meaningful difference in their lives.

"Helping me find work and accommodation."

"Great emotional support. I couldn't have gone through the NDIS application without them."

"The support with achieving my personal goals like enrolling in TAFE."

Building confidence, independence and social connection. Many participants reported increased confidence, reduced isolation and greater involvement in their communities.

"Now I have increased self-confidence."

"Getting me out of the house and involved in activities."

"Meeting up with people and forming friendships."

Flexible and personalised support. Participants appreciated services that adapted to their individual circumstances, recovery goals and changing needs. Peer workers and other support staff were frequently highlighted as a unique strength.

"The availability of the peer support workers is the absolute best thing about this service."

"Flexibility, empathy, understanding, meeting goals at my own pace."

"Being able to receive support that matches my needs."

HOW EXPERIENCE RATINGS VARY ACROSS DEMOGRAPHIC GROUPS

Services aim to meet the needs and aspirations of all consumers, so it is important to consider if some groups report different experiences. To do this, we compared the overall experience of different groups to their results in the previous year and to other groups.

Overall experience remained consistently high across demographic groups in 2025-26, with only minor changes from the previous year. The most positive experiences were reported by people engaged with services for less than one month, people aged between 35-44 years, Aboriginal consumers and heterosexual consumers. The lowest overall experience ratings were reported by consumers using a different term to describe their sexual identity, people aged between 65-74 years, and people who spoke a language other than English at home. However, even among these groups, overall experience ratings remained above 88%.

Ratings for the domains of **Respect**, **Participation**, **Individuality** and **Safety** remained consistently high across all demographic groups. Greater variation between groups was observed in the **Information and Support** and **Making a Difference** domains, highlighting opportunities to further strengthen experiences for some consumers.

Gender

Overall experience ratings for males showed a small improvement, while ratings for females remained stable. Females reported slightly higher scores for **Information and Support** and **Making a Difference**. Results are not reported for people identifying as non-binary or using a different term due to low response numbers.

Sexual Orientation

Experience remained high across all sexuality groups. Ratings improved for bisexual consumers and remained stable for heterosexual and lesbian, gay or homosexual consumers. Consumers using a different term reported lower ratings for **Information and Support** and **Making a Difference**, contributing to a lower overall experience rating than in 2024-25.

Language Spoken at Home

Experience improved among people who spoke a language other than English at home. The largest improvements were seen in **Information and Support**, narrowing previous differences between language groups.

Aboriginality

Aboriginal consumers continued to report very positive experiences and generally reported stronger results than non-Aboriginal consumers for **Information and Support** and **Making a Difference**.

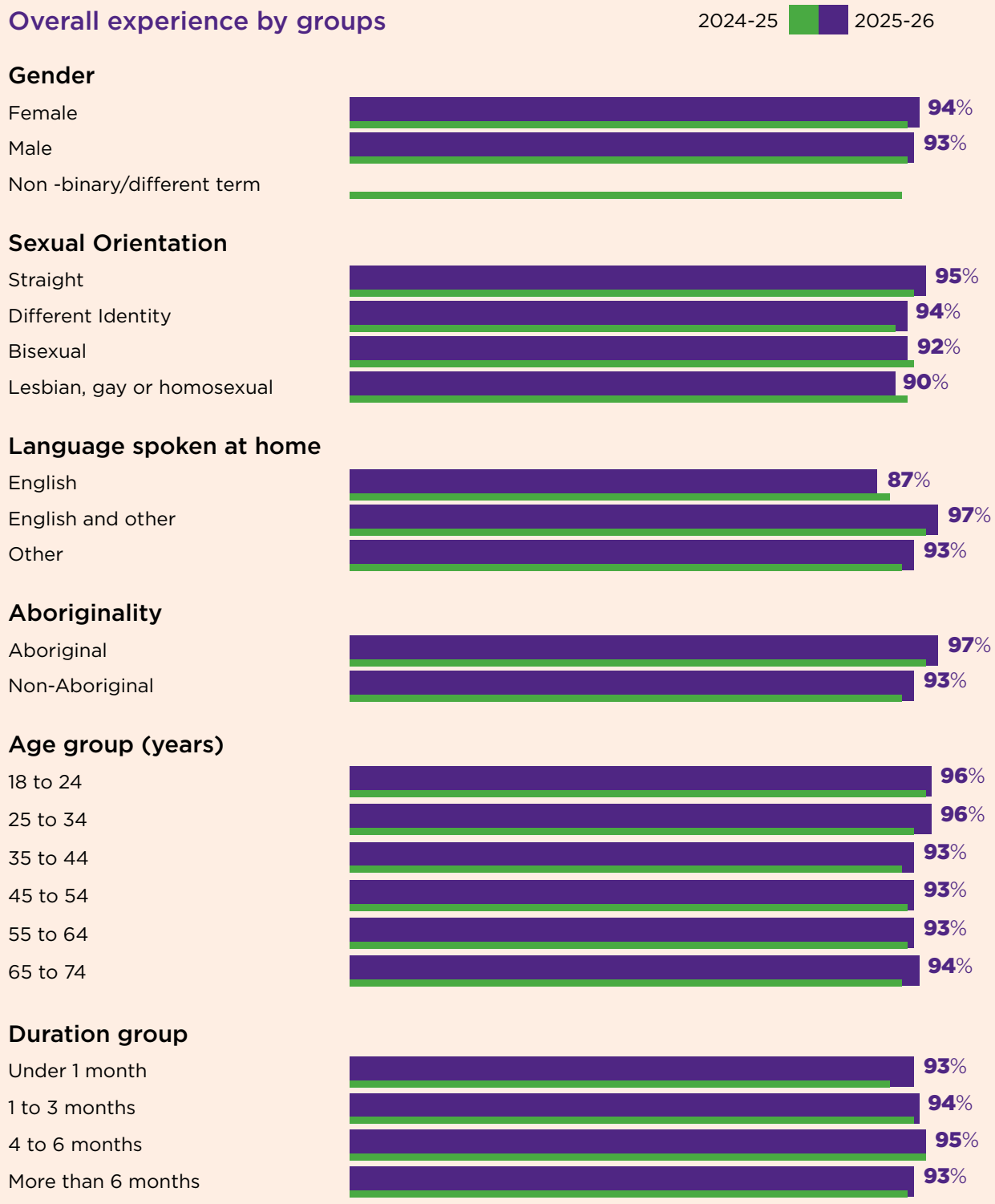
Age Group

Consumers aged 35-44 years reported the highest overall experience, while ratings among people aged 65-74 years were slightly lower than the previous year. The largest differences between age groups were in **Information and Support** and **Making a Difference**, with people aged 65-74 years reporting the lowest ratings for these domains.

Duration of Supports

There were few differences in experience based on length of engagement with services. People engaged with services for less than one month reported the highest overall experience, although differences between duration groups were generally small.

Overall experience by groups



LIKELIHOOD OF RECOMMENDING CMO SERVICES

YES-CMO includes a net promotor score (NPS) which asks people: "How likely would you be to recommend this service to your family or friends if they required a similar service?" This question is rated from: 0 (not at all) to 10 (extremely likely).

Following the conventions of NPS research, those consumers unlikely to recommend a service are known as **Detractors** (scores 0-6), and those who are likely to recommend the service are known as **Promoters** (scores 9-10). **Passives** are satisfied, but unlikely to recommend the service (scores 7-8).

To calculate the NPS, the percentage of people who are unlikely to recommend the service (scores 0-6) are subtracted from the percentage of people who are likely to recommend the service (scores 9-10).

Net Promoter Score Performance Ranges

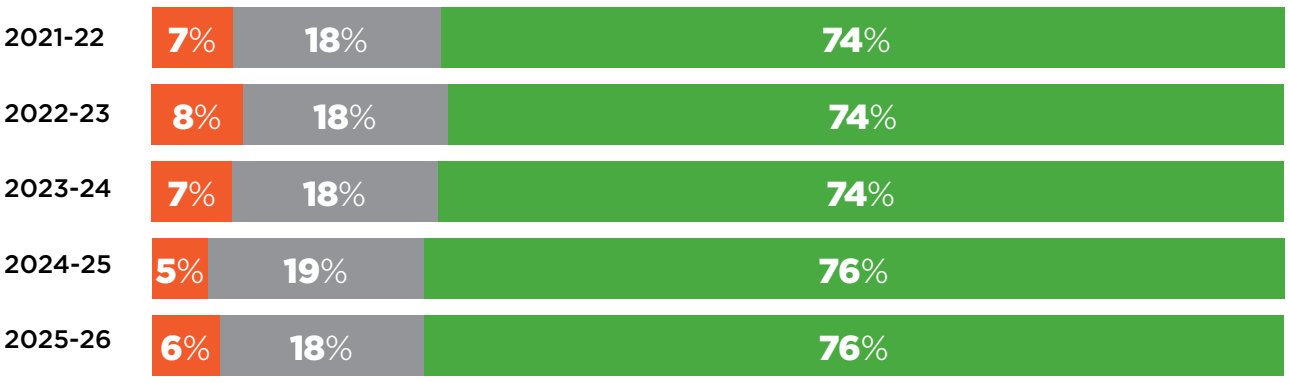
Range	Performance
Less than 0	Poor
0-20	Good
21 to 50	Favourable
51 to 70	Excellent
Greater than 70	World Class

Net Promotor ratings over time

The NPS Score for 2025-26 was 70% reflecting the difference between the 76% of consumers who were **Promoters** and the 6% who were **Detractors**. This rating is down 1 point on the previous year and remains in the range for World Class performance.

We explored the differences in experience for people who were likely to recommend the service compared to those who were unlikely to recommend it. The 5 questions showing the greatest difference in ratings (out of 5) between **Detractors** and **Promoters** remain unchanged from the previous year and were:

- Q28. Overall, how would you rate your experience with this service in the last 3 months? (gap: 1.5)
- Q26. The effect of the service on the management of your physical health (gap: 1.5)
- Q25. The effect of the service on your ability to manage your day-to-day life (gap: 1.4)
- Q24. The effect of the service on your hopefulness for the future (gap: 1.4)
- Q27. The effect of the service on your overall wellbeing (gap: 1.4)



Orange: Detractors **Grey:** Passives **Green:** Promotors

APPENDIX 1: YES-CMO SURVEY

Service:

YES-CMO

Your Experience of Service - Community Managed Organisations

Your feedback is important. This questionnaire was developed with mental health consumers. It is based on the Recovery Principles of the Australian National Standards for Mental Health Services. It aims to help mental health services and people accessing such services to work together to build better services. If you would like to know more about the questionnaire, please ask for an information sheet.

Completion of the questionnaire is voluntary. All information collected in this questionnaire is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it.

Please put a cross in just one box for each question, like this...

☐	☒	☐	☐	☐	☐

These questions ask how often we did the following things... Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:		Never	Rarely	Sometimes	Usually	Always	Not Applicable
1.	You felt comfortable using this service	☐	☐	☐	☐	☐	
2.	Staff showed respect for how you were feeling	☐	☐	☐	☐	☐	
3.	You felt safe using this service	☐	☐	☐	☐	☐	
4.	Your privacy was respected	☐	☐	☐	☐	☐	
5.	Staff were positive for your future	☐	☐	☐	☐	☐	
6.	Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	☐	☐	☐	☐	☐	
7.	Staff made an effort to contact you when you wanted	☐	☐	☐	☐	☐	
8.	You had access to the staff involved in your support or care when you needed	☐	☐	☐	☐	☐	☐
9.	You would make a complaint to this service if you had a concern about your support or care	☐	☐	☐	☐	☐	☐
10.	You had opportunities for your family and friends to be involved in your support or care if you wanted	☐	☐	☐	☐	☐	☐

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These questions ask how often we did the following things... Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not Applicable
11. Your opinions about the involvement of family or friends in your support or care were respected	☐	☐	☐	☐	☐	☐
12. The facilities and environment met your needs (such as cleanliness, private space, toilets, access to facilities to make a drink, meeting rooms, etc.)	☐	☐	☐	☐	☐	☐
13. You had opportunities to help improve the service if you wanted (such as attending meetings to give your opinions or views)	☐	☐	☐	☐	☐	☐
14. You were listened to in all aspects of your support or care	☐	☐	☐	☐	☐	
15. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)	☐	☐	☐	☐	☐	☐
16. You had opportunities to discuss your support or care needs with staff	☐	☐	☐	☐	☐	
17. The support or care available met your needs	☐	☐	☐	☐	☐	
18. Staff talked with you about your physical health in a way that was useful	☐	☐	☐	☐	☐	

These questions ask how well we did the following things... Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Poor	Fair	Good	Very Good	Excellent	Not Applicable
19. Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)	☐	☐	☐	☐	☐	
20. Explanation of your rights and responsibilities	☐	☐	☐	☐	☐	
21. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)	☐	☐	☐	☐	☐	
22. Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)	☐	☐	☐	☐	☐	☐
23. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)	☐	☐	☐	☐	☐	☐

As a result of your experience with the service in the last 3 months or less please rate the following:	Poor	Fair	Good	Very Good	Excellent
24. The effect of the service on your hopefulness for the future	☐	☐	☐	☐	☐
25. The effect of the service on your ability to manage your day to day life	☐	☐	☐	☐	☐
26. The effect of the service on the management of your physical health	☐	☐	☐	☐	☐
27. The effect of the service on your overall well-being	☐	☐	☐	☐	☐
28. Overall, how would you rate your experience with this service in the last 3 months?	☐	☐	☐	☐	☐

29. How likely would you be to recommend this service to your family or friends if they required a similar service?

Not at all ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Extremely likely

0 1 2 3 4 5 6 7 8 9 10

Please provide any extra comments

30. My experience would have been better if…

31. The best things about this service were…

The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services.
No information collected in this section will be used to identify you.

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ I use a different term _____
- ☐ I prefer not to answer

How do you describe your sexual orientation?

- ☐ Lesbian, gay or homosexual
- ☐ Straight
- ☐ Bisexual
- ☐ I use a different term _____
- ☐ I prefer not to answer

What is the main language you speak at home?

- ☐ English
- ☐ Other (please specify) _____

Are you of Aboriginal or Torres Strait Island origin?

- ☐ No
- ☐ Yes - Aboriginal
- ☐ Yes - Torres Strait Islander
- ☐ Yes- Aboriginal and Torres Strait Islander

What is your age?

- ☐ Under 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years and over

How long have you been receiving support or care from this service?

- ☐ Less than 24 hours
- ☐ 1 day to 2 weeks
- ☐ 3 to 4 weeks
- ☐ 1 to 3 months
- ☐ 4 to 6 months
- ☐ More than 6 months

How much of your care with this service was by phone or teleconferencing?

- ☐ None
- ☐ A little
- ☐ Some
- ☐ Most
- ☐ All

Did someone help you complete this questionnaire?

- ☐ No
- ☐ Yes - family or friend
- ☐ Yes - language or cultural interpreter
- ☐ Yes - consumer worker or peer worker
- ☐ Yes - another staff member from the service
- ☐ Yes - someone else

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Thank you for your time and comments.
Please place the completed questionnaire in the envelope provided and return by mail:

YES/CES
Reply Paid 3975
Sydney NSW 2001

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APPENDIX 2: BACKGROUND AND TECHNICAL INFORMATION

YES-CMO development and validation

Information about the development, validation and psychometric properties of YES and the YES-CMO questionnaire is available at:

amhocn.org/resources/experience-measures

Analysis

Most YES-CMO experience questions use scoring scales:

- Frequency scale
- Performance scale

The Net Promotor Score (NPS) is rated on a numerical scale of 0 (Not at all) to 10 (Extremely likely). To calculate the NPS, the percentage of detractors (scores 0-6) are subtracted from the promoters (scores 9-10).

Analysis excludes missing, invalid or duplicate answers which are recorded as null.

Overall experience and domain scores are constructed following the methods prepared during the national YES development. The overall experience score and domain scores indicate the percentage of consumers who had an excellent or very good experience.

In this report, results are displayed where 30 or more returns had a valid response. The overall experience calculates this score for returns with at least 12 of questions 1 to 23 were validly answered. Domain scores calculate the score using returns where at least 50% of questions in the domain were validly answered.

See Appendix 4 for a list of questions included in each domain.

APPENDIX 3: HISTORY

Context

Over the past 10 years, a suite of national consumer and carer experience tools have been developed and implemented in Australian mental health services. The Your Experience of Service (YES) questionnaire was originally developed for public specialist mental health services. It was co-designed and named in partnership with lived experience advocates based on the recovery principles described in the Australian National Standards for Mental Health Services (2010). The YES questionnaire was developed and tested between 2011 and 2013 through extensive national consultation and was released to NSW public mental health services in 2015.

Updated for CMOs

Following the finalisation of the YES survey, the National Mental Health Information Strategy Standing Committee (MHISSC) agreed that capturing experience of care was also important for the mental health CMO sector. The Australian Mental Health Outcomes and Classification Network (AMHOCN) led a project to develop the YES-CMO survey. The YES-CMO was made available in late 2016.

Partnership

In 2017, the NSW Ministry of Health and peak bodies Mental Health Coordinating Council (MHCC), BEING-Mental Health Consumers and Mental Health Carers NSW partnered in a co-design process to pilot the YES-CMO in NSW CMO services.

NSW Pilot

In 2018 the YES-CMO pilot project commenced to gather data about consumer experiences of services received from MHCC member organisations that were funded by NSW Health. The pilot phase ran for 15 months, from October 2019 to December 2020 with all responses provided on paper surveys. The survey was and continues to be collected anonymously, and each service is identified using a unique service code. The information collected cannot be used to identify individuals or organisations, and the data is not used to benchmark participating organisations.

Evaluation and implementation

In June 2021 an evaluation report of the YES-CMO pilot phase was published. The working group reviewed the results of the pilot and determined that YES-CMO should continue to be offered to support service improvement. The NSW Ministry of Health agreed to facilitate implementation and the live phase of YES-CMO commenced in January 2021. The online version of YES-CMO was launched in April 2022. Both paper and online versions were offered to service users.

The YES-CMO Working Group was originally established to support the pilot study. The group continues to meet quarterly to review data, implementation progress, and promotional strategies. Members represent participating CMOs as well as the peaks BEING Mental Health Consumers and Mental Health Carers NSW. The initiative is managed by MHCC and the NSW Ministry of Health who also co-Chair the meetings.

Aims of YES-CMO

The primary purpose of the YES-CMO is to support quality improvement. While it can inform organisations about how their teams are progressing in terms of meeting expectations and improving outcomes for the consumers and carers they support; its main objective is to support organisations longitudinally identify and track specific areas to address, to improve service delivery and build workforce capacity.

The data analysis reports are an invaluable mechanism though which the MHCC can advocate on behalf of its members and the sector to the NSW Government. It provides the evaluative evidence necessary to inform policy and practice reform.

When considered alongside other consumer outcome measures, it can assist in advocacy for additional funds for services and sector capacity building. The YES-CMO aims to enhance operational areas that support the provision of quality services. By supporting staff to continually look for opportunities to improve how they work with participants, it can help to build and sustain the workforce for the future.

Annual Reports:

Available at mhcc.org.au/publication/yes-cmo/

Pilot Study Report 2021:
mhcc.org.au/wp-content/uploads/2021/08/YES-CMO_REPORT_FINAL.pdf

APPENDIX 4: YES-CMO DOMAIN MAPPING

Questions grouped into 6 Domains covering Questions 1 to 28

Respect

How the service provides the individual with a welcoming environment where they are recognised, valued and treated with dignity.

Q1. You felt comfortable using this service

Q2. Staff showed respect for how you were feeling

Q4. Your privacy was respected

Q5. Staff were positive for your future

Q7. Staff made an effort to contact you when you wanted

Q13. You had opportunities to help improve the service if you wanted

Q14. You were listened to in all aspects of your support or care

Individuality

How the service meets individual's needs. It includes sensitivity to culture, gender and faith and the importance of personal values and beliefs.

Q6. Your individuality and values were respected

Q17. The support or care available met your needs

Q18. Staff talked with you about your physical health in a way that was useful

Participation

How the service provides opportunities for engagement, choice and involvement in the process of service delivery.

Q8. You had access to the staff involved in your support or care when you needed

Q10. You had opportunities for your family and friends to be involved in your support or care if you wanted

Q11. Your opinions about the involvement of family or friends in your support or care were respected

Q15. Staff worked as a team in your support or care

Q16. You had opportunities to discuss your support or care needs with staff

Safety and fairness

How the service provides individuals with a physically and emotionally safe environment.

Q3. You felt safe using this service

Q9. You would make a complaint to this service if you had a concern about your support or care

Q12. The facilities and environment met your needs

Information and support

How the service works for the individual. It includes resources such as written information, a care plan, and access to peer support.

Q19. Information available to you about this service

Q20. Explanation of your rights and responsibilities

Q21. Access to peer support

Q22. Development of a plan with you that addresses all of your support or care needs

Impact (also referred to as Making a difference)

How the service contributed to outcomes for individuals. It includes social and emotional wellbeing and physical health.

Q24. The effect of the service on your hopefulness for the future

Q25. The effect of the service on your ability to manage your day-to-day life

Q26. The effect of the service on the management of your physical health

Q27. The effect of the service on your overall well-being

Q28. Overall, how would you rate your experience with this service in the last 3 months?

Note: Question 23 (convenience of the location) is excluded from the Domains but contributes to the overall experience score.

ABOUT MENTAL HEALTH COORDINATING COUNCIL

Mental Health Coordinating Council (MHCC) is the peak body predominately for community-managed mental health organisations (CMOs) in NSW and is a Registered Training Organisation (RTO). MHCC mostly represents community-based, non-government organisations that support people living with mental health challenges. MHCC's 133 plus members assist people to live well in the community by delivering mental health and psychosocial supports including social inclusion, rehabilitation, and clinical services. Our purpose is to promote a strong and sustainable community-managed mental health sector with the investment, resources, and workforce it needs to provide effective psychosocial, health and wellbeing programs and services to the people of NSW.

MHCC provides leadership for its members and the sector by promoting policy and legislative reform, and systemic change. We also design and develop resources to assist the sector build its workforce capacity to deliver quality services, informed by a human rights-focused, trauma-informed, recovery-oriented practice approach.

The RTO delivers accredited and non-accredited programs, that support organisations and individuals to deliver high-quality mental health and related psychosocial and rehabilitation services. We also deliver training and professional development more broadly across human service sectors including housing and homelessness, alcohol and other drugs and disability.

The aggregated YES-CMO data provides MHCC with the essential statistics required to support advocacy for investment on behalf of its members and the broader community-managed mental health sector. It enables MHCC highlight the value of its members' services and informs policy reform.

ABOUT NSW SYSTEM INFORMATION & ANALYTICS

System Information and Analytics (SIA) is a branch of the NSW Ministry of Health that uses health data and information to support better understanding, planning and improvement of health services across NSW.

SIA supports the collection, management and analysis of health information and helps ensure that data is reliable, meaningful and used effectively to inform health system planning and decision-making.

SIA has been involved with YES-CMO since its introduction, working in partnership with the Mental Health Coordinating Council (MHCC) to analyse survey data and produce the annual YES-CMO reports. SIA also supports participating organisations to collect and report survey information, helping to ensure that the experiences shared by consumers can contribute to understanding and improving mental health services.

Mental Health Coordinating Council

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Lilyfield NSW 2040

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